

# Ontario College of Family Physicians



## Family Doctors Enabling Integrated Care “Ongoing” Program

### Mainpro+ Certification Guide

**A Guide to help obtain Mainpro+ certification for your integrated care work**

#### **A note to the reader:**

- Anything in **red** is instructions on what can be included in your Mainpro+ application. In some instances, an example is provided. **This is a guide only; complete the application to meet your program needs.**
- Templates of documents to support your application (required attachments) are available to you [here](#).
- The [OCFP website](#) provides detailed instructions on how to submit a certification application and what to include. We suggest that you review these steps in preparation to submit your application. This application guide goes into more specific details to support integrated health care teams to be successful in submitting their Mainpro+ application.

## Program Description

The Family Doctors Enabling Integrated Care Program supports integrated health care teams (i.e., Ontario Health Teams) to host **ongoing** discussions on the engagement and development of physician networks/teams. Family doctors involved in this work can continue to earn 1-credit-per-hour by certifying your work. This includes monthly town halls, lunch and learn webinar series, presentations, etc.

Follow the steps outlined on the OCFP website to certify your program:

<https://www.ontariofamilyphysicians.ca/supports-for-family-doctors/mainpro/certify-a-program-for-mainpro-credits/>.

Below, find a sample Mainpro+ Certification Guide that outlines the requirements needed to submit your program and provides helpful information to support you through the application.

OCFP staff are available to assist you in the application process. Contact us at [ocfpcme@ocfp.on.ca](mailto:ocfpcme@ocfp.on.ca).

## Program Details

**Do you intend to deliver this program in Quebec?**

No

**Program Title:** [organization name] – Family Doctors Enabling Integrated Care

This is a suggestion. Your organization can determine their own program title.

**Provide a brief description of the intended CPD activity:**

*Example:* As Ontario has been working on implementation of integrated and coordinated care through the Ontario Health Teams, the need for family physician co-design and partnership is widely recognized as an essential factor for success.

There is a character limit to the brief description. Please adjust to include your organization's details if they differ from the suggested description above.

**Program Start Date:** [enter your program start date]

**Provider Organization:** [enter your provider organization name and contact details for individual submitting the application]

Contact First Name:

Contact Last Name:

Company Name:

Email:

Telephone:

## Financial

**Does this program receive financial or in-kind support from a for-profit company or organization?**

Indicate whether your program will receive financial or in-kind support from a for-profit company or organization.

**Does this program receive financial or in-kind support from a not-for-profit organization?**

Indicate whether your program will receive financial or in-kind support from a not-for-profit company or organization.

**Registration fee: CAD**

Indicate any applicable registration fees.

**Additional costs to participants (describe in detail):**

Indicate any additional costs to participants to participate in the program.

**Are there any social events or activities associated with this program?**

Indicate whether there are social events/activities associated with your program.

**Describe in detail the social activities related to this program including when these activities take place in relation to the certified learning:**

Describe the social activities, if any.

## Location

**Program Format:** Indicate the program format.

**Where will this program be delivered?**

**Provinces and/or Territories in which program will be delivered:** Ontario

## Credit Info

**Total education contact time included in proposed program:**

Indicate the education contact time.

**# Credit Per Hour Certification:** 1-credits-per-hour

**Total Program Credits:**

Indicate the total number of credits your organization is requesting for this program. Complete the document titled **Activities for Certification** to determine the number of credits your organization will offer. Attach this completed document to your application (content of the program). The total number of credits should be the same as the total education contact time.

**Physician Organization:**

**Credit Category:** Group Learning

**Is accreditation for this program being sought with any other organization or group?:**

No

**Is this a modular program?:**

No

**Type of Program:** Any other CPD activity

## Planning Committee

**Is the scientific planning committee independent and responsible for content development?**

Yes

**Target audience(s) for this program:** Select your target audience(s)

**CFPC Member(s) actively involved on the planning/scientific committee of this program:**

CFPC Membership Number:

CFPC Member Email:

CFPC Member Name:

One family physician is required to sign off on this application through the Cert+ portal. Once you indicate this family physician and submit the application, they will be notified.

**Other planning committee/scientific committee members and their affiliations and expertise brought to the planning committee:**

Name:

Affiliation:

Member ID (if applicable):

Email Address:

Include all others who contributed to the development of the program.

**Does this activity include speakers and/or: presenters/ facilitators/ coaches/peer reviewers /assessors?**

Yes

**Was the scientific planning committee actively involved in:**

- *Selection of topics:* Yes
- *Determination of program content:* Yes
- *Selection of speakers/presenters:* Yes
- *Review of Evaluation (development as well as evaluation results):* Yes

**Have you ensured that the scientific planning committee, speakers, moderators, facilitators, and authors complete conflict of interest disclosure forms and that the potential conflicts of interest will be disclosed to participants?**

Yes

**Describe the scientific planning committee's process for the selection of speakers and/or: presenters/ facilitators/ coaches/peer reviewers /assessors/?**

*Example:* Determination of program topics is done by the Scientific Planning Committee and informed by your OHT/PCN's needs. The committee will invite speakers who are able to address the topics of interest identified by OHT/PCN.

You can list out the topics that your program will cover here and/or submit an attachment outlining the topics and identify them as the content of the program.

**What is the scientific planning committee's process for the management disclosure of conflict of interest and mitigation of bias for speakers and/or: presenters/ facilitators/ coaches/peer reviewers /assessors/?**

You are required to outline how your Scientific Planning Committee will mitigate conflicts of interest. The process usually involves the following:

- Submitted conflict of interest form from all speakers for each event
- Review of the submitted COIs by the program administration team and any conflicts are then brought to the Scientific Planning Committee for review and a discussion of mitigation strategies.
- COI disclosure slides are included in all slide decks

Use and update the following documents to meet your program's needs and upload the final documents with your application:

- Conflict of Interest Form – BLANK
- 3-step Disclosure Slides and Learning Objectives

**Will you communicate with speakers, facilitators, coaches, peer reviewers, etc. regarding the CMA Guidelines for Physicians in Interactions With Industry, Innovative Medicines Canada Code of Ethical Practices? You must include a copy of your communication template.**

Yes

**How will you communicate with speakers, facilitators, coaches/peer reviewers etc. regarding the format, Mainpro+ Quality Criteria, and program learning objectives they will address? What kind of instructions will be given?**

Describe the process your organization will use to communicate the format, quality criteria and learning objectives to your invited speakers. The process usually involves the following:

- Detailed instructions regarding following Mainpro+ standards communicated to speakers
- Detailed instructions on achieving the learning objectives communication to speakers

Complete the document titled **Speaker invitation – SAMPLE** to reflect your program's information and attach the updated invitation to the certification application.

## Quality Criteria

**Selected Keywords:** Select the keywords that describe your organization's program.

**CanMEDS-FM Roles:**

Identify the [CanMEDs-FM roles](#) that your program will meet.

**List the learning objectives for this activity as well as the CanMEDS-FM competency linked to the learning objective:**

*Example:* Upon completion of this session, participants will be able to:

1. Recognize the benefits of forming a local primary care network (leader, professional)
2. List common pain points in the primary care sector (communicator, health advocate)
3. Identify the opportunities for family doctors to contribute to their OHT's priorities for action (collaborator, family medicine expert)

Add in any other learning objectives that your organization's program will include.

**Quality Criterion 1 – Needs Assessment and Practice Relevance:**

*Example:* At present, the primary care sector is fragmented. There is very little communication, collaboration or connectivity amongst family doctors and providers within each Ontario Health region. Organization is needed for physicians to respond as a collective to government and system changes. A united physician voice is essential if Ontario Health Teams are to successfully plan and deliver integrated and coordinated care. Physicians working together can respond more effectively and efficiently to crises such as Covid-19. An integrated health care

system through OHTs is possible. Family doctors' involvement and leadership are key to the successful development of integrated health care systems.

Add a statement about your organization's vision for physicians working together and any other elements of your program that relate to practice relevance.

Attach the document titled **Needs Assessment Example - OHT-family-doctors-benefits** to this application.

## **Quality Criterion 2 - Interactivity and Engagement:**

1-credit-per-hour programs are required to be 25% interactive. Use this section to describe how your program plans to incorporate interactivity and engagement.

Examples:

- Engagement with presenters through Q&A (either verbally or via virtual platform)
- Discussion in the chat (if session is virtual)
- Connection point with speakers following the session (if applicable/necessary)

## **Quality Criterion 3 – Incorporation of Evidence:**

*Example:* It is an expectation that all presenters approach topics with an evidence-based lens. We require presenters to maintain unbiased approaches; for example, when discussing pharmaceuticals, only generic names can be used, and all available options must be presented according to evidence. The Planning Committee declines all requests from industry speakers, moderators and facilitators. This requirement is standard practice for all sessions included in this program.

Add any other statements of evidence that your program will incorporate throughout the planned sessions.

## **Quality Criterion 4 – Addressing Barriers to Change:**

*Example:* Presenters and moderators are aware of commonly encountered barriers to change and are increasing that knowledge with each subsequent session. If new barriers to practice/physician change are identified, these are addressed during or after the session, maintaining an open communication channel between presenters and participants, and shared with the Planning Committee.

Add any other statements to address barriers to change that your program will incorporate.

## **Quality Criterion 5 - Evaluation and Outcome Assessment:**

*Example:* Evaluation will occur after each session and be reviewed on a session basis, as well as overall for the program as a whole. All attendees will be sent standard evaluation questions.

Use the evaluation template (**Evaluation Form – TEMPLATE**) to meet this criterion. You are welcome to adjust the questions as necessary by adding or removing questions that align with your learning objectives.

The following question needs to be asked in your evaluation and is a required question in the survey:

**1) Did you perceive any degree of bias in any part of this session?**

- ☐ No  
☐ Yes

**If yes, please describe:**

## **Required Documents**

**1. Completed conflict of interest forms (Declaring and Disclosing Conflict of Interest), for all scientific planning committee members**

You will need to collect **conflict of interest forms** from all members of your program's Scientific Planning Committee ahead of submitting the application. Anyone you list under **CFPC Member(s) actively involved on the planning/scientific committee of this program** and **Other planning committee/scientific committee members and their affiliations and expertise brought to the planning committee** are required to submit a conflict of interest form that is attached to your certification application.

**2. Completed CFPC conflict of interest slides**

Use the document titled **3-step Disclosure Slides and Learning Objectives**. Update the sections **highlighted in yellow** to meet your program's needs.

**3. Program brochure and/or invitation and/or agenda**

Use the document titled **Agenda – SAMPLE** and update to meet your program's needs.

**4. Completed program content (slide decks, workbooks, tools, resources, etc.), when applicable**

You are not required to submit finalized slide decks with your application. To meet this criterion, upload a sample of the slides you are going to use. You can also upload a list of topics that your program will address as the program content.

**5. Needs assessment tools and results**

Use the document titled **Needs Assessment Example - OHT-family-doctors-benefits**. If you used other tools for your program's needs assessment, upload those as well.

**6. Evaluation format/forms**

Use the document titled **Evaluation Form – TEMPLATE**.

**7. Previous evaluation results (when applicable)**

If this is your first time submitting a certification application for this program, you will not have previous evaluation results. Should you choose to certify this program again next year, you can upload your evaluation from previous years.



**8. Speaker communication template (when applicable)**

Use the document titled **Speaker invitation – SAMPLE** that you updated for your program.

**9. Copies of the sponsor product and corporate branding if the program has for-profit financial support**

This is not applicable.