



CACME Accreditation Visit Report

UNIVERSITY NAME

NAME OF CPD OFFICE

Date of visit

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Team members

The Committee on Accreditation of Continuing Medical Education (CACME) conducted a full accreditation visit at the **Name of Office** of **University Name** on **Date**. The site visitors were:

Visit team member 1:	Visit team member 2:
Dr. Name 1 Position Department University City, Province	Dr. Name 1 Position Department University City, Province

Disclaimer

The accreditation visit findings that follow represent the professional judgment of the team that visited the **Name of Office** of **University Name** on **Date**, based on the information provided before and during the accreditation visit. The CACME may come to differing conclusions when it reviews the team's report and renders a final decision.

Introduction

NB Visit Team: This section is intended for a brief description of the CPD Office, its accreditation history, and the changes made since last visit.

This section will be pre-populated by the CACME Secretariat with information provided in the DCI. This is copy and pasted verbatim from the DCI. **The Visit Team will need to edit as it sees fit and remove links.** Please do not refer to documents that are not part of the Core Appendix (as CACME will not have access to these).

Please delete this box before submitting to CACME Secretariat for review.

Overview

Text

Accreditation History

NB Visit Team: This section will be pre-populated by the CACME Secretariat with a table that summarizes accreditation activities since the last full visit.

Please delete this box before submitting to CACME Secretariat for review.

Table

Changes since the last review visit

NB Visit Team: This is copy and pasted verbatim from the DCI. Team will need to edit as it sees fit. Please only refer to documents that are part of the Core Appendix (as CACME only has access to the Core Appendix).

Please delete this box before submitting to CACME Secretariat for review.

Text

Positive Observations

NB Visit Team: This section **needs to be completed by the visit team**. Perhaps take note of positive observations during the visit. Limit points that truly merit emulation.

Please delete this box before submitting to CACME Secretariat for review.

Text

Summary of Team Findings

Accreditation Visit Team CACME Element Rating Summary Table – [Insert name of university]

NB Visit Team: The table below should be completed by the visit team.

Please delete this box before submitting to CACME Secretariat for review.

Domain	1	2	3	4
Standard	1.1	2.1	3.1	4.1
	1.2	2.2	3.2	4.1.1
	1.3	2.3		4.2
	1.4	2.4		
		2.5		

Labeling Code	Color
Compliance	
Partial Compliance	
Non-Compliance	

Instructions to complete table above:

If element 1.1 was rated as Compliant, the cell with the corresponding element number would be shaded **deep sky blue (Hex #00B0F0)** as shown above as an example.

This can be done by: Clicking the Tables TAB, click on the Shading tool (paint can on the right side of the toolbar) select the appropriate colour in accordance to the visit team's rating:

- **deep sky blue (Hex #00B0F0) - Compliance,**
- **light blue (Hex Code #BDD6EE) Partial Compliance or**
- **red (Hex Code #FF4C00) – Non Compliance**

as needed from the Standard Colors that are below the Theme colors.

Please delete this box before submitting to CACME Secretariat for review.

Summary of Team Finding(s)

For each standard found to be in partial compliance or in noncompliance, please provide a summary finding consisting of one or two sentences describing the reasons for this rating.

Example:

Standard 2.2 Learning Objectives

An accredited CPD provider organization ensures that learning objectives for each activity (program/individual session) are derived from identified needs. The learning objectives for an activity including any associated individual sessions (where applicable) are:

- a) *written from the learner’s perspective using actionable verbs*
- b) *consistent with the educational format*
- c) *made available prior to the activity for review by potential participants*

Finding: The CPD provider organization uses identified needs to develop overall and session-specific learning objectives, but these are not consistently written from the learner’s perspective.

Please delete this box before submitting to CACME Secretariat for review.

Summary of Team Findings (con’t)

Standard [As per example above, add standard# and standard name—delete this text]

Finding: [As per example above, add summary – delete this text]

Standard

Finding:

Standard

Finding:

[Add Standard #s and Finding summaries as needed – delete this text before submitting to CACME]

DOMAIN 1: INSTITUTIONAL GOVERNANCE

STANDARD 1.1: ORGANIZATIONAL CPD MISSION

An accredited CPD provider organization/university office of CPD must have a written mission statement for its overall CPD program that is used for the development of its educational activities. The CPD program mission statement must describe its overall purpose, target audience, and its responsiveness to patient and community needs. The mission statement must be reviewed and formally approved at least once within each full accreditation cycle by the organization's governing board, or in the case of a university office of CPD, the faculty council or other faculty-level body having the delegated authority.

Requirements Check	Yes	No
<i>1.1-1 The accredited CPD provider organization/university office of CPD has a written mission statement for its overall CPD program that is used for the development of its educational activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>1.1-2 The CPD program mission statement describes its overall purpose, target audience, and its responsiveness to patient and community needs.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>1.1-3 The mission statement has been reviewed and formally approved at least once within the last full accreditation cycle by either the organization's governing board, or in the case of a university office of CPD, the faculty council or other faculty-level body having the delegated authority.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team's recommended rating:

Choose an item.

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE "None"

STANDARD 1.2: OPERATIONS

An accredited CPD provider organization has written operational goals that support achievement of its mission.
 An accredited CPD provider organization measures achievement of its operational goals and has sufficient resources to support their attainment.

Requirements Check	Yes	No
<i>1.2-1 The accredited CPD provider organization has written operational goals that support achievement of its mission.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>1.2-2 The accredited CPD provider organization measures the achievement of its operational goals.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>1.2-3 The accredited CPD provider organization has sufficient resources to support the attainment of its operational goals.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team's <u>recommended</u> rating:	Choose an item.
-----------------------------------------	-----------------

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE "None"

STANDARD 1.3: EDUCATIONAL INDEPENDENCE AND CONFLICT OF INTEREST

Written procedures based on accepted standards* are used to ensure the educational independence of all activities accredited by the CPD provider organization and that real/perceived conflicts of interest are disclosed and managed.

* Currently accepted standards: National Standard for Support of Accredited CPD Activities and for accredited activities held in the Province of Quebec, the Code of Ethics Conseil Québécois de développement professionnel continu des médecins.

Requirements Check	Yes	No
1.3-1 The accredited CPD provider has provided written procedures based on accepted standards* used to ensure the educational independence of all activities accredited by the CPD provider organization.	<input type="checkbox"/>	<input type="checkbox"/>
1.3-2 The accredited CPD provider has provided written procedures based on accepted standards* used to ensure that real/perceived conflicts of interest are disclosed for all activities.	<input type="checkbox"/>	<input type="checkbox"/>
1.3-3 The accredited CPD provider provided written procedures based on accepted standards* used to ensure that real or perceived conflicts of interest are managed for all activities.	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team's recommended rating:

Choose an item.

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE "None"

STANDARD 1.4: PROFESSIONAL AND LEGAL STANDARDS

An accredited CPD provider organization uses written procedures to ensure that its governance, operations, planning processes and records management comply with applicable professional and legal standards to maintain confidentiality and protect privacy and copyright.

Requirements Check	Yes	No
<i>1.4-1 The accredited CPD provider organization uses written procedures to ensure that its governance, operations, planning processes and records management comply with applicable professional and legal standards to maintain confidentiality.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>1.4-2 The accredited CPD provider organization uses written procedures to ensure that its governance, operations, planning processes and records management comply with applicable professional and legal standards to protect privacy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>1.4-3 The accredited CPD provider organization uses written procedures to ensure that its governance, operations, planning processes and records management comply with applicable professional and legal standards to protect copyright.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance. ENTER TEXT	
Visit Team’s <u>recommended</u> rating:	Choose an item.
The final decision regarding compliance will be made by the CACME.	

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE “None”

DOMAIN 2: EDUCATION PROGRAM

STANDARD 2.1: ASSESSING NEEDS

An accredited CPD provider organization assesses the perceived and unperceived needs of each target audience identified in its mission statement. Perceived and unperceived needs are used in developing its overall programming and its individual educational activities. For each educational activity, the scope of practice for the identified target audience(s) is considered in the needs assessment(s).

Requirements Check	Yes	No
2.1-1 The accredited CPD provider organization assesses the perceived and unperceived of each target audience identified in its mission statement.	<input type="checkbox"/>	<input type="checkbox"/>
2.1-2 The accredited CPD provider organization uses perceived and unperceived needs in developing its overall programming and its individual educational activities.	<input type="checkbox"/>	<input type="checkbox"/>
2.1-3 For each educational activity granted credits by the accredited CPD provider organization, the scope of practice of the identified target audience(s) is considered in the needs assessment(s).	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team's recommended rating:

Choose an item.

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE "None"

STANDARD 2.2: LEARNING OBJECTIVES

An accredited CPD provider organization ensures that learning objectives for each activity (program/individual session) are derived from identified needs. The learning objectives for an activity including any associated individual sessions (where applicable) are:

- a) written from the learner's perspective using actionable verbs
- b) consistent with the educational format
- c) made available prior to the activity for review by potential participants

Requirements Check	Yes	No
2.2-1 The accredited CPD provider organization ensures that learning objectives for each activity (program/individual session) are derived from identified needs.	<input type="checkbox"/>	<input type="checkbox"/>
2.2-2 The learning objectives for an activity including any associated individual sessions (where applicable) are written from the learner's perspective using actionable verbs.	<input type="checkbox"/>	<input type="checkbox"/>
2.2-3 The learning objectives for an activity including any associated individual sessions (where applicable) are consistent with the educational format.	<input type="checkbox"/>	<input type="checkbox"/>
2.2-4 The learning objectives for an activity including any associated individual sessions (where applicable) are made available prior to the activity for review by potential participants.	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team's recommended rating:

Choose an item.

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE "None"

STANDARD 2.3: EDUCATIONAL CONTENT

The educational content of activities (program/individual session) developed by an accredited CPD provider organization:

- a) is responsive to practice needs.
- b) is responsive to patient and community needs.
- c) is informed by scientific evidence, the source and quality of which are communicated to participants.
- d) is distributed across the CanMEDS/CanMEDS-FM competency framework.

Requirements Check	Yes	No
2.3-1 The educational content of activities (program/individual session) developed by the accredited CPD provider organization is responsive to practice needs.	<input type="checkbox"/>	<input type="checkbox"/>
2.3-2 The educational content of activities (program/individual session) developed by the accredited CPD provider organization is responsive to patient and community needs.	<input type="checkbox"/>	<input type="checkbox"/>
2.3-3 The educational content of activities (program/individual session) developed by the accredited CPD provider organization is informed by scientific evidence, the source and quality of which are communicated to participants.	<input type="checkbox"/>	<input type="checkbox"/>
2.3-4 The educational content of activities (program/individual session) developed by the accredited CPD provider organization is distributed across the CanMEDS/CanMEDS-FM competency framework.	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team’s <u>recommended</u> rating:	Choose an item.
The final decision regarding compliance will be made by the CACME.	

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE “None”

STANDARD 2.4: ENABLING EFFECTIVE LIFELONG LEARNERS

An accredited CPD provider organization uses a variety of curricular resources (i.e., strategies, services, or tools) that facilitate the acquisition of effective lifelong learning skills for health professionals in practice by providing opportunities for learners to identify learning goals, build personal development plans, and record, reflect on, and evaluate the outcomes of their learning activities in practice.

An accredited CPD provider organization encourages learning within health care teams in formal or informal communities of practice.

Requirements Check	Yes	No
<i>2.4-1 The accredited CPD provider organization uses a variety of curricular resources (i.e., strategies, services, or tools) that facilitate the acquisition of effective lifelong learning skills for health professionals in practice by providing opportunities for learners to identify learning goals, build personal development plans, and record, reflect on, and evaluate the outcomes of their learning activities in practice.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>2.4-2 The accredited CPD provider organization encourages learning within health care teams in formal or informal communities of practice.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team’s <u>recommended</u> rating:	Choose an item.
The final decision regarding compliance will be made by the CACME.	

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE “None”

STANDARD 2.5: SCHOLARLY ACTIVITIES IN HEALTH EDUCATION

An accredited CPD provider organization uses evidence to inform the design and implementation of its educational activities, demonstrates innovation in its educational programming, and uses a scholarly approach when innovating.

A university office of CPD (or equivalent title) must demonstrate on an ongoing basis its participation, either independently or collaboratively, in scholarship or original research in medical education, continuing professional development, or healthcare professional education.

Requirements Check	Yes	No
<i>2.5-1 The accredited CPD provider organization uses evidence to inform the design and implementation of its educational activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>2.5-2 The accredited CPD provider organization demonstrates innovation in its educational programming and uses a scholarly approach when innovating.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>2.5-3 (For university offices only) The accredited university office of CPD demonstrates on an ongoing basis its participation, either independently or collaboratively, in scholarship or original research in medical education, continuing professional development, or healthcare professional education.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team’s recommended rating: Choose an item.

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE “None”

DOMAIN 3: PROGRAM ORGANIZATION

STANDARD 3.1: EXTERNAL PROGRAM REVIEW

An accredited CPD provider organization uses written policies/procedures (including effective quality control measures) for reviewing educational activities for CPD credits. The policies/procedures support consistent adherence to applicable educational and ethical standards*.

* Current educational and ethical standards are published on the websites of the *College of Family Physicians of Canada (CFPC)*, the *Royal College of Physicians and Surgeons of Canada (Royal College)*, and in the *National Standard for Support of Accredited CPD Activities*. For accredited activities held in the Province of Quebec, also refer to the *Code of Ethics Conseil québécois de développement professionnel continu des médecins*.

Requirements Check	Yes	No
3.1-1 The accredited CPD provider organization uses written policies/procedures for reviewing educational activities for CPD credits.	<input type="checkbox"/>	<input type="checkbox"/>
3.1-2 The accredited CPD provider organization uses effective quality control measures for reviewing educational activities for CPD credits.	<input type="checkbox"/>	<input type="checkbox"/>
3.1-3 The policies/procedures used by an accredited CPD provider support consistent adherence to applicable educational and ethical standards*.	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team's recommended rating:

Choose an item.

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE "None"

STANDARD 3.2: ADHERENCE TO CFPC AND ROYAL COLLEGE CREDIT-GRANTING REQUIREMENTS (IF APPLICABLE*)

**This standard and its associated requirements apply only to those university offices of CPD or accredited CPD provider organizations that grant CFPC or Royal College credits.*

A university office of CPD or an accredited CPD provider organization adheres to the credit granting requirements of the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (Royal College) when granting credits from these organizations to specific activities.

Requirements Check	Yes	No
3.2-1 An audit carried out by the CFPC confirms that the CPD office adheres to the credit-granting requirements of the CFPC for activities given CFPC credits.	<input type="checkbox"/>	<input type="checkbox"/>
3.2-2 An audit carried out by the Royal College confirms that the CPD office adheres to the credit-granting requirements of the Royal College for activities given Royal College credits.	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team’s <u>recommended</u> rating:	Choose an item.
-----------------------------------------	-----------------

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE “None”

DOMAIN 4: CONTINUOUS IMPROVEMENT

STANDARD 4.1: PROGRAMMING QUALITY AND EFFECTIVENESS

An accredited CPD provider organization ensures the quality and effectiveness of its overall programming by:

- monitoring the linkage of its programming with its CPD mission statement.
- monitoring achievement of overall programming goals.
- implementing strategies to address identified gaps in programming quality or effectiveness.

Requirements Check	Yes	No
4.1-1 The accredited CPD provider organization ensures the quality and effectiveness of its overall programming by monitoring the linkage of its programming with its CPD mission statement.	<input type="checkbox"/>	<input type="checkbox"/>
4.1-2 The accredited CPD provider organization ensures the quality and effectiveness of its overall programming by monitoring achievement of overall programming goals.	<input type="checkbox"/>	<input type="checkbox"/>
4.1-3 The accredited CPD provider organization ensures the quality and effectiveness of its overall programming by implementing strategies to address identified gaps in programming quality or effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team's recommended rating: Choose an item.

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE "None"

STANDARD 4.1.1: COMPLETION OF INTERNAL QUALITY REVIEW AND SIGN-OFF

The accredited CPD provider organization completed an Internal Quality Review (IQR) near the mid-point of its eight-year accreditation cycle resulting in an action plan that was shared broadly within the faculty or the CPD provider organization.

The CPD provider organization submitted executive sign-off* confirming that the review process:

- included a discussion regarding the scope of the review between the CPD dean and the dean of the faculty in the case of a university CPD office or in the case of another CPD provider organization, between its leaders and an appropriate authority.
- aligned with CACME standards.
- involved at least one reviewer from outside the CPD office or provider organization.
- resulted in continuous quality improvement (CQI) recommendations including timelines for follow-up (i.e., an action plan) that were shared broadly within the faculty or CPD provider organization.

*In the case of a university office of CPD, sign-off is required from the dean using the CACME decanal sign-off form. In the case of other CPD provider organizations, sign-off is required from an appropriate authority.

Requirements Check	Yes	No
4.1.1-1 The accredited CPD provider organization completed an Internal Quality Review (IQR) near the mid-point of its eight-year accreditation cycle.	<input type="checkbox"/>	<input type="checkbox"/>
4.1.1-2 The Internal Quality Review (IQR) resulted in an action plan that was shared broadly within the faculty or the CPD provider organization.	<input type="checkbox"/>	<input type="checkbox"/>
4.1.1 – 3 The CPD provider organization submitted executive sign-off* confirming that the review process: <ul style="list-style-type: none"> • included a discussion regarding the scope of the review between the CPD dean and the dean of the faculty in the case of a university CPD office or in the case of another CPD provider organization, between its leaders and an appropriate authority. • aligned with CACME standards. • involved at least one reviewer from outside the CPD office or provider organization. • resulted in continuous quality improvement (CQI) recommendations including timelines for follow-up (i.e., an action plan) that were shared broadly within the faculty or CPD provider organization. <p>*In the case of a university office of CPD, sign-off is required from the dean using the CACME decanal sign-off form. In the case of other CPD provider organizations, sign-off is required from an appropriate authority.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance.

ENTER TEXT

Visit Team's recommended rating:

Choose an item.

The final decision regarding compliance will be made by the CACME.

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE "None"

STANDARD 4.2: EVALUATION OF INDIVIDUAL ACTIVITIES

An accredited CPD provider organization evaluates each of the individual educational activities it both develops and accredits and measures the attainment of specific learning objectives across the CanMEDS/CanMEDS-FM competency framework using a variety of appropriate evaluation methods, some of which incorporate measures other than self-report. Evaluation data are used to plan future learning activities.

Requirements Check	Yes	No
<i>4.2-1 The accredited CPD provider organization evaluates each of the individual educational activities it both develops and accredits</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>4.2-2 For each of the individual educational activities it both develops and accredits, the accredited CPD provider organization measures the attainment of specific learning objectives across the CanMEDS/CanMEDS-FM competency framework.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>4.2-3 Attainment of specific learning objectives is evaluated using a variety of appropriate evaluation methods, some of which incorporate measures other than self-report.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>4.2-4 Evaluation data are used to plan future learning activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Criteria for determining compliance	
Compliance (C):	Meets all applicable requirements.
Partial compliance (PC):	Meets one or more, but not all applicable requirements.
Non-compliance (NC):	Meets none of the applicable requirements.

Visit Team Finding

Describe how the CPD Office meets compliance with the standard, based on the criteria for determining compliance above. If non-compliance or partial compliance is recommended, indicate what elements are missing to achieve full compliance. ENTER TEXT	
Visit Team’s <u>recommended</u> rating:	Choose an item.
The final decision regarding compliance will be made by the CACME.	

Recommendations for *continuous quality improvement*:

ENTER TEXT or STATE “None”

Summary Statement and Suggested Strategies for Improvement
(from the team)

ENTER TEXT

Core Appendix Table of Contents

NB: Provided as a separate document.

Standard	Appendix	Details	Page
1.1	<i>Appendix 1.1-1 A</i>	Provide a copy of the CPD program mission statement.	
1.1	<i>Appendix 1.1-3 A</i>	Provide evidence of the review and formal approval of the mission statement that includes the name of the approving body, a description of the body’s authority to approve the mission statement, and the date of formal approval.	
1.2	<i>Appendix 1.2-1 A</i>	Provide a copy of the CPD provider organization’s written operational goals.	
1.2	<i>Appendix 1.2-3 A</i>	Provide an organizational chart for the CPD provider organization.	
1.3	<i>Appendix 1.3-1 B</i>	Provide and highlight relevant sections of the written procedures used to ensure educational independence of all accredited activities and comment on how these procedures relate to the accepted standard(s) identified in 1.3-1 A.	
1.3	<i>Appendix 1.3-2 B</i>	Provide and highlight relevant sections of the written procedures used to ensure that real/perceived conflicts of interest are disclosed and comment on how these procedures relate to the accepted standard(s) identified in 1.3-2 A.	
1.3	<i>Appendix 1.3-3 A</i>	Provide and highlight relevant sections of the written procedures showing that real/perceived conflicts of interest are managed and comment on how these procedures relate to the accepted standard(s) identified in 1.3-2 A.	
1.4	<i>Appendix 1.4-1 A</i>	Provide and highlight relevant sections of the written procedures used by the CPD provider organization to ensure that its governance, operations, planning processes and records management comply with applicable professional and legal standards to maintain confidentiality.	
1.4	<i>Appendix 1.4-2 A</i>	Provide and highlight relevant sections of the written procedures used by the CPD provider organization to ensure that its governance, operations, planning processes and records management comply with applicable professional and legal standards to protect privacy.	
1.4	<i>Appendix 1.4-3 A</i>	Provide and highlight relevant sections of the written procedures used by the CPD provider organization to ensure that its governance, operations, planning processes and records management comply with applicable professional and legal standards to protect copyright.	
3.1	<i>Appendix 3.1-1 B</i>	Provide the written policies/procedures for reviewing a) group learning, b) self-learning and c) simulation/assessment activities for CPD credits. Highlight and label the documents as appropriate.	
3.2	<i>Appendix 3.2-1 A</i>	If applicable, the report of the CFPC audit will be provided.	
3.2	<i>Appendix 3.2-2 A</i>	If applicable, the report of the Royal College audit will be provided.	
4.1.1	<i>Appendix 4.1.1-3 A</i>	Provide a copy of the submitted executive sign-off form.	

Supplemental Appendix Table of Contents

NB: Provided as a separate document.

Appendix	Details	Page
<i>Supplemental Appendix 1</i>	[insert name of department and university] – CACME Accreditation Visit Agenda – [insert dates]	