****

**UNIVERSITY OF TORONTO CONTINUING PROFESSIONAL DEVELOPMENT
ACCREDITATION APPLICATION – WORKING VERSION**

For the purposes of developing accreditation applications among teams, we have prepared this Microsoft Word version of the application template. **However, only applications submitted through our online application system will be accepted. Please do not submit your application using this template or over email.**

Please go to the following link to submit your application to the University of Toronto CPD Office\*:

|  |
| --- |
| <https://accredit.cpdtoronto.ca/> |

\* **Note:** When creating the account, it must be in the name and email address of the Academic Program Director in the Faculty of Medicine.

*Note – as of Feb 2024 some minor changes have been made to the application site that may not yet be reflected in this version; key questions and requirements remain the same.*The application is organized in a series of tasks, with some variations depending on credit type requested.

For the purposes of length, some instructions that appear on the online application form do not appear on this working version. Character or word limits are indicated on this template where applicable but this version does not restrict the limits. The online version will.

Please direct any questions to our office at: cpd.accreditation@utoronto.ca

The application is organized in a series of tasks, with some variations depending on credit type requested.
You can jump to the different sections of this document by hitting Control and clicking on the tasks below.

**Task List**

[MINIMUM REQUIREMENTS FOR ACCREDITATION 2](#_Toc19720617)

[START A NEW APPLICATION 2](#_Toc19720618)

[TASK 1: PROGRAM INFORMATION 5](#_Toc19720619)

[TASK 2: CONTACT AND REGISTRATION INFORMATION 9](#_Toc19720620)

[TASK 3: TARGET AUDIENCE AND SCIENTIFIC PLANNING COMMITTEE 11](#_Toc19720621)

[TASK 4: PROGRAM MANAGEMENT AND FINANCIAL RESPONSIBILITY 13](#_Toc19720622)

[TASK 5: EVIDENCE OF LEARNING NEEDS 15](#_Toc19720623)

[TASK 6: GOALS AND OBJECTIVES 17](#_Toc19720624)

[TASK 7: PROGRAM DESIGN 19](#_Toc19720625)

[TASK 8: EVALUATION, ASSESSMENT AND OUTCOME MEASURES 22](#_Toc19720626)

[TASK 9: if applying for ROYAL COLLEGE SECTION 3 – SELF-ASSESSMENT 25](#_Toc19720627)

[TASK 10: if applying for ROYAL COLLEGE SECTION 3 – SIMULATION 27](#_Toc19720628)

[TASK 11: ATTACHING FILES 29](#_Toc19720629)

MINIMUM REQUIREMENTS FOR ACCREDITATION

Before proceeding with the application, please ensure your program or conference meets these minimum requirements for accreditation.

If you have any questions about the application process or fees, please contact cpd.accreditation@utoronto.ca

1. The program or conference must be led by a Program Director or Conference Chair who is a University of Toronto faculty member with an active appointment in the Faculty of Medicine
2. The application must be submitted at least 10 weeks prior to the start date of the program to avoid late fees. Applications submitted within 2 weeks of the intended start date will not be considered.
3. A scientific planning committee is in place, led by the Program Director or Conference Chair, which:
* is responsible for all aspects of the CPD activity from needs assessment and development through to implementation and evaluation
* engages the CPD Director and/or Chair of their department early in the planning process and obtains approval for the academic and financial aspects (liability) of the program/conference
* ensures that the CPD activity complies with the [Policy on Sponsorship](https://www.cpd.utoronto.ca/reports/CPD-Commercial-Sponsorship-Policy-2018.pdf) of University of Toronto Continuing Education Activities from Commercial Sources
* the scientific planning committee must be representative of the target audience
* has a CFPC member if you are applying for College of Family Physicians of Canada Mainpro+ certification, and a specialist physician if you are applying for Royal College of Physicians and Surgeons of Canada accreditation
1. The program or conference must be a live group learning or online self-study educational activity that is a minimum of 3 hours. For additional information on online program accreditation requirements please see the [E-Learning Programs Quick Tip](http://distribute.cmetoronto.ca.s3.amazonaws.com/QuickTips/Accreditation-of-Online-Learning.pdf)
2. Overall financial responsibility for this program or conference must rest with a University of Toronto department, hospital, society or other not-for-profit physician organization
3. The CPD activity meets the following educational and ethical criteria:
* a needs assessment of the representative target audience has been completed
* learning objectives have been defined according to the learning needs
* a minimum 25% of the CPD activity is dedicated to interactive learning
* learners must have an opportunity to evaluate the CPD activity
* a registration fee is required for programs and conferences to be considered for accreditation. Faculty development\* or departmental/divisional research days are exempt
* for programs or conferences with financial or in-kind sponsorship support (for profit, not-for-profit, and public sector): if there is external funding for the CPD activity, it must be held as an unrestricted educational grant through the Program Director or Conference Chair’s U of T clinical department, hospital, society or other not-for-profit physician organization. A written agreement must be in place for all sponsorships and signed by both parties. A [sample template](https://www.cpd.utoronto.ca/reports/Sponsorship-Template.docx) is available for download. Agreements must be made available to CPD for audit purposes if requested.
* the Faculty and Planning Committee Disclosure Declaration Form must be completed by all speakers, moderators, facilitators, authors and members of the scientific planning committee
* the scientific planning committee must have a process in place for reviewing and mitigating declared conflicts of interest
* conflicts of interests must be disclosed to participants/learners using the approved slide template. For further information and examples pertaining to conflict of interest disclosures see the COI Quick Tip

\* Faculty development is a broad range of activities used to renew or assist faculty, supervisors, preceptors, field instructors, clinical educators, and status appointees in their roles as educators. These activities are designed to improve an individual’s knowledge and skills in teaching, education, administration, leadership and research. (For examples of Faculty Development programs, visit the [Centre for Faculty Development website](https://cfd.utoronto.ca/)

1. A University of Toronto accreditation fee will apply. This fee will be assessed as part of the application review. Note that non-fee bearing Faculty Development, Department Research Days, Rounds and Alumni events are fee exempt

**START A NEW APPLICATION**

1. **Program or Conference Title**

Please provide the title of your Program or Conference (75 max words, 250 characters max)

Click or tap here to enter text.

1. **Credit Type Requested**

[ ]  One credit per hour programs (CFPC and/or Royal College)

[ ]  Royal College Section 3 (three credit per hour)

[ ]  Combined – one credit per hour and Section 3 Program

[ ]  No Study Credits

**TASK LIST**

**How to complete the application**

The accreditation application has been broken into a number of ‘tasks’ that will need to be completed and submitted for review. Please click on each task, review the instructions and enter the requested information. Once completed and saved, a green check mark will appear beside the task. You can complete the entire application at once or save and return at a later date.

**Document Uploads**

At the end of the task list, you will be required to upload the following four files as part of the application: the agenda (including points of interactivity), the summary of the needs assessment, the proposed budget and the evaluation template. You can also upload any additional supporting documentation. To upload your documents, click on the final task below and follow the instructions provided in the task.

**Finalizing and submitting your application**

Once you have completed all tasks (each must have a green check mark) you will click on the “Save” button that appears on this task list home page (button is directly below). Once saved, a new “Submit” button will appear. Click on that “Submit” button to submit your application for review. Through this submission you agree to the terms and conditions of University of Toronto CPD accreditation detailed at the beginning of the application. You will receive a confirmation email once the application has been submitted. If you do not receive this email, please contact the CPD Accreditation Coordinator.

**Next steps after submission**

Your completed application will undergo peer review by a committee selected from the departmental CPD leads, faculty peer reviewers, CPD Education Consultants and the Associate Dean CPD. Should additional information be required, you will be contacted by the CPD Accreditation Coordinator. Once the review is completed, you will be notified of the review decision via email.

TASK 1: PROGRAM INFORMATION

In this task, you will be expected to provide an overview of the proposed CPD activity including dates, key words that describe the program, the target audience and the proposed type of credit/certification. This information is used to promote your activity on the CPD website.

1. **Has this program been submitted for U of T accreditation in the past?**

[ ]  Yes [ ]  No

1. **Credit Requested**

[ ]  Royal College Maintenance of Certification – Section 1 (Group Learning Activity – In Person or Online)

[ ]  Royal College Maintenance of Certification - Section 3 - Self-Assessment Program

[ ]  Royal College Maintenance of Certification - Section 3 - Simulation Activity

[ ]  College of Family Physicians of Canada – Mainpro+1 credit/hour (Live)

[ ]  College of Family Physicians of Canada – Mainpro+1 credit/hour (Self-Study)

[ ]  American Medical Association – AMA PRA Category 1

[ ]  European Accreditation Council for Continuing Medical Education – ECMEC

[ ]  No Study Credits

1. **Certification Type \*** What type of certificate will be issued for this program? \*

[ ]  Letter of Accreditation/Certification/Certificate of Attendance

[ ]  Certificate of Completion – Min 39 h

[ ]  Advanced Certificate of Completion – Min 80 h

[ ]  None

1. **Program Description \***

Briefly describe the proposed CPD activity (max. 200 words)

Click or tap here to enter text.

1. **Start Date \***

Please enter the start date below. *For programs with multiple cohorts or iterations, please attach a list of session dates in the document upload task. Note: Applications must be submitted 10 weeks in advance of the program or conference start date. After that time late/rush fees will apply.*

Click or tap to enter a date.

1. **End Date \***

Click or tap to enter a date.

1. **Duration \***

[ ]  ½ day

[ ]  1 day

[ ]  2 day

[ ]  3 day

[ ]  4 + days

[ ]  Asynchronous Online

[ ]  Longitudinal

1. **Location \***

Please indicate whether the CPD activity will take place in person or online. For in person activities, please indicate the city and venue where the program will be held (max. 150 characters)

Click or tap here to enter text.

1. **Keywords \***

Please enter keywords or phrases that describe your proposed CPD activity e.g. Cardiothoracic, Cancer, Telepathology (max. 150 characters)

Click or tap here to enter text.

1. **Areas of Focus \***

What are the areas of focus for this program? Choose as many as applicable:

[ ]  Critical Care Medicine

[ ]  Dentistry

[ ]  Dermatology

[ ]  Developmental Disabilities

[ ]  Developmental Paediatrics

[ ]  Emergency Medicine

[ ]  Endocrinology &
 Metabolism

[ ]  Enhanced Skills Surgery

[ ]  Family & Community
 Medicine

[ ]  Forensic Pathology

[ ]  Forensic Psychiatry

[ ]  Gastroenterology

[ ]  General Internal Medicine

[ ]  General Surgery

[ ]  General Surgical Oncology

[ ]  Geriatric Medicine

[ ]  Geriatric Psychiatry

[ ]  Global Health

[ ]  Gynecologic Oncology

[ ]  Gynecologic Reproductive
 Endocrinology & Infertility

[ ]  Hematological Pathology

[ ]  Hospital Medicine

[ ]  Hematology

[ ]  Indigenous Health

[ ]  Infectious Diseases

[ ]  Internal Medicine

[ ]  Interprofessional Education
 & Learning

[ ]  Maternity & Newborn Care

[ ]  Maternal-Fetal Medicine

[ ]  Medical Biochemistry

[ ]  Medical Genetics

[ ]  Medical Microbiology

[ ]  Medical Oncology

[ ]  Mental Health

[ ]  Minimally Invasive Surgery

[ ]  Minimally Invasive
 Gynaecology

[ ]  Neonatal-Perinatal
 Medicine

[ ]  Nephrology

[ ]  Neurology

[ ]  Neuropathology

[ ]  Neuroradiology

[ ]  Neurosurgery

[ ]  Nuclear Medicine

[ ]  Nutritional Science

[ ]  Obstetrics & Gynaecology

[ ]  Occupational Medicine

[ ]  Oncology

[ ]  Ophthalmology

[ ]  Orthopedic Surgery

[ ]  Otolaryngology – Head &
 Neck Surgery

[ ]  Pain Medicine

[ ]  Palliative Care Medicine

[ ]  Pathology

[ ]  Paediatric Emergency
 Medicine

[ ]  Paediatric Hematology/
 Oncology

[ ]  Paediatric Radiology

[ ]  Paediatric Surgery

[ ]  Paediatrics

[ ]  Pharmacy

[ ]  Physical Medicine &
 Rehabilitation

[ ]  Plastic Surgery

[ ]  Prison Health

[ ]  Physiatry

[ ]  Psychiatry

[ ]  Psychology

[ ]  Public Health &
 Preventative Medicine

[ ]  Radiation Oncology

[ ]  Radiology

[ ]  Refugee Health

[ ]  Respiratory Medicine

[ ]  Rheumatology

[ ]  Sport & Exercise Medicine

[ ]  Thoracic Surgery

[ ]  Travel Medicine

[ ]  Urology

[ ]  Vascular Surgery

[ ]  Other

1. **Other Area of Focus**

If you selected “Other” in the question above, please enter the area of focus for the program:

Click or tap here to enter text.

TASK 2: CONTACT AND REGISTRATION INFORMATION

This information is collected to provide information about the various contacts needed by CPD for the accreditation process, including the Program Director or Conference Chair, Registration Coordinator, and the Registration Website Information.

1. **Program Director or Conference Chair – First Name \*** Click or tap here to enter text.
2. **Program Director or Conference Chair – Last Name \*** Click or tap here to enter text.
3. **U of T Faculty of Medicine Department, Centre or Division \***

Indicate the sponsoring department, centre or division:

[ ]  Anesthesia, Department of

[ ]  Banting and Best Diabetes Centre

[ ]  Biochemistry, Department of

[ ]  Dalla Lana School of Public Health

[ ]  Emergency Medicine, Division of

[ ]  Faculty Development, Centre for

[ ]  Family and Community Medicine, Department of

[ ]  Immunology, Department of

[ ]  Interprofessional Education, Centre for

[ ]  Laboratory Medicine and Pathobiology,
 Department of

[ ]  MD Program

[ ]  Medical Biophysics, Department of

[ ]  Medical Oncology, Division of

[ ]  Medicine, Department of

[ ]  Molecular Genetics, Department of

[ ]  Nutritional Sciences, Department of

[ ]  Obstetrics and Gynaecology, Department of

[ ]  Occupational Science and Occupational
 Therapy, Department of

[ ]  Ophthalmology and Vision Sciences,
 Department of

[ ]  Otolaryngology Head and Neck Surgery,
 Department of

[ ]  Paediatrics, Department of

[ ]  Pharmacology and Toxicology,
Department of

[ ]  Physical Therapy, Department of

[ ]  Physiology, Department of

[ ]  Post MD Education

[ ]  Psychiatry, Department of

[ ]  Radiation Oncology, Department of

[ ]  Speech-Language Pathology, Department of

[ ]  Surgery, Department of

[ ]  Wilson Centre for Research in Education

1. **Program Director or Conference Chair- Telephone\*:** Click or tap here to enter text.
2. **Program Director or Conference Chair – Email\*:** Click or tap here to enter text.
3. **Program Director or Conference Chair – Mailing Address\*:** Click or tap here to enter text.
4. **Registration Coordinator – First Name\*:** Click or tap here to enter text.
5. **Registration Coordinator – Last Name\*:** Click or tap here to enter text.
6. **Registration Coordinator – Telephone\*:** Click or tap here to enter text.
7. **Registration Coordinator – Email\*:** Click or tap here to enter text.
8. **Registration Website \* (if applicable)**: Click or tap here to enter text.
9. **Publish on CPD website?**

Would you like this program to appear in the Upcoming Programs and Conference Section on the CPD website?

[ ]  Yes [ ]  No

TASK 3: TARGET AUDIENCE AND SCIENTIFIC PLANNING COMMITTEE

All U of T accredited programs must have a scientific planning committee that is responsible for all decisions related to the program. In order to ensure programs are relevant and of value, scientific planning committees must have representation and meaningful involvement of the target audience. For instance, if a program
is for family physicians and pharmacists, members of each of those populations should be represented on
the committee.

If the program is to offer Mainpro+ study credits (1 credit per hour), a family physician must sit on the planning committee and must be a member of the College of Family Physicians of Canada. If applying for Royal College Section 1 and/or Royal College Section 3 a specialist physician must sit on the planning committee.

It is mandatory that each planning committee member review the following U of T policy on sponsorship support and complete the Faculty and Planning Committee Disclosure Declaration Form. The scientific planning committee must have a process in place for reviewing and mitigating declared conflicts of interest. Disclosure forms must be held by the Program Director or Conference Chair in order to satisfy study credit requirements and should be available for audit.

1. **Target Audience \***

Who is the target audience? Select all that apply.

[ ]  Family Physician

[ ]  Specialist Physician

[ ]  Fellow

[ ]  Resident

[ ]  Medical Student

[ ]  Nurse Practitioner

[ ]  Nurse

[ ]  Rehabilitation Professional

[ ]  Faculty, Researcher, or
 Scientist

[ ]  Psychologist

[ ]  Social Worker

[ ]  Pharmacist

[ ]  Dentist

[ ]  Physician Assistant

[ ]  Health professional
 (not listed above)

1. **Target Audience Other – Please describe \***

Click or tap here to enter text.

1. **Scientific Planning Committee Members \***

Please list all members of the scientific planning committee. If Mainpro+ credits are requested, please indicate the CFPC member. Include name, specialty/profession and the department/employer to which they are affiliated. *Example: Dr. Adelphine Odige, Surgery; Dr. Mark Katzen (CFPC Member), Family and Community Medicine*

Click or tap here to enter text.

1. **Target Audience Representatives \***

Please indicate who above is representative of the target audience. *Example: Joy Fumiko (Family Physician)*

Click or tap here to enter text.

1. **Scientific Planning Committee Involvement \***

It is required that the scientific planning committee is responsible for:

* Selecting the topics
* Ensuring the scientific validity and objectivity of the program content
* Selecting and preparing presenters and speakers
* Having a process in place for the review and mitigation of conflict of interest disclosures
* Reviewing of program and speaker evaluations

Please confirm that the Scientific Planning Committee meets this accreditation requirement:

[ ]  Yes [ ]  No

TASK 4: PROGRAM MANAGEMENT AND FINANCIAL RESPONSIBILITY

In this task you will provide details about program management and financial responsibility. In the file upload task, you will also be required to upload a proposed budget. A budget template is available for download.

As part of the proposed budget, the names of any organizations that will provide financial or in-kind support must be listed. The U of T policy on sponsorship support details the requirements for managing this aspect of your program. As of January 1, 2018, all accredited programs require a formal written agreement with any for-profit, or not-for-profit or public sector organization. This written agreement must detail the terms and conditions of sponsorship support. An agreement must be made for each sponsor and signed by the Program Director, Conference Chair or Department Chair.

Signed agreements do not need to be submitted with this application, however please keep these on file as they may be reviewed as part of the compliance and quality assurance processes. A sample templated agreement is available for download.

1. **Financial Liability\***

Which U of T clinical department, hospital, society or other not-for-profit physician organization is financially liable for this program? Please indicate both the organization (i.e. U of T or hospital name) and the department or division name.

Click or tap here to enter text.

1. **Managing Responsibility\***

Which U of T clinical department, hospital, society other not-for-profit physician organization, or event management company responsible for running this program (event logistics, registration, marketing)?

Click or tap here to enter text.

1. **Maximum Registration Fee\*** (Enter CAD) This amount will be used to calculate an estimate of your accreditation fee: Click or tap here to enter text.
2. **Minimum # of Registrants\*** (Please estimate):Click or tap here to enter text.
3. **Maximum # of Registrants\*** (Please estimate): Click or tap here to enter text.
4. **Financial or In-Kind Sponsorship Support \***

Is your program receiving monetary or in-kind support from a for-profit, not-for-profit or public sector organization?

[ ]  Yes [ ]  No

1. **Not-For-Profit or Public Sector Support** Enter estimated value in CAD (if applicable)

 Click or tap here to enter text.

1. **For-Profit Support** Enter estimated value in CAD (if applicable)

Click or tap here to enter text.

1. **Multi-source Support**

Is this for-profit support from multiple sources?

[ ]  Yes [ ]  No

If you have selected "No", please refer to the [U of T Policy on Commercial Support, Direction of Funds](https://www.cpd.utoronto.ca/reports/CPD-Commercial-Sponsorship-Policy-2018.pdf)

1. **Billing- Contact Name\*** the person who will receive the accreditation and/or certificate fees invoices)

**Click or tap here to enter text.**

1. **Billing – Organization Name\* Click or tap here to enter text.**
2. **Billing – Contact Email\* Click or tap here to enter text.**
3. **Billing – Street Address\* Click or tap here to enter text.**
4. **Billing – City\* Click or tap here to enter text.**
5. **Billing – Province \*Click or tap here to enter text.**
6. **Billing – Postal Code \* Click or tap here to enter text.**

TASK 5: EVIDENCE OF LEARNING NEEDS

In this task you will provide details on the process of the needs assessment(s) that were conducted in development of the program or conference. The needs assessment requirements are different for new or recurring programs (see below).

Needs assessment is the process of analyzing and describing gaps in health care or medical education. This process is used to identify the learning needs of the target audience, and in turn inform the program goals, learning objectives and program design. A learning need is defined as the gap between a learner's current knowledge, skills and/or attitudes and their competency relative to current evidence or clinical practice standards. Learning needs can be perceived (‘I know what I need to know’), unperceived (‘I don’t know what I don’t know’), or misperceived (‘I think I know something I don’t').

Unperceived needs can be identified using gap analysis to compare the current state of health care delivery to an identified 'gold-standard'. The gap analysis process uses objective data sources or evidence such as practice data, medical literature review, surveys, clinical practice data, referral/consultation summaries, practice experience, environmental scans, analysis of clinical practice guidelines, patient population data, and summarized chart audits, etc.

Perceived needs are learning needs recognized and described by the target audience. Perceived needs can be identified using subjective data sources such as: targeted surveys, interviews, focus groups, key informants, and representative planning committees.

**For new programs:** Understanding the need for the CPD activity is imperative and should form the basis of program development. As part of the accreditation application review process, the reviewing committee will evaluate the needs assessment. For the proposed program, please upload a document that highlights and summarizes how the identified need can be met through your CPD activity.

**For recurring programs:** The planning and development of the upcoming program should be informed by participant feedback from previous programs. Feedback from summarized evaluations of previous CPD activities can be used. A Needs Assessment Summary Table has been developed to assist with this purpose, and must be submitted as part of this application in the document upload task. Download Needs Assessment Summary Table here.

For additional information please see the Quick Tips page for resources on assessing learning needs and gap analysis processes and template.

1. **Needs Assessment Process: Unperceived Needs \***

Please describe the process or methods used to identify gaps and unperceived needs (as defined above):

Click or tap here to enter text.

1. **Needs Assessment Process: Perceived Needs \***

Please describe the process or methods used to identify perceived needs (as defined above):

Click or tap here to enter text.

1. **Needs Assessment Findings \***

Provide a summary of the findings of your needs assessment. You can optionally upload a summary in the document upload task.

Click or tap here to enter text.

TASK 6: GOALS AND OBJECTIVES

The goals and objectives of your proposed program help the peer reviewers understand the purpose of your CPD activity.

**Goals**: The goals will explain the purpose of the program in a general way and address who might be interested in attending and why. They can describe the overall changes in learners' performance or the improvements in healthcare outcomes that the program aims to achieve. Subsequent objectives are directed toward achieving these goals.

**Objectives**: Learning objectives should use action verbs to clearly identify what learners will accomplish or be able to do after attending an educational activity. They are often useful in helping learners to choose the appropriate programs for their needs. Learning objectives should be listed as they will appear on the program brochure. Please see [Quick Tip](http://distribute.cmetoronto.ca.s3.amazonaws.com/QuickTips/Writing-Goals-and-Learning-Objectives.pdf) ([http://distribute.cmetoronto.ca.s3.amazonaws.com/QuickTips/Writing-Goals-and-Learning-Objectives.pdf)](http://distribute.cmetoronto.ca.s3.amazonaws.com/QuickTips/Writing-Goals-and-Learning-Objectives.pdf%29) for more information.

1. **Goals \***

In point form, please list the overall educational goals of your program or conference.

*Example: Improve the detection and management of traumatic brain injury.*

Click or tap here to enter text.

1. **Learning Objectives \***

In point form, using active verbs, please list the learning objectives of your program or conference.

*Example: Participants will be able to identify communication disorders associated with traumatic
brain injury.*

Click or tap here to enter text.

1. **CanMEDS / CanMEDS FM Roles \***

Identify the CanMEDS/CanMEDS FM Roles that will be addressed in this program. Select all that apply:

[ ]  Medical Expert/Family Medicine Expert

[ ]  Communicator

[ ]  Collaborator

[ ]  Leader

[ ]  Health Advocate

[ ]  Scholar

[ ]  Professional

[ ]  Not Applicable (only for programs not
 targeting physicians)

1. **Four Principles of Family Medicine**

If applying for CFPC MainPro+ certification, please complete the following:

Practice relevance is guided by the Four Principles of Family Medicine. Please indicate which principle(s) will be addressed in this program. Select all that apply:

[ ]  The family physician is a skilled clinician

[ ]  Family medicine is a community-based discipline

[ ]  The family physician is a resource to a defined practice population

[ ]  The patient-physician relationship is central to the role of the family physician

TASK 7: PROGRAM DESIGN

In this task you will provide information on how you designed your program, including how scientific evidence was used, proposed instructional methods, interactivity, and post-program tools.

If this is an asynchronous online program, please see the [E-Learning Programs Quick Tip](http://distribute.cmetoronto.ca.s3.amazonaws.com/QuickTips/Accreditation-of-Online-Learning.pdf) for accreditation requirements. For asynchronous programs, you must have a minimum of three reviewers complete the [Asynchronous E-Learning Reviewer Questionnaire](https://www.cpd.utoronto.ca/quicktips-docs/Asynchronous-E-Learning-Reviewer-Questionnaire.docx?v190613). The reviewers must be representative of the target audience and who were not involved in the program or content development.

Required Documents: You are required to attach a program agenda to this submission (see task titled Attach Files Here). This agenda must show where in the program there are opportunities for interactivity.

For asynchronous e-learning programs, please attach the completed Asynchronous E-Learning Reviewer Questionnaires.

1. **Incorporation of Evidence \***

Incorporating scientific evidence into the planning and delivery of the program is a requirement for accreditation. What sources of information were selected by the planning committee/faculty to develop the content? Please select all that apply:

[ ]  Review of the scientific or education literature

[ ]  Clinical practice guidelines

[ ]  Qualitative research

[ ]  Quantitative research – e.g. systematic reviews/meta-analysis of studies

1. **Incorporation of Evidence Other – Please describe \***

Click or tap here to enter text.

1. **Instructional Methods \***

After completing goals and objectives and mapping out the content for the program, it is important to choose instructional methods that are most likely to be effective in achieving the program’s intended outcomes. Learning can be categorized into three domains: knowledge, skill and attitude. For additional information on instruction methods refer to the [Quick Tip Choosing Instructional Methods and Integrating Active Learning.](https://www.cpd.utoronto.ca/wp-content/uploads/2018/10/Choosing-Instructional-Methods-and-Integrating-Active-Learning-parts-1-and-2.pdf)

Instructional methods by domain include:

* Knowledge: lectures, reading, problem based small group discussion
* Skills: workshops, simulations, role play, standardized patients
* Attitude: small group discussion, role play, role reversal, standardized patients

Please provide a brief description of chosen instructional design/methods for the program:

Click or tap here to enter text.

1. **Interactive Learning \***

A component of effective adult learning is the opportunity to interact and learn from the experiences of colleagues. Accreditation requirements stipulate that at least 25% of the program must be interactive learning, and should be spread throughout the entire program. Please ensure that all interactive methods selected are clearly evident in the program agenda uploaded with your application.

Please select interactive learning methods applicable to your program:

[ ]  Audience response system (ex. twitter,
 online polls, clickers)

[ ]  Case-based learning (e.g. vignettes
and discussions)

[ ]  Coaching/mentoring/preceptorship

[ ]  Facilitated discussion forum

[ ]  Gamification

[ ]  Online discussion board

[ ]  Panel discussion with audience participation

[ ]  Problem-based learning discussions

[ ]  Question and answer periods

[ ]  Reflection exercises

[ ]  Self-assessment questions

[ ]  Simulation: Role-playing,
standardized patients

[ ]  Simulation: Skills lab

[ ]  Simulation: Task trainers, high fidelity

[ ]  Simulation: Virtual

[ ]  Small group discussions (12 or less)

[ ]  Talking circles

[ ]  Test enhanced learning

1. **Interactive Learning Other – Please describe \***

Click or tap here to enter text.

1. **Barriers to Practice Change \***

There are different types of barriers that may prevent practice change after a CPD program concludes.

Some barriers can be overcome by using post-program tools to reinforce learning.

Please indicate which tools you plan on using to reinforce learning after your program/conference (check all that apply):

[ ]  Barriers addressed during program content

[ ]  Program handouts/Learning materials

[ ]  Patient education materials

[ ]  Office-based flow charts

[ ]  Decision aids such as algorithms

[ ]  App or Pocket card (e.g. listing different
 types of antibiotics)

[ ]  Reminder stickers for patient charts or files

[ ]  A list of conditions/symptoms to consider
in making a referral

[ ]  A list of places or people to whom to refer

[ ]  Methods of tracking patients through
electronic means

1. **Barriers to Practice Change Other – Please describe \***

Click or tap here to enter text.

1. **Speakers/ Educators \***

Do you have a process in place to convey the following requirements to your speakers? (A Speaker Invitation Letter template is available for use.)

* Speakers are provided with the goals and learning objectives of the program and required to include a minimum of 25% interactivity
* Lack of evidence for assertions or recommendations will be acknowledged
* If a single study is the focus, or select studies are omitted, the presenters or speakers will be asked to provide the rationale to support the decision
* Graphs and charts will not be altered to highlight one treatment or product
* Both potential harms and benefits will be discussed. An efficient way to present this to clinicians is to indicate NNT (Number Needed to Treat), NNH (Number Needed to Harm), and absolute and relevant risk reductions

[ ]  Yes [ ]  No

1. **Asynchronous E-Learning Programs\***

Is this an asynchronous e-learning program?

[ ]  Yes [ ]  No

If "Yes", please attach the three completed [Asynchronous E-Learning Reviewer Questionnaires](https://www.cpd.utoronto.ca/quicktips-docs/Asynchronous-E-Learning-Reviewer-Questionnaire.docx?v190613) in the document upload task.

TASK 8: EVALUATION, ASSESSMENT AND OUTCOME MEASURES

Evaluation is a required component of a U of T accredited activity. Programs are expected to provide opportunities for participants to evaluate the individual speakers and the program itself. Additionally, opportunities to measure impact on learning, competence, performance in practice and patient and community health are strongly encouraged.

Moore’s expanded outcomes framework recognizes seven outcomes levels. Levels 1 and 2 correspond to program evaluation. Levels 3 – 7 address the stages of clinician learning, application to practice and patient and healthcare outcomes. Please refer to the [Quick Tip](https://www.cpd.utoronto.ca/wp-content/uploads/2018/08/Program-Evaluation.pdf) on evaluation for incorporating higher level outcomes in your program.

Level 1: Participation

Level 2: Satisfaction

Level 3: Learning

Level 4: Competence

Level 5: Performance

Level 6: Patient Health

Level 7: Community /Population Health

Required Document: A draft of the evaluation template that will be used upon completion of your program must be submitted in the document upload task. Sample evaluation templates are available for download and customization. After the completion of the program or conference you must also submit a summary of post-program evaluations in order to meet accreditation requirements.

1. **Level One – Participation (Required for Accreditation) \***

How will you identify who participated in the activity or if the intended target audience attended your program? Please select all that are applicable to your program:

[ ]  Questionnaire / surveys

[ ]  Registration data analysis

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Two – Satisfaction (Required for Accreditation) \***

How will you evaluate what your participants think and feel about the program and the individual speakers?

Please select all that are applicable to your program:

[ ]  Questionnaire / surveys

[ ]  Focus groups

[ ]  Interviews

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Three – Learning (Required for Accreditation) \***

How will you assess self-reported learning or identify a change in what participants know or know how to do as a result of your program? The Royal College and CFPC require an opportunity for participants to provide self-reported feedback on learning. The suggested CPD evaluation template satisfies this requirement by querying practice change. Further measures are encouraged.

Please select all that are applicable to your program:

[ ]  Self-reports of learning (or an evaluation question asking the same)

[ ]  Questionnaires/surveys

[ ]  Pre- and post-tests of knowledge
and/or attitudes

[ ]  Analysis of data collected during the program
(for example, observational data,
assessment data)

[ ]  Reflection exercises

[ ]  Commitment to change statement/activity

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Four – Competence (Recommended but Optional)**

How will you identify the degree to which participants can demonstrate what they learned in the program?

Please select all that are applicable to your program:

[ ]  Analysis of chart reviews or audits

[ ]  Simulated scenario observations and ratings

[ ]  Role play with standardized patients

[ ]  Tested skills (e.g. with task trainers)

[ ]  Portfolios or reflections

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Five – Performance (Recommended but Optional)**

How will you identify the degree to which participants apply (or will apply) what they have learned in their practice setting?

Please select all that are applicable to your program:

[ ]  Questionnaires/surveys of participants
(e.g. commitment to change)

[ ]  Analysis of patient health records, testing
orders, laboratory data, or administrative data

[ ]  In-practice observations

[ ]  Chart reviews or audits

[ ]  Analysis of self-report of practice changes
and/or barriers to change

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Six – Patient Health (Recommended but Optional)**

How will you identify the degree to which your program, through changes in participants’ knowledge, skill, attitudes or behaviour positively affects patient care?

Please select all that are applicable to your program:

[ ]  Patient health record reviews

[ ]  Administrative data reviews

[ ]  Physician self-reports

[ ]  Questionnaires/surveys of patients
and/or physicians

[ ]  Focus groups

[ ]  Interviews

[ ]  Other - Please describe: Click or tap here to enter text.

1. **Level Seven – Community/ Population Health (Recommended but Optional)**

How will you evaluate if your program, through changes in participants’ knowledge, skill, attitudes or behaviour positively affect community health?

Please select all that are applicable to your program:

[ ]  Analysis of morbidity rates

[ ]  Analysis of mortality rate

[ ]  Analysis of prescribing patterns

[ ]  Analysis of referral patterns

[ ]  Analysis of public health status indicators

[ ]  Other - Please describe: Click or tap here to enter text.

TASK 9: if applying for ROYAL COLLEGE SECTION 3 – SELF-ASSESSMENT

There are 2 categories of CPD activities that qualify for section 3 credits: Self-Assessment and Simulation. This task is for Section 3 Self-Assessment credit. For Section 3 Simulation, please complete Task 10.

Royal College Section 3 credits are for programs, or components of programs, that provide data and feedback to help health professionals identify and address unperceived professional practice needs.

In this task you will provide information specifically on the self- assessment activity, and the methods used to enable participants to demonstrate or apply knowledge, skills, clinical judgement or attitudes. For more information please visit the [Royal College website](http://www.royalcollege.ca/rcsite/home-e).

Required Documents:

* Section 3 activities must be evaluated by participants. Please submit the **evaluation template** that will be used for the self-assessment activity in the document upload task. Sample evaluation templates are available for download and customization. After the completion of the self-assessment activity you must also submit a summary of post-program evaluations in order to meet accreditation requirements.
* Please attach the **self-assessment tool** (or provide a link), which includes the questions, answers
and references.
1. **Self-Assessment Activity Title**

What is the title of the specific Section 3 Self-Assessment activity? (This will be forwarded to the Royal College and used in Maintenance of Certification reporting by participants).

Click or tap here to enter text.

1. **Knowledge Areas**

Describe the key knowledge areas or themes addressed by this self-assessment program. (Please use point form)

Click or tap here to enter text.

1. **Evidence Base**

In addition to the information provided in the Needs Assessment task, please provide any additional information on the scientific evidence base selected to develop the self-assessment activity (if applicable). (Please use point form)

Click or tap here to enter text.

1. **Assessment**

Describe the process that will be used to allow participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes and record their answers (for example, web based assessment tools or creation of an answer sheet and scoring for multiple-choice questions (MCQ), short answer questions (SAQ), true/false statements). (Please use point form)

Click or tap here to enter text.

1. **Feedback**

The Royal College requires that self-assessment activities must provide participants with a copy of their own answers and feedback on their performance, which will enable the identification of any areas requiring improvement and support the development of a future learning plan. How will participants be provided with feedback and know which answers were correct or incorrect?

Click or tap here to enter text.

1. **References**

The Royal College also requires that self-assessment activities must provide participants with references to justify the appropriate answer. Describe how references will be provided to participants. (Please use point form)

Click or tap here to enter text.

1. **Correct Answer References**

References justifying the appropriate answer should be provided to participants. Please describe how these will be provided. (Please use point form)

Click or tap here to enter text.

TASK 10: if applying for ROYAL COLLEGE SECTION 3 – SIMULATION

There are 2 categories of CPD activities that qualify for Section 3 credits: Self-Assessment and Simulation. This task is for Section 3 Simulation credit. For Section 3 Self-Assessment, please complete Task 9.

Royal College Section 3 credits are for programs, or components of programs, that provide data and feedback to help health professionals identify and address unperceived professional practice needs.

Simulation activities are programs that directly observe and assess participants' skills, knowledge, clinical judgement, and/or attitudes. For Section 3 credits, participants must be actively engaged in the simulation activity. Your program must also include a mechanism to provide the participants with feedback.

In this task you will provide information specifically on the simulation activity, and the methods used to enable participants to demonstrate or apply knowledge, skills, clinical judgement or attitudes. For more information please visit the Royal College website.

Required Documents:

* Section 3 activities must be evaluated by participants. Please submit the **evaluation template** that will be used for the simulation activity in the document upload task. Sample evaluation templates are available for download and customization. After the completion of the program or conference you must also submit a summary of post-program evaluations in order to meet accreditation requirements.
* For live simulation activities, if applicable, please attach the **assessment tool** in the document
upload task.
* For online simulation activities, please attach the **assessment tool** in the document upload task, or provide a link.
1. **Simulation Activity Title**

What is the title of the specific Section 3 Simulation activity? (This will be forwarded to the Royal College and used in Maintenance of Certification reporting by participants).

Click or tap here to enter text.

1. **Knowledge Areas**

Describe the key knowledge areas, skills, or competencies assessed by this simulation program. (Please use point form)

Click or tap here to enter text.

1. **Evidence Base**

In addition to the information provided in the Needs Assessment task, please provide any additional information on the scientific evidence base selected to develop the simulation activity (if applicable). (Please use point form)

Click or tap here to enter text.

1. **Simulation Methods**

What simulation methods were selected to enable participants to demonstrate their abilities, skills, clinical judgment or attitudes (for example, role playing, standardized patients, theatre-based simulation, task trainers, virtual patients, etc.) and how will learners be actively engaged in the simulation activity? (Please use point form)

Click or tap here to enter text.

1. **Assessment**

Describe how participant performance in the simulation activity will be assessed. If this is an online simulation-based activity, please describe how participants will provide responses to online simulation? (for example, through an online response sheet or web-based assessment tool)

Click or tap here to enter text.

For live simulation activities, if applicable, please attach the assessment tool in the document upload task.

For online simulation activities, please attach the assessment tool in the document upload task, or provide a link.

1. **Feedback**

How will participants be provided with feedback on their performance to enable the identification of any areas requiring improvement and support the development of a future learning plan?

Click or tap here to enter text.

Please provide a copy of the feedback tool or guide (if applicable) in the document upload task.

TASK 11: ATTACHING FILES

The following 3 documents are mandatory for all applications:

* Agenda (including points of interactivity)
* Proposed budget
* Evaluation template

For the following types of programs, the following are also required:

* Returning Programs: Incorporation of feedback form
* Programs with multiple cohorts or iterations: List of session dates
* Section 3 Self-Assessment Programs: Section 3 specific evaluation template and self-assessment tool
* Section 3 Simulation Programs: Section 3 specific evaluation template, assessment tool, and where applicable the feedback tool/guide
* Online Programs: A minimum of three completed questionnaires from designated online reviewers

Additional information and templates are available in the [Quick Tips](https://www.cpd.utoronto.ca/educators/program-development/quick-tips/%29) section of the CPD website.