Credit Systems for Continuing Medical Education in Canada

John Toews M.D. University of Calgary

Credit Systems

- There are two credit systems in Canada
 - Maintenance of Proficiency Program:
 - College of Family Physicians of Canada
 - Maintenance of Certification Program
 - Royal College of Physicians and Surgeons of Canada

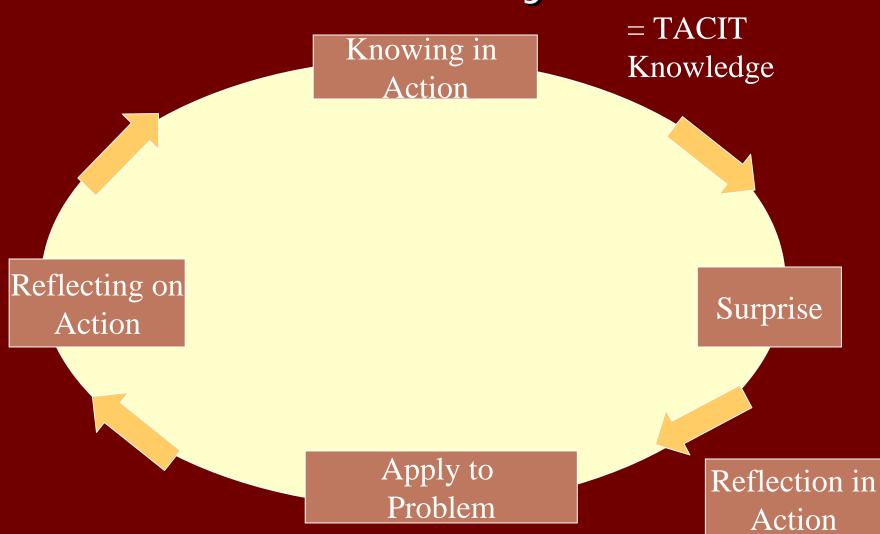
Commonalities

- Both programs based on principle that
 - Responsibility for own education
 - Learning should be practice based
 - Individuals of the appropriate college must be on planning committees
 - Each college responsible for their own credits
 - Based on sound educational principles

Commonalities 2

- Both programs require.
 - Accumulation of CME credits over a 5 year cycle.
 - Credits are required for designation.
 - Both are based on the principle of reflection on practice.

Schön's Cycle



MAINPRO

- Started maintenance of certification in 1977
- MAINPRO started in 1995
- Four principles of family medicine
 - Patient doctor relationship is central to family medicine
 - Family physician is a skilled clinician
 - Family medicine is community based
 - Family physicians a resource to a defined population

MAINPRO

- Must submit 250 credits every five years
 - >125 need to be accredited CME M1 and M-C
 - Proof of credits can be requested at any time
 - Members responsible to send in credits.
 - Local credits valid if practicing outside North America

Credits

M 1 credits: Any accredited CME

M 2 credits: Non accredited CME

- M-C credits: Special credits of enriched educational content.
 - Used to be compulsory, now voluntary

Accreditors

- CME Offices in Canada
- Provincial Chapters of the College of Family Physicians
- For MAINPRO C the College of Family Physicians of Canada

M 1 Credit Activities

- CME meetings
- Rounds
- Journal clubs
- Faculty development (75 credits/5 years)
- Academic papers (75 credits /5years)

- Research in family medicine
- E-learning
- Self test modules
- Practice audit
- Clinical traineeships

MAINPRO C Activities

- Approved courses
- Practice based small group learning
- Clinical traineeships
 <5days, reflection 2
 months later. Max 24
 credits.

- Advanced life support
- Pearls (3 credits)
- Practice audits
- Emergency Medicine examinations

PearlsTM

- Formulate a reflection question
- Seek appropriate information
- Evaluate the information
- Make a practice decision
- Evaluate the effect of the decision

Practice Audit

- Define the problem
- Literature review
- Develop a guideline standard
- Review charts
- Change practice
- Reflect

Accreditation Application M1 & C

- CCFP member input
- Content relevant to family medicine
- Individualized needs assessments *
- Specific instructions to speakers
- Format conducive to learning
- Participants evaluate program

Accreditation Application M1& C

- 70 % small group *
- Ethical standards
- Post program reflection *

Maintenance of Certification

- Modeled after MOPs program in Australia
- Need 400 credits within 5 years
- Credits for fulfilling activities related to specialist physician roles.

Can Meds 2000

Medical expert

Health Advocate

Communicator

Scholar

Collaborator

Professional

Manager

Framework of CPD Options

	Rounds, Journal clubs, CME	1 credit per hour No maximum
	courses, meetings	INO MAXIMAM

Reading, non 1 credit per hour 2 Maximum 100 accredited Other learning credits/5 years meetings activities

3

Self assessment 2 credits/hr. No maximum Programs, Accredited self simulators assessment pr.

Framework of CPD Options (Cont)

4	PLP's	1 credit per
Structured	Traineeships	hour
learning projects		No maximum
5	Audits based	2 credits per
Practice review and appraisal	on own practice	hour
6	Publication,	1 credit per
Ed devt,	teaching,	hour
teaching,	research	Now no
research		maximum

MAINPORT

- MAINPORT is the electronic portal through which one accesses the personal learning portfolio.
- Following slides describe the components of MAINPORT.

Credit Summary

- An automated summary of all points earned and entered in the personal learning portfolio.
- Participants enter their own credits electronically.

Personal Learning Diary

- Enter the Personal Learning Projects
 - Arise from practice
 - Date
 - Time
 - Stimulus to learning
 - Learning topic (ZOE)
 - Learning Question
 - Summary
 - Result

Zones of Expertise

- All questions can be categorized into zones of expertise (ZOE).
- ZOE will allow the learner to note the changing emphasis on practice.
- A ZOE could be considered a learning map.

Question Library

- All Personal Learning Projects are entered into a Question Library.
- The library is available to know what peers are learning.
- Hot links to the person who entered the PLP
- Good for needs assessment
- Can review own record over time.

Approving Credits

- Meetings and courses have preapproved credits.
- Credits can be given by RCPSC National Specialty Societies and CME Offices.
- There is an accreditation process for credit approvers.

Credit Validation Program

- Since credit recording is on an honor system an audit of documentation is done on an annual basis on 3% of the returns.
- Documentation must be kept by the physician in case of audit.

Participation

- Roughly 90% of all active members of RCPS participated in 2006
 - Psychiatry 93 %
 - Internal medicine 85 %

*Alberta – similar for Canada

What if someone does not enter credits?

- There is an annual minimum number of credits.
- If you fall behind you are contacted by the RCPSC to see what they can do to help you get the credits needed

List of Fellows

- Fellowship in the RCPSC is dependant upon successful participation in the Maintenance of Certification program.
- This is a pubic record of those who keep up.
- After first year 85% filed.

Recertification and Relicensure

- Recertification at the College Level
 - Participation in CPD credit system

- Relicensure at the licensing body level
 - Agreement that CPD Credit systems plus questions about health status and legal issues plus additional requirements e.g PAR or office visit results.