

CPD OFFICE ACTIVITY REVIEW AND COMPLIANCE

Approval Authority: CPD Office Governance Committee

Established On: 2021 09 16

Amendments: 2025 01, 2024 11, 2024 01

Category: Continuing Professional Development

1.0 POLICY STATEMENT

Providers of (CFPC) Mainpro+ certified and (RCPSC) Maintenance of Certification (MOC) with accredited activities agree to activity reviews conducted by the CPD Office. Activity reviews, determined at the discretion of the CPD Office, may include either live activity or post-activity reviews.

The activity review process is a quality improvement initiative that aims to help SPCs comply with and maintain alignment with all relevant administrative, educational, and ethical standards.

If a Scientific Planning Committee (SPC) or a speaker acting on its behalf is found to be in partial or noncompliance with CFPC, RCPSC, or National Standards, the activity and SPC may be subject to further review.

2.0 SCOPE

This policy details the procedures for addressing partial and non-compliance following the accredited Continuing Professional Development (CPD) activities review. It applies to the CPD Office and Scientific Planning Committees (SPCs) involved in delivering activities accredited by the NOSM U CPD Office on behalf of the CFPC and RCPSC.

SPCs are responsible for ensuring that their activities adhere to the governing and guiding bodies' administrative, educational, and ethical standards.

3.0 DEFINITIONS**Accreditation:**

The CFPC and RCPSC use different terminology to describe successfully meeting the administrative, educational and ethical standards set by each College in the development of Continuing Professional Development (CPD) and Faculty Development (FD) educational activities. The universal terminology, and the terminology used by the RCPSC is accreditation, while the CFPC refers to the same process as certification.

For the purposes of CPD OFFICE policies, accreditation refers to the successful review of an educational activity or resource by the CPD Office, resulting in accreditation (RCPSC) or certification (CFPC) of the activity.

For an activity to be accredited, program planners will have demonstrated alignment with the CFPC and/or RCPSC administrative, educational, and ethical standards. Upon accreditation, the CPD Office may assign

‘certified’ Mainpro+ credits of The College of Family Physicians of Canada (CFPC) and ‘accredited’ Maintenance of Certification (MOC) Section 1 and 3 learning hours of the Royal College of Physicians and Surgeons of Canada (RCPSC).

Compliant Activities:

Activities that meet all accreditation standards. A notice of compliance is issued to the SPC and filed with the activity records.

Partially Compliant Activities:

Activities that show intent to meet accreditation standards but:

- Have not completed post-event procedures (e.g., for new activities).
- Have minor oversights that can be corrected.

A notice of partial compliance is issued to the SPC, with corrective actions recommended and is filed within the activity records.

Non-compliant Activities: Activities with significant or repeated issues that fail to align with accreditation standards, even after attempted corrections. Accreditation may be revoked in serious cases. A notice of non-compliance is issued to the SPC and filed with the activity records.

Physician Organization (RCPSC term):

A **not-for-profit group of health professionals** with a formal governance structure, accountable to and serving, among others, its physician members through continuing professional development, provision of health care, and/or research.

Examples may include but are not limited to departments within a hospital or university or Local Education Groups (LEGs).

Provider Organization (CFPC term):

An organization that assumes responsibility and accountability for the development, delivery, and evaluation of Mainpro+ certified CPD activities. The CPD provider organization must form a scientific planning committee—independent of sponsor influence—to conduct this work.

Examples include Not-for-Profit physician organizations, Canadian university faculty of medicine, Canadian hospital departments, medical societies/associations, and healthcare research organizations.

Scientific Planning Committee (SPC):

A group of target audience representatives responsible for identifying the educational needs of the intended target audience; developing educational objectives; selecting educational methods; selecting SPC members, speakers, moderators, facilitators and/or authors; developing and delivering content; and evaluating the outcomes of a certified CPD activity. SPCs may also include educational experts and people with lived experience (PWLEs).

Representatives of a commercial interest (e.g., pharmaceutical company, medical cannabis producers/providers, medical device company, or marketing or communication firm) cannot participate as members of the SPC, nor may they participate as observers, scribes, etc., for SPC activities or meetings.

4.0 POLICY TERMS OR PROCEDURES

4.1 Live Activity Review

The CPD Office may conduct a live activity review of a CPD activity to ensure alignment with accreditation standards and support quality improvement initiatives.

Triggers for a Live Audit:

- Jointly sponsored activities.
- History of perceived bias in previous similar activities.
- High percentage of SPC members or speakers with identified conflicts of interest (COI).
- High level of commercial support, especially single-source sponsorship.
- Indicators of partnership with an ineligible organization
- Evidence of AI bias/inequity/accuracy during the review where AI has been identified as the original source of educational planning or content
- Random selection from NOSM U CPD OFFICE activities (e.g., rounds, journal clubs).

Purpose of the Review:

- Observe and evaluate the activity for compliance with accreditation standards.
- Offer constructive feedback to support quality improvement in future activities.

4.2 Post-Activity Review

The CPD Office may request a post-activity audit to verify compliance after the event has concluded and to identify opportunities for quality improvement.

Required Documentation:

SPCs must provide the following upon request:

- Promotional and marketing materials.
- SPC meeting minutes.
- Attendance records.
- Participant evaluations.
- COI disclosures presented to the audience.
- Copies of:
 - Delivered materials or recordings (if available).
 - Sponsor acknowledgments or promotional materials.
 - Speaker/presenter communications.
 - Letters or certificates of participation issued to attendees.
- Any additional materials deemed necessary by the CPD Office.

Purpose of the Review

- Confirm that the activity aligns with accreditation standards.
- Offer constructive feedback to support quality improvement in future activities

4.3 Escalation Reporting

4.3.1 If an activity review identifies concerns with compliance:

- A written summary of findings is provided to the SPC.
- The SPC must address concerns by:
 - Demonstrating corrective actions taken,
 - Outlining measures to ensure future compliance.

4.3.2 For repeated or unresolved issues:

- A follow-up meeting with the SPC Chair and CPD Office CME Medical Director may be required.
- Additional actions, such as suspension or revocation of accreditation, may be taken at the discretion of the CPD Office.

All documentation from escalations is retained for reference during internal or external reviews.

5.0 ROLES AND RESPONSIBILITIES

5.1 CPD Office:

Initiates and manages the activity review process for accredited activities, including:

- Communicating with the SPC Chair regarding live activity or post-activity reviews.
- Providing guidelines and materials for activity reviews, such as checklists and timelines.
- Conduct activity reviews (live or post-activity) to evaluate alignment with accreditation standards.
- Prepares and shares feedback and guidance with SPCs to support quality improvement.
- Retains documentation from activity reviews for compliance tracking and future reviews.

5.2 Scientific Planning Committee

Ensures readiness for activity reviews by maintaining thorough records of activities, including:

- COI declarations, promotional material, and evaluation results.
- Participant attendance and feedback data.
- Allows CPD Office representatives to attend live activities as observers when required.
- Incorporates feedback from activity reviews into future planning and delivery of activities.
- Responds promptly to activity review-related requests for documentation or corrective actions.

6.0 INTERPRETATION

Questions of interpretation or application of this policy or its procedures will be referred to the Director, Continuing Professional Development at CPD.Office@nosm.ca.

7.0 RELATED DOCUMENTS

University Documents and Information

- [CPD Office Program Development Toolbox](#)
- [CPD OFFICE Policy COI](#)
- [CPD OFFICE Process Review and Compliance](#)
- [CPD OFFICE Ethics Policy: Sponsorship and Exhibitors](#)
- [CPD OFFICE Post-Activity Review Checklist](#)
- [CPD OFFICE Live-Activity Review Checklist](#)
- [CPD OFFICE Approval letter template](#)

Legislation and Information

- [CACME Standards](#)
- [CFPC Mainpro+ Certification Standards](#)
- [RCPSC Accreditation Standards](#)
- [National Standard for Support of accredited CPD activities](#)
- [CMA Guidelines for Physician Interaction with Industry](#)

AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this policy:

- a. Approving Authority: CPD OFFICE Governance Committee
- b. Responsible Officer: Associate Dean, CPD OFFICE
- c. Procedural Authority: CME Medical Director, CPD Office
- d. Procedural Officer: Director, CPD OFFICE

Review and Revision History

Review Period: Annually or as required

Date for Next Review: 2026-10

Date	Action
2024-11	Approved at CPD OFFICE Advisory Committee
2025-05-01	Approved at CPD OFFICE Governance Committee
2025-10-16	Changes related to new CFPC AI Disclosure standards approved by CPD OFFICE Governance Committee
2026-06-18	Updated to reflect CPD Name Change from CEPD