

The Accreditation of Canadian University CME/CPD Offices

Committee on the Accreditation of Continuing Medical Education

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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 office 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 office 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 office 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 CME/CPD office has a written mission statement that:
 - Defines its role in strengthening the quality of life-long education of physicians,
 - Defines its role in CME/CPD in the university and in the communities it serves,
 - Is anchored in a consideration of the health needs of these communities,
 - 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/Health Science, and
 - Is formally approved by the Faculty of Medicine / Health Sciences.
- 1.2 The CME/CPD office CME/CPD office has identified long-term objectives (e.g. 5-year). These are based on its mission statement, a response to evolving societal needs and expectations, and an understanding of the physicians and communities it serves. There are defined policies and mechanisms for prioritizing these objectives, and there are specific activities that can be shown to contribute to them.
- 1.3 The CME/CPD office CME/CPD office has an ongoing and defined process of strategic planning and critical evaluation to ensure its long-term objectives are being met.
- 1.4 The CME/CPD office CME/CPD office ensures its operations and activities meet accepted professional, ethical and legal standards.

2. Organization and administration

- 2.1 The CME/CPD office CME/CPD office has an organizational and decision-making structure designed to fulfill its CME/CPD mission and objectives.
- 2.2 The CME/CPD office CME/CPD office effectively manages sufficient resources with a business plan to fulfill its CME/CPD mission and objectives. This includes support from the Faculty of Medicine / Health Sciences.
- 2.3 The CME/CPD office CME/CPD office maintains appropriate records of its decision-making processes, general operations, and learner participation. The office provides documentation of participation to participants when appropriate or requested. (see standard 3.2)
- 2.4 The CME/CPD office CME/CPD office has a direct or indirect involvement in the university's program(s) of faculty development, undergraduate and postgraduate education.
- 2.5 The appropriate CME/CPD office CME/CPD office personnel are knowledgeable about the organized systems of CME/CPD standards affecting the physicians and communities it serves. The office personnel ensures that any pertinent accreditation standards are met when assigning credits under the following circumstances:
 - The CME/CPD office CME/CPD office independently develops and implements a CME/CPD activity.
 - The CME/CPD office CME/CPD office co-sponsors a CME/CPD activity. In this case, the office must assume primary responsibility for the activity's planning, content, implementation and evaluation strategies.
 - The CME/CPD office CME/CPD office approves a CME/CPD activity of a physician organization according to established educational and ethical standards.

3. Provision of educational services

- 3.1 The CME/CPD office provides a focus of expertise dedicated to enhancing the quality of physicians' life-long learning opportunities and offers a variety of learning opportunities appropriate to the needs of the physicians it serves.
- 3.2 The planning and implementation of all CME/CPD activities organized, co-sponsored, or approved by the CME/CPD office, are based on a systematic process that includes:
 - A needs assessment, which involves intended participants and/or is based on meaningful practice descriptions (e.g. administrative databases).
 - Stated objectives, which are consistent with the identified needs.
 - Content and method consistent with the objectives and learning needs.
 - A consideration of scientific evidence and local practice.
 - A record of participant registration, attendance, participation and and/or achievement.
 - Appropriate documentation of participation provided to participants. (see standard 2.3)
- 3.3 There is an evaluation strategy to measure the overall effectiveness of the CME/CPD office. There is a strategy established to evaluate the outcome of individual CME events. For those activities in which the CME/CPD office plays a major role, the evaluation also addresses how the activities contribute to the long-term objectives.
- 3.4 The CME/CPD office has a duly approved policy to guide its relationship with industry in the planning and implementation of education activities it organizes or cosponsors. This policy is consistent with national and provincial standards for the relationship between industry, the professions and education organizations. In order to ensure that CME is beyond the control of persons or organizations with commercial interests and free of commercial bias, CME providers must:
 - Control the planning and content of education activities.
 - Establish priority of content areas.
 - Select all educators and approve relevant materials.
 - Demonstrate disclosure of all relevant relationships with industry or other sources of potential bias.
 - Monitor and address appropriate separation of promotion from the educational process.
 - Have evaluation data of educational activities that shows that these safeguards have been effective in preventing commercial bias.
- 3.5 The CME/CPD office promotes and supports self-directed learning through: facilitating the skills of practice reflection including question asking, information access and knowledge management; integrating personal learning within group education activities; and offering targeted learning opportunities for individuals.

4. Research and innovation

- 4.1 As an academic unit, the CME/CPD office contributes to knowledge development and the understanding of CME/CPD through:
 - A program of research and development, in a manner consistent with its mission and objectives.
 - The linking of such activities to other academic programs within the university, where appropriate.
 - A sharing of its program, activity and research experience through publications, presentations, and participation in the broader academic CME community.
 - The scholarship of innovation, which should be embedded in its mission and expressed through the development of innovative CME/CPD programs and activities.

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, organization and administration, provision of educational services, and research and innovation.

- 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.

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 materials 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.

A note about business plans: It is acknowledged that much of the information requested, especially in Sections 1 and 2 could be included in a good business plan. Often these contain a mission statement, objectives, an 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 written mission statement that:

- Defines its role in strengthening the quality of life-long education of physicians,
- Defines its role in CME/CPD in the university and in the communities it serves,
- Is anchored in a consideration of the health needs of these communities,
- 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/Health Science, and
- Is formally approved by the Faculty of Medicine / Health Sciences.

This principle requires that there be a formally approved statement, which concisely and realistically describes the goals of the provider's CME program and the means by which it plans to monitor their achievement.

A. Pre-survey materials to submit

A.1 Documentation

- A copy of the Faculty of Medicine / Health Sciences/HS 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?

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.

C. Evaluation criteria

Noncompliance	Has no mission statement.
Partial compliance	Has a mission statement but omits one or more of the basic components, or is not aligned with faculty mission statement. Some evidence of approval and distribution.
Compliance	Has a mission statement formally approved in Faculty minutes and that includes all of the basic components, is aligned with the Faculty’s mission, goals and objectives, and is communicated to the Faculty and Department Heads.
Exemplary compliance	Has a mission statement, which is approved and aligned with the Faculty’s mission, as well as clear goals and objectives. These emphasize outcomes that contribute to the actualization of the mission. The goals and objectives are reviewed regularly.

1.2 The CME/CPD office has identified and established long-term objectives (e.g. 5-year). These are based on its mission statement, a response to evolving societal needs and expectations, and an understanding of the physicians and communities it serves. There are defined policies and mechanisms for prioritizing these objectives, and there are specific activities that can be shown to contribute to them.

(It is important to distinguish between 1.2 and 1.3. 1.2 deals with the establishment of long-term strategic objectives with a view to appropriate planning of activities, and 1.3 addresses an ongoing process of

evaluation of how well the strategic objectives are met with a view to making adjustments to activities over time.)

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. And 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 priority 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 for 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 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 allocate resources to these priorities?
- Where does the CME/CPD office obtain funding to implement these objectives? How stable is that funding?
- 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?
- How does the CME/CPD office incorporate this understanding into the development of its strategic objectives and programming?
- To whom are the CME/CPD office’s long-term objectives circulated?

B. Information to gather during survey

- Assess whether the long-term strategic objectives are linked to the mission statement.
- Participant and planning committee satisfaction with the CME/CPD office strategic plan.
- Feedback from appropriate partners (e.g. hospitals, licensing authorities, etc.) that CME programming meets societal needs.

C. Evaluation criteria

Noncompliance	No evidence of long term strategic planning.
Partial compliance	Efforts of strategic planning are documented, but the pursuit of the long term objectives are incomplete and/or based on incomplete data.
Compliance	Full strategic plan developed.
Exemplary compliance	Extraordinary process for establishing objectives; and/or attempts to frame strategic objectives in a population/societal, health problem-based manner.

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.

The CME/CPD office should have an ongoing evaluation process to determine how well the strategic objectives are met with appropriate adjustments being made along the way. This involves an ongoing consideration of how needs, resources, and priorities change over time, and how the activities of the office are realigned accordingly.

A. Pre-survey materials 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?
- How often are the 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)?
- Who is involved in addressing the evaluation of success and how are they involved?

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

Noncompliance	Makes no attempts to evaluate meeting of strategic objectives over time.
Partial compliance	Some evaluation of strategic objectives but only partial attempts to adjust activities accordingly.
Compliance	An ongoing process of evaluation of strategic objectives with regular modifications made to activities.
Exemplary compliance	An ongoing and systematic process of reflective evaluation of all activities of the office in light of the strategic objectives, with purposeful and regular adjustments made with full integration into program development.

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

As an academic institution, the CME/CPD office should conduct its affairs according to any and all accepted professional, ethical and legal standards. The office has strategies to ensure the scientific validity, integrity and objectivity of clinical recommendations provided in educational activities that bear its imprimatur. Recommendations are consistent with common and/or local practice.

A. Pre-survey materials 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 of 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

Noncompliance	CME/CPD office neither has nor utilizes any established ethical or legal policies.
Partial compliance	CME/CPD office uses established policies but these are not monitored or enforced.
Compliance	CME/CPD office has a set of defined policies on ethical and legal issues, which are provided to all faculty participating in CME programs. Compliance is encouraged.
Exemplary compliance	CME/CPD office has a set of defined policies on ethical and legal issues, which are provided and promoted to all faculty and has a process for regularly monitoring adherence to these policies.

2. Organization and administration

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

The provider should have each of the following in an appropriate form:

- An organizational structure with designated staff responsible for CME.
- An administrative management framework within the CME/CPD office that develops and implements the goals and decisions of the office.
- A budget for the overall CME program and for each learning activity/event.
- An internal review of administrative and budgetary practices to assure continued development of personnel, resource management and financial accountability.

Members of the intended target audience should be involved in all facets of CME planning to ensure the relevance of needs assessments, priority setting, CME content, and evaluation procedures. Target audience members should be represented on the provider's governance mechanisms, and the planning committees for every course or educational program organized.

A. Pre-survey materials 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.

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, and
 - 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

Noncompliance	No organizational infrastructure or planning processes to fulfill the mission or goals of the office.
Partial compliance	There is a written organizational structure that is only partially integrated into the planning processes of the office.
Compliance	There is a written organizational structure that is fully integrated into the planning processes of the office.
Exemplary compliance	The written organizational structure is fully integrated and regularly evaluated and revised to ensure the CME/CPD mission and objectives are being met.

2.2 The CME/CPD office effectively manages sufficient resources with a business plan to fulfill its CME/CPD mission and objectives. This includes support from the Faculty of Medicine / Health Sciences.

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

- Support from the Faculty of Medicine / Health Sciences, which is sufficient to ensure that the CME/CPD office can establish its priorities and conduct its activities independent of inappropriate influences.
- Competent faculty members who are knowledgeable about how physicians learn and adopt innovations into practice.
- Reliable and consistent administrative staff support.
- Appropriate media and facilities necessary for the variety of methods and formats employed in CME activities
- Established relationships with professional medical and educational groups outside the provider's organization to facilitate needs identification, access to resources, evaluation of the impact of education for practice, and sharing other information and resources.
- Appropriate resources (personnel, space, fiscal) to engage in teaching (faculty development), research and course development.

A. Pre-survey materials 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

Noncompliance	Inadequate resources to sustain the CME/CPD mission and objectives of the office.
Partial compliance	Resources are limited and able to sustain only a portion of the CME/CPD mission and objectives of the office.
Compliance	Sufficient and secure resources to pursue the mission and objectives of the office.
Exemplary compliance	Resources are sufficient to pursue the mission and objectives of the office and to foster innovation and research.

2.3 The CME/CPD office maintains appropriate records of its decision-making processes, general operations, and learner participation. The office provides documentation of participation to participants when appropriate or requested. (See Standard 3.2)

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 runs from 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. Insofar as they need to be integrated into the overall records-keeping system, this also includes, to a certain extent, records of learner participation. Details of this particular aspect of record keeping are addressed in Section 3.2. The office is expected to be able to produce a summary of its activities extending back for six years.

A. Pre-survey materials 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.

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.

C. Evaluation criteria

Noncompliance	No established policies or procedures related to decision-making and participation documentation. No, little or disorganized record keeping.
Partial compliance	There are some written policies and procedures related to decision-making and participation documentation but they have not been fully implemented. Record keeping is inconsistent.
Compliance	There are policies and procedures related to the decision-making processes and participation documentation that have been implemented that are realistic for resource. Record keeping is organized and complete.
Exemplary compliance	The policies and procedures related to the decision-making processes and participation documentation have been fully implemented and regularly reviewed and updated. Record keeping is thorough and easily accessible. Where appropriate, participants have access to information on how to document their participation in CME activities for their Royal College and/or CFPC credit requirements.

2.4 The CME/CPD office is involved directly or indirectly in the university’s program(s) of faculty development, undergraduate and postgraduate education.

Recognizing the unique and important role the CME/CPD office plays in enhancing physician learning, the CME/CPD office should be involved to some degree in all CME programs produced by departments within the Faculty of Medicine / Health Sciences. The CME/CPD office should equally contribute to the faculty development program, undergraduate and postgraduate curriculum of the university and create or contribute to a faculty development plan for physicians who teach within CME courses. The Associate Dean CME (or equivalent) should be an equal partner with the relevant undergraduate and postgraduate decanal positions.

A. Pre-survey materials 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. CME/CPD office
- 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

Noncompliance	The CME/CPD office is not involved in contributing to the quality of CME courses produced by the Faculty of Medicine / Health Sciences and has no direct or indirect involvement in faculty development, undergraduate or postgraduate education.
Partial compliance	The CME/CPD office contributes inconsistently to the quality of CME courses produced by the Faculty of Medicine / Health Sciences. There is a strategic plan for how CME will contribute to faculty development, undergraduate and postgraduate education but this has not been consistently implemented.
Compliance	The CME/CPD office is consistently contributing to the quality of CME courses produced by the Faculty of Medicine / Health Sciences and has developed and implemented a strategic plan that defines their contributions to faculty development, undergraduate and postgraduate education.
Exemplary compliance	The CME/CPD office is consistently contributing to the quality of CME courses produced by the Faculty of Medicine / Health Sciences and has implemented and evaluated their strategic plan to enhance their contributions to faculty development, undergraduate and postgraduate education.

- 2.5 The appropriate CME personnel are knowledgeable about the organized systems of CME/CPD standards affecting the physicians and communities it serves. The office personnel ensures that any pertinent accreditation standards are met when assigning credits under the following circumstances:
- The CME/CPD office independently develops and implements a CME/CPD activity.
 - The CME/CPD office co-sponsors a CME/CPD activity. In this case, the office must assume primary responsibility for the activity's planning, content, implementation and evaluation strategies.
 - The CME/CPD office approves a CME/CPD activity of a physician organization according to established educational and ethical standards.

For programs that are reviewed for credits/hours, the CME/CPD office should have mechanisms in place to ensure that approval is granted in accordance with established guidelines of appropriate national and/or provincial organizations.

Personnel in the CME/CPD office should have a working knowledge of the Maintenance of Membership and Maintenance of Certification programs of the CFPC and RCPSC, and other relevant national and/or provincial organizations, and be able to provide advice as required.

A CME/CPD office may be asked by organizations outside the university or by departments within the university to cosponsor an activity in order to obtain appropriate credits and/or to enhance the activity's marketability. The CME/CPD office should do this only if it can provide assurance that the relevant accreditation standards are met.

A. Pre-survey materials to submit

A.1 Documentation

- Policies and procedures used by the CME/CPD office in reviewing programs and assigning credits.
- Lists of the CME activities that the CME/CPD office has, during the past accreditation period:
 - organized itself,
 - co-sponsored with non-accredited organizations/institutions, and
 - approved on behalf of other physician organizations.
 - 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 the activities meet the same criteria as an activity in which the CME/CPD office is the initiator of the activity?
- How has the CME/CPD office ensured that the administrative and financial policies that have been developed to govern the operation of learning activities are consistent with the process adopted for any other learning activity for which it was the sole sponsor?
- 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 a working knowledge of the essential aspects of MOC, MAINPRO, or other relevant systems and incorporate this information in their planning of programs?

B. Information to gather during survey

- Any difficulties the CME/CPD office staff has experienced when interpreting and applying the standards of accreditation defined by the CFPC or RCPSC.
- The number of programs that have been approved and rejected over the past year.

C. Evaluation criteria

Noncompliance	There is no organized system for reviewing and approving programs under the accreditation standards of the CFPC or RCPSC.
Partial compliance	There is a limited system for reviewing and approving programs under the accreditation standards of the CFPC or RCPSC.
Compliance	There is an established system for reviewing and approving programs under the accreditation standards of the CFPC or RCPSC.
Exemplary compliance	The office has not only established a system for reviewing and approving programs under the accreditation standards of the CFPC or RCPSC but has instituted quality control strategies to ensure

	credits are appropriately assigned and has contributed to the development and strategies for the implementation of these standards.
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3. Provision of educational services

3.1 The CME/CPD office provides a focus of expertise dedicated to enhancing the quality of physicians' life-long learning opportunities and offers a variety of learning opportunities appropriate to the needs of the physicians it serves.

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 clinical content of its offerings. It should make reasonable efforts to ensure that physicians have a variety of learning opportunities appropriate to their needs and the needs of the patients that they, in turn, serve. The Office should be able to offer an array of different kinds of learning activities to address different learning objectives (e.g. knowledge acquisition, clinical skills development, consideration of different cultural or ethical issues, etc.).

A. Pre-survey materials 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.

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 educational 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 A1 below.

C. Evaluation criteria

Noncompliance	No access to any kind of educational expertise or no attempt to offer a variety of learning opportunities or to ensure the quality of their clinical content.
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Partial compliance	Some expertise available and minimal attempt to provide a variety of educational offerings but no attempt to link these with needs assessments.
Compliance	Good expertise and resources available and good variety of appropriately targeted learning opportunities, which are, to some degree, linked to needs assessments.
Exemplary compliance	High level of expertise readily available, excellent learning resources, and a wide array of different kinds of learning opportunities clearly linked to needs assessments and a consideration of different learning styles.

- 3.2 The planning and implementation of all CME/CPD activities organized, co-sponsored or approved by the CME/CPD office, are based on a systematic process that includes:
- A needs assessment, which involves intended participants and/or is based on meaningful practice descriptions (e.g. administrative databases).
 - Stated objectives, which are consistent with the identified needs.
 - Content and method consistent with the objectives and learning needs.
 - A consideration of scientific evidence and local practice.
 - A record of participant registration, attendance, participation and and/or achievement.
 - Appropriate documentation of participation provided to participants. (See Standard 2.3)

The planning and implementation of CME/CPD activities should be based on a systematic process that integrates the identification and analysis of learning needs (needs assessment), the formulation of learning objectives, and the planning of the actual learning activities. This is supported by an effective system of documentation.

Considering scientific evidence and maintaining appropriate records are both integral to activity planning and implementation. These two elements are addressed primarily in Standards 1.4 and 2.3, respectively.

Needs assessment

Needs assessments ensure that learning activities will be of greatest benefit to the targeted audiences. The CME/CPD office should demonstrate that its procedures identify needs as perceived by the learner, assumed or assessed by the provider, and documented by both. The needs assessment procedures should make use of a variety of sources, which may include:

- peer review data
- hospital staff audits and quality assurance programs
- physicians' perceptions of their deficiencies in knowledge and skill
- assessments of competence and performance among comparable individuals, groups, organizations, or communities (self assessment, professional groups assessment).
- developments in scientific research and technology
- health statistics and data from various government bodies and private groups
- surveys, interviews, focus groups, chart audits and other possible data gathering exercises

The CME/CPD office should have established procedures for identifying needs, which go beyond its own perception of need. The analysis of needs should also include consideration of whether intervention with planned learning activities will effect beneficial change.

Objectives

There should be a written statement of learning objectives for each activity, which should specify:

- the need upon which the activity is based
- the learner for whom the activity is designed

- any special background requirements for the learner
- the intended outcome of the activity in terms of knowledge, skills and/or attitudes

This statement should be given to prospective participants to furnish them with a clear understanding of the nature and purpose of the learning activity.

Content/methods

The content, instructional methods and speakers should be selected:

- to address the defined learning objectives
- to take into account the experience and learning styles/approaches of the participants
- to ensure logical sequence of content
- according to current understanding/standards of educational methodology
- to benefit from the skills/expertise of appropriate faculty

Records

The CME/CPD office should 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. They must be confidential and available only to the participating physician. This section deals only with how these records are dealt with on an activity-by-activity basis. How they are managed within an overall record-keeping system, is addressed in Section 2.3.

A. Pre-survey materials to submit

A.1 Documentation

- Examples of educational programming for both family physicians and specialists.
- Evidence for these 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).
- Examples/evidence of the different stages of program 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.
 - How the assessed needs were converted to objectives.
 - How objectives were conveyed to faculty and advertised to potential participants.
 - Evaluation plans for one course.
- Examples of the records of learner participation and documents provided to learners, and policy governing this.
- Examples of standards-of-care guidelines selected/developed for one course.

A.2 Responses to questions

- Describe how the CME/CPD office approaches the overall planning of activities, including how the different steps are integrated.
- Using the examples and the following questions as guides, describe the CME/CPD office's approach to each of the planning steps.
 - Who is involved in making the decisions?
 - 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 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?
- During the last accreditation period, what have been the established procedures to translate CME needs into learning objectives?
- How are the evaluation strategies and learning formats linked to the identified needs and learning objectives?
- office What, if any, special processes are used by the CME/CPD office in planning CME for specialists? 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

- An assessment of the system for collecting, storing and retrieving records of CME participation for six years.

C. Evaluation criteria

Noncompliance	No systematic approach to education planning.
Partial compliance	System is in place but there is no consistent link of needs to learning objectives to content selection or to evaluation.
Compliance	System is in place and all the components are linked together.
Exemplary compliance	Programs reflect both perceived and unperceived educational needs, contain content that is scientifically valid, and evaluation reflects the learning objectives in all programs.

3.3 There is an evaluation strategy to measure the overall effectiveness of the CME/CPD office. There is a strategy established to evaluate the outcome of individual CME events. For those activities in which the CME/CPD office plays a major role, the evaluation also addresses how the activities contribute to the long-term objectives.

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 should be integrated into the administration and organization of the overall CME program, paying attention to data from the evaluation of learning activities as an integral part of the review process, and the appropriate sharing of evaluation results with learners, teachers, and relevant organizations.

A. Pre-survey materials 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.

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 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 individual activities and the overall curriculum?

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

Noncompliance	No or little evaluation of any aspect of the office’s learning activities.
Partial compliance	Some evaluation done, but no attempts to link evaluation with the planning process or to use results to influence subsequent educational planning.
Compliance	Evaluation done on all activities with a purposeful use of the results to influence subsequent educational planning.
Exemplary compliance	Evaluation done in an integrated fashion at all levels of the office’s activities. There is a purposeful process of using evaluation results to direct all aspects of the office’s activities at all levels, from long-term planning to individual course planning.

3.4 The CME/CPD office has a duly approved policy to guide its relationship with industry in the planning and implementation of education activities it organizes or cosponsors. This policy is consistent with national and provincial standards for the relationship between industry, the professions and education organizations. In order to ensure that CME is beyond the control of persons or organizations with commercial interests and free of commercial bias, CME providers must:

- Control the planning and content of education activities.
- Establish priority of content areas.
- Select all educators and approve relevant materials.
- Demonstrate disclosure of all relevant relationships with industry or other sources of potential bias.
- Ensure appropriate separation of promotion from the educational process.
- Have evaluation data of educational activities that shows that these safeguards have been effective in preventing commercial bias.

The CME/CPD office must have and adhere to a clearly articulated policy to guide its relationship with industry in regard to how monies can be solicited, the use of displays/trade-shows, and the handling of funds so generated. It is also expected that every Faculty of Medicine / Health Sciences has a policy governing any activity related to CME in which any faculty members are involved, even if these activities are not linked with the CME/CPD office.

These policies should ensure that:

- educational events remain objective and free from commercial 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 commercial entity with any potential interest in the activity, which might result in a biased presentation of content, and
- participants are notified when there are discussions of unapproved uses of therapeutic interventions.

A. Pre-survey materials 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 interests?
- 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

Noncompliance	No policy in place to govern relationships with industry and/or substantive breaches of accepted standards of behaviour regarding relationships with industry.
Partial compliance	Policy in place and generally followed, but there are some breaches of the policy or of accepted standards of behaviour regarding relationships with industry.
Compliance	Policy in place and consistent appropriate application of the policy and accepted standards of behaviour regarding relationships with industry.
Exemplary compliance	Complete and thorough application of policy and accepted standards of behaviour regarding relationships with industry. Full support of the

	Faculty and individual faculty members in following the policy standards.
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3.5 The CME/CPD office promotes and supports self-directed learning through: facilitation of the skills of practice reflection including question asking, information access and knowledge management; integration of personal learning within group education activities; and the offering of targeted learning opportunities for individuals.

Self-directed learning should be promoted across the continuum of education. Physicians in practice must be able to use their professional practice environment as a stimulus for learning and be able to develop, implement, and document the outcomes of their learning for practice. Ideally, a properly funded and resourced CME/CPD office should support self-directed learning of physicians by providing:

- Strategies to identify perceived and unperceived personal needs.
- Appropriate learning experiences to address identified gaps in knowledge or performance.
- Resources that support learning including:
 - access to a health science library
 - access to multi-media learning opportunities
 - a modern communication/record keeping system
 - structured learning experiences such as mini residencies, clinical traineeships
 - practice profiling
 - telephone consultations
 - access to group CME activities course designs and multi media offerings that permit physicians to make choices
- Approaches to evaluate the outcomes of learning for practice.
- Tools to assist in the documentation of learning for practice.

However, it is recognized that at this stage of development of academic CME/CPD services in Canada, no unit is likely to possess anywhere near the resources implied by this ambitious but important goal. CACME believes that the intent of this standard and the development of actions consistent with its achievement can be addressed in a number of ways. One obvious way is the provision of clinical traineeships to respond to needs identified by/with individual practitioners. However, it may be useful to think of the challenge as being the collaborative development of a “toolkit” for Canadian physicians to better understand and fulfill their learning needs. Examples could include, among others:

- Facilitating participation of learners in national programs such as the CFPC “Pearls” program and the RCPSC Personal Learning Projects.
- Self audit (through administrative databases or chart review).
- Easy access to home-study programs (e.g. hot-links to existing programs such as American College of Physicians self-study program or development/participation in others).
- Collaboration with health care teams to enhance diffusion of effective therapeutic interventions (“addressing the health care gap”).
- Participation in the development, dissemination and application of clinical practice guidelines.
- Etc.

Further evidence of compliance would be collaborative activity with other Departments of CME/CPD in the development and sharing of “tools” that may form part of an ever growing toolkit available to Canadian physicians. In this regard “partial compliance” would be viewed as maintaining links on the school’s website to other relevant programs across the country; “compliance” would be viewed as taking some leadership in developing tool(s) and encouraging local physicians to make use of them (user feedback may be a transitional standard until databases recording participation/feedback are more widely available).

A. Pre-survey materials 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

Noncompliance	No strategies or services in place to support the self-directed learning skills of individual physicians.
Partial compliance	Some strategies and/or services are in place to support the self-directed learning skills of individual physicians.
Compliance	Strategies to support the self-directed learning skills of individual physicians have been implemented and are an integral component of the office's activities.
Exemplary compliance	There is a systematic process in place to support the self-directed learning skills of individuals throughout the continuum of learning. This process is regularly evaluated and revised.

4. Research and innovation

- 4.1 As an academic unit, the CME/CPD office contributes to the understanding of CME/CPD through:
- A program of research and development, in a manner consistent with its mission and objectives
 - The linking of such activities to other academic programs within the university, where appropriate.
 - A sharing of its program, activity and research experience through publications, presentations, and participation in the broader academic CME community.
 - The scholarship of innovation, which should be embedded in its mission and expressed through the development of innovative CME/CPD programs and activities.

Personnel from university CME/CPD offices should be engaged in research and development activities in CME. The provider should be eager to search for and develop new methods and ways of improving the quality and relevance of CME activities and to link these activities to the enhancement of health care outcomes. Research, evaluation studies and development activities may be housed solely within the

CME/CPD office or be done in collaboration with clinical departments, medical education research units or other organizations internal or external to the university.

A university CME/CPD office should be allowed to compete realistically with other Faculty constituents for financial and other resources available to support research and development within the medical school.

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.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	No evidence of research or development activities and/or no consideration of this in the mission statement.
Partial compliance	Innovative programs and activities are developed and implemented but are not considered as part of the mission statement and/or are not published or presented in the context of the broader academic CME community. Resources are not adequate to allow for further development of innovative ideas.
Compliance	Innovative programs and activities are developed and implemented; research experience is shared with the CME/CPD community and both these considerations are reflected in the mission statement. Available resources are deemed adequate.
Exemplary compliance	There is an established program of R&D activities consistent with the mission statement and objectives of the office; There is evidence

	of consistent implementation of these innovations in practice and an attempt to link these with health care outcomes. These experiences are consistently shared with the academic CME/CPD community and adequate resources are available to sustain these activities.
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