DALHOUSIE UNIVERSITY | CONTINUING PROFESSIONAL DEVELOPMENT & MEDICAL EDUCATION

Dalhousie CPDME Accreditation/Certification Policy

Dalhousie Continuing Professional Development and Medical Education (CPDME) is an accredited provider that can certify/accredit programs for both the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC). We are always happy to help program planners organize high quality, educationally appropriate activities.

This document outlines our requirements regarding certification/accreditation of continuing medical education programs for both CFPC Mainpro+ and RCPSC MOC credits (with a primary focus on Certified Activities and Section 1: Group Learning activities) and provides links to additional resources. If your planning committee wishes to proceed with certification/accreditation through our office, please complete and return the current application form(s) (included in the accreditation package and available online) and all the required supporting documents.

Please note, if you're seeking credits for assessment activities (including Certified Assessment and/or Section 3: Simulation or Self-Assessment programs), please contact our office directly for further information.

Although similar in their goals, both the CFPC and the RCPSC have specific requirements and processes. Details on their respective program requirements can be found on their websites (see the Additional Resources section near the end of this document). However, in summary, to meet the certification/accreditation standards, the following are required:

1) Physician Organization/Eligible Providers

a) To be eligible for certification/accreditation, an activity must be developed by a physician organization. (Please see the definition of a physician organization.)
   - For programs seeking certification for CFPC Mainpro+ credits **only**, the following organizations are also eligible:
     - Disease-oriented patient advocacy organizations
     - Government departments/agencies with an interest in and responsibility for health care
     - Organizations and professional associations with an interest in and responsibility for health care that do not meet the definition of a health care/pharmaceutical industry (HPI) commercial interest (may include physician clinics)
     - Medical education companies (including online educators, publishing companies, and simulation companies) that are not subsidiaries of, or in the employ of, a Health Care/Pharmaceutical Industry (HPI) commercial interest and are not developing an activity on behalf, or under the direction, of an HPI commercial interest
   - NOTE: For Dalhousie Faculty of Medicine class reunions with CME components, the physician organization is the Faculty of Medicine. Please enter "Dalhousie Faculty of Medicine – Class of XXXX" as the physician organization.

b) Programs may be co-developed with non-physician organizations. However, these organizations must meet the CFPC's definition of an eligible CPD provider organization. Ineligible organizations may assist with logistics but cannot have control over any elements of the program.

c) The physician organization assumes responsibility and accountability for the development, delivery, and evaluation of the activity. They must form a scientific planning committee to conduct this work.

2) Scientific Planning Committee (SPC)

a) All certified/accredited activities must have an SPC, appointed by and including member(s) of the accountable physician organization.

b) The SPC is a group of target audience representatives responsible for:
- identifying the educational needs of the target audience;
- developing educational objectives;
- selecting educational methods;
- selecting members of the SPC, speakers, moderators, facilitators, authors, etc. and monitoring any real or perceived conflicts of interest (COI);
- developing and delivering content; and
- evaluating the outcomes of the activity.

c) When selecting members for the SPC, the following must be considered:

(i) For our office to certify/accredit a program, the Dalhousie Faculty of Medicine must be significantly involved in the planning of the program. Therefore, at least one practicing physician, who is a current faculty member of the Dalhousie Faculty of Medicine, must be included in the SPC.

(ii) Depending on the type of credits being sought for the program (CFPC Mainpro+ and/or RCPSC MOC), the SPC must include at least one active physician member of each applicable College (the CFPC, the RCPSC, or both).
- If this is a national program (i.e., the target audience includes physicians in more than one province) seeking CFPC Mainpro+ credits, then at least two members of the CFPC must be actively involved in the SPC.
- Please note: one physician cannot represent both the CFPC and the RCPSC (even if they are a member of both Colleges). If you're seeking both Mainpro+ and MOC credits, you must have at least one physician to represent each College separately.

(iii) The SPC must be representative of the target audience:
- If the target audience is interprofessional, representation of the different areas is strongly encouraged.
- Diversity should also be considered in the selection of the SPC members (this includes balanced representation for gender, race, ethnicity, and sexual orientation/identity). See the Equity, Diversity, Inclusivity, and Accessibility section below for details.

d) Dalhousie CPDME does not need to be part of the SPC. However, our office (CPDME.Accreditation@dal.ca) must be included when meeting minutes and other planning documents are distributed, so any questions or concerns in relation to accreditation may be addressed during the planning of the program. These documents will be retained by CPDME for a period of seven years.

e) The SPC chair is ultimately responsible for all payments to speakers, facilitators, etc.

3) Equity, Diversity, Inclusivity, and Accessibility (EDIA)

a) Dalhousie CPDME is committed to the principles of EDIA. Focusing on diversity, equity, community representation, and disrupting oppression and racism in all its forms will lead to a more supportive culture and journey toward professional and personal success. When planning your program, we ask that you consider the principles of EDIA and look at ways to promote a respectful learning environment with attention to physical, cultural, social, and emotional safety.

b) Examples of ways the principles of EDIA can be incorporated into your program include (but are not limited to):
- Considering balanced representation (gender, race, ethnicity, sexual orientation/identity, profession, etc.) in your SPC and for your selection process for speakers, facilitators, moderators, and authors.
- Including the patient voice and analyzing patient demographic data to identify cultural groups that may be underserved or face communication challenges.
- Collecting demographic information while conducting the needs assessment.
- Ensuring the learning space is accessible, for example:
  - For online/hybrid events, use platforms that support keyboard navigation, screen readers, captions, and transcripts; consider using additional help to monitor chats and provide technical support; and share the event's time zone and provide clear instructions on how to join.
  - Ensure good communication and support (e.g., use microphones, ensure good visibility of screens from all angles, identify support staff at the start of the event, use clear name tags, etc.).
  - Check the venue in advance to review and discuss accessibility features (and implement improvements), such as wheelchair access (including parking), height-adjustable tables/podiums, various seating types (chairs with and without arms, chairs with and without wheels, standing options), accessible and all-gender washrooms, accessible emergency procedures, service animal accommodations, etc.
  - Accommodate learners who may experience barriers to learning due to physical limitations.
- Asking your speakers to:
  - Use culturally appropriate case examples
  - Incorporate evidence from diverse and/or varied populations
  - Use best practices for accessible presentations (e.g., large, high-contrast, sans serif fonts; keep slides simple and concise, use accessibility features/checkers, etc.)
  - Use best practices for teaching that consider different learning styles and ways to support retention of information (e.g., case-based learning, summary of key pearls)
  - Use and promote accessibility features (e.g. live captions)
  - Include a slide/statement around how they intend to create a safe and brave space, and/or include a learning objective regarding how they will incorporate EDIA into their presentation

c) See our EDIA and speaker resources webpages for more information and resources. Dalhousie University employees can also access the Dalhousie Accessibility Guides.

4) Program Planning and Needs Assessment

a) Programs must be designed to address professional practice gaps in knowledge, competence, or performance. A needs assessment must be performed to identify these gaps (the perceived and unperceived needs of the target audience), guide program development (learning objectives,

delivery methods, program content, evaluation strategies), and obtain information on prior knowledge and practice experience.

b) The principles of EDIA should be considered/addressed in the needs assessment process. This may involve collecting demographic information to better understand the needs of diverse groups, analyzing patient demographic data and feedback, assessing the diversity of practice settings, etc.

c) The CanMEDS framework must be considered in the development of the needs assessment strategy and the development of the program. The CanMEDS roles include:
   - Medical Expert - Physicians are skilled clinicians who provide comprehensive, continuing care to patients and their families within a relationship of trust. Physicians apply and integrate medical knowledge, clinical skills, and professional attitudes in their provision of care.
   - Communicator - As Communicators, physicians facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.
   - Collaborator - As Collaborators, physicians work with patients, families, healthcare teams, other health professionals, and communities to achieve optimal patient care.
   - Leader - As Leaders, physicians are central to the primary health care team and integral participants in healthcare organizations. They use resources wisely and organize practices which are a resource to their patient population to sustain and improve health, coordinating care within the other members of the health care system.
   - Health Advocate - As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.
   - Scholar - As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of knowledge.
   - Professional - As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.

d) Records of the planning process, particularly around the needs assessment (e.g. survey/questionnaire results, topic/speaker lists, meeting minutes/summaries, email chains, etc.) must be included with the accreditation application. These records must demonstrate how the need for and content of the program was determined (including discussions and decisions), so they should clearly show:
   - How the target audience was polled/consulted
   - What other methods were used to identify the needs for the program
   - What needs were identified
   - What topics and speakers were suggested and how the selected ones were chosen
   - How speakers were selected

e) Completed program content (slide decks, workbooks, tools, resources, etc.), must be submitted with the application, when applicable. This is not required for single delivery conferences, rounds, regularly scheduled series, journal clubs, and faculty development programs.

f) Please see the CFPC's Quick Tips - Needs Assessment and the RCPSC's CPD Activity Needs Assessment for further information.

5) Ethical Standards

a) The planning committee must acknowledge and follow the *National Standard for Support of Accredited CPD Activities* and the CMA's *Guidelines for physicians in interactions with industry* and

Recommendations for Physician Innovators. In the application form, the chair will be required to attest that they have read and followed these guidelines.

b) If the activity is receiving financial or in-kind support, the terms, conditions, and purposes by which this sponsorship is provided must be documented in a written agreement signed by the SPC (or the physician organization) and the sponsor. If applicable, a copy of each agreement must be included with the accreditation application.

- All support must be disclosed to the audience. This should be done through a general sponsorship page in the brochure/program/website/other handout materials (see section Brochures, Programs, Posters, Promotional Materials, etc. for details) **and** through the 3-step disclosure process (see 5d-e below for details).

c) All members of the SPC, speakers, moderators, facilitators, and authors must provide a written description of their relationships with for-profit and not-for-profit organizations over the previous two years. (Typically, through a Conflict of Interest (COI) form; a copy of this form is included in the accreditation package.)
- Examples of relationships that should be disclosed include, but are not limited to:
  - Any direct financial payments including receipt of honoraria;
  - Membership on the advisory board or speakers' bureaus;
  - Funded grants or clinical trials;
  - Patents on a drug, product or device;
  - All other investments or relationships which could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity.
- The SPC must review these COI forms and retain copies of them. The SPC must also determine whether action is required to manage/mitigate potential, perceived, or real conflicts of interest.
- The SPC must have procedures in place to manage and resolve any conflict of interest that comes to its attention prior to or during the program.
- All COI forms must also be submitted to Dalhousie CPDME prior to the event.

d) All members of the SPC, speakers, moderators, facilitators, and authors must disclose to participants their relationships as described above, through a 3-step disclosure process. (Additional information and sample disclosure slides are included in the application package.)
- The disclosure must include what steps have been taken to mitigate the potential conflict of interest.
- For live events, all speakers must disclose these relationships verbally **and** using a slide at the beginning of their presentation.
- If the activity is asynchronous or if slides aren't being used, disclosures must be included in the written program materials (e.g. website and/or printed brochure/program).
- For large events with multiple sessions and speakers (e.g. conferences), the program disclosures must be presented once at the start of the event. Speakers need only present their own relationships (or lack thereof) at the start of their presentation.
- If the speaker has no involvement with any for-profit or not-for-profit organization, they must inform the audience that they have nothing to disclose, i.e., cannot identify any potential conflict of interest. It is the sole responsibility of the individual speaker to make such disclosure to the audience at the time of the presentation.

e) For additional details and examples around COIs and bias mitigation, please see the CFPC's Quick Tips: Identification and Management of Conflicts of Interest and Transparency to Learners.

6) Learning Methods

a) Activities, environments, and teaching techniques must be conducive to effective learning. A variety of learning formats should be used to support the identified learning objectives. (For additional details, please see the RCPSC's Educational Delivery Methods webpage.)

b) At least 25% of the total education time must be devoted to interactive learning. Examples include:
- Q&A periods
- Case discussions/debates
- Skills training/simulation
- Small group discussion/group work
- Think/pair/share
- Large group discussion including polling, showing of hands, etc.

7) Learning Objectives

a) Learning objectives must be derived from the needs assessment and should be developed for both the event as a whole **and** for the individual sessions/activities.

b) In the development of the learning objectives, consider how the objectives can be linked to the CanMEDS roles. At least one role must be assigned to each learning objective (and must be indicated within the program materials).

c) Learning objectives must be measurable and written from the learner's perspective, using action verbs to state what the participants will know or be able to do after attending the event.
- They should start with the phrase "After this event, participants should be able to…" (or something similar).
- Verbs that are too vague or too difficult to measure objectively (e.g. understand, comprehend, learn, appreciate, know, familiarize, etc.) must be avoided.
- See the CFPC's Quick Tips: Writing Learning Objectives and the RCPSC's How to Create Learning Objectives for further details, verb resources, and examples.
- NOSM University has developed a ChatGPT resource to assist with creating learning objectives. Program providers may use this tool, but please be sure to review (and, if necessary, edit) the generated objectives. (Note: The use of AI tools must be disclosed to the audience. Please see the Speaker Communication section for details.)

d) If speakers/presenters are developing their own learning objectives, these standards should be communicated to them.

e) Learning objectives must be made available to participants prior to the event, and so they must be printed on the program, brochure, website, promotional materials, and/or other handout materials. (A copy of this document is required with the application.)

8) Brochures, Programs, Posters, Promotional Materials, etc.

a) A draft of the activity's agenda, brochure/program (or equivalent), and any other promotional/educational materials must be included in the accreditation application.

b) Branding tied to the activity (e.g. colours, logos, etc.) must belong to the physician organization. Collaborations with co-developing organizations are permitted, but their branding must be secondary to that of the physician organization responsible for the activity.

c) After the event has been approved (and our office has issued the official letter of accreditation), a copy of the final brochure (or equivalent) and/or other promotional/educational materials must be sent to and approved by our office **before** print/publication.

d) Activities **may not** be advertised as accredited (or in the process of getting accredited) before the activity is officially approved. An official letter of accreditation will be issued once the approval is complete.

e) Statements around financial and/or in-kind sponsorship must be included within the program materials:

- **Programs with sponsors**: The SPC must recognize and disclose to participants all financial and in-kind support received from sponsors, using the statements below:

Standard Acknowledgement Statement from the *National Standard*	This program has received an educational grant or in-kind support from…[SPONSOR NAMES].
CMA Statement	In keeping with CMA Guidelines, program content and selection of speakers are the responsibility of the planning committee. Support is directed toward the costs of the course and not to individual speakers through an unrestricted educational grant.

- **Programs without sponsors**: It is also useful to have a statement if the program hasn't received any sponsorship, such as the one below.

Sample statement for no sponsorship	This program has not received any commercial support.

f) Both the CFPC and RCPSC have guidelines for how financial and in-kind sponsors should be acknowledged. In summary:

- The sponsor acknowledgement must be done in an unobtrusive manner, separate from the rest of the educational material (such as at the bottom/end of the brochure/program/poster/etc.).
- Tagging (linking a sponsor's name/other branding strategies to a specific educational session within an accredited activity) is not permitted.
- Sponsor logos
  - Sponsor logos are not permitted on single-page brochures/documents but may be included on multi-page brochures/booklets. (They may only appear on the back/end page.)
  - Logos cannot be on the same page/spread as any program descriptions (agendas, speaker info, course outlines, etc.) and must not be in the educational materials presented during an accredited activity (PowerPoint slides, handouts, sign-in sheets, web modules, etc.).
  - The size of the text in the logo must not exceed the body text size used in the document.
  - Product-specific logos or branding may not be used in any capacity.
- Websites must have a separate page for the sponsor information (logos can only appear on this page—they cannot appear on the home page, nor on any pages with educational content).

g) Since our office is approving the educational part of the program for physicians, our name must appear on all brochures with the Dalhousie CPDME logo (included in the application package), using the below statement.

> Educationally approved by Dalhousie University Continuing Professional Development and Medical Education.

h) The brochure (or equivalent) should include the following:
- Program and/or session title
- Location
- Date
- Learning objectives (overall and session-specific)
- Detailed agenda of events (with start/end times for educational sessions, breaks, etc.)
- Speaker, facilitator, moderator, etc. names (when applicable)
- Acknowledgement of sponsors, if applicable (see #8d-f above for details)
- Acknowledgement of the SPC members
- Dalhousie CPDME approval statement and logo (see #8g above for details)
- Applicable credit hour statements:
  - Please note: we will provide the final accreditation statement(s) for your program in the letter of accreditation, once the program has been approved.

CFPC Mainpro+ credit hour statement	This activity meets the certification criteria of the College of Family Physicians of Canada and has been certified by Dalhousie University Continuing Professional Development and Medical Education for up to **XXX** Mainpro+® [Certified Activity AND/OR Certified Assessment Activity] credits.
RCPSC MOC credit hour statement	This activity is an Accredited [Group Learning/Self-Assessment/Simulation] Activity (Section [1/3]) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by Dalhousie University Continuing Professional Development and Medical Education. You may claim a maximum of [total # of hours] hours (credits are automatically calculated).

9) Speaker Communication

a) Dalhousie CPDME must have a sample copy of your communication with speakers and evidence that the following are addressed:

(i) **Program Details**: Any pertinent details speakers may need to know about the program (e.g. date, presentation time, target audience, overall program learning objectives, etc.)

(ii) **Conflict of Interest Disclosure**: see the Ethical Standards section above for details.

(iii) **Scholarly Approach:** Speakers must supply best evidence for their assertions.
- Recognizing the importance of a scholarly approach to teaching and learning, presentations should make specific reference to literature and evidence relevant to the topic wherever possible.
- There should be at least one slide that affords participants the opportunity to see the presentation references.

- For more information for the scholarly approach, please see the CFPC's Quality Criterion 3: Incorporation of Evidence.

(iv) **Artificial Intelligence (AI):** If artificial intelligence (AI) tools are used in the development of the program content/materials, this information must be reviewed by a human expert for equity and accuracy, and any AI introduced bias must be mitigated. This must also be disclosed to the participants (i.e. when and where the AI tools were used and how the content was reviewed).

(v) **Barriers to Change:** Educational design includes discussion of commonly encountered barriers to practice change.

(vi) **Program Format/Interactivity:** Interactivity is a key component to effective learning and is a requirement for certified/accredited activities. (A minimum of 25% of educational time must be interactive.) Speakers should be informed of what learning methods will be used and if there are strategies or technologies available to them (e.g. Q&A, panel discussions, chat functions, break out rooms, etc.)

(vii) **Use of Copyright Protected Material:** Speakers in Dalhousie CPDME-accredited programs are required to abide by the Dalhousie University's policy on the use of copyright protected material. Please see the Fair Dealing Guidelines. In summary:

- You may not distribute any copyright protected material unless you have obtained explicit permission to do so from the copyright holder. It is the speaker's responsibility to obtain and document any such permission.
- Slides used in live presentations may include appropriately referenced copyright protected material (i.e., diagrams, drawings, photographs) without explicit permission from the copyright holder. However, such material (including cartoons, quotations, etc.) may not be included in any material posted online without the explicit permission of the copyright holder.
- **NOTE**: Industry slides are not permitted nor is the use of colours/images that emulate those of industry.

(viii) **Privacy of Patient Information:** Explicit patient identifiers (including potentially recognizable marks, jewelry, etc.) must not appear in presentations, unless patient consent has been obtained.

(ix) **Adherence to CPDME-accredited Activities Guidelines**: Speakers must adhere to the CMA Guidelines for Physicians in Interaction with Industry and Recommendations for Physician Innovators and the National Standard for Support of Accredited CPD Activity.

- **NOTE:** The communication with speakers must either provide links to these documents or provide copies of them for the speakers' review.)

b) A sample communications-with-speakers letter is included in the accreditation package. You may edit and use this sample for your program or create your own.

10) Evaluations

a) Participants must be provided with an opportunity to evaluate the overall event and each individual session in a meaningful and confidential manner. A copy of the evaluation tool(s) must be included with the accreditation application.

b) The evaluation tool(s) **must** include questions regarding:
   - The participants' confidence in achieving/implementing the learning objectives (both overall and session-specific)
     - The overall learning objectives must be evaluated separately from the session-specific learning objectives. So, there ought to be at least two questions around the learning objectives.
   - If the content was balanced and free from commercial or other inappropriate bias
     - This question should ask if any bias was perceived **and if so,** details around the perceived bias.
   - The potential impact of the program for the participants' practice/knowledge/skills
     - Participants must have an opportunity to state what they learned/intend to do differently (e.g. through an open text box)
   - The effectiveness of the program (format, design, facilitators, relevance, etc.) including:
     - The facilitation and delivery of the activity
     - To what extent the speakers/facilitators were able to provide a safe, accessible, and productive learning environment
   - (Non-identifiable) demographic data where participants can self-identify if they belong to a systemically marginalized and/or under-represented identity group (e.g., Indigeneity, race, citizenship status, gender identity, sexuality, ability and health status, language)
     - These demographic questions are meant to inform future planning and support more inclusive learning opportunities. They must be included in the evaluation, but they're not mandatory for participants to complete.
   - How well the program addressed and incorporated concepts of EDIA

c) Additional evaluation questions may include:
   - Future program topics
   - The quality of the speakers
   - Measuring improvement in patient performance or health care outcomes
   - Participant feedback related to their learning

d) A summary of the completed evaluations is required after the program is complete.

e) Sample evaluations are included in the accreditation package.

11) Assessment Programs

a) Assessment programs (self-assessment and simulation) include assessment strategies that are designed to help physicians assess aspects of their knowledge or practice, so they can further enhance their competence. One of the core elements for these programs is providing detailed feedback to the participants on their performance.

b) There are additional requirements that these programs must meet. In summary:
   - The program must include methods that enable participants to demonstrate or apply their knowledge, skills, clinical judgment, or attitudes, and assess it in comparison to an established scientific evidence base.
   - It must include an objective measurement of change in competence and/or clinical performance for participants.
   - It must provide feedback to participants on their performance to help identify areas requiring improvement (i.e. development of a future learning plan).
   - Simulation programs have additional required questions for the evaluation.

c) These programs may be accredited for CFPC Mainpro+ (Certified Assessment) and/or RCPSC MOC (Section 3) credits, depending on the target audience. To apply for assessment credits, the Assessment Application form must be completed **in addition to** the Standard Application form.

12) Enhanced Optional Activities

a) For CFPC Mainpro+ activities only, program providers may choose to create opportunities for participants to earn additional, optional credits. These options may be done for Certified Activities and/or Certified Assessment Activities.
   - **NOTE**: The type of credit for the base program must align with the credit type for the enhanced activity. (For example, if the main program is approved for only Certified Activity credits, the enhanced activity cannot be for Certified Assessment credits.)

b) Examples of enhanced activities include:

For Certified Activities	For Certified Assessment Activities
• A needs assessment activity that can be completed by program participants that incorporates data from their practice • Practice tools and resources with follow-up about impact on practice to increase practice relevance and to reinforce learning post-program • An exercise that includes formal reflection about applying learning to practice over a realistic period to assess practice change • An objective measurement of change for participants that could include, but is not limited to, any of the following: • Knowledge test • Commitment to change with follow-up • Patient outcome measurement	• Formal reflection on the application of changes to practice because of the assessment activity • Completion and implementation of a practice improvement plan with follow-up after a realistic period • Completion of a knowledge test after a realistic period

c) To apply for enhanced activity credits, the Enhanced Activities Application form must be completed **in addition to** the Standard Application form and (if applicable) the Assessment Application form.

13) Attendance Records and Certificates

a) Attendance records must be kept for at least six years and participants must be provided with a certificate or letter of attendance (a sample is included in the package). These certificates must include:
   - Participant's full name
   - Program and (if applicable) session title
   - Program/session date(s)
   - Program/session location
   - CFPC CERT+ session ID number (if applicable)

- Accreditation statement(s) indicating the credit hours for the program (as per the letter of accreditation)
- Signature of the planning committee chair or designate

b) By default, Dalhousie CPDME will assume responsibility for keeping attendance records and issuing attendance certificates. (We simply require an attendance list after the event—see details below.) However, you can opt to take on these responsibilities, if you indicate that on the application form and provide a copy of the certificate/letter template.

c) If our office is handling the attendance and certificates, you must provide an attendance list after the event/session.
   - This list must be in an electronic spreadsheet format (no PDFs, hand-written documents, or print outs).
   - This list must include the participants':
     - First and last names
     - Email address
     - Profession (physician, nurse, etc.)
     - Mailing address (optional)

14) Costs

a) As a cost recovery unit of the Faculty of Medicine, we must charge for our involvement.
   - Our accreditation/certification and review charge is a minimum of $500. Please see the FAQs document for further details around costs.
   - Late applications are subject to late fees.
     - Late fees are calculated based on the date of application (when the completed application is submitted to our office).
   - Further charges may apply if more than five hours of the CPDME office's time is required to process the application.

b) An invoice will be provided along with the letter of accreditation, after the program has been approved. The invoice will include details around the options for payment.

15) Paperwork Retention

a) Accreditation applications and all supporting documents are kept by Dalhousie CPDME for a period of seven years.

b) We recommend that the physician organization or SPC also keep copies of the documentation for their records.

16) Audits

a) To help with quality control and improvement, we regularly perform audits of the programs we approve. In these cases, one of our reviewers will attend the program/event.

b) If selected, the program chair and/or contact will be notified at least one week prior to the start of the program. (If necessary, program providers may be asked to assist with registration/access.) Results of the audit will be communicated within one week of the end of the program.

17) Additional Resources

a) Dalhousie CPDME resources
- Accreditation Package
- Filling out the Accreditation Application Form (details and examples)
- Speaker Resources
- EDIA

b) RCPSC resources
- Accreditation of continuing professional development (CPD) activities
- Accreditation Standards (for Section 1: Group Learning activities, Section 3: Self-Assessment programs, and Section 3: Simulation activities)
- CPD activity toolkit
- CPD Activity Participant Evaluation (includes a sample evaluation form)

c) CFPC resources
- CPD Program Certification and Resources
- Understanding Mainpro+ Certification

d) Other Resources
- Dalhousie Accessibility Guides
- CanMEDS framework
- NOSM University's ChatGPT resource for learning objectives

If you have any questions, please do not hesitate to contact our office at CPDME.Accreditation@dal.ca.