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# **A Guidebook for Planning Committees Developing CPD Educational Activities**

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## Preface

This Guidebook is a tool for designing Continuing Professional Development (CPD) educational activities. It is meant to empower planning committees and healthcare professionals in their knowledge and understand of their roles and responsibilities.

All accredited CPD activities must be developed by a [Physician Organization](#) and approved by a Royal College of Physicians & Surgeons accredited CPD provider. If you do not meet the Physician Organization criteria, consider a co-development relationship with the CCS. See **CCS Co-Development Policy**. An Agreement of Understanding between all parties will preside.

The Physician Organization is responsible for assembling the scientific planning committee, receiving and distributing all funds (i.e. retains overall financial accountability) related to the CPD activity in concordance with the National Standard, ensuring all accreditation standards are met, providing participants with certificates of participation, and maintaining activity records for 5-years post-activity.

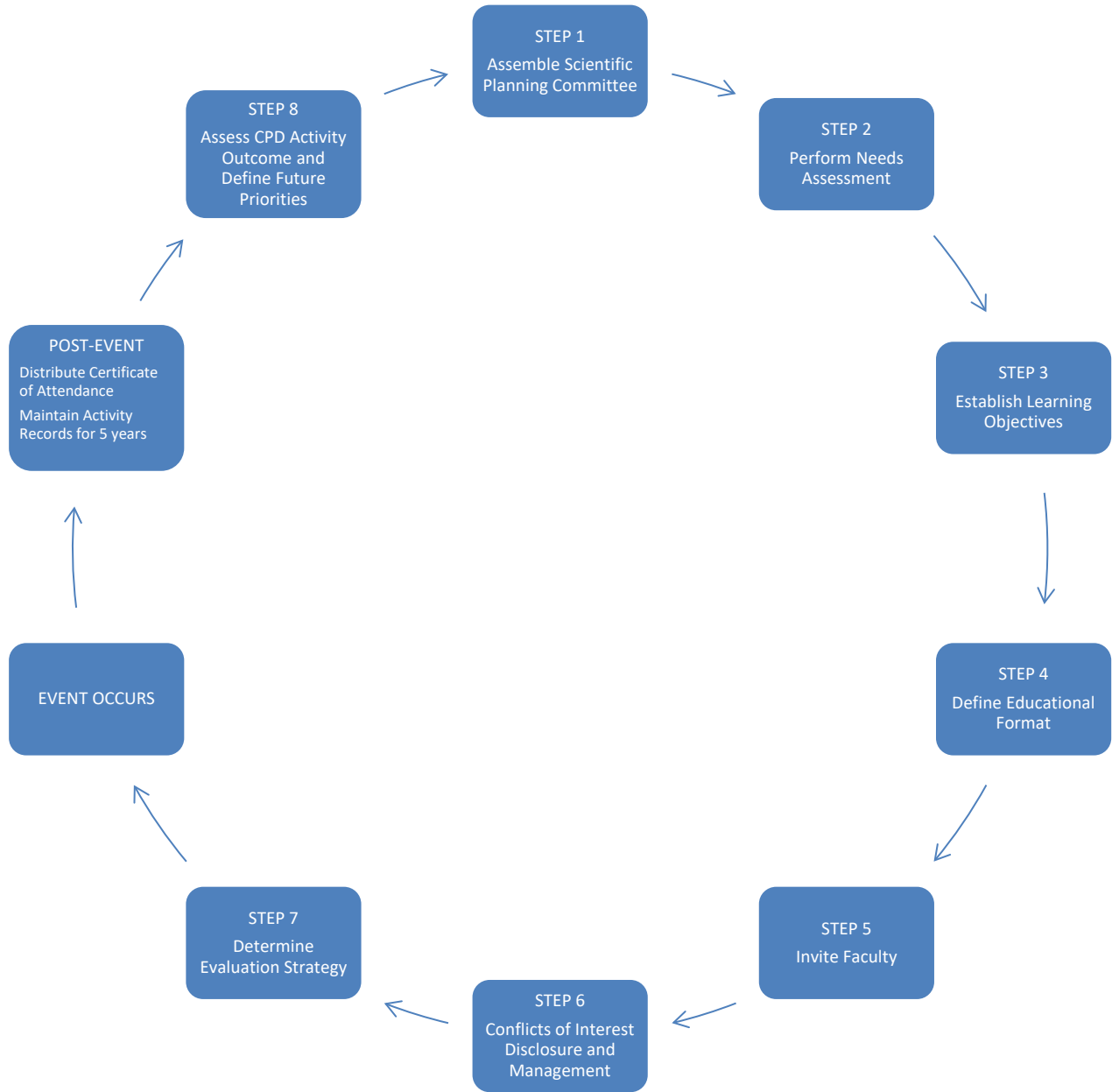
All CCS accredited CPD activities are on behalf of the Royal College of Physician & Surgeons for Maintenance of Certification (MOC) Activities and meet the Canadian Medical Association's [Guidelines for Physicians in Interactions with Industry](#) and the [National Standard of Support for Accredited CPD Activities](#). CPD activities held in the province of Québec must also meet the [Code of Ethics of the Conseil québécois de développement professionnel continu des médecins \(CQDPCM\)](#).

For all external applications, the CCS CPD Program must first receive a **Letter of Intent** to ensure the suitability of the activity. Once CCS reviews and approves your Letter of Intent, the Scientific Planning Committee (SPC) can submit a completed CPD accreditation application package, at least 8 weeks in advance of the intended start date of the CPD activity. Accreditation statements cannot be published or advertised for a CPD activity prior to official approval of the full application package; any indication of 'pending', 'in progress' or similar is not permitted. Applications received less than 8 weeks from start date will be subject to an expedited review fee.

For learning activities where the CCS is the physician organization, the CCS assumes full responsible for assembling the scientific planning committee, educational development from inception to completion, and evaluation. An Agreement of Understanding between all parties will preside.

The CCS hopes this handbook serves as a useful resource in guiding the development of your educational activity. For more information contact [cpd@ccs.ca](mailto:cpd@ccs.ca).

# CPD Activity Development Cycle



## Step 1: Assemble Scientific Planning Committee (SPC)

Scientific Planning committee members must include representative(s) of the physician organization, consider **Diversity, Equality, and Inclusion**, and represent the intended target audience to ensure CPD needs, goals and objectives are relevant and reflected in the scope of the activity planned by the committee. The SPC maintains exclusive control of the decision-making related to the planning, development, delivery, and evaluation of a CPD activity and must not be directly or indirectly influenced by any sponsors. Sponsor representatives are prohibited from residing on the SPC or making any decisions in relation to the CPD activity.

The following section provides a description of each of the roles on a planning committee:

### **Responsibilities of the SPC Chair:**

The SPC chair plays a pivotal role in developing content and providing structure for the CPD activity. The chair of the planning committee must ensure the following:

- Recruit appropriate planning committee members who reflect the intended target audience.
- Collect, review and appropriately manage all SPC member Conflict of Interests (COI).
- Make sure all COI disclosures are made to the intended audience in writing (syllabi, slide and verbally).
- Monitor the CPD development and planning to prohibit any industry representation or influence.
- Monitor the CPD activity budget and ensure any financial and/or in-kind sponsorship complies with the Ethical Standards and has the terms, conditions, and purposes appropriately documents in a written agreement signed by both the sponsor and physician organization.
- Retain ultimate accountability (as the Accountable Physician) for the CPD activity and for upholding the accreditation standards throughout the planning cycle. See the **CCS SPC & Physician Organization Declaration Form**.
- Ensure the CPD activity adheres to accreditation standards

### **Responsibilities of a Planning Committee Member:**

Planning committee members should be recruited based upon their knowledge and expertise of the subject being addressed through the CPD activity, and must be representative of the intended target audience. In collaboration with the Chair, planning committee members must ensure the following:

- Attend all planning committee meetings and be involved in all decisions related to the CPD activity, as documented through meeting minutes, email records, recordings, etc.
- Disclose all potential conflicts of interest(s). The SPC chair will review and provide direction, feedback, and appropriate management approaches should a conflict be identified.
- Review and manage all conflict-of-interest disclosures of speakers, moderators, facilitators and any other content contributors for the CPD activity. The SPC must be aware of any mitigation strategies that have been taken by other SPC members and content contributors and must also have procedures in place to be followed if a conflict of interest comes to its attention prior to or during the CPD activity.
- Support in the overall design and development of the educational activity. It could include, development and review of educational materials, speaker recommendations, formalizing learning

- objectives, and any other duties as required for the CPD activity.
- Conduct a needs assessment to identify the target audience's perceived and unperceived learning needs. The needs assessment **cannot** be driven or conducted by industry or commercial sponsors. Needs assessments identify the “gap” between what is happening with patients or health professionals and what is defined as gold standard or best practice.
    - From the needs assessment, the SPC derives the educational activity’s overall learning objectives and assigns two CanMeds Roles for each objective.
    - The SPC is required to have written documentation of their decision process for how the needs assessment and learning objectives shaped the design of the activity.
  - Provide in writing, a speaker invite letter with clear expectations and adherence to the National Standards and the CMA Guidelines for Physicians in Interactions with Industry.
  - Review all presentation slides and/or presentation outlines to ensure content is balanced, evidence-based, unbiased, and overall consistent with the published learning objectives.
  - Consider diversity, equality and inclusion in presentations.
  - Develop an educational format that is designed to appropriately present the activity content.
  - Develop and implement an evaluation strategy to measure the outcomes of the CPD activity.
  - Have a process in place to identify and address when a CPD activity is not in compliance with accreditation standards, should any instances arise.

#### Responsibilities of the CCS Representative (for Co-Developed Activities):

When CCS co-develops an CPD activity with a non-physician organization, the CCS designates a representative to sit on the planning committee. The main responsibility of the CCS representative is to ensure that the activity is balanced, objective and free from commercial bias. As such the CCS representative has final approval of **all aspects** of the educational activity. To maintain impartiality, the CCS representative **may not** present at the educational activity that is being developed. The CCS representative would participate fully in the activities of the planning committee and is responsible to ensure the following:

- Participate on the planning committee from inception to completion of the activity.
- Oversee the development of educational activity to ensure that Royal College educational, administrative, and ethical standards are maintained throughout the planning process.
- Ensure the activity is approved under accreditation standards and meets the CMA Guidelines for Physicians in Interactions with Industry
- Monitor appropriate use of the activity budget (e.g. no participant flights, accommodations, meals or other expenses paid for by industry).
- Complete an CCS Representative Audit Form concerning the content and activity development.

## Step 2: Perform Needs Assessment

The SPC conducts and reviews the target audience needs assessment. The needs assessment identifies the target audience's **perceived and unperceived** learning needs. The needs assessment **cannot** be driven or conducted by industry or commercial sponsors. Needs assessments identify the “gap” between what is happening with patients or health professionals and what is defined as gold standard or best practice. The SPC defines the practice “gap.” By determining these needs, the planning committee will be able to establish overall and session-specific learning objectives to ensure that selected topics are relevant to the target audience.

**Perceived Needs** are identified by the target audience (i.e. *I know what I don't know/want to know*). Examples of sources for **perceived** educational needs include:

- Surveys
- Questionnaires
- Focus groups
- Interviews
- SPC expertise/discussion
- Requests from the target audience
- Results of evaluations from a previous CPD activity

**Unperceived Needs** are identified by experts or assessments outside of the direct target audience (i.e. *I don't know what I don't know*). Examples of sources for **unperceived** educational needs include:

- Self-assessment/knowledge tests
- Chart audits
- Chart stimulated recall interviews
- Direct observation of practice performance
- Emerging trends or special circumstances (disaster planning)
- Topics less likely to be requested by physicians themselves
- Quality assurance data from hospitals, regions, department heads, CMPA and patient care advocates
- Standardized patients
- Provincial and National databases
- Incident reports
- Guidelines and other published literature (RCT, cohort studies)

It is best to use multiple sources of information and different methodologies to identify both the perceived and unperceived needs of the target audience. This research should lead to a clear description of the gap between present and optimal care. The link between the needs assessment, learning objectives, and educational format must be documented for each session within the CPD activity. See **CCS Assessment Mapping Tool Template**.

### Needs Assessment

- Identify the problem
- Conduct a needs assessment with perceived and/or unperceived needs
- Define the professional practice gap

### Step 3: Establish Learning Objectives

Learning objectives are derived from the needs assessment data. They help structure the design and delivery of a CPD activity and enable participants in deciding whether a specific activity or session meets their learning needs.

*Strong learning objectives must:*

- Clearly outline the focus of the content, and the expected outcomes for all parties involved.
- Be linked to the identified needs and a minimum of two CanMeds role(s).
- Be learner-centered and describe through action verbs, the specific knowledge, behavior, skill, attitude or learning outcomes that participants can anticipate from attending educational activity. Use of the phrase “At the end of the activity, participants will be better able to…” to help structure learner-centered objectives is encouraged.
- Be included in all CPD activity material.
- Be specific and measurable; avoid vague words such as “understand” as they are not easily measured and open to many interpretations. Other verbs that should be avoided when creating learning objectives include: *appreciate; have faith in; know; learn; understand; believe*
- Be provided to speakers prior to the activity, so that they are aware of the educational needs that need to be addressed in their presentation.

See the CCS’s **Tips for Writing Learning Objectives** for more information and useful action verbs. The Royal College also has some useful information on [How to create learning objectives for a CPD activity](#). Overall and session/module-specific (where applicable) learning objectives are required for every CPD activity.

The CanMEDS physician competency framework identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve. The goal of CanMEDS is to improve patient care by enhancing physician training. There are seven thematically group roles, generally described in the table below. All CPD activities must address at least two roles by tying them to their needs assessments and learning objectives. More information on the CanMEDS roles can be found here:

<https://www.royalcollege.ca/en/standards-and-accreditation/canmeds.html>

CanMEDS Role	General Description
Medical Expert	Medical expertise; central function
Health Advocate	Effecting change with patients and communities
Communicator	Physician-patient encounters
Collaborator	Effectively working with other health care professionals
Leader	Shared decision making for operation and evolution of the health care system
Professional	Ethical practice, accountability, and personal standards
Scholar	Lifelong learning and scholarship

*Example of a set of strong learning objectives:*

**At the end of the activity, participants will be better able to:**

- Disseminate knowledge of optimal echo utilization in the diagnosis and management of common cardiac conditions (Professional, Communicator)

- Use left ventricular contrast to diagnose apical pathology and to improve EF quantitation (Health Advocate, Leader)
- Identify atypical forms of aortic stenosis (eg. low gradient, preserved ejection fraction) (Medical Expert, Scholar); and
- Apply three-dimensional echocardiography in everyday practice. (Scholar, Medical Expert)

### **Learning Objectives**

- Using the needs assessment, gap analysis to define the target audience and learning needs
- Develop your overall learning objectives, linked to two CanMeds Roles
- Develop session-specific learning objectives, linked to two CanMeds Roles.



## Step 4: Define Educational Format

The educational format should be designed to efficiently present the content that has been developed. For example, a debate format is appropriate for topics that are deemed controversial or disputable. Small group breakout format is appropriate for content based on interprofessional issues. Simulation or performance assessment activities are appropriate for activities that require skills development.

**For MOC Section 1 Accredited Group Learning Activities:** must meet the [Royal College CPD Accreditation Standards for Section 1: Group Learning Activities](#). **At least 25% of the total education time must be devoted to interactive learning strategies**, whether they are face-to-face activities or asynchronous.

*Live activities interactive strategies can include:*

- Discussion periods for questions and/or case studies
- Panel discussions/Q&A
- Small breakout groups
- Think, Pair, Share: opportunities to reflect and discuss content with a nearby colleague
- Audience Polling
- Quizzes
- Simulations
- Debate

*Web-based interactive strategies can include:*

- Discussion Forums with instructor engagement
- Ask the Expert

**For MOC Section 3 Accredited Self-Assessment Programs:** must meet the [Royal College CPD Accreditation Standards for Section 3: Self-Assessment Programs](#). Must include an **objective assessment** (i.e. has correct and incorrect answers) with **specific feedback/references** provided to participants to enable the identification of any significant gaps in their knowledge, skills, clinical judgement, or attitudes and area(s) requiring improvement. Use of a **Reflective Tool** for participants to reflect and create an action plan is required to be provided but does not need to be submitted to instructors.

**For MOC Section 3 Accredited Simulation-based Activities:** must meet the [Royal College CPD Accreditation Standards for Section 3: Simulation-based Activities](#). Must include a strategy for instructors to provide **individualized performance feedback** to participants based on an assessment of performance measured against the learning objectives, competencies, and practice standards as supported by published evidence. Use of a **Reflective Tool** for participants to reflect and create an action plan is required to be provided but does not need to be submitted to instructors.

Web-based or online activities must meet the same standards as live activities.

For [Rounds, Journal Clubs, and Small Group Activities](#), refer to the Royal College website on standards and processes to self-accredit.

Unaccredited CPD activities without financial or in-kind support by commercial interests may also be eligible for MOC credits. See the [MOC framework](#) for more information.

**Educational Strategies**

- Design learning activities based on identified needs of the target audience
- Choose the format (live/virtual)
- Section 1 Group Learning : Interactivity – 25% of each offering must be interactive
- Section 3 Self-Assessment Program : objective assessment with specific feedback/references
- Section 3 Simulation-based Activity: individualized performance feedback as supported by published evidence

## Step 5: Invite Faculty

The SPC should provide in writing, an invitation letter to all speakers, moderators, facilitators, authors, etc. with clear expectations and information on adherence to the National Standards and the CMA Guidelines for Physicians in Interactions with Industry.

- They should have the expertise and credentials to effectively present information based on the learning objectives provided and in line with the identified needs of the defined target audience.
- They should have minimal conflict of interest with the activity content. If a conflict of interest is present, this should be managed and disclosed as per the Disclosure and Conflict of Interest Policy for CPD Activities.
- The SPC should provide in writing the activity title, date/time, and their “role.”
- SPC provides who target audience is and the overall and session-specific learning objectives with CanMeds roles.

*The following recommendations and information should be conveyed to all content contributors. See CCS’s **Speaker Letter Template** for more information.*

### CONTENT DEVELOPMENT

- Ensure that the content and/or materials presented provide a balanced view across all relevant options related to the content area
- The intended learning objectives must be stated for the activity
- Ensure that the description of diagnostic and/or therapeutic options utilize generic names (or both generic and trade names) and do not reflect exclusivity and branding
- Ensure that any off-label use is explicitly declared
- Avoid bias, whether commercial or otherwise
- Ensure that the content is relevant to various practice needs
- Provide an outline of evidence and how it was used to create content, including references where applicable (**especially Canadian data**)
- When developing case studies, please consider all populations, genders, and ethnicity.
- Address barriers to change in practice
- Content and materials must meet professional standards and legal requirements, including the protection of privacy, confidentiality, and copyright. In adherence with the 2004 Personal Health Information Protection Act (PHIPA), please de-identify any patient cases used in your presentation. For further information, please visit <https://www.ontario.ca/laws/statute/04p03>
- Conflict-of-Interests must be disclosed verbally *and* in writing to the audience.

It is the responsibility of the physician organization and SPC to define non-compliance procedures should a faculty member, CPD activity or presentation not meet the required standards. As such, all SPC members must be familiar with the National Standard and CMA Guidelines for Interactions with Industry to be able to identify non-compliance.

Examples of non-compliance procedures include:

- Promptly and directly addressing the issue with the involved parties to determine appropriate management procedures.

- If the violation is identified prior to the activity and the content is not able to be altered to reach compliance, remove it from the program altogether.
- All correspondence, management procedures taken, and their outcomes must be documented.
- Performing an audit of the activity and any future iterations
- Providing an outline of what steps will be taken to ensure future compliance and minimize re-occurrence of the violation.
- Notifying the CCS CPD team of the violation, management procedures taken, and outcome to determine if it was adequately addressed and whether additional steps are required.

### **Content development and implementation**

- Choose content based on your needs assessment
- Faculty selection
- Managing conflicts of interest (see next step)
- Delivery and logistics to achieve ethical standards, including identification of non-compliance procedures

## Step 6: Conflicts of Interest Disclosure and Management

All faculty and planning committee members are required to complete a Disclosure of Conflict-of-Interest form prior to their engagement in a CPD activity. A Conflict of Interest may occur in situations where personal and professional interest of individuals may have actual, potential, or apparent influence over their judgment. **All financial or "in kind" relationships (regardless of content, regardless of topic being discussed for the CPD activity) encompassing the previous two (2) years with for-profit and not-for-profit organizations must be disclosed.** Failure to disclose one's conflict of interest prevents them from being able to partake in the CPD activity.

It is the responsibility of the Chair to review and determine appropriate management strategies for SPC member conflict of interests. The SPC is responsible to collect and review faculty conflict of interest disclosures and determine any management strategies to take, if appropriate.

All planning meetings shall commence with the chair's reading of a disclosure of conflict-of-interest principals reminding members of their obligation to disclose relevant relationships and recuse themselves from voting on any issue with which they have a conflict of interest. In some instances, it may be necessary for members to physically remove themselves from the discussion, particularly if confidential information that has a direct bearing on the conflict is being disclosed. **Chairs should document recusals or any other management approaches taken in minutes for discussions and decisions as they relate to conflicts of interest.**

The Canadian Medical Association Policy, "Guidelines for Physicians in Interaction with Industry" (Update 2021: Section 28)" indicates that,

*"Physicians must disclose all relevant relationships with industry and real or perceived conflicts of interest in a way that is obvious to any relevant audience were discussing products and services. They should refer to relevant medical evidence, not overstate benefits or understate harms, not mislead patients or others about a product or service's impact and be guided by a primary concern for patient well-being. Disclosure should be done in a serious manner and in such a way that the audience has sufficient time to absorb the information being disclosed."*

The intent is not to prohibit speakers from presenting, but rather to maintain transparency and inform the audience of any possible bias that speakers may have. It is the responsibility of the SPC to review and manage all faculty conflicts of interest.

*The following are some mechanisms that have been considered to manage potential conflicts of interest. You may wish to use one or a combination of several strategies to appropriately manage conflicts of interest:*

- Assign the faculty member to another topic or role within the CPD activity in which the conflict is less significant, and ask another faculty member without a conflict of interest to present the original part of the activity content.
- Ask the faculty member to withdraw from planning activities involving content in which they have a conflict of interest.
- Limit the content of the faculty member's presentation so that recommendations for treatment are not included or limit the recommendations to those based on clear evidence from medical literature.
- The faculty member relinquishes control of content of the presentation

- The planning committee could ask for an expert peer review of the content to ensure that the principles of scientific integrity, objectivity and balance have been respected.
- In rare occasions, a faculty member may need to be entirely replaced if no other appropriate management strategy/strategies can be applied

Any financial or in-kind support received for the CPD activity must be declared to participants (see National Standard for appropriate methods of acknowledgement). Declared conflicts of interest from all planning committee members and speakers must be communicated to participants in writing (syllabi/final activity, slide and verbally at the beginning of their presentation). If an individual has no relationships to disclose, this must also be stated (i.e. “nothing to disclose”). Where management strategies have been applied, it is encouraged to also disclose this to the audience through use of a Mitigation of Bias slide to maintain transparency and trust. See CCS’s **3-Step Disclosure Slide Template**.

## Step 7: Determine Evaluation Strategy

The SPC must ensure that the individual sessions and the overall educational activity are appropriately evaluated to determine their effectiveness in meeting the needs of the defined target audience. There should be a method to evaluate both individual sessions as well as the overall activity.

*The evaluation strategy should be focused on:*

- The degree to which the identified needs and learning objectives of the CPD activity were achieved.
- The impact of the overall educational activity on the future performance of participants.
- Whether there was any perception of commercial or other inappropriate bias.

The following questions should be included within the session and/or overall evaluation forms. Those marked with an asterisk (\*) are required to meet CPD Activity accreditation standards:

- \*Identification of whether the stated learning objectives were met;
- \*Identification of which CanMEDS roles were addressed during the CPD activity (must allow them to select all that apply);
- \*Assessment on whether the content offered balanced views across all relevant options related to the content area of the CPD activity (and if not, there must be an opportunity to explain why);
- \*Assessment on whether the content was free of commercial or other inappropriate bias (and if not, there must be an opportunity to explain why); and,
- \*Identification of the potential impact of the CPD activity on their practice
- Identification of the relevance of the activity's content to the learner
- Effectiveness of the presenter(s) and educational format
- For group learning activities: whether there were sufficient opportunities for interaction
- Document what they have learned, become aware of and/or are planning to change
- Suggestions for any topics for future activities
- Provide any other written comments

(Optional) Other evaluation strategies (short- or long-term) could be integrated into the CPD activity to measure the following:

- Changes in knowledge, skills or attitudes of learners;
- Improved health care outcomes; and/or
- Tools or strategies for participants to receive and reflect on feedback related to their learning.

### **Evaluation**

- Develop activity evaluation tools
- Measurement of activity effectiveness

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Once the above elements have been defined and are in compliance with the RCPSC Accredited CPD Activity Standards, National Standard, and CMA Guidelines, you can submit your accreditation application to the CCS. For all external applications, the CCS CPD Program must first receive a **Letter of Intent** to ensure the suitability of the CPD activity. Once CCS reviews and approves your Letter of Intent, the Scientific Planning Committee (SPC) can submit a completed CPD accreditation application form with the required supporting documentation, at least **8 weeks in advance** of the intended start date of the CPD activity. Accreditation statements cannot be published or advertised for a CPD activity prior to official approval of the full application package; any indication of ‘pending’, ‘in progress’ or similar is not permitted. Applications received less than 8 weeks from start date will be subject to an expedited review fee.

Following your CPD activity, please ensure you:

- Distribute Certificates of Attendance to participants
- Maintain activity records, including registration records, for a period of 5 years post-activity
- 8-weeks post-activity, send a summary of the evaluation results to the CCS CPD team for accreditation records. In particular, include the following information with this report:
  - The number of total respondents; and,
  - The responses to the bias question, and any accompanying explanations given

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## Step 8: Assess CPD Activity Outcome and Define Future Priorities

*Reviewing the evaluation results is a valuable step for the planning of future educational activities as they are a way to:*

- Identify the **perceived** needs of your target audience
- Evaluate how effectively the learning objectives were met
- Provide feedback to speakers regarding their session
- Manage perceived bias for future activities
- Identify topics, areas of improvement, and priorities for future activities

### Outcome

- How can we improve the activity in the future?