

The Accreditation of Canadian University CME/CPD Offices

Committee on the Accreditation of Continuing Medical Education

Accreditation Standards

Effective January 1st, 2010

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Preamble

Accreditation represents a periodic and integrated process of institutional self reflection and standards-based external review, two cornerstones of a self regulating profession in its social contract with the society it serves. The Canadian university offices of Continuing Medical Education are accredited by the Committee on Accreditation on Continuing Medical Education (CACME). CACME is a national committee supported through a partnership of six Canadian medical organizations*. It is comprised of medical practitioners and educators nominated by its member organizations.

A transparent and accountable process of accreditation will assure the profession and the public that they are being well served by the academic centres responsible for that long segment of the continuum of life-long-learning represented by Continuing Medical Education/Continuous Professional Development (CME/CPD). Successful accreditation will foster the high standards of performance expected of an academic institution.

CACME's accreditation standards are conceived according to the belief that university CME/CPD offices are unique. They differ from other CME/CPD providers because they are based in publicly funded institutions and, as such, have a particular responsibility to address the health needs of society.

Being an integral part of university faculties of medicine / health sciences, CME/CPD office CME/CPD offices have special and relevant roles to fulfill. They contribute to the continuum of learning within the medical schools through the provision of educational initiatives and services. They participate in assessment programs, remediation and retraining of physicians in practice. And they have a responsibility to contribute to the advancement of understanding through education research and other academic pursuits.

The CME/CPD offices are also unique in having to fulfill all these university-based roles while having to generate much of their own support through registration fees and sponsorship. It is important that the accreditation process ensures that the CME/CPD offices are able to discharge their various responsibilities by assessing, among other factors, the sufficiency, sustainability and legitimacy of their resources.

* Organizations supporting CACME:

AFMC	The Association of Faculties of Medicine of Canada L'Association des facultés de médecine du Canada
CMA/AMC	Canadian Medical Association Association médicale canadienne
RCPSC/CRMCC	Royal College of Physicians and Surgeons of Canada Collège royal des médecins et chirurgiens du Canada
CFPC/CMFC	College of Family Physicians of Canada Le Collège des médecins de famille du Canada
FMRAC/FOMC	Federation of Medical Regulatory Authorities of Canada La Fédération des ordres des médecins du Canada
CMQ	Collège des médecins du Québec

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

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.
- 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.
- 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.
- 2.4 The CME/CPD office promotes and supports self-directed learning.
- 2.5 As an academic unit, the CME/CPD office engages in research and innovation that contribute to the discipline of CME/CPD.

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.
- 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.
- 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.
- 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
- 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.

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.
- 4.2 The CME/CPD office ensures its governance, operations and activities meet accepted professional, ethical and legal standards.
- 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.
- 4.4 The CME/CPD office has and manages sufficient academic and administrative human resources to fulfill its CME/CPD mission and objectives.
- 4.5 The CME/CPD office has and/or has access to facility resources sufficient to fulfill its CME/CPD mission, goals and objectives.
- 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.

Survey Guide

This section of this document provides detailed instructions to guide CME/CPD offices and accreditation surveyors in preparing for and conducting an accreditation survey visit. Each section, dealing with each accreditation standard in turn, is comprised of 5 parts:

1. The accreditation standard
2. A brief description of what the standard means
3. Documents the CME/CPD office is to submit to the CACME secretariat prior to the survey
 - a. List of supporting documents (A.1)
 - b. Questions to answer (A.2)
4. Information for the surveyor to collect during the survey (B)
5. Evaluation criteria (C)

Prior to the survey, the CME/CPD office prepares a report according to the guidelines under A.1 and A.2 (the pre-survey materials to submit) for each standard. It is worth noting that the questions under A.2 are meant as a guide to synthesize information in a way that will allow surveyors to understand the CME/CPD office's affairs prior to the survey visit. While the CME/CPD office should address them with thoroughness, it is not expected that every question be answered.

The CME/CPD office submits five copies of its report to the CACME secretariat six weeks prior to the survey visit. The CACME Secretary appoints two surveyors who will be provided with the report at least four weeks prior to the visit. The surveyors are selected according to their backgrounds and experience in CME and medical school affairs.

The survey visit is conducted on site over two days. During this time, the surveyors meet with people in the Faculty of Medicine / Health Sciences (including the Dean), the CME/CPD office, and relevant hospitals and communities, who have any pertinent stakeholder role. The surveyors collect information as described under B for each standard.

Following the survey, the surveyors submit a report to CACME based on all the information collected, and a rating for each standard based on its evaluation criteria. The surveyors' report will be presented and discussed at the next CACME meeting, and a decision regarding accreditation will be duly made. In the normal course of events, CACME does not review any of the primary documents submitted by the CME/CPD offices – it reviews only the surveyors' reports. However, CACME does have the option to review any documents in the course of their deliberations. **It should be noted that the final decisions regarding accreditation are the sole responsibility of CACME. The surveyors are directed explicitly to refrain from making any recommendations.**

Following discussion and the formulation of its recommendations, CACME charges the CACME Secretary to convey the accreditation decision and any additional pertinent information to the Dean of the Faculty of Medicine / Health Sciences.

Guidelines for Site Visits

Surveys normally take 1.5 to 2 days.

Surveyors should plan to arrive the evening before the survey to meet and discuss the pre-survey materials, the questions they plan to pose and the best respondent for their questions. This meeting will *not* involve anyone from the CME/CPD office. Similarly, the reviewers will need to meet on the evening following the first day of the survey so that they can review their notes, discuss their findings, and plan the exit meeting and the report. [Social events with the surveyors and personnel from the school being surveyed (e.g., dinners and receptions) should not be scheduled during the visit.]

Meetings should be set up with the following, recognizing some flexibility will be needed based on University organizational structures, work and other associations relevant to the CME unit. It is not necessary to follow this list of suggestions exhaustively. Consider which people can provide which information related to the unit's overarching purpose, scope of activity, planning and implementation of educational programs and organization and administration.

- Dean of the Faculty. This is always the first and the last interview. The first interview should be 30 – 45 minutes. Allow 45 minutes at the end for the wrap-up of the survey when the surveyors report on their findings to the Dean (and whoever he/she elects to have attend as well). (Mandatory)
- Associate Dean/Director of CME. This is normally the 2nd interview and should be 60 minutes. (Mandatory)
- Groups from within the Faculty
 - Associate Deans for UGME, PGME, and other educational and research portfolios, as appropriate
 - CME departmental representatives and/or Department heads
 - CME Committee (senior advisory or leadership committee)
 - Course directors (unless they are part of the CME Committee)
- People who can describe the unit's research, innovations or special projects
- Office staff
- Tour of office and facilities
- Physician learners

Others who might be considered

- People from other units who work with the Office, i.e., faculty development, library, IT, etc.
- Others who have an association with the Office. These may include representatives from the provincial chapter of CFPC, regulatory authority, government, Royal College RAC representative(s), health region(s). Be thoughtful about what their knowledge of the unit is and the contribution they will make to surveyor understanding of the unit's overarching purpose, organization, educational services or research and innovation.
- People associated with key Office initiatives that unit wants surveyors to learn about due to their innovative nature, research impact, or national/international focus

Meetings can be face/face or by conference call. Allow enough time for an adequate discussion (generally 30 – 60 minutes). The time allocated may vary based on numbers involved in the

meeting or the pertinence of the group to the Office and its activities. Depending on the size of the school and overlapping functions, separate meetings with all of the above may not be needed.

There should be regular breaks for the surveyors to reflect on what they have heard, compare notes, and prepare for the next interview. There should be a 1 hour time block immediately before the closing interview with the Dean to prepare for that feedback session.

Nature and flow of documents

A. Self Study Report

In addressing questions, writers are encouraged to provide a 1-2 paragraph summary response to questions with some (limited) accompanying information, if necessary, to illustrate how the item is addressed in their unit. For example, reference to a business/strategic plan is a satisfactory way to provide the mission statement, unit objectives, organizational chart, financial statements etc.

Schools being surveyed should send their pre-survey materials directly to the AFMC for distribution to the surveyors. Additionally the school should maintain a copy in their Office. Some schools have found it helpful to assemble material into a flexi coil booklet and distribute it to all individuals who will meet surveyors.

Selected examples of requested materials (pamphlets, minutes, course reports etc.) should be sent to the surveyors rather than exhaustive copies. Further examples should be available for inspection at the time of the survey visit.

B. Surveyor Report

The survey Report should provide sufficient information such that the CACME can make an informed, independent decision regarding the accreditation status and follow up appropriate to foster the ongoing quality of CME/CPD at the school. Surveyor reports should provide a brief contextual focus for CACME. Otherwise, the focus should be on identifying whether the evaluation criteria are met. For aspects of the survey in which the criteria are met, no further information would be needed. In cases where a school is non compliant, partially compliant, or exemplary, the surveyors should provide information to support that position.

Once reviews are complete, surveyors should write their report and send it to the AFMC for review. The AFMC will send it to the school for review. The review by the school would be restricted to information about substantive content that was misunderstood or data that is factually incorrect. Following clarifying feedback from the reviewed school, the final report would be sent to the AFMC for the CACME. The AFMC would be responsible for ensuring that the school obtains a copy at an appropriate time along with decisions/recommendations reached by CACME.

The following template is provided as a general guide for the presentation of the report. It is not intended to be restrictive and if, in the opinion of the surveyors, the report should be arranged in a different manner in order to present an accurate 'picture' of the operation for consideration by CACME they should feel free to so arrange it.

Title: Report of Accreditation Survey Visit of (name of unit) of University of _____ concluded on (date).

Surveyors: Names, titles and affiliations

Preamble: General overview of the visit and history of the unit.

Strengths: A brief outline of commendable individuals, activities and accomplishments that mark the character of the unit.

Areas for Improvement:

A brief outline of the particular challenges faced by the unit and areas that will require attention in order to improve its overall performance in service to its mission.

Individual standards:

A sequential series of segments giving:

- a) The standard as stated in the Guide (e.g. 1.3 The CME/CPD office has an ongoing and defined process of strategic planning and critical evaluation to ensure its long-term objectives are being met.
- b) Narrative summary of compliance with the standard
- c) Interpretation: e.g. Partial compliance

Summary Statement

Appendices: e.g. mission statement, survey schedule etc.

Signature

C. Previous Accreditation Decision and Reports

For purposes of its deliberations the CACME will be provided with the surveyor report, the previous survey report and decisions, and such interval progress reports and decisions as have occurred at the direction of CACME

General documents to submit

In addition to the materials listed under each standard, the CME/CPD office should submit the following:

Pre-survey materials to submit

A.1 Documentation

- Recommendations made at the time of the last survey and any interim reports, and list the changes made in response to it.

A.2 Responses to questions

- What does the CME/CPD office do particularly well in its CME program?
- What needs to be improved? How does the CME/CPD office plan to do it?

A note about innovation and scholarship: Provide a brief description of any innovative and scholarly activities for the unit. Consider such activities as self directed learning initiatives, practice and/or performance assessment activities (services) that are associated with the Office but may not be included among recent publications and presentations.

General comments

Exemplary compliance

Evaluation of CME/CPD offices allows for the rating of “exemplary compliance” for the different standards. This is done for three reasons:

- The descriptions of “exemplary compliance” provide goals of excellence towards which a CME/CPD office may aspire.
- Being rated at the exemplary level provides a recognition of excellence as determined by an objective and external peer review.
- Components of an office's activities that are rated as exemplary can be shared with others to serve as examples of outstanding performance (with the permission of the CME/CPD office).

Achieving “exemplary compliance” is intended to be exceptional, even rare. A CME/CPD office may perform entirely satisfactorily yet have no standards rated as “exemplary” And it is not expected that an outstanding CME/CPD office would have all the standards rated as “exemplary”. “Exemplary compliance” defines one end of a performance scale and is a level of excellence to strive towards within a continuous quality improvement framework.

Business plans

It is acknowledged that much of the information requested, especially in Sections 1 and 4, could be included in a thorough business plan. Often these contain a mission statement, objectives, and overview of operations (service and research), a SWOT analysis, administrative structure, financial statements, registration data, etc. If the office has such a document, it could be submitted in lieu of some individual documents. Evidence for the actual manifestations and implementation of elements in the business plan may need to be added.

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**

The CME/CPD office must have a mission statement and/or goals and objectives statement, which concisely and realistically describes the mission and function of the office and has been formally approved by the Faculty of Medicine / Health Sciences. It should be reviewed, updated and/or affirmed on a periodic basis.

A. Pre-survey materials to submit

A.1 Documentation

- A copy of the Faculty of Medicine / Health Sciences mission statement.
- A copy of the CME/CPD office mission statement.
- Minutes of meetings and/or other evidence that the mission statement was approved by the CME/CPD office and by the Faculty of Medicine / Health Sciences.
- Directions to a website where mission statement is posted.

A.2 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 CME/CPD 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?
- How did/does the CME/CPD office develop its strategic objectives?
- How does the CME/CPD office establish priorities among its objectives?
- How does the CME/CPD office determine the perceived and unperceived needs of its target audiences? (This refers to needs at a broader level than those considered on an activity-by-activity basis.)
- What processes are used to gain an understanding of societal needs and expectations, from a broad perspective and as they apply to the communities the CME/CPD office serves?
- To whom are the CME/CPD office's long-term objectives circulated?

B. Information to gather during survey

- Evidence that the CME mission statement is known and utilized by appropriate individuals (e.g. Department Heads, the CME Advisory Committee members, etc.), and that they are reflected in the Faculty's CME activities.
- How does the Faculty ensure that CME activities being undertaken by members of faculty and departments function under the auspices of the CME/CPD office?
- Determine if the CME/CPD office members know and understand the mission and how to implement it.
- Assess whether the long-term strategic objectives are linked to the mission statement.
- Feedback from appropriate partners (e.g. hospitals, licensing authorities, etc.) that CME programming meets societal needs.

C. 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.

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**

The CME/CPD office must demonstrate a long-term vision and the mechanisms whereby that vision is being realized. Long-term strategic objectives should be defined accordingly. The overall planning of activities should align with the objectives.

Within the framework of the strategic objectives, the office should be able to identify procedures for establishing priorities and allocating resources among needs identified. Decisions regarding priorities should take into account non-educational factors affecting behaviour change, potential impact on patient care outcomes, available resources, and relative costs. The CME activities and resources produced

should clearly reflect the priorities identified and the statement of aims, goals, and major functions of the CME/CPD office.

A. Pre-survey materials to submit

A.1 Documentation

- A copy of the CME/CPD office’s long-term strategic plan, including objectives in areas such as:
 - Program planning.
 - Needs assessments, to include both physician educational needs and measures of area population needs.
 - Research initiatives.

A.2 Responses to questions

- How does the CME/CPD office allocate resources to its strategic priorities?
- Where does the CME/CPD office obtain funding to implement these objectives? How stable is that funding?
- How does the CME/CPD office incorporate this understanding into the development of its strategic objectives and programming?
- How often are strategic objectives reviewed and revised?
- How does the CME/CPD office incorporate changing societal issues and needs into its CME programming (e.g. a new disease entity, new evidence about health and/or disease management, new formats)?

B. Information to gather during survey

- Participant and planning committee satisfaction with the CME/CPD office strategic plan.

C. 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.

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

The CME/CPD office must have an evaluation process to determine how well the strategic plan and objectives are met with ongoing adjustments being made. Appropriate methods of evaluation should be used to assess the extent to which the overall CME program fulfils its mission, and how well its learning activities achieve their stated objectives. The process of evaluation must be integrated into the administration and organization of the overall CME program, paying attention to data from the evaluation

of learning activities and the health status, and changes in that status, of the population being served, as an integral part of the review process. This ongoing evaluation process could involve internal review processes such as an institutional self-study.

A. Pre-survey material to submit

A.1 Documentation

- Examples of assessment procedures/measures.
- Examples of participant feedback to demonstrate satisfaction with the programming developed according to these objectives.

A.2 Responses to questions

- How does the CME/CPD office assess whether its objectives are met?
- Who is involved in addressing the evaluation of success and how are they involved?
- What methods have been used to evaluate the degree to which the office’s long-term objectives are being addressed? How are the results used?
- What are the established procedures for evaluating the overall curriculum?

B. Information to gather during survey

- Participant satisfaction that programming is flexible enough to reflect changing societal needs.
- Whether or not the population being served feels that their educational needs are being met.
- How often educational needs and population health needs are assessed and how.
- Whether the office ever tries to measure health outcomes in the populations that it serves and whether it attempts to influence them.
- Number and nature of consultations/surveys undertaken to establish the plan and its evaluation.

C. 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.

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.*

The office should be, and be seen to be, a reliable and expert educational resource for the physicians it serves. It should fulfill this role in terms of both the educational process and the content of its offerings. It should make reasonable efforts to ensure that physicians have a variety of learning opportunities to meet their needs (e.g. knowledge acquisition, clinical skills development, consideration of different cultural or ethical issues, etc.) and the patients they serve. Education services should be varied in type and time of availability to meet the different learning styles and schedules of the targeted learners.

A. Pre-survey material to submit

A.1 Documentation

- Brochures/descriptions of initiatives or events that demonstrate a variety of pedagogic/learning interventions linked to specific needs and/or user groups.
- Brief outline of target audiences and range of educational initiatives attempted together with evaluation of success.
- Examples of educational programming for both family physicians and specialists.

A.2 Responses to questions

- Describe the educational expertise available to the CME/CPD office. How does the office make use of these resources?
- What other services and/or resources are available, which can contribute to the enhancement of quality learning opportunities for physicians?
- How are content-based needs assessments used to determine the most appropriate educational response(s)?
- How are needs assessments used to help determine the format(s) of the learning opportunities?
- How is balance achieved in ensuring learning opportunities are available to address the variety of learning styles and objectives?
- How are education innovations introduced to the practice community? Please provide an example achieved since the last survey.

B. Information to gather during survey

- Discuss with some members of target audiences their awareness of the potential resources/expertise offered by the University’s CME/CPD office – both regarding the variety of learning opportunities and the reliability of clinical content of their offerings.
- Review responses to relevant questions in Section 3.4 A.1 below.

C. 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.

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.*

Recognizing the unique and important role CME/CPD plays in the continuum of medical education, the CME/CPD office must contribute meaningfully and substantially to the education affairs of the Faculty of Medicine / Health Sciences. In particular, it should be involved in the Faculty's faculty development program, including activities that support physicians and others who teach in CME/CPD activities. There should be interactions with the undergraduate and postgraduate programs. And the office should also be involved to some degree in CME/CPD programs produced by other offices and departments of the Faculty.

A. Pre-survey material to submit

A.1 Documentation

- A list of the faculty development courses planned by or in conjunction with the CME/CPD office over the past 2 years.
- A list of those activities over the past two years where the CME/CPD office has contributed to undergraduate and postgraduate education.

A. 2 Responses to questions

- Describe all faculty development initiatives for faculty who teach in CME that were completed in the past 2 years.
- How have the principles of physician learning been conveyed to members of planning committees and teachers?
- Describe the extent to which the CME/CPD office is involved in, reviews, and/or cosponsors the CME activities put on by any component of the medical school.
- Describe the contributions of the CME/CPD office:
 - Within the undergraduate and postgraduate programs of the Faculty of Medicine / Health Sciences.
 - With other schools or faculties involved in a health field within the university.
 - With the Faculty of Continuing Education (Extension).
 - With various professional organizations including other organizations engaged in CME outside the university.
- What activities in the area of educational development of faculty who plan or teach within CME have occurred since the last accreditation survey? (Examples may include attendance at meetings, participation in educational programs and journal clubs, and subscription to CME Journals.)

B. Information to gather during survey

- The degree to which the CME/CPD office is involved in reviewing and/or contributing to all continuing education or continuing professional development courses developed by the Faculty of Medicine / Health Sciences.
- The roles CME has fulfilled in enhancing undergraduate and postgraduate education.
- The degree to which the faculty development initiatives for faculty who teach in CME/CPD courses are viewed to be effective.

C. 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.

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.*

The office comprehends, respects and appropriately applies the standards of any pertinent CME/CPD accreditation systems when assigning credits in each of the following circumstances:

- The CME/CPD office independently plans and implements a CME/CPD activity
- The CME/CPD office co-develops a CME/CPD activity with another organization. (In this case, the office assumes primary responsibility for the activity's planning and implementation.)
- The CME/CPD office reviews a CME/CPD activity developed by an external organization(s) for the purpose of approving the activity according to applicable educational and ethical standards.

The office must have mechanisms in place to ensure that approval for credits is in accordance with established CPD programs of appropriate national and/or provincial organizations, such as those of the CFPC, RCPSC and CMQ. Personnel in the CME/CPD office must have a thorough knowledge of these programs and credit systems where applicable.

When a CPD office is asked by organizations outside the university or by departments within the university to co-develop an activity in order to obtain credit and/or to enhance the activity's marketability, participation by the CPD office must be dependent on compliance with the relevant standards.

A. Pre-survey material to submit

A.1 Documentation

- Written policies and procedures used by the CME/CPD office in reviewing programs and assigning credits. Lists all the CME activities that the CME/CPD office has, during the past accreditation period,:
 - organized itself,
 - co-developed with non-accredited organizations/institutions,
 - approved / rejected on behalf of other physician organizations.
- Provide two examples, randomly selected from the list above by the accreditation team, that illustrate or demonstrate how these written policies and procedures were applied.
- Application forms for course approval.

A. 2 Responses to questions

- How does the CME/CPD office handle requests for the assignment of study credit? For example who assigns the credits? Is there a formal committee structure? What quality control mechanisms are in place?
- What mechanisms are in place to ensure that co-developed activities or activities submitted for review by other physician organizations meet the standards of national or provincial CPD credit systems?
- How has the CME/CPD office ensured that the administrative, educational and ethical (including financial) policies that have been developed plan and implement the learning activities are, at least, consistent with standards expected by national or provincial CPD credit systems? How does the CME/CPD office maintain records of all formal family medicine and specialty CME events (excluding hospital rounds and journal clubs) for which it has assigned study credits?
- How do personnel in the CME/CPD office ensure that those involved in CME planning and development have up-to-date knowledge of the educational and ethical standards for the MOC, MAINPRO, or other relevant CPD credit systems and incorporate this knowledge in their planning of programs?

B. Information to gather during survey

- Process used when assigning study credits
- Any difficulties the CME/CPD office staff has experienced when interpreting and applying the standards related to the assignment of study credits as defined by appropriate organizations (CFPC RCPSC or CMQ).
- The number of programs that have been approved and rejected over the past year.

C. 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.

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

Self-directed learning should be promoted across the continuum of medical education. Physicians in practice should be able to use their practice environment as a stimulus for learning and be able to develop, implement, and document the outcomes of their learning. A CME/CPD office must offer services that help individual physicians to: identify perceived and unperceived needs; address identified gaps in

knowledge or performance; and have access to resources that support individualized learning. This can be achieved by offering educational services such as:

- general information and/or consultation services to individuals
- incorporating self-directed learning techniques into its own activities
- clinical traineeships to respond to needs identified by/with individual practitioners
- facilitating participation in national programs such as the CFPC “Pearls” program and the RCPSC Personal Learning Projects
- self audits (through administrative databases or chart review)
- home-study programs (e.g. hot-links to existing programs such as American College of Physicians self-study program or development/participation in others)
- providing ready access to sources of information such as libraries, on-line services, etc.

A. Pre-survey material to submit

A.1 Documentation

- Policies related to the development of individualized learning plans or traineeships.
- Tools that support the identification of learning needs and outcomes of learning for practice.

A.2 Responses to questions

- What kind of services does the CME/CPD office offer or provide access to for self-directed learning?
- What learning activities are available to individual physicians through the CME/CPD office?
- How does the CME/CPD office facilitate the integration of self-directed learning strategies into group CME events?
- Does the CME/CPD office offer any kind of assistance to physicians in developing their self-directed learning skills? If so, describe how.
- How does the CME/CPD office help physicians evaluate the outcomes of learning using methods of evaluation appropriate to them?

B. Information to gather during survey

- Input from a sample of practicing physicians about the support they receive from the CME/CPD office in developing and achieving their self-directed learning goals and activities.

C. 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

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

University CME/CPD offices should seek new ways to improve the quality and relevance of CME/CPD and to link learning activities to health care outcomes. An office must be engaged in scholarly activities related in some way to the broad scope of CME/CPD and these should be consistent with its mission or goals and objectives. Such scholarly activities can include:

- conducting original education research
- developing innovative CME/CPD programs and activities
- linking research and development activities to other programs within the university
- collaborating in research with other groups internal or external to the university
- sharing programs, activities and research experience through publications, presentations, and participation in the academic CME community

University CME/CPD offices have to be able to compete realistically for financial and other resources available for education research and development within the medical school.

(See Standard 3.4 for reference to the evaluation of CME/CPD activities, which could be enhanced to be part of a research program.)

A. Pre-survey materials to submit

A.1 Documentation

- Provide a list of publications (peer-reviewed) and presentations done by members of the CME/CPD office and other faculty members (pertaining to their role with the CME/CPD office) since the last accreditation survey.
- Provide a list of research grants in CME or faculty development that have been obtained or applied for by members of the CME/CPD office (directly or in collaboration).

A note about innovation and scholarship: Provide a brief description of any innovative and scholarly activities for the unit. Consider such activities as self directed learning initiatives, practice and/or performance assessment activities (services) that are associated with the Office but may not be included among recent publications and presentations.

A. 2 Responses to questions

- Is there an identified research program/infrastructure within the office and if so, how does it link to the overall mission statement and objectives of the office?
- Who is responsible for the development, implementation and ongoing review of the program?
- Who are the individuals who contribute to the program and what is their role?
- Are the office's research and development activities linked to other academic programs within the university? If so, describe these relationships.
- Describe any examples of innovative programs currently in the implementation or implementation phase with which the office has been involved and why these programs are thought to be innovative. How do these activities link to the mission statement?
- Describe the CME/CPD office's contribution to the development and implementation of new ways of improving the quality and relevance of CME activities and the CME/CPD office's ability to link these with health care outcomes.
- What challenges does the CME/CPD office currently face regarding research and development activities?

B. Information to gather during survey

- How the CME/CPD office has worked with faculty members in undertaking educational research and development projects.

- How the CME/CPD office has worked with professional educators (Medical Education Office, or equivalent) on educational research and development projects.
- A description of the inter-school or inter-faculty collaborations currently taking place and what challenges they present.
- A description of the faculty resources available to the office for research and development activities.

C. 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.

3. Planning and implementation of education programs

The planning and implementation of CME/CPD activities should be based on an organized curriculum design process across any and all learning activities and services. This should include the integration of the identification, analysis and integration of learning needs, the formulation of learning objectives, the planning of the learning activities, and the evaluation of individual events. This is supported by an effective system of documentation. Consideration of the standards in this section should be given to an office's entire program, not just its "star" programs.

A. Pre-survey material to submit

A.1 Documentation

A.2 Responses to questions

- Describe how the CME/CPD office approaches the overall planning of activities, including how the different steps are integrated.
- Describe the CME/CPD office's approach to each of the planning steps.
- Who is involved in making the decisions?
- How does the CME/CPD office prioritize the possible content for inclusion within and among different activities?
- How is program content selected and how does the CME/CPD office fit this in with its long-term plan?
- What, if any special processes are used by the CME/CPD office in planning CME for specialists?

B. Information to gather during survey

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.*

Appropriate assessment of current practice, patient/population health and health care system issues is important in ensuring that learning activities help participants enhance their practices. The CME/CPD office must have an established system to do this. The office should go beyond its own perception of learning needs by attempting to identify both perceived and non-perceived needs.

The CME/CPD office should utilize a variety of needs assessment strategies and information sources such as:

Perceived needs

- physicians' perceptions of their deficiencies in knowledge and skill
- suggestions from previous course evaluation forms
- input from target audience representation on planning committees
- surveys, interviews and focus groups

Unperceived needs

- assessments of competence and performance of comparable individuals, groups, organizations, or communities (self assessment, professional groups assessment)
- chart audits and other quality assurance programs
- peer review data
- developments in scientific research and technology
- health statistics and data from various government bodies and private groups

A. Pre-survey material to submit

A.1 Documentation

- Examples/evidence of planning including:
 - Different needs assessment strategies used (representative samples including such evidence as minutes of planning committee meetings, surveys of target audiences, results of medical audits, peer reviews or self-assessments).
 - How unperceived needs were identified.

A.2 Responses to questions

- What are the methods of needs assessment used in the planning and development of the CME/CPD office's CME/CPD activities?
- What strategies or processes does the CME/CPD office use to differentiate between perceived and non-perceived needs of the target audience for individual courses?
- How does the CME/CPD office assist specialty departments in working with regional specialists to identify and prioritize their learning needs?

B. Information to gather during survey

C. 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.

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.*

Learning objectives must be formulated for all activities. They should take into account:

- the need upon which the activity is based
- the learners for whom the activity is designed
- any special background requirements for the learners
- the intended outcome of the activity in terms of knowledge, skills and/or attitudes of the learners

General learning objectives should be established for overall programs (such as conferences), and there should be specific objectives for individual sessions or for topic-specific conferences where appropriate. Learning objectives must be written from the perspective of the participants (i.e. what they will gain from the educational experience), and they should be available to participants ahead of time to provide them with an explanation of the activity's nature and purpose.

There should be a clear connection from the identification of needs to the development of learning objectives and then to the selection of instructional methods. Instructional methods should be selected to address the specific learning objectives defined for each event.

A. Pre-survey material to submit

A.1 Documentation

- Examples / evidence of the program planning including:
 - How the assessed needs were converted to objectives

A.2 Responses to questions

- During the last accreditation period, what have been the established procedures to translate CME needs into learning objectives?

B. Information to gather during survey

C. 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.

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.

The office must ensure that the content for its CME/CPD activities is objective and addresses the defined learning objectives. The content should reflect current scientific evidence by promoting the translation of evidence into practice. And it should reflect local practice standards.

The office should communicate identified needs and/or learning objectives to faculty who are invited to teach at CME/CPD events. The office should strive to ensure that speakers consider the scientific validity, integrity and objectivity of the content they present, especially clinical recommendations.

A. Pre-survey material to submit

A.1 Documentation

- Examples / evidence of program planning including how objectives were conveyed to faculty and advertised to potential participants.
- Examples of standards-of-care guidelines selected / developed for one course.

B. Information to gather during survey

C. 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.

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.

The evaluation of individual events must be linked to the established needs and stated learning objectives. The evaluation results should be shared appropriately with faculty who teach at CME/CPD events and other relevant individuals and/or other groups (such as a university division or department).

A. Pre-survey material to submit

A.1 Documentation

- An example of a typical evaluation tool, indicating the objectives for the activity.
- Examples of the compilation of evaluations from three different types of activities, including programs for both family physicians and specialists.
- An anonymous example of the feedback provided to program teachers.
- Evidence that evaluations are reviewed by planning committees.
- Examples / evidence of the different stages of program planning including evaluation plans for one course.

A.2 Responses to questions

- How do the evaluation tools link to the stated activity objectives?
- How are the evaluation results used?
- Are there tools/methods used to facilitate knowledge translation? If so, provide an example.
- What are the established procedures for evaluating individual activities?
- How are the evaluation strategies and learning formats linked to the identified needs and learning objectives?

B. Information to gather during survey

- Details/clarifications of program evaluations from a variety of activities.
- How each individual activity links to the overall long-term objectives of the office.
- A review of the evaluation of learning activities including:
 - the appropriateness of the activities used to meet needs
 - the effectiveness with which the activities are carried out
 - the quality of the instructional process
 - the degree to which CME needs are met and intended outcomes achieved
 - the effect of learning outcomes on physician behavior.

C. 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.

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.

The CME/CPD office must have and adhere to a clearly articulated policy to guide its relationship with external entities that may have any real or perceived conflict of interest in the planning, curriculum design and implementation of the CME/CPD activities it organizes or co-develops. These entities could include for-profit organizations (pharmaceutical companies, medical supply companies, and other businesses), not-for-profit organizations, government, and government agencies, and/or other professional or education organizations. The policy is consistent with national and provincial standards for such relationships.

The policy should ensure that:

- educational events remain objective and free from external bias
- the CME/CPD office is independent with regards to planning, materials and marketing
- participants are kept informed about links among the CME/CPD office, organizers or faculty, and any external entity with any potential interest in the activity, which might result in a biased presentation of content
- participants are notified when there are discussions of unapproved uses of diagnostic and/or therapeutic interventions.

To do this for its own CME/CPD activities, the CME/CPD office must:

- control the planning and content
- establish priority of content areas
- select all educators and approve relevant materials
- disclose to participants all relevant relationship with external entities or other sources of potential bias
- ensure appropriate separation of product, service or program promotion from the educational process
- have evaluation data of educational activities that shows that these safeguards have been effective in preventing external bias.

The Faculty of Medicine / Health Sciences should be encouraged to have a Faculty-wide policy governing faculty members' involvement in CME/CPD, even for activities not linked with the CME/CPD office.

A. Pre-survey material to submit

A.1 Documentation

- A copy of the policy that governs the relationship with industry. If the guidelines differ substantially from those developed by the CMA or the Conseil d'ÉMC du Québec, describe the differences.
- Copies of letters/documents provided to faculty regarding the declaration of potential conflict of interest.
- Copies of any documents provided to participants indicating declared conflicts of interest.

- Copies of evaluation documents that determine whether participants perceive or are affected by potential commercial bias.
- For the previous fiscal year, a listing of companies, funds that were provided, and the purpose(s) of the funding.

A. 2 Responses to questions

- How does the CME/CPD office approach the solicitation of funds from industry? How does it ensure that programming is not affected by industry or sponsor attempts to influence content?
- How does the CME/CPD office respond when companies approach it to co-sponsor, co-organize, or otherwise collaborate in the development and/or delivery of activities?
- How does the CME/CPD office ensure that members of planning committees and faculty participating in educational programs are aware of the policy? How does it ensure that they adhere to the policy?
- How does the CME/CPD office ensure that faculty members disclose to the CME/CPD office, and to participants, any links with sponsors, products or other sources of bias that might influence the program's objectivity?
- How are participants made aware of individual faculty members' potential conflict of interest?
- How does the CME/CPD office and program committee(s) evaluate whether or not commercial bias was present in a program?
- How is discussion of unapproved use of therapeutic interventions handled?

B. Information to gather during survey

- Verification that key individuals are aware of the policy governing the CME/CPD office's relationship with industry.
- Verification from the Faculty of Medicine / Health Sciences that it has a policy on commercial relationships governing its activities and those of all faculty members.
- A random selection of documentation from an activity to verify that the policy's steps are followed.

C. 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.

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.*

The CME/CPD office must have each of the following in an appropriate form:

- a defined place within the organizational structure of the Faculty of Medicine / Health Sciences
- status and reporting mechanisms equal to or analogous to the undergraduate and postgraduate education offices
- the position of Associate Dean for CME (or equivalent) comparable to the corresponding positions for undergraduate and postgraduate education
- an organizational structure with designated staff responsibility
- an administrative management framework that develops and implements its goals and decisions
- an internal review of administrative practices to ensure continued personnel development, resource management and financial accountability
- representation of the target audiences in the CME/CPD office's governance mechanisms and on activity planning committees (to ensure the relevance of needs assessments, priority setting, content, and evaluation procedures).

A. Pre-survey material to submit

A.1 Documentation

- Organization charts demonstrating relationships within the office and within the faculty.
- Examples of the Terms of Reference and make-up of several planning committees for family medicine and specialty courses and the policies underlying these.
- Evidence for the planning of learning activities (may include minutes of planning committee meetings or course brochures), including how they fit into the CME/CPD office's long term plans.
- Examples of planning committee minutes that reflect membership on and activities of the committee(s).

A.2 Responses to questions

- Describe the administrative structures within the CME/CPD office that are used to develop and implement the goals of the office. For each group, committee or sub-committee describe:
 - its roles and responsibilities,
 - how members are selected,
 - its line(s) of reporting.
- What criteria does the CME/CPD office use in selecting members of planning committees?
- Describe the planning structures that exist to support the development of individual educational programs for family physicians, specialists and other health professionals, as applicable.
- How does the CME/CPD office ensure that the interests and needs of a specific group (i.e. family physicians, cardiologists, etc) direct CME for that group?
- How is input from other medical disciplines or other health professionals used in the needs assessment process to guide CME development?

B. Information to gather during survey

- Whether the administrative staff in the CME/CPD office has a clear understanding of their roles and responsibilities.
- Whether the chairs of CME committees have a clear understanding of their roles and responsibilities.
- The degree to which the members of the administrative committees are able to contribute to the setting of policy direction for the office.
- How planning committees deal with potential external influences on their functioning and planning of CME programs.

C. Evaluation criteria

Non-compliance:	There is no organized infrastructure or administrative management framework.
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.

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

As an academic institution, the CME/CPD office must conduct its affairs according to all accepted and applicable professional, ethical and legal standards including copyright, privacy legislation, confidentiality of participant lists, legal contracts, and financial accountability. The office operates in a manner consistent with the University's and Faculty's policies and procedures. (Issues related to working with external entities in planning and implementing education programs are addressed in 3.5.)

A. Pre-survey material to submit

A.1 Documentation

- All CME/CPD office policies regarding ethical issues, conflict of interest, and disclosure.
- Any checklist or other measures provided to course/activity organizers to assure that guidelines are followed.
- Policies concerning refunds, cancellations, copyright and other relevant legal issues.
- Examples of contracts and written correspondence with speakers and exhibitors.

A.2 Responses to questions

- How does the CME/CPD office communicate its policies related to professional, ethical and legal standards to speakers, workshop leaders and others teaching in its activities?
- How does the CME/CPD office communicate its policies in this area with the Faculty and faculty members more generally?
- How does the office communicate its expectation that all speakers/teachers adhere to the principles of intellectual rigor in their clinical recommendations? How does it monitor this?
- How does the CME/CPD office ensure the scientific validity of the content presented in its activities?
- Describe how the CME/CPD office ensures that speakers are aware of their responsibility to delineate the basis for their clinical recommendations and to identify recommendations for unapproved uses of therapeutic interventions (including therapeutic agents, medical devices and complementary and alternative techniques).

- Describe how the CME/CPD office ensures that copyright legislation is observed. Is there a university or other copyright policy? How does the CME/CPD office monitor compliance with it?
- Describe the CME/CPD office's policies and procedures in dealing with real or potential conflicts of interest. If suspected, how does the CME/CPD office ensure their disclosure?
- How are issues of privacy and confidentiality addressed, especially as they pertain to participants?
- Who is authorized to sign agreements with financial sponsors and/or exhibitors?

B. Information to gather during survey

- Whether faculty members who participate in CME programs understand the policies regarding ensuring scientific validity and integrity.
- Whether faculty members who participate in CME programs understand the policies regarding conflict of interest and disclosure.
- Whether faculty members who participate in CME programs understand the implications of copyright legislation regarding use of articles, photographs or other published materials in their presentations, handouts, websites, etc.
- Whether patient data is ever used in CE activities and if it is anonymous.

C. 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.

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.*

The CME/CPD office must have the following:

- fiscal sustainability
- standard financial management practices including: budgets for the overall CME/CPD program and for individual activities/events, proper bookkeeping and financial statements, and appropriate review of its financial practices
- commitment of meaningful financial support from the Faculty of Medicine / Health Sciences

A. Pre-survey material to submit

A.1 Documentation

- All sources of revenue and types of expenditures over the past 2 years.
- Registration data for last fiscal year.
- A budget summary which includes:

- Statement of income for current year for general operating expenses of the CME program (including CME tuition or fees, gifts, donations or grants, budgeted from institutional funds, and other sources).
- Statement of expenses for the current year for general operation of the CME program (including salaries and honoraria, supplies and equipment, travel, and other expenses).
- Intra-faculty fiscal arrangements including but not limited to tithing, cost recovery, and revenue generation expectations.

A. 2 Responses to questions

- Describe the level and kind of support received from the Faculty of Medicine / Health Sciences.
- How are faculty who participate in the planning and delivery of CME/CPD identified and supported by the office?
- Describe how the CME/CPD office manages its administrative staff resources (e.g. hiring, development of job descriptions, staff meetings, professional development opportunities, performance reviews, etc.).
- What are the strengths and limitations of the CME/CPD office's access to media and resources to deliver CME in varied educational formats?
- Describe the relationships the CME/CPD office has formed with external organizations to assist it in fulfilling its CME/CPD mission and objectives.
- Describe the enabling opportunities provided by the Faculty of Medicine / Health Sciences.
- Describe any barriers that limit the CME/CPD office's ability to meet the office's mission and objectives.

B. Information to gather during survey

- The fiscal stability of the CME/CPD office to accomplish the goals and mission of the office over the next period of accreditation.
- Whether the faculty members who contribute to the office's activities feel that they are supported and that their contributions are valued.
- The stability, cohesiveness and effectiveness of the administrative staff support.

C. 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.

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

In this context, “human resources” consists of two groups of people who should have appropriate competencies. Both groups are considered important and should be a part of the CME/CPD office.

- **Academic personnel:** 1. faculty members or other education experts who have knowledge about how physicians learn and adopt innovations into practice, contribute to educational research, and contribute to program development and other office activities; 2. faculty members who teach effectively in the CME/CPD setting
- **Administrative personnel:** administrative and support staff who are knowledgeable, committed and reliable

Human resource management must include, among other elements, job descriptions, performance appraisals, and succession planning for staff at all levels.

A. Pre-survey material to submit

A.1 Documentation

A.2 Responses to questions

B. Information to gather during survey

C. 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.

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

The CME/CPD office must have and/or have access to each of the following:

- office space
- venue space (including being able to support an array of educational activities)
- IT and other media resources and technical support (e.g. audiovisual resources, videoconferencing, Internet-based functions (including learning), simulation labs)
- communications and marketing resources
- established relationships with external professional medical and educational groups that facilitate needs identification, access to resources, evaluation of the impact of education for practice, and sharing other information and resources

A. Pre-survey material to submit

A.1 Documentation

A.2 Responses to questions

B. Information to gather during survey

C. 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.).

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.

This section pertains to the overall policies, procedures and utilization of appropriate records of all the CME/CPD office's activities, functions and responsibilities. This covers financial records to policy-making, educational program planning and implementation, and down to general filing. It also includes the organization of electronic records and filing systems.

The CME/CPD office must maintain a system of records of CME participation and self-directed learning achievement. Such records should be retrievable, and preserved for at least six years. The management

of records should respect any applicable privacy legislation. They must be confidential with access available only to the participating physicians and/or researchers possessing appropriate consent.

A. Pre-survey material to submit

A.1 Documentation

- Provide one anonymous example of how an individual physician would receive documentation of his/her participation in the office's CME activities over a one-year period.
- Policies related to disclosure of participation data to third parties.
- Examples of the records of learner participation and documents provided to learners, and policy governing this.

A.2 Responses to questions

- How does the CME/CPD office maintain and store records of its decision-making processes and general operations?
- How does the CME/CPD office maintain and store the records of physician participation in CME/CPD events?
- Describe the CME/CPD office's policy related to the disclosure of participation data to third parties and how it is used.

B. Information to gather during survey

- To be available for review during visit:
 - Minutes of meetings
 - Policy and procedures manuals
 - Any documents that elaborate on how decision making occurs and becomes part of the "corporate memory" of the office
- Assess the technical infrastructure to support the CME/CPD office and the strategies in place to maintain data security / integrity.
- An assessment of the system for collecting, storing and retrieving records of CME participation for six years.

C. 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.