NOSM UNIVERSITY

POLICY

CEPD Accreditation and Educational Planning

Approval Authority: CEPD Governance Committee

Established On: November 2019

Updated: September 19, 2024

1.0 POLICY STATEMENT

CEPD Accreditation and Educational Planning exists to provide guidance for staff, faculty, preceptors, scientific planning committee members, and co-developing organizations on the approach used in the design and development of CPD educational programs.

2.0 SCOPE

To guide its educational processes in alignment with accreditation standards, CPD planning uses an instructional design process that follows the ADDIE Model: an acronym referring to the major stages in the generic instructional systems development process: **A**nalysis, **D**esign, **D**evelopment, **I**mplementation, and **E**valuation. The philosophy of CPD is to support its learners to move from novice to expert, be grounded in lifelong learning, embody the CanMEDS/CanMEDS FM roles and competencies, and conduct research.

3.0 DEFINITIONS

For the purposes of this policy:

Needs Assessment

A learning need is defined as the gap between a learner's current knowledge, skills, and/or attitudes and their competency relative to current evidence or clinical practice standards. Learning needs can be perceived ('I know what I need to know'), and unperceived ('I don't know what I don't know'). SPCs are strongly encouraged to use multiple sources of information to inform the needs assessment.

Learning Objectives

The overall program/conference learning objectives must be determined by the SPC before selecting the speakers and determining the content and format for individual sessions. Program learning objectives are brief statements that articulate what participants will be expected to do

differently after having completed the program or conference. The objectives must be developed without sponsor influence. They are useful in helping participants to choose the appropriate programs for their learning needs. The program objectives are also helpful for speakers as they will help them to clarify the content they will include in their session, and to establish a framework for evaluating effectiveness and outcomes. Each speaker should have specific learning objectives for their session that are in alignment with the overall program learning objectives.

Balance:

The content and materials provided by speakers should provide (where applicable) a balanced view across all relevant options related to the content area. Content must be based on scientific evidence and free of sponsor influence. Description of therapeutic options must utilize generic names and not reflect exclusivity and product branding. In those circumstances where there is only one product or drug, a fair assessment must be presented to learners.

Interactivity:

The learning delivery/format is to be in alignment with the learning needs and program objectives. The RCPSC and CFPC accreditation requires a minimum of 25% of the total education time of each session to be allocated for interactive learning.

4.0 POLICY TERMS OR PROCEDURES

Where an educational activity has received sponsorship, the planning committee must ensure that the sponsors have no influence on the content, design or delivery of the activity. Similarly, the planning committee is responsible for reviewing the COI declaration forms of all SPC members and speakers, to ensure that any affiliations noted are discussed and a mitigation strategy is developed to ensure that the affiliations do not create bias in the program content, design or delivery.

The Addie Model shall inform the design, development, implementation and evaluation of CPD programming.

4.1 ADDIE Model

4.1.1 Analysis: Identifying Educational & Learner Needs

The CPD educational planning process links identified educational needs/gaps regarding knowledge, competence, and performance with a desired result. The need for each CPD activity must originate with identifying professional practice gaps of the target audience and ends with assessing the degree to which the intended learning objectives were met. The knowledge/skill gaps may come from any number of perceived and unperceived sources. Evidence of the learning need must be submitted as support documentation for each educational program seeking accreditation/certification. Examples of sources include but are not limited to:

Perceived needs may be derived from the following:

- Evaluation results from previous CEPD activities (must be included in needs assessment for recurring programs).
- Formal survey of participants.
- Informal comments from individuals or groups (participants, course directors, potential faculty, planning committee members, experts in the field, hospital administrators, researchers, patients) (SPC review of these comments should be minuted in planning records if used as a needs assessment resource).
- Patient problem inventories compiled by potential participants.
- Consensus of faculty members within a department or service area.

Emerging Trends:

- Availability of new method(s) of diagnosis or treatment.
- Availability of new (peer-reviewed) medication(s) or indication(s).
- Development of new technology.
- Legislative, regulatory, or organizational changes affecting patient care.

Unperceived needs are based on objective external data sources. These needs may be derived from the following:

- Epidemiological data,
- Quality assurance/audit data,
- Morbidity/Mortality,
- Critical incidence reviews, college complaints,
- Statistics, infection control data,
- Surgical procedures statistics,
- Professional society requirements and guidelines,
- Peer-reviewed literature,
- Government/Ministry of Health reports,
- Results of self-assessment tests,
- Direct observation of practice performance,
- Referral patterns.

Multiple sources of information must be considered when determining needs and should include both perceived and unperceived needs.
A review of CanMEDS competencies that would be influenced by educational interventions related to identified gaps is also a core part of the needs assessment strategy and informs the topic selection, learning objectives and the educational methods used to influence the desired outcomes for the target audience most effectively.

4.1.2 **Design:** Creating Learning Objectives & Selecting Educational Strategies

Creating Learning Objectives:
Learning objectives must be derived from the needs assessment and should reflect the CanMEDS/CanMEDS-FM roles that planners hope to influence. Learning objectives describe the gap, and the knowledge/skill, that learners are intended to be able to apply for specific actionable and measurable outcomes after participating in this educational activity. Objectives should express the expected change in terms of competence or performance and should complete this statement: “At the conclusion of this educational activity, the participant should be able to:…”

Every CPD activity must state the program and session learning objectives in the printed brochure or other promotional material to assist participants in deciding whether to attend the activity. It should also be presented verbally and be included in the PowerPoint, syllabus or handout materials to provide a benchmark for evaluating the activity.

Scientific planning committees develop learning objectives during the planning stages to assist with determining the most effective learning methods and to assist speakers with preparing presentations that fit with the overall and session-specific learning objectives.

Selecting Educational Strategies:

The choice of educational format must be based on the identified needs, the learning objectives and CanMEDS competencies being addressed, the target audience and their learning preferences, and other logistical and financial considerations.

Educational activities should ensure that a minimum of 25 percent of time involves interactive learning as it has been shown that active participation engages the learner and helps the facilitator to judge better the audience's level of comprehension of the knowledge/skill presented. Educational strategies to promote interactive learning may include pre-tests, post-tests, questions posed to the audience, clicker response systems, voting cards, case-based learning, discussion, debates, patient-related interventions, video-tape triggers, and simulation.

4.1.3 Develop

In the Development stage, information gathered through the analysis and design stages is used to develop instructional materials.

The planning committee will select presenters and/or facilitators and may use the speaker communication package template located in the CEPD

Program Development Toolbox, to create a speaker communication package that explains the educational and ethical standards outlined by the CFPC and Royal College. The speaker package will include specific instructions regarding session details, COI declaration forms and disclosure requirements, description of the program format and the target audience, incorporation of evidence, requirement for interactivity, identification of possible barriers to implementing changes and nature of the evaluation to be completed by participants.

Presentations will engage the audience most effectively through audio-visual materials, appropriate handout materials, and interactive sessions whenever possible.
Presentation will comply with the educational and ethical standards of the CFPC and RCPSC. They will also comply with the National standard for the support of accredited CPD activities to ensure academic integrity and educational independence.

4.1.4 Implement

The educational program or session is delivered or implemented in this fourth stage. Efforts must be made to ensure an optimal learning environment for participants.

4.1.5 Evaluation

All CPD programs must include an evaluation strategy determined during the program's planning stage and linked to the established needs and stated learning objectives. Where relevant, participants must have the opportunity to evaluate the sessions as well as the overarching program (conference or Regularly Scheduled Series (RSS)).

The evaluation must include questions related to bias and should allow learners to assess whether learning objectives and changes to the identified CanMEDs competencies were met. Evaluation should allow learners to identify any pearls they plan to implement and the anticipated

improvement in the quality, effectiveness, or efficiency of their professional activities. Evaluation should allow learners to assess the quality of the instructional process and provide feedback to speakers.

The evaluation may be in the form of a post-event survey, a follow-up survey or a phone call/focus group to obtain qualitative data regarding the impact of the program content on the professional practice or intended outcomes. Quantitative data may be obtained through a chart audit, patient interviews, and statistical data that may provide some sense of the program's success for program planners. There may be other means of evaluation appropriate to the activity.

A participant does not necessarily have to evaluate the session/program to receive a certificate of attendance. Separate methods may be used for documenting attendance and evaluating the activity.

When feasible, attempts should be made to link the identified needs and learning objectives with outcomes data.

Evaluations are used to assess the educational needs of the physician; they should be summarized and reviewed by the scientific planning committee at the completion of the program. Evaluation summaries should be retained by the scientific planning committee for no less than five years in case of credit validation or audit. The evaluation results should be shared with the chair of the scientific planning committee, who presents the summaries to the planning committee and respective speakers. The evaluation data helps planners improve future programs' development and is part of the ongoing quality improvement strategy.

4.2 Foundational Elements

The foundation for the CEPD Education Planning Model is a novice-to-expert continuum grounded in lifelong learning, the CanMEDS/CanMEDS FM roles and competencies, and research.

4.2.1 Novice to Expert

Physicians and health professionals continually build competencies along the novice to expert continuum based on their current role, knowledge and skill level, and advances in healthcare research and technology. The CEPD Office aims to assist CPD planners and participants in progressing along this continuum.

4.2.2 Lifelong Learning

All physicians and health professionals must commit to lifelong learning to maintain their clinical and professional competence. The CEPD Office provides opportunities for physicians and health professionals to develop and participate in educational programs to improve knowledge, skills, and attitudes around the CanMEDS competencies.

4.2.3 CanMEDS/CanMEDS FM

Originally developed by the RCPSC and modified by the CFPC, CanMEDS is well established in undergraduate and postgraduate medical education programs and is core to the Competency by Design initiative in postgraduate medical education. The CanMEDS/CanMEDS FM framework reflects all aspects of physician's professional life (expert, communicator, collaborator, leader, health advocate, scholar, and professional). It should be used to guide the development of learning objectives, which will ensure comprehensive professional development.

4.2.4 Research

The CEPD Office shall ensure that best practices are incorporated into all CPD programming aspects. In addition, it will engage in a program of educational research and share research findings through conference presentations and publications to add to the growing body

of CPD/medical education knowledge for physicians and health professionals.

5.0 ROLES AND RESPONSIBILITIES

CEPD Office is responsible for developing, co-developing and coaching SPCs to develop CPD programming.

- CEPD Accreditation Coordinator ensures the SPC has an understanding of the administrative, educational and ethical standards, and how they guide program development.
- CEPD Coordinator who supports/coaches the SPC with respect to the standards.
- CEPD Research Coordinator may be requested to assist with a needs assessment or evaluation strategy.
- CEPD Instructional Designer may be requested to guide with the educational design for an activity.

Scientific Planning Committee (SPC):

- SPC Chair: NOSM faculty, which ensures program development, respects the CFPC/RCPSC/CACME and National Standards.
- SPC Co-Chair: NOSM faculty in place if the Chair must step away.
- Representatives of the target audience (CFPC member/RCPSC fellow/HS professional/geographic representation etc.).
- SPC Admin who supports the development and delivery of the RSS.

6.0 INTERPRETATION

Please contact CEPD@nosm.ca for clarification.

7.0 RELATED DOCUMENTS

Related policies; (ii) any applicable legal or regulatory information (from the Policy Statement section); or (iii) any FAQ documents, forms, or other information related to the policy.

University Documents and Information

- CEPD Program Development Toolbox
- CEPD Needs Assessment Portal

- Needs Assessment Summary Template (Excel)
- CEPD Tip Sheet for Writing Learning Objectives
- Tools for Interactivity (In-Person)
- Tools for Interactivity (Virtual Platforms)
- NOSM U CEPD Guide to Using Copyrighted Images in Presentations
- CEPD Tip Sheets Best Practices for Slide Design & Accessibility
- Speaker Package Template
- Conference Evaluation Template
- Series Session Evaluation Template
- Series Program Evaluation Template
- Workshop Evaluation Template
- Optimizing Session Evaluations tip sheet
- Optimizing Program Evaluations tip sheet

Legislation and Information

- RCPSC CPD Site
- CFPC Understanding Mainpro+ Certification
- National Standard for the support of accredited CPD Activities

Royal College of Physicians and Surgeons of Canada CanMEDS framework
College of Family Physicians of Canada CanMEDS-FM (2017)
ADDIE Model of Instructional Design

AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this policy:
a. Approving Authority: CEPD Governance Committee
b. Procedural Authority: CEPD CME Medical Director

Review and Revision History
Review Period: Every 2 years or as required
Date for Next Review: 2026 September

Development History – this section will be deleted when the policy is finalized and ready for review/approval

Date	Action
November 26, 2019	First draft was completed.
Sept 19, 2024	Approved