Committee on Accreditation
of Continuing Medical Education

CACME
CAEMC

Comite d'agrement de l'education
medicale continue

December 23, 2013

Dr. Catharine Whiteside
Dean, Faculty of Medicine
University of Toronto
Medical Sciences Bldg
Room 2109
1 Kings College Circle
Toronto ON M5S 1A8
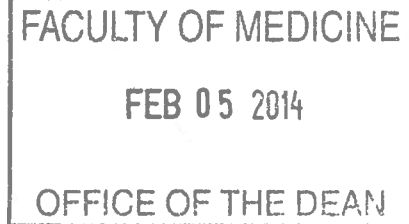
Dear Dean Whiteside,

The Committee on Accreditation of Continuing Medical Education (CACME) met in Ottawa on November 26, 2013 and reviewed the report prepared by the survey team that visited the University of Toronto's Centre for Continuing Health Professional Education on March 21-22, 2013.

The Committee determined to continue accreditation for a 5 year term and requires a follow-up status report.

The Committee identified the following institutional strengths:

1) The support provided by the dean.
2) Highly educated and committed professional staff.
3) Clear strategic plan with well-defined milestones monitored at six (6) month intervals.
4) Continuous investment and re-investment in the operation.
5) Well-developed policies and procedures that are transparent.
6) Well established and resourced program of research and innovation.

The Committee determined that the Centre for Continuing Health Professional Education was in exemplary compliance with standards 2.1, 2.2, 2.5, 3.2, 3.4, 4.1, 4.3, 4.4, 4.5 and 4.6.

The Committee determined that the Centre for Continuing Health Professional Education was in full compliance with standards 1.2, 1.3, 2.3, 2.4, 3.1, 3.3, 3.5 and 4.2.

The following standard was found to be in partial compliance:

Standard 1.1: The CME/CPD office has a formally approved written mission statement and/or goals and objectives document that:
- Defines the role of CME/CPD in the university and for the communities it serves
- Is driven by a consideration of the health needs of these communities
- Defines its role in strengthening the quality of life-long education of physicians and other health professionals
- Describes the office's purpose, goals, major functions, and target populations
- Is congruent with and supported by the mission statement of the Faculty of Medicine / Health Sciences

Finding: The Centre does not clearly define its target population.

The requested status report is to be received by **September 15, 2015** and should include the information described below.

Standard 1.1
Provide the documentation and respond to the questions requested in the CACME guide (page 10).
Documentation:
- A copy of the Faculty of Medicine / Health Sciences mission statement.
- A copy of the *CMEICPD* office mission statement.
- Minutes of meetings and/or other evidence that the mission statement was approved by the *CMEICPD* office and by the Faculty of Medicine / Health Sciences.
- Directions to a website where mission statement is posted.

Responses to questions:
- How does the CME mission statement fit with the Faculty of Medicine / Health Sciences mission?
- Is the mission statement reviewed regularly?
- What are the purpose and goals presently pursued by the *CMEICPD* office? How will their achievement be monitored?
- Are the faculty members aware of the mission statement, purpose and goals? How have these been communicated?
- What provision has been made in the mission statement to meet the learning needs of family physicians, specialists and where appropriate other health professionals and others?
- How does the office address the needs of generalists, specialists and (where relevant) other health professionals?

A copy of the final survey report is enclosed for your records. If you have any questions, or if we can be of assistance, please do not hesitate to contact the CACME Secretariat Office.

Your next full accreditation visit will be carried out in the 2017-18 academic year.

Yours sincerely,

Genevieve Moineau, MD, FECPC
CACME Secretary

Encl.

Report of the CACME Survey of the

University of Toronto

Continuing Education and Professional Development

March 21 & 22, 2013

Surveyors:
Jocelyn Lockyer, PhD
Senior Associate Dean, Education
And
Professor, Department of Community Health Sciences
University of Calgary

Brenda Cholin, MD, MScPH, FCFP
Medical Health Officer
Prairie North Health Region, Saskatchewan

The Committee on Accreditation of Continuing Medical Education (CACME) conducted an on-site accreditation survey at the University of Toronto, Continuing Education and Professional Development Office on March 21 and 22, 2013. The surveyors were:

Surveyor   Surveyor
Jocelyn Lockyer, PhD   Brenda Cholin, MD

Disclaimer

The survey findings that follow are based on the information provided before and during the survey by the Faculty of Medicine and represent the professional judgment of the survey team that visited the University of Toronto, Continuing Education and Professional Development (CEPD) on March 21 and 22, 2013. The CACME may come to differing conclusions when it reviews the team's report.

Preamble

The surveyors for the CACME on site survey at the University of Toronto Office of Continuing Education and Professional Development thank Dr Dimitri Anastakis and Ms Susan Rock along with all of the staff, faculty and partners who prepared materials and met with us. We recognize the time, resources and commitment to undertake an accreditation review are considerable. We thank those who were involved. The documentation provided to us was complete, easily understood, and done in an exemplary way. We further appreciated the preparation and thought given to the meetings by all the people with whom we met in person or by phone.

Overall, we believe that CEPD is a highly functioning and progressive unit, well positioned for the next phases of its work within Ontario and elsewhere. The CEPD Office is unique in Canada. It is situated in the largest medical school in Canada. Its large numbers of students, faculty, departments, centres/Institutes (e.g. Wilson Centre, La Ka Shing Knowledge Institute), affiliated hospitals and networks requires a high performance team sensitive to the many players and their goals and interests. The Office has positioned itself as the 'hub' for accreditation of CE programs and accredits over 330 programs annually. Through effective structures involving staff, faculty, committees, and technology the Office has developed common standards and systems to support course directors deliver and improve educational offerings bearing the University of Toronto imprimatur. In this endeavor, the Office has worked effectively and flexibly to engage its Departments and Departmental representatives. In turn, course directors have responded to the encouragement provided to experiment, study and continually improve the intensity and types of programming offered. While program development and accreditation may be a major component of the Office, a research cluster is quickly being integrated into the Office with Dr Simon Kitto, a noted PhD researcher as lead. The Office is also developing an Innovation Office within CEPD which will assist in the commercialization of educational products across the Faculty.

Strengths

Many strengths were identified within the documents and these were verified through discussions with course participants, course directors, researchers, and partners. These include:

- The support provided by Dr Whiteside, Dean. This includes financial, space and other resources to the unit but also her confidence in the group. To that end, she has made an investment in the innovation cluster (and associated personnel) but also enabled the IT and research development, so critical to enhancing CEPD.
- The energy and the business training and experience that Dr Anastakis has. This was recognized by many people we met and is evident in the way that the Office has been transformed into a business enterprise, to support educational and other CEPD activities.
- The highly educated and committed professional staff in the unit. There is a unique combination of people with expertise in education, IT, management, QI, and research. There are also long term staff who have progressed through the organization and have assumed key positions in accreditation, meeting management, and other areas of the operation.
- A well articulated vision/mission that is in alignment with the Faculty vision and mission. This work complements the clear strategic plan with well defined milestones that are regularly monitored at six month intervals across the 5 CEPD priority areas:
  - Enhance best practice and faculty development for continuing education
  - Advance research, innovation and scholarship
  - Strengthen and grow practice-based education
  - Foster and embed quality improvement in continuing education
  - Promote patient and public engagement
- Continuous investment and re-investment in the operation including in its technology, research, reputation management (branding), and quality improvement. CEPD recognizes the need for close linkages and synergies within all aspects of its operation so that they can inform and be informed collectively.
- Program support that is offered within and across the Faculty and its departments is flexible, accessible, and professional. The accreditation processes are well developed and provide feedback and encourage all course directors, regardless of whether they have been offering programs for many years or are novices. Further by allowing course directors the option of accreditation review only, partial management, or full management, they are gently encouraging and fostering the improvement of all programs and hopefully will build the business of providing more services to more programs within the Faculty.
- Policies and procedures which are well developed, conceptualized and transparent to all. Policies that are critical (e.g., conflict of interest, commercial sponsorship) have undergone recent review, revision and approval by Faculty Council.
- The overall structure of the Office and its committees which support CEPD work across the Faculty, its Departments, and affiliated Hospitals.

- The leadership and support roles that have been assumed by CEPD professionals. Dr Anastakis is an active player in CPD-Ontario and within the 'Education Deans Group'. Ms Rock has developed the staff within the Office and has created a network of CE administrators throughout the University. Ms Tipping is engaged in faculty development related to CEPD across the Faculty as well as through other CE and medical education organizations.

Areas to monitor

The Office does not have identifiable areas of concern. There are however aspects of the operation that make it complicated and will continue to require experienced staff to ensure growth and development continues and is sustained. These are:
- CEPD is decentralized. This requires attentiveness to the relationships the Office has within and outside the Faculty. They manage this currently through the accreditation processes and the requirement that courses seeking the University of Toronto imprimatur be reviewed centrally. This allows the Office to ensure standards are met and maintained.
- The programming operation is large. It is departmentally and often hospital based. It appears there are many drivers for courses including historical precedent, available resources, funding and the interests of individual faculty and their divisions/departments. These drivers co-exist with societal and practitioner needs, making it difficult to ensure that collectively the educational offerings address societal and physician needs. Similarly, it is difficult to determine where gaps might lie across programs, as courses even within a single department appear to be relatively independent of one another. It is similarly difficult to know whether there is needed and intentional overlap and duplication in programming or unnecessary competition and inappropriate use of faculty resources.
- New areas are under development. In particular, we note that the work to enhance self-directed learning capacity is showing promise and is an excellent collaboration between the Ontario universities, the CPSO, CPD-O, OMA, RCPSC, and CFPC. Similarly, the new directions in research, QI and innovation will bear watching to ensure they integrate well and are supported by the Office in a synergistic way.
- Continual monitoring is required to ensure the reputation of the Office and its products and services. CEPD exists in a changing, competitive and opportunistic environment.

Accreditation Standards

1.   **Overarching purpose: Responding to societal needs**

1.1   The CME/CPD office has a formally approved written mission statement and/or goals and objectives document that:
- *Defines the role of CME/CPD in the university and for the communities it serves*
- *Is driven by a consideration of the health needs of these communities*
- *Defines its role in strengthening the quality of life-long education of physicians and other health professionals*
- *Describes the office's purpose, goals, major functions, and target populations*
- *Is congruent with and supported by the mission statement of the Faculty of Medicine / Health Sciences*

Surveyor Findings:

The purpose of CEPD is well articulated in the document prepared for the review as well as in the Academic Business Plan 2012-13 and in the CEPD Annual Report 2011-12.

The vision, mission and values of the CEPD Office are in alignment with the Faculty's mission. For example, the Faculty's mission is 'international leadership in improving health through innovation in research and education'. The Office's vision is 'international leadership in improving health through innovation in continuing education and research'. The mission is similarly aligned, almost word for word. The mission is 'We fulfill our social responsibility by developing CEPD leaders, contributing to our communities, and improving the health of individuals and populations through the discovery, application and communication of knowledge'. The values of the Office are similar, although not identical to those of the Faculty. It is noted that the vision and mission have been regularly revised in conjunction with CEPD academic strategy planning (2008, 2011) with the most recent (2012) revision providing alignment with the Faculty's (new) directions.

CEPD has identified 5 strategic priority directions: enhance best practices and faculty development; advance research innovation and scholarship; strengthen and grow practice based education; foster and embed quality improvement; and promote patient and public engagement. The Office will do that through entrepreneurship, information technology and social media, communities of practice; partnerships and sustainable funding.

The documents which guide the Office meet the criteria above as they:
- Define the community as an international/global one.
- Mention health needs in the mission statement.

- Describe role that the Office plays in life-long education of physicians and other health professionals within the values of interprofessionalism, social responsibility, and life-long learning.
- Articulate the Office's purpose, goals and major functions within a variety of documents.
- Are in alignment with the Faculty's mission.

It is noted that the vision, mission, and values are 'global' (as in world) in orientation and do not specify the specific 'community' or 'communities' served. In order to identify a 'global' perspective, the Office and their 'partners' (i.e., faculty members, staff) have partnered with national and international organizations. They have also partnered with University of Toronto's International Continuing Health Education Collaborative.

The above information situates the Office at compliance. Their regular evaluation and revision of the mission statement reviews as noted above put them above compliance. They have recently appointed a QI professional to work within both the research group and the Office to enhance QI processes within the Office in a more intentional way.

Evaluation criteria

Non-compliance:	There is no written mission statement **or** goals and objectives document.
Partial compliance:	There is a written mission statement and/or goals and objectives document that is either in development, does not include all the listed elements, is otherwise incomplete, **or** has not been formally approved by the Faculty of Medicine / Health Sciences.
Compliance:	There is a written mission statement and/or goals and objectives document that includes all listed elements **and** has been formally approved by the Faculty of Medicine / Health Sciences.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office regularly evaluates and revises the mission statement and/or goals and objectives document as part of a continuous quality improvement process.

Surveyor Evaluation: Exemplary compliance

1.2   The CME/CPD office has developed a long-term strategic plan (e.g. 3-5 year) that:
- *is based on its mission statement and/or goals and objectives document*
- *addresses defined target populations of learners*
- *includes defined policies and mechanisms for prioritizing goals and objectives*
- *describes specific CME/CPD activities that can be shown to contribute to the objectives*
- *has defined measurable goals to allow for the assessment of achievement.*

Surveyor Findings:

The Office has developed a strategic plan (2011-16) that emanates from the vision, mission and values and is based on its 5 strategic directions
- o Enhance best practice and faculty development for continuing education
- o Advance research, innovation and scholarship
- o Strengthen and grow practice-based education
- o Foster and embed quality improvement in continuing education
- o Promote patient and public engagement

This work is driven by their mission and values. They have divided the Office into 6 clusters (administration, accreditation, event management, information services, program development, reputation management and research) to help them achieve their short and long term goals. They have metrics for each cluster and have been working steadily on developing the infrastructure to improve reporting capabilities for each cluster. As research is a relatively new component to be situated within the Office, Dr Kitto, the newly appointed director of research is now creating a strategic plan for research and evaluation to establish metrics for that cluster. The plan identifies how they will do this through revenue streams, customer relationships, partnerships, activities, and resources. The strategic objectives are monitored through quarterly meetings of strategic direction leaders. The Vice Dean meets with CE directors and department chairs to review Department activities and how they relate to the strategic plan.

The Office meets the criteria above as they:
- Have a plan that is based on the mission statement.
- Address defined target populations of learners
- Have mechanisms to prioritize goals and objectives
- Describe activities that contribute to their objectives
- Have defined measurable goals to assess their achievement

The Office meets the expectations of compliance. It has a long term strategic plan that is linked to its mission and a process to prioritize (and change) its goals and objectives. However, with the exception of 75/330 courses which the Office manages fully or partially, the bulk of the development, implementation, and management work falls to the departments. There does not appear to be a process to look within and across Faculty, departmental and hospital site offerings to assess the extent to which the collective addresses health or professional learning needs within specific health system contexts. In fact, discussions with departmental representatives would suggest that courses are developed, implemented and sustained for a variety of reasons. At the Faculty and at department levels, there does not appear to be oversight of the collective educational activities. However, it is noted that their program management system has key word capability, information about learning strategies, and information about CanMEDS competencies so the Office could begin to examine its reach in a more systematic way.

Evaluation criteria

Non-compliance:	There is no long-term strategic plan **or** there is a plan that is either not linked to the CME/CPD office's mission and/or goals and objectives or to defined target populations of learners.
Partial compliance:	There is a long-term strategic plan which is either in development or incomplete **or** lacks a process to prioritize goals and objectives.
Compliance:	There is a long-term strategic plan linked to the CME/CPD office's mission statement and/or goals and objectives document **and** a process to develop and prioritize goals, objectives and specific CME/CPD activities.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office is able to demonstrate an ongoing prioritization of goals, objectives and activities that is based on a response to societal health needs within specific health system contexts.

Surveyor Evaluation: Compliance

1.3   *The CME/CPD office has a defined ongoing evaluation process to ensure its long-term strategic plan and objectives are being met.*

Surveyor Findings:

As noted earlier, the CEPD has established 5 strategic directions (see list in section 1.2) and has an implementation plan with well defined metrics for each of the strategic parameters. These are examined at 6 month intervals by the CEPD executive. The Vice Dean meets with each of the members of the Executive Committee monthly to review progress for each of the clusters as well as with the CE directors and Department Chairs.

This work is supported by the Academic Business plan which delineates 4 long term goals associated with service, growth, social, and financial domains. These are complemented by short-term academic business goals for each of the CEPD clusters of administration, accreditation, event management, program development, Info-Services (EVMS—or IT systems and support), and research. These are reviewed on a regular basis to ensure that milestones are being met.

These activities take them to compliance.

CEPD has not developed processes to assess changes to local population health needs, health care interventions and/or practice outcomes that they use to drive strategic activities. In part, this would be difficult given the de-centralized nature of the Office with CE activities driven by departments and hospital sites.

While individual programs provide evidence of needs assessments being done to drive and support educational programming, neither the departments or the Office appear to take an overall review of programming vis a vis health related needs. It is noted that for selected programs that are of a longitudinal nature (e.g., certificate courses or MAINPRO-C study credits), there is evidence that practice outcomes and population health outcomes are measured and this drives the next phase of the work. Particularly noted in this is the work described by Rachel Shupak in arthritis, Peter Selby in addictions and Kate Hodges in comprehensive family practice review. In these courses, there are outcome measures at practitioner and/or health impact level.

Evaluation criteria

Non-compliance:	There is no process to measure the overall effectiveness of the CME/CPD program in achieving its strategic plan or goals and objectives.
Partial compliance:	The process to measure the overall effectiveness of the CME/CPD program is limited in scope with episodic attempts to adjust activities accordingly.
Compliance:	The process to measure the overall effectiveness of the CME/CPD program is aligned with the strategic plan and goals and objectives and is reviewed on a regular basis.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has a process to assess changes to local population health needs, health care interventions and/or practice outcomes, and uses this to drive its strategic activities.

Surveyor Evaluation: Compliance

2. Scope of activities

> **2.1 The CME/CPD office provides a variety of educational activities and services appropriate to the needs of its target audiences including physicians and, as applicable, other health care providers.**

Surveyor Findings:

The Office supports many activities. These include conferences, courses, workshops, problem-based small groups, rounds (delivered through teleconference or videoconference), longitudinal programs, certificate programs and online learning. Of the 330 courses that are accredited through the Office each year, 75 of these courses are fully (n = 50) or partially managed (n = 25) by the CEPD Office. The programs are designed for a full range of health care professionals.

The majority of courses are managed within departments using departmental/hospital staff. The CEPD unit's role is to facilitate best practices for the courses while the determination of the programming to be done lies with departments.

The unit sees itself as the premier CME unit within the province and Canada for CEPD delivery. To that end, they reach out to others as collaborators. For example, health professional groups within the Faculty (e.g., speech language pathologists, physical therapists) are integrally involved in the work of the unit as is the Faculty of Pharmacy. They are a key player within CPD Ontario, a network of University CME Offices and medical organizations, which is designed to foster organizational collaboration and support for physicians across the province. Currently CPD-Ontario is working on the development of a web based physician learning centre that will provide consultative services to physicians about learning styles, tools and reflective practice as well as direction on the content and format of learning opportunities.

The Office has two educational consultants, Jane Tipping and Kate Hodges. Both professionals work with and support planning and development of programs. They provide input to all educational programs through the on-line accreditation system. Susan Rock supports CE program enhancement through her work with the Continuing Education Administrators Cooperative which brings together CE administrators across the University to ensure they are aware of updates in policy, developments in program management, and share best practices. It is also noted that Susan Rock provided significant support to the CE group at Northern Ontario School of Medicine to help them develop their Office, its policies and procedures.

The variety of educational activities and services are such that the Office meets compliance. They meet exemplary compliance in conjunction with their outreach to other CME Offices, collaboration within CPD Ontario, work with the CPSO, and through the standards they set for educational program development through accreditation. The accreditation standards are high and the Office is prepared to deny accreditation when program planners do not comply with the standards.

Evaluation criteria

Non-compliance:	The variety of educational activities and services is so limited that the office could meet few, if any, educational needs of identified target audiences
Partial compliance:	The variety of educational activities and services is limited but could meet some educational needs of identified target audiences.
Compliance:	There is a good variety of educational activities and services that are able to meet a wide range of educational needs of identified target audiences.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office reaches out to other CPD providers, especially within the Faculty of Medicine / Health Sciences, to collaborate and to offer its services as an expert educational resource.

Surveyor Evaluation: Exemplary compliance

> **2.2 The CME/CPD office is integrally involved in the education affairs of the Faculty of Medicine / Health Sciences, particularly those that relate to the continuum of medical education.**

Surveyor Findings:

The Vice Dean is a member of the Education Deans Committee which examines issues such as life-long learning, social accountability, cultural competency and health human resource planning. The Vice Dean gives a 2 hour interactive lecture on lifelong learning within the undergraduate program.

Faculty development is through the Centre for Faculty Development. CPD educators collaborate with this Centre and teach programs including those to enhance rounds, develop certificates, and develop research and educational scholarship. Jane Tipping leads the programming and teaching for the certificate program in continuing professional development offered through the Centre for Faculty Development. Karen Leslie, Director of the Centre for Faculty Development sits on the Continuing Education Directors and Learners (CED-L) committee and Dr Anastakis co-chairs the Centre for Faculty Development Governance Committee.

CEPD is setting up an Innovation Office within CEPD to help faculty members and groups bring educational products to commercial viability. This office is well resourced with legal support and a staff person with previous experience in commercialization. This Office will be utilized across the Faculty (i.e., by the other Educational Deans and their Offices and by Departments). It will be an integral part of the life of the Faculty as well as the CEPD unit.

The Office achieves compliance related to their work across the Faculty and with Faculty Development. In addition, the strategic plan and its directions enable them to monitor their progress and adapt to changing needs of the Faculty. This is evident in the changes made in the mission/vision, the development of the Innovation and Contract Office, and the careful examination of which departments are and are not using the services of the CEPD Office.

Evaluation criteria

Non-compliance:	The CME/CPD office is not involved in any meaningful way in the education affairs of the Faculty of Medicine / Health Sciences beyond its own activities.
Partial compliance:	The CME/CPD office is involved infrequently or superficially in the education affairs of the Faculty **or** there is no involvement in faculty development, especially as it relates to CME/CPD teachers.
Compliance:	The CME/CPD office is consistently and integrally involved in the education affairs of the Faculty, including in faculty development.

Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office regularly reviews, evaluates and revises its relationship to the education affairs of the Faculty.

Surveyor Evaluation: Exemplary compliance

2.3   ***The office appropriately and consistently respects and applies the standards of applicable national and provincial CME/CPD accreditation systems for the granting of CME credits.***

Surveyor Findings:

The accreditation system that CEPD uses to review all programs that bear the University of Toronto imprimatur is exemplary and will be described briefly here, recognizing that information about the system, is critical to an understanding of the information provided in the CACME standards presented in section 3 related to planning and implementation of programs.

The system is on-line. Course directors must provide information about the following aspects of their program on-line:
- Needs assessment strategies
- Learning objectives
- Content
- Evaluation
- Conflict of interest

Information is provided through drop-down menus, open ended questions, and requires specific documents (e.g., a copy of the program, a copy of the evaluation form). For each of these sections, there is on-line help in the form of quick tips, current examples, and documents that provide core information (e.g., initiating a needs assessment, writing goals and objectives).

Accreditation expectations are aligned with RCPSC/CFPC requirements.

Course directors are required to have their program signed off by their departmental representative prior to submission. Once submitted, the Accreditation Coordinator is the initial point of contact. She does the initial screen to ensure that the application is not missing critical information. If there is missing information (e.g., specific content related to bias on the evaluation form, no program), these are returned to the course director. Once information on-line is complete, the application is assigned to one of the educational consultants (Kate Hodges or Jane Tipping) and to two faculty members of the CED-L committee. All three reviewers review the material on-line and provide feedback to applicants.

These may include better approaches to needs assessment, new ways to capture higher level outcomes, or learning approaches for active learning. Lists of approved courses are presented to the CED & L Committee and to the Faculty Council Continuing Education Committee (FCCEC). The same standards apply whether the Office manages the program or reviews the program.

Additionally, they have a protocol related to industry that is in alignment with those organizations as well as other policies such as Rx and D Code of Ethical Practice and the CMA Guidelines for Physicians with Industry. This policy is in alignment with and informed the complementary policy, Relations with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education.

CEPD meets compliance as they have developed and implemented written policies for reviewing and approving programs that meet standards and they consistently apply these standards. In addition, there is evidence that they regularly update materials to support program planners. They provide feedback to program planners through the peer review process and withhold accreditation pending receipt of appropriate materials. Through the peer review process of accreditation, department representatives (who are their department's CE lead) are continually updated on changing and evolving approaches to CME. Similarly, through the Continuing Education Administrators Cooperative, administrative staff gain an understanding of accreditation expectations. Program directors can request a consultation with the educational consultants as well.

Evaluation criteria

Non-compliance:	The CME/CPD office does not have written policies or procedures for developing and/or reviewing and approving programs under the credit systems developed by national or provincial CPD organizations **and** fails to apply the standards correctly.
Partial compliance:	The CME/CPD office is creating or has incomplete written policies and procedures for developing and/or reviewing and approving programs that meet the accreditation standards of national or provincial CPD credit systems **or** inconsistently applies the standards of these systems.
Compliance:	The CME/CPD office has developed and implemented written policies and procedures for developing and/or reviewing and approving programs that meet the accreditation standards of national or provincial CDP credit systems **and** consistently applies the standards of these systems correctly.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has evaluated its policies and procedures, implemented quality control strategies and mechanisms, and consistently provides formative feedback to applicants regarding their program submitted for credits.

Surveyor Evaluation: Exemplary compliance

2.4 The CME/CPD office promotes and supports self-directed learning.

Surveyor Findings:

The Office, through its departments, offers a wide range of on going activities such as conference, courses, workshops, and problem-based small groups, rounds (teleconference/videoconference), and on-line learning to support individual learners. Complementary activities in conjunction with the course (e.g., linking learning to practice and reflective exercises within existing programs) support self directed learning and reflection.

The Office is in the process of developing self directed learning activities through educational technology which assists learners find resources and events, independent learning events (observerships), and the Guidelines Advisory Committee (OMA and Ministry of Health) which identifies the best guidelines and also has practice enablers. Through CPD-Ontario, they are working on a web based portal that will support individualized life long learning. It is anticipated that it will help MDs develop a practice profile, e-learning portfolio for learning plans and a collaborative with CPD-Ontario to provide physicians with a learning coach.

Based on the range of activities being offered, we believe they are compliant. They have work underway to support self-directed learning through on-line mechanisms with a cross Ontario partnership. While CEPD has many programs and activities, it is not clear how they have evaluated their services in a systematic way.

Evaluation criteria

Non-compliance:	The CME/CPD office offers no education services that would support or promote self-directed learning
Partial compliance:	The CME/CPD office offers a limited number of education services that support or promote self-directed learning.
Compliance:	The CME/CPD office offers multiple education services that support or promote self-directed learning.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has demonstrated how it has evaluated and revised its services to enhance or promote self-directed learning

Surveyor Evaluation: Compliance

> **2.5** **As an academic unit, the CME/CPD office engages in research and innovation that contribute to the discipline of CME/CPD.**

Surveyor Findings:

The Office has a long history of research and innovation. This is attested to by
- The publications produced by Simon Kitto, Ivan Silver, Jane Tipping members of CED-L and others who have described their programming and other CE related activities.
- The Research and Development Resource Base which continues at University of Toronto and supports CPD researchers internationally with their searches and information seeking.
- The Knowledge Translation Program which originated in the office in 2000 and is now housed within the Li Ka Shing Knowledge Institute.
- The new Office of Education Innovation within CEPD. The office will assist educators across the Faculty to create better or more effective educational products, processes, services, technologies and ideas. It will also assist the author make these innovations available to and accepted by other educators, professional societies, and others.
- Research and workshop presentations by CE educators at Canadian (e.g., CACHE, CCME), US (e.g., AAMC), and international meetings (e.g., AMEE).

CEPD also contributes to the discipline of CME/CPD through
- The awards they grant to researchers that relate directly to the planning, implementation, delivery and evaluation of CE for health professionals.
- Contributions to the Journal of Interprofessional Care (Joanne Goldman as managing editor and Simon Kitto as associate editor).

More recently, Dr Simon Kitto has been appointed to lead the development of CEPD research within the unit. He has funding for this work sufficient to cover costs associated with research associates. A major focus of this work will be on patient safety, quality improvement and interprofessional teamwork with funding from Canadian and US sources. These activities are linked to several units including the Wilson Centre for Research in Education, the Centre for Faculty Development, the Center for Interprofessional Education. As well, the unit has developed relationships with SIM-one, the Karolinska Institute, and other organizations.

There is a Research in Continuing Education group led by Drs Kitto and Salbach. This group fosters scholarship, research and innovation in CE reflecting the research strategic directions.

The Office reaches compliance through its many activities. It reaches exemplary compliance having a well established and resourced program of research and innovation. It consistently contributes to the discipline of CME/PD at national and international meetings and in peer reviewed journals.

Evaluation criteria

Non-compliance:	The CME/CPD office is not involved in any meaningful way in research and innovation.
Partial compliance:	The CME/CPD office is involved in some way in developing or participating in scholarly activities related to CME/CPD **or** is involved in research that is not consistent with its mission or goals and objectives.
Compliance:	The CME/CPD office regularly participates in various scholarly activities that are consistent with its mission or goals and objectives. There should be at least some involvement in conducting original research.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has an established and resourced program of research and innovation and consistently contributes to the discipline of CME/CPD through presentations at national and international meetings and publications in peer reviewed journals.

Surveyor Evaluation: Exemplary compliance

3.   Planning and implementation of education programs

> **3.1   The planning, curriculum design and implementation of the CME/CPD activities organized or co-developed by the CME/CPD office include needs assessment strategies. These involve intended participants and should address their practices and relevant population health issues.**

Surveyor Findings:

All programs are reviewed for accreditation using a common and consistent template through their on-line system as noted in section 2.3. Information about needs assessment is an integral component of the data.

Given the diversity of programming, a wide range of approaches are taken to needs assessment from basic levels of needs assessments which rely on previous course evaluations; input from experts and planning committee members; and questionnaires to more sophisticated approaches which rely on community and population data. Course directors are encouraged to plan based on CanMEDS as well as considering perceived and unperceived needs. They are also encouraged to consider guidelines, literature, population health data and policy summaries. Course directors must document the approaches taken to needs assessment as part of this process and attach a sample of the needs assessment. The on-line system specifically queries the use of objective data, subjective data, and information about the target audience.

All course directors have access to the web-based information which includes Quick Tips for Course Directors, Initiating a Learning Needs Assessment, Methods of Learning Needs Assessment and examples from four courses. They can also access an educational consultant for help. All course directors receive feedback through the on-line system (from the accreditation coordinator if information is missing and from the 2 peer reviewers from CED-L and the educational consultant). The feedback from the educational consultants and peer reviewers goes to the course director. There is anecdotal evidence that this feedback often informs subsequent courses; although, not necessarily the course under review.

The needs assessment procedures associated with accreditation are consistently applied across all programs. The approaches taken to needs assessment vary by program but are substantive enough to identify perceived and unperceived needs. There appeared to be a few exemplary courses, particularly longer certificate courses (e.g., in counseling psychiatry, the comprehensive family practice review) in which it was possible to assess participants prior to, during and at completion of the program, thus informing the accuracy and impact of the needs assessment.

Evaluation criteria

Non-compliance:	The CME/CPD office makes little attempt to identify either perceived or unperceived needs of identified target audiences.
Partial compliance:	The CME/CPD office attempts to identify the learning needs of identified target populations but this is mainly limited to perceived needs.
Compliance:	The CME/CPD office routinely identifies the learning needs of identified target populations integrating a variety of strategies to assess perceived and unperceived needs.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office evaluates the accuracy or impact of its needs assessment strategies in promoting performance or practice change.

Surveyor Evaluation: Compliance

3.2 ***The planning, curriculum design and implementation of the CME/CPD activities organized or co-developed by the CME/CPD office include the formulation of learning objectives and the use of methodologies, which address the identified needs.***

Surveyor Findings:

As noted in section 2.3, the accreditation process requires the formulation of learning objectives. These are reviewed by an educational consultant and 2 peer reviewers as part of the overall review.

Support for this is also provided on line in the form of Quick Tips for Course Directors, the Writing Goals and Objectives document, and through 5 examples from existing courses. The objectives are to be written in ways that identify what the person will be able to do as a result of the course by using active verbs, specific criteria and the specific context for the application of the learning.

Through the review process, learning strategies are articulated and examined vis a vis their alignment with learning objectives. Given the diversity of educational offerings through the University, learning strategies are quite (variable) but appear to include small groups, role play, simulation, observation and other highly intensive approaches. The on-line system specifically requires an overview of the course, information about the program's length, how they will ensure active learning, and the practice enablers they may use.

CEPD reaches compliance through its accreditation review reviews and provision of feedback on learning objectives. The applications are scrutinized for their linkage with needs and the instructional methods to ensure congruence. They demonstrate exemplary compliance with the recent (6 months) enhancements to the on-line form which asks about CanMEDS competencies which will enable them to identify the extent to which these are present in programs. It is clear that many of the programs use on highly intensive and innovative learning strategies to facilitate learning.

Evaluation criteria

Non-compliance:	The CME/CPD office does not provide learning objectives **and** there is no relationship between the learning objectives and the instructional methods selected.
Partial compliance:	The CME/CPD office does not consistently provide appropriate learning objectives **or** it does not consistently link the instructional methods to the learning objectives.
Compliance:	The CME/CPD office consistently provides appropriate learning objectives **and** these are linked both to the identified needs and to the instructional methods.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has developed a range of learning objectives beyond the medical expert role and/or developed innovative instructional methods across a range of competencies or content areas.

Surveyor Evaluation: Exemplary compliance.

> **3.3** *The planning, curriculum design and implementation of the CME/CPD activities organized or co-developed by the CME/CPD office include the development of content that is both consistent with the defined learning objectives and has scientific validity, integrity and objectivity.*

Surveyor Findings:

The on-line accreditation system requires course directors to provide information about content. To this end, they are provided with examples of programs. Questions in the on-line application ask that course directors provide a copy of the course plan (schedule).

Each course has a planning committee. The planning committee must reflect the target audience. Further committee members must be integrally involved in course decisions. It is the responsibility of the planning committee to convey content as well as expectations related to scientific validity, integrity and objectivity. Speakers are asked to provide a disclosure slide. Work is underway to advise course directors and faculty about the new (spring 2013) expectations of the CFPC related to conflict of interest and build these requirements into the new version of the on-line system.

For courses that are fully managed by CEPD (approximately 50/330), event management will include communication with speakers regarding presentation, learning objectives and the faculty disclosure policy. The course director and the planning committee will review the Policy on Sponsorship.

Course evaluations must include questions that query bias. That data are used to make decisions related to speaker selection in future programs. Course directors must indicate that they have read and agree to comply with the Policy on Support of University of Toronto Continuing Education Activities from Commercial Sources.

CEPD can request that the departmental CE director audit a course if there are suspicions about scientific validity, integrity and objectivity. This would happen in situations in which previous evaluations or information on the application raise suspicions.

Based on the procedures in place through accreditation, CEPD reaches compliance. CEPD does not have a process of content review prior to events or audit processes during or after the event, except in unusual circumstances in which a suspicion has been raised.

Evaluation criteria

Non-compliance:	The CME/CPD office does not communicate identified needs and learning objectives to speakers **and** there are no attempts to encourage them to consider the scientific validity, integrity and objectivity of the content they present.
Partial compliance:	The CME/CPD office either makes some attempts to communicate identified needs and learning objectives to speakers **and/or** there are some attempts to encourage them to consider the scientific validity, integrity and objectivity of the content they present.
Compliance:	The CME/CPD office consistently communicates identified needs and learning objectives to speakers **and** instructs them to consider the scientific validity, integrity and objectivity of the content they present.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has implemented a process of content review prior to a CME/CPD event or implemented an audit process during or after the CME/CPD event.

Surveyor Evaluation: Compliance

3.4 *The planning, curriculum design and implementation of the CME/CPD activities organized or co-developed by the CME/CPD office include an evaluation process linked to the identified learning needs and the defined learning objectives.*

Surveyor Findings:

As noted in section 2.3, through the accreditation on-line system, evaluation is integral to approval. Course directors can access Quick Tips to Evaluation for help or reach one of the two educational consultants.

There is a 'standardized template' for evaluation that assesses the relevance of the content to the learner; the program's ability to meet objectives and meet expectations, the CanMEDS roles that were included and bias. The course proposal records the intended methods that will measure different levels of evaluation. They have also developed a matrix model which links the learning objectives to levels of outcome (e.g., attendance, satisfaction, knowledge, performance, health care outcomes etc).

Evaluation data are used to inform the course director/planning committee as well as to provide data to teachers for their teaching dossiers.

CEPD achieves compliance as several of the courses assess changes in competence (e.g., counseling skills, opiate prescribing, medical record keeping) through observation, reports from participants subsequent to course, and through commitment to change approaches. In addition, there are examples in which practice improvement is also measured (e.g., comprehensive family practice review which asks physicians to pull data from their medical records and a psychotherapy course for which the 'certificate' is only attained if the practitioner reaches a specific level of skill).

Evaluation criteria

Non-compliance:	Evaluation is limited or inconsistently assesses whether the needs or learning objectives were met for individual CME/CPD events.
Partial compliance:	Evaluation of individual CME/CPD events is primarily focused on participant satisfaction with the program or self-report of the degree to which the program met their needs or the achievement of the defined learning objectives.
Compliance:	At least some of the time, the evaluation of individual CME/CPD events includes an assessment of changes in competence (knowledge, skills, attitudes) and the effect of this on the process and/or outcomes of care.
Exemplary compliance:	In addition to meeting the criteria for compliance, the evaluation of individual CME/CPD events measures the impact on physician performance or practice improvements.

Surveyor Evaluation: Exemplary compliance

3.5 *The CME/CPD office has a duly approved policy to guide its relationships with external entities. The policy explicitly describes how the office reduces and/or manages real and perceived conflicts of interest.*

Surveyor Findings:

The Office has a well developed policy related to commercial support, Policy on Sponsorship from Commercial Sources of University of Toronto Accredited Continuing Education Activities. . It was developed under a Task Force led by Dr Ian Witterick. It was approved by Faculty Council in 2012 and represents a substantive change since the previous policy of 2004. In addition to this, Dr David McKnight led a complementary initiative that resulted in approval of a policy for UG and PG, Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education which was approved by Faculty Council February 2013. Both Drs McKnight and Witterick served on each other's committees and the two policies are aligned.

All course directors must indicate they have read the CME Policy and agree to abide by the policy. It was noted that the Office does not work directly with industry; course directors are responsible for solicitation of funds. However, the Office will collect the funds. All speakers must disclose financial conflicts of interest. Evaluation forms query conflicts of interest or bias.

For courses that are managed fully by CEPD, all speakers receive information about the faculty disclosure policy. In addition the Course Director and Planning Committee review the Policy.

Based on the information provided and discussions, CEPD achieves compliance through its policies and procedures. CEPD reviews and evaluates the impact of its policies in minimizing external bias through feedback on evaluation forms.

Evaluation criteria

Non-compliance:	The CME/CPD office has no written policies which define or guide its relationships with external entities.
Partial compliance:	The CME/CPD office has written policies which define or guide its relationships with external entities but has not consistently implemented these policies in planning or co-developing individual CME/CPD events.
Compliance:	The CME/CPD office has developed and consistently implemented written policies that define or guide its relationships with external entities in planning or co-developing individual CME/CPD events.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office has demonstrated how it has reviewed and evaluated the impact of its policies in minimizing external bias.

Surveyor Evaluation: Compliance

4. Organization and administration

4.1 *The CME/CPD office has an organizational and decision-making structure designed to fulfill its mission, goals and objectives.*

Surveyor Findings:

The Office is lead by Dr Dimitri Anastakis and Ms Susan Rock. Dr Anastakis reports to Dr Whiteside, Dean. Dr Anastakis is a member of the Education Deans along with Drs Rosenfield (UG), Spafadora (PG) and Gotlieb (Graduate Studies).

CEPD has created clusters of staff who are grouped together for specific activities. These include administration, accreditation, event management, information services, program development, research, and academic reputation. The staff are well educated and well trained.

There is a deliberate policy of promoting from within if the person has the skill set and expertise required. The information services cluster supports the work of the Office (ie, manages accreditation reviews, the work that is done for managed courses, and tracking of data related to policies as well as activities). The addition of a professional with expertise in quality improvement will support the QI work within the research portfolio as well as administrative policies and procedures. The addition of the Innovation and Contract Office to CEPD adds expertise in commercial development, copyright, intellectual property and contract law will further facilitate the work of CEPD and other faculty members/departments in areas which are changing.

There are several committees which support CEPD innovations, research, and educational activities; ensure an effective interface and policy/practice dissemination within and across the Faculty, and facilitate consistency in programming and direction. These include the Faculty Council Continuing Education Committee responsible for academic affairs; the Continuing Education Directors and Leaders Committee which is responsible for selecting its CE Director, activities, and for recommendations related to policy and practice; the CEPD Executive which exists to inform the Vice Dean; Research in Continuing Education which allows researchers to network with peers and present updates/works in progress; and the Continuing Education Administrators Cooperative which provides a network of best practices for the administrative staff supporting continuing education across the Faculty and affiliate hospitals. Each course is led by a course director and requires that planning committees include members of the target audience on planning committees as well as people with expertise in the content of the program.

Dr Whiteside has approved a 5 year financial plan which allows for some deficits at times of growth and expansion with the provision that they will be covered at a later point. There is also base funding from the Faculty of approximately $300,000 which supports Ms Rock, some administrative and research support. The Office has a financial surplus which can be used in situations in which an adverse event affects the Office and its operation. They have financial systems in place which enables them to price their work effectively in a competitive marketplace.

CEPD is compliant. The organization structure is complex. However, CEPD has a very clear structure within the Office, within the Faculty and supported by Committees which enhance CEPD's ability to do its work. As noted earlier, the Academic Strategic Implementation Plan clearly specifies the outcome measures and timelines for short and long term activities and these are reviewed at 6-month intervals. There is evidence of exemplary compliance when one considers the IT development and infrastructure that undergirds the work, the careful monitoring of resources and outputs, as well as the Office's very clear practice of promoting within when skills and expertise make that possible.

They have an organizational structure and monitor their activities and budget.

Evaluation criteria

Non-compliance: framework.	There is no organized infrastructure or administrative management
Partial compliance:	An organizational infrastructure or administrative management framework is undefined or is incomplete, inconsistently applied or not linked to the development or implementation of the office's mission, goals and objectives.
Compliance:	There is an organizational infrastructure or administrative management infrastructure that is well defined, appropriately positioned within the Faculty's administration, and consistently supports the development and implementation of the office's mission, goals and objectives.
Exemplary compliance:	In addition to meeting the criteria for compliance, the office has demonstrated how the organizational infrastructure or administrative management framework continually enhances the development of personnel, resource management, and financial accountability.

Surveyor Evaluation: Exemplary compliance.

4.2 The CME/CPD office ensures its governance, operations and activities meet accepted professional, ethical and legal standards.

Surveyor Findings:

The Office has a Standard Operating Manual on-line that captures relevant information for staff. These procedures cover areas like commercial support, disclosure, copyright, and privacy. It also covers HR and Financial policies, accreditation policies, event management, credit card security, network policies and other aspects of the operation. The policies are a combination of University of Toronto policy (i.e., for copyright, privacy, financial operations) and CEPD generated policies and guidelines. Staff receive training in critical policies and procedures. This information is discussed regularly when staff get together every two weeks to discuss operational aspects of the Office.

Approaches to accreditation/event review are available on the web. CEPD has a document, 'quick tips for program directors' that guides program directors through the requirements for accreditation, provides a brochure checklist, commercial sponsorship policy, and faculty disclosure policy. As noted earlier, course directors must agree to abide by the policy on commercial support. It is up to the course director and planning committee to assume responsibility for ensuring scientific validity, intellectual rigor, and ensure that speakers delineate reasons for recommendations as well as identifying any unapproved uses of therapeutic interventions.

For CEPD managed courses, the Office sends out confirmation letters with relevant information related to disclosure. Disclosure at the event is monitored by the program director and planning committee.

There is evidence that the office has developed and implemented written ethical and legal policies governing its operations and activities. The policies are primarily monitored through the course evaluation system which provides feedback on how well courses are administered and ethical breaches.

Evaluation criteria

Non-compliance:	The CME/CPD office has no written ethical and legal policies governing its operations and activities.
Partial compliance:	The CME/CPD office has incomplete written ethical and legal policies governing its operations and activities **or** the ethical and legal policies have not been consistently implemented.
Compliance:	The CME/CPD office has developed **and** implemented written ethical and legal policies governing its operations and activities.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office regularly monitors adherence to and has assessed and enhanced the effectiveness of the office's ethical and legal policies.

Surveyor Evaluation: Compliance

4.3 *The CME/CPD office has and manages sufficient financial resources to fulfill its mission, goals and objectives. This includes and requires support from the Faculty of Medicine / Health Sciences.*

Surveyor Findings:

The Faculty provides an annual base budget of $300,000 which supports Ms Rock and some administrative and research staff. In addition the Faculty will support the Innovation Office including associated legal fees. Office space is also covered by the Faculty. The Office uses Faculty/University HR, Financial and other systems to support the Office.

The financial management policies and procedures are very clearly outlined within the Standard Operating Manual. There is adherence to these procedures.

The Office is compliant. It has good financial resources from both the Dean's Office and its entrepreneurial course based activities. There is a healthy contingency fund in case of adverse events. The management practices are solid. There is sufficient scrutiny of the Academic Business Plan to ensure that short and long term goals are being met.

In addition it achieves exemplary compliance through its continual approach to putting funds back into the operation. Of note is the 'research' awards program which promotes CE research, the innovation office which will support commercialization, and the QI initiative which over time will inform new practices in the Office.

Evaluation criteria

Non-compliance:	There are inadequate financial resources or fiscal management practices to sustain the mission, goals and objectives of the office.
Partial compliance:	There are limited financial resources or fiscal management practices that can sustain only a portion of the office's mission, goals and objectives.
Compliance:	There are good financial resources and fiscal management practices to sustain the scope of the office's mission, goals and objectives, including a clear commitment of support from the Faculty of Medicine / Health Sciences.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office uses its financial resources and fiscal management strategies to foster innovation in continuing professional development and research.

Surveyor Evaluation: Exemplary compliance

4.4   *The CME/CPD office has and manages sufficient academic and administrative human resources to fulfill its CME/CPD mission and objectives.*

Surveyor Findings:

Faculty are appointed through their Departments. They contribute to the operations through work on policy and advisory committees and through event planning groups.

In addition to Dr Anastakis as Vice Dean; Dr Susan Schneeweiss has worked with the Office as the RCPSC educational consultant. She will be assuming additional responsibilities within the Office. In addition to Drs Anastakis and Schneeweiss, there are many members of Faculty who might see CE administration in their careers; some of these individuals serve as departmental CE directors and serve on the CED-L committee.

All administrative staff are managed by the Office with support from HR (including job descriptions, annual reviews, hiring, discipline). The Office has the Standard Operating Manual that outline various functions of the office and guide staff. It is used for staff orientation to the Office and its components are discussed at regular staff meetings.

As noted earlier, HR practices support individual advancement. There were several examples of staff promoted into different and/or higher level positions within CEPD. There are a number of long term staff suggesting staff commitment to and a stable and fulfilling work environment.

CEPD is compliant. The human resources staff appear sufficient to sustain and continually improve the work of the Office. Further, there are many faculty who are interested and committed to CE work (both programmatic and research). CEPD reaches exemplary through their leveraging of past success, business acumen, and support from Dean Whiteside to develop the research and innovation enterprises more fully.

Evaluation criteria

Non-compliance:	There are inadequate human resources to plan or implement the office's mission, goals and objectives.
Partial compliance:	The human resources are only sufficient enough to sustain a portion of the office's mission or CPD goals and objectives **or** one of the two defined groups is inadequate **or** there is no evidence of any personnel management over time.
Compliance:	The human resources are sufficient to sustain the office's overall mission, goals and objectives **and** both of the defined groups are adequate **and** there is some personnel management over time, including some evidence of succession planning.
Exemplary compliance:	In addition to meeting the criteria for compliance, the office has been able to leverage administrative and faculty resources to develop and implement innovative approaches to the planning and development of CME/CPD activities and/or CPD research initiatives.

Surveyor Evaluation: Exemplary compliance

4.5   The CME/CPD office has and/or has access to facility resources sufficient to fulfill its CME/CPD mission, goals and objectives.

Surveyor Findings:

The Office has space for its operation. Educational programs are held in a variety of locations including hotels, the University of Toronto Conference Centre and within the hospital/health facilities.

They have exemplary information technology to support their administrative operation as well as to support on-line learning. In addition, it is clear from descriptions of programs that course directors can access resources for innovative program involving simulation, standardized patients, and close supervision when learning needs require these activities.

CEPD is compliant. Their resources are adequate to support and grow their work. There are many examples of innovative educational methods and formats across and within departments that suggest they are exemplary. For example, the Department of Obstetrics described the use of high performance simulation mannequins within their educational programs. Department of Psychiatry faculty members at the Centre for Addiction and Mental Health described providing feedback related to counseling techniques. The Department of Medicine has a 45 hour hybrid course (on-line modules and video conferencing) with professionals in Bahrain.

Evaluation criteria

Non-compliance:	Facility resources are either too limited in scope, inadequate, or inconsistently available to support the development or implementation of the office's mission, goals and objectives
Partial compliance:	Facility resources are reasonable but are only able to support a portion of the office's mission, goals and objectives.
Compliance:	Facility resources are adequate in scope and quality to support the development and implementation of the office's mission, goals and objectives.
Exemplary compliance:	In addition to meeting the criteria for compliance, the office has been able to access other resources that allow the implementation of innovative educational methods and formats across a range of topics or activities (e.g. IT systems, simulation labs, etc.).

Surveyor Evaluation: Exemplary compliance

4.6 The CME/CPD office has an effective system to store and utilize records of its decision-making processes, general operations, and learner participation. The office provides documentation of participation to participants when appropriate or requested.

Surveyor Findings:

Their event management system developed in 2007 is into its 3rd iteration and has been able to maintain legacy data. This system incorporates all of the Office's web based functions including registration, abstract management, and the on-line event accreditation application. The system is able to track registrants (through the registrant's name and password) so that individual registrants can obtain a list of activities they have participated in as needed.

The Office receives registrant lists for courses that they accredit but don't manage. However, these lists are in a variety of formats and are not accessible through the registration system. Course participants for these courses are referred to the unit that produced the course.

CEPD has registration data back to 1985 for courses they have managed.

CEPD maintains financial data for 7 years.

CEPD has IT, financial and other policies in place to safeguard personal and financial information. In fact, they handle visa registrations for other units within University of Toronto as well as other CME units in Canada which use their registration system.

CEPD is compliant as they have a very elegant system for managing data and records which meets and/or exceeds industry standards. They achieve an exemplary level through the procedures and policies they have developed to handle financial and other personal data. These policies are regularly reviewed and revised to mitigate risk.

Evaluation criteria

Non-compliance:	The CME/CPD office has no established policies and procedures **and** no system for documentation and/or storage systems of records of decision-making processes or physician participation in CME/CPD events.
Partial compliance:	The CME/CPD office has policies and procedures that are in development, incomplete, or only partially implemented **or** a limited system for documentation and/or storage systems of records
Compliance:	The CME/CPD office has established and implemented policies and procedures **and** a system for documentation and/or storage of records of decision-making processes and physician participation in CME/CPD events.
Exemplary compliance:	In addition to meeting the criteria for compliance, the CME/CPD office regularly reviews and revises their policies and procedures related to the documentation and storage of decision-making processes and physician participation in CME/CPD events.

Surveyor Evaluation: Exemplary compliance

Summary Statement

CEPD is an exemplary operation. It draws on contemporary business practices to develop, implement and deliver its comprehensive and expanding operations. The decentralized nature of CEPD at the UofT is both an advantage and a challenge for the Office to fulfill its vision and mission of improving the health of individuals and populations in Canada and beyond. In a competitive environment, the Office will need to monitor and ensure that its practices continue to be consistent, reliable and innovative. Nonetheless, the Office is well situated to continue in its leadership role and advance continuing medical education in Canada.