CANADIAN MEDICAL EDUCATION JOURNAL | REVUE CANADIENNE DE L'ÉDUCATION MÉDICALE

2026, 17(5): https://doi.org/10.36834/mwfm4v20

BRIEF REPORTS

Dual accreditation in CPD: enhancing learning, equity, and health system integration

Morag Paton,[1] *Maria Jennifer Estrella*,[1] *David Wiljer*[2]

*Author information is provided in the back matter of this manuscript

Abstract

Background: As an accredited CPD provider, we regularly accredit programs for Royal College of Physicians and Surgeons of Canada credits and The College of Family Physicians of Canada Mainpro+ credits. Historically, program directors seeking both credit types submitted a single application for dual accreditation (i.e. assessed and reviewed for both credit types simultaneously). With evolving accreditation requirements, the ability to submit a single application has decreased. To support internal decision-making, we asked: what is the value of dual accreditation?

Methods: Following ethical approval and informed consent, we conducted semi-structured interviews with program directors of dually accredited programs from 2022-2024. Interviews were recorded, transcribed, and analyzed using reflexive thematic analysis.

Results: Twelve program directors participated. We identified three key themes reflecting the perceived value of dual accreditation: enriching learning by supporting intraprofessional learning and practice; promoting equity and belonging; and moving toward an integrated health system.

Conclusions: Dual accreditation holds significant value. As care models become more integrated, dual accreditation supports efforts to connect practice and learning among intraprofessional teams. This study highlights the benefits of accreditation scholarship, contributing to broader insights into the practices and decisions of CPD provider organizations.

.

© PATON, ESTRELLA, WILJER

Double accréditation en formation continue : améliorer l'apprentissage, l'équité et l'intégration au sein du système de santé

Résumé

Contexte : En tant que centre agréé de formation continue, nous accréditons régulièrement des programmes permettant d'obtenir des crédits du Collège royal des médecins et chirurgiens du Canada et des crédits Mainpro+ du Collège des médecins de famille du Canada. Auparavant, les directeurs de programme souhaitant obtenir ces deux types de crédits soumettaient une seule demande de double accréditation (c'est-à-dire que les programmes étaient évalués et examinés simultanément pour les deux types de crédits). Avec l'évolution des exigences d'accréditation, la possibilité de soumettre une seule demande s'est réduite. Afin de faciliter la prise de décision interne, nous avons posé la question suivante : quelle est la valeur de la double accréditation ?

Méthodes : Après avoir obtenu l'approbation éthique et le consentement éclairé, nous avons mené des entretiens semi-structurés avec les directeurs de programmes bénéficiant d'une double accréditation entre 2022 et 2024. Les entretiens ont été enregistrés, transcrits et analysés à l'aide d'une analyse thématique réflexive.

Résultats : Douze directeurs de programme ont participé. Nous avons identifié trois thèmes clés reflétant la valeur perçue de la double accréditation : enrichir l'apprentissage en soutenant l'apprentissage et la pratique intraprofessionnels ; promouvoir l'équité et le sentiment d'appartenance ; et évoluer vers un système de santé intégré.

Conclusions : La double accréditation revêt une grande valeur. À mesure que les modèles de soins s'intègrent davantage, la double accréditation soutient les efforts visant à relier la pratique et l'apprentissage au sein des équipes intraprofessionnelles. Cette étude met en évidence les avantages de la recherche sur l'accréditation, contribuant ainsi à une meilleure compréhension des pratiques et des décisions des organismes prestataires de formation continue.

Introduction

As an accredited CPD provider[1] located at a public research university in Canada, we review and accredit programs on behalf of both a specialist physician organization, the Royal College of Physicians and Surgeons of Canada (RCPSC) and a family physician specialist organization, the College of Family Physicians of Canada (CFPC). Programs seeking both RCPSC and CFPC Mainpro+ credits go through our process of 'dual accreditation,' submitting a single application, which is reviewed and assessed for both types of credit at the same time. Programs being dually accredited need to meet the standards of both organizations and follow their respective process expectations.

Due to changes in accreditation standards and review process requirements,[2] there was a reduced ability for a single aligned application process for both credit types. Due to this reduction, our community would be faced with a choice about if and how to accredit their programs. They could submit their application to two different reviewing bodies (with two applications and two fees). They could submit the application to only one reviewing body (and therefore only request credits for either RCPSC specialists or family physicians). Alternately they could continue with dual accreditation through

our institution (incurring additional fees for content review and needing to submit supplementary application components to satisfy one of the accrediting bodies). As a CPD provider, given the requirements, we were faced with questions about whether to continue the process of dual accreditation, and if so, how to resource it. As part of a working group tasked with making a recommendation on the dual accreditation process, we initiated research asking **what is the value of dual accreditation**?

Accreditation scholarship is a developing field in Continuing Professional Development (CPD)[3] and can offer "research teams [the opportunity] to dispassionately examine processes and outcomes to answer important questions about the very nature of accreditation."[3 p. 10] While accreditation has been an area of study[4–7] there has been little inquiry into dual accreditation.

Methods

We conducted a qualitative interview-based study. Using an institutional accreditation application database listing names of program directors who had submitted applications to the university CPD office for review, MP identified prospective participants who met the following inclusion criteria: Has been a program director of program(s) accredited by the CPD office between January 2022 and May 2024; program(s) acquired both credit types; and program(s) were any of the following types–"program," workshop," or "asynchronous online." These program types were selected because they were most affected by the changes in accreditation standards and required process.

MJE sent invitations to the 33 prospective participants in the database who met the inclusion criteria. Eighteen responded to the invitation. Of the 18 who responded, two were lost to follow-up, and four declined (two because they did not feel they had sufficient insight into the process, while two did not provide a reason).

Following informed consent, we collected data using semi-structured interviews. MP and/or MJE conducted interviews online using Zoom, with each interview lasting 15 to 30 minutes. The interview guide (see Appendix A) was informed by ongoing working group discussions and the investigator team's knowledge and experience in CPD. It was pilot tested with a representative member of the potential participant group, and we made very minor modifications following that pilot. The guide asked open-ended questions regarding participants' perceived value of dual accreditation. Our questions focused on value perception, promotion and marketing, equity and belonging, interprofessional or multiprofessional nature of the program, learner feedback, and educational outcomes. We audio-recorded all interviews using Zoom. We used the Zoom functionality to generate transcripts which MJE then reviewed, de-identified, and corrected as needed before being imported to NVivo 14 for analysis.

We analyzed data using reflexive thematic analysis.[8,9] MP and MJE coded all interviews independently, with codes created based on meaning. MP and MJE met regularly to modify codes, group codes into sets, and discuss the overall coding structure. After completing six interviews, the research team (MP, MJE, and DW) met to begin developing the preliminary themes and overall narrative. After coding all the interviews, the team held a final meeting to refine the themes and plan the writing of the report.

The University of Toronto Health Sciences Research Ethics Board reviewed and approved the research protocol (47024).

Reflexivity statements

We recognize that our identities and experiences shape our approach to this research.

I (MP) am a PhD-educated cis-gender female white immigrant to Canada. During this study, I led the CPD accreditation team. I bring with me both experience in leading administrative processes within a large institution, and an interest in understanding why such processes have developed as they have.

I (MJE) identify as a cis gender Filipino Canadian woman and an immigrant. My background includes two years of clinical occupational therapy practice

and eight years of research experience, particularly with equity deserving groups, health systems, and health policy.

I (DW) am the Executive Director of Education Technology Innovation at University Health Network, Toronto, Canada, the Principal Investigator of the Digital Compassion Lab, and the Associate Dean of Continuing Professional Development at Temerty Faculty of Medicine, University of Toronto. I (DW) also hold several leadership positions for organizations related to continuing professional development. I am very interested in the future of CPD.

Our identities and experiences shape our perspectives and may influence how we interpret the study's findings. To help mitigate these influences, we discussed codes and themes with each other to consider alternative interpretations. As a CPD unit, we recognize the importance of the accreditation process, ensuring credit-bearing activities are available for clinicians.

Results

Twelve program directors participated in the study: four were family physicians, seven were RCPSC specialists, and one was a rehab professional. All participants held faculty appointments at the university. Program types included six programs, three workshops, and three asynchronous online programs.

At a very high level, participants spoke about the benefits of accredited programs, noting that having a program dually accredited made a program attractive for both RC specialists and family physicians. Accredited programs were also preferred over programs that were not accredited at all given time commitments and cost.

Looking closer, we identified three key themes that reflect the perceived value of dual accreditation: (1) enriching learning by supporting intraprofessional learning and practice; (2) promoting equity and belonging; and (3) moving toward an integrated health system. Representative quotes are illustrated in Table 1.

Enriching learning by supporting intraprofessional learning and practice

Dual accreditation enriches intraprofessional learning and practice by attracting a broader audience and requiring an intraprofessional scientific planning committee (SPC). Many program directors requested dual accreditation because their target audience encompassed both family physicians and specialists; thus, having both Mainpro+ and RCPSC credits was critical in having both groups participate. Program directors believed that a broader audience that included CFPC and RCPSC physicians supports intraprofessional learning and practice by enabling them to engage in richer discussions involving varying viewpoints and create connections that are helpful for practice. For example, one participant spoke about the difficulties that some family physicians face in knowing which services are available (particularly for individuals with complex conditions) and the benefit of dually accredited programs in furthering conversations about such services through the participation of specialists.

Aside from attracting a broader audience, program directors also noted the benefit of having an intra- and inter-professional SPC, as part of the requirements of dual accreditation in supporting intraprofessional learning. Specifically, SPCs, which consist of representatives from the program's target audiences benefit from the inter- and intra-professional perspectives and expertise in the program planning process. This process facilitates collaborative thinking and influences the content of the program.

Table 1. Themes and representative quotes

Theme	Quote	Participant code
General comments on accredited programs attracting audiences	the number one reason is to draw a broader audience. Obviously with accreditation, that opens up the interest in our programs. And we are trying to draw obviously physicians and family docs to our program so it's as simple as that for me	PDF6
	...cause they only have so much time and if they're gonna choose between 2 programs, they'll choose an accredited one	PDF1
Enriching learning by supporting intraprofessional learning and practice	We have the discussion boards. Even in asynchronous programming, it (dual accreditation) also improves the level of discussion, right? Because if you have a question that you know is more specific […] somebody from a different specialty can bring a different point of view, so it tends to enrich things, to enrich the discussion a bit more	PDF2
	I: Does dual accreditation contribute to the interprofessional or multiprofessional nature of the program, and how? R: ...I think it does in the sense of creating a better conversation between the specialists and the primary care providers and making more connections. I think a difficulty that people have also is understanding which services are available where, and that's something that we find that people get from the discussions as well [as] what types of sources are available ...	PDF2
	[…] The content is based on inputs, not from one person [but] from the scientific committee and […] we look at the literature so it's very, comprehensive and [we make sure] it meets the needs of everybody...	PDF4
	I: Does dual accreditation contribute to the interprofessional or multiprofessional nature of the program? R: ... sessions end up being much more interdisciplinary, because you have a broader range of of clinicians there.	PDM3
Promoting equity and belonging	You have the potential of having a much larger group. If you have a specialty that is more male dominated, for example and you bring everyone together [....] you'll have more females present.	PDM2
	I would say sense of belonging for sure ... So dual accreditation, you impact all physicians. Right? So you get the sense of ... we're both sort of on par. You value me, and you value them right? And and so all of our docs will feel valued. On the equity piece. I would say that the hospital structure is very well organized and what that leads to is a lot more accreditation for specialist events. And community providers which are like 60 to 80% family physicians get left out of these accredited events and participation right? Through the dual accreditation. The equity piece is really, I think, in offering these opportunities to those within a highly structured and supported environment, being a hospital and those in a less structured and supported environment, being in the community, when we got dual accreditation [...] we have 60 family docs coming to a town hall that haven't done that for decades, because they lost the connection with the hospital right? So I think from that perspective it is supportive [...] from the equity and the reach perspective.	PDM2
	If you go to that graduation ceremony [for the dually accredited program], it blows you away. It's amazing to see. No one cares what your profession is. It's you know, the course you've done, the team you've gone with, what your team's been able to do, as a leadership team. It's really, it's very empowering.	PDF3
	[…] In our committee that developed the course, that reviewed the course, We have not only people from those professions but we also invited learners so we have specialist residents, we have family medicine residents, we have nurse practitioners, students and then we have pharmacists involved in developing the course as well, because we do talk about them, the relationship of the prescriber with the pharmacy and how they can collaborate with each other so I think it promotes it (belonging). It even forces us to think collaboratively and interprofessionally.	PDF5
	I think it probably makes them feel a bit more comfortable taking it like it's also geared toward them.	PDM3
Moving toward an integrated health system	I really see individual accreditation as something that does not align with the future direction of the healthcare system [...] If you look at the Ontario Health Teams structure, certainly it asks for primary care as the foundation. But then there is a seat reserved for a specialist physician, and [...] the way to attract physicians to a lot of these events is to include CME and credits	PDM2
	[...] with our healthcare system and our health resource issues, we need people working to full scope of practice […] and we need to educate people to understand everybody else's scope of practice so there's lots of value in having multi accredited programs where we come together to learn	PDF3
	If we look to the future and the, I'm going to say massive focus on primary care, just with recent announcements, with how funding is flowing nationally and provincially for primary care, it could and should be a growing audience as further investments and focus is made on family physicians, primary care teams, capacity building, etc.	PDF6

Promoting equity and belonging

Participants perceived that dual accreditation benefits learners by increasing access to programs for underrepresented groups and promoting equity and belonging. Study participants perceived that dual-accredited programs were a particular incentive for credits for community-based physicians, as they may have less time and access to accredited CPD opportunities compared to academic-appointed physicians. Offering programs that were accredited for both RC and CFPC credits expanded the availability of programming available to these physicians as they would be more likely to attend if they could claim credits through their colleges. Participants also identified that dual-accredited programs were believed to have greater potential of attracting underrepresented participants, for example, by having more female presence and representation in group learnings when a specialty area is male dominated.

Along with promoting equity, participants believed that dual accreditation fosters a sense of belonging among learners. Offering credits to both family physicians and specialists suggests that neither should be excluded and communicates that both groups are equal and valued for their unique knowledge, skills, and contributions, which can result in participants feeling more included and empowered.

Moving toward an integrated health system

While the previous theme focused on benefits to individuals and groups, this theme focuses on the health system as a whole. Some participants identified that dual accreditation was contributing to the transformation of the health system by eliminating silos and building capacity. Participants described an integrated health system, one referring to this as the "future direction of the healthcare system." This system occurs through shared care models and family health teams where instead of working in silos, family physicians, specialists and other healthcare professionals learn from each other, work together, and understand each other's scope of practice.

While some participants noted that not all potential program content may be appropriate for dual accreditation, in cases where it was, dual accreditation can be a step toward building capacity, as having learners from both the CFPC and RCPSC can increase opportunities for connection, knowledge dissemination, and exchange among professionals.

Discussion

Our findings suggest that there is value in dual accreditation. By designing and accrediting a CPD program targeted to and accredited for both specialist and family physicians, the integration of both sets of needs is at the forefront of program design. An accreditation process that enables dual accreditation helps support enriched learning and practice opportunities, feelings of equity and belonging, and contributes to building an integrated health system.

Dual accreditation can support efforts to build capacity and connect practice and learning. Our findings suggest that sharing knowledge between family and specialist physicians through integrated program design and delivery can help learners and teachers grow their knowledge and skills. In the context of transformative care models, dual accreditation could become a structural bridge to ensure that people who work together, can learn together. This approach could benefit some models of care such as integrative and collaborative care.[10,11] Study participants commented on the link to learning in practice but rarely commented on if or how dual accreditation may lead to better quality *care*. While the connection between accredited CPD and quality care has been made in the literature,[12] research and data will be needed on the connections between dual accreditation and quality care in an integrated health system.

This is a limited scope project situated in a single Canadian institution, and focused on CPD for physicians but there are important findings that can enable accreditation practices beyond this context.

Future directions

Integrated care and bringing people together to learn together are goals of many health professions education and practice contexts. Future research could focus on how broader representation (be that the diversity or roles of SPC members or participants) may affect accreditation practices and outcomes. Insights from other members of the CPD community (for example, CPD leaders, staff, or representatives from accrediting bodies) about dual accreditation would also add to this evidence. As accreditation scholarship is a developing field, studies about the impact of accreditation on practice outcomes as well as research coupled to changes in accreditation guidelines would also contribute to this growing evidence base.

Conclusion

This study offers insight into the value of the dual accreditation process in CPD; specifically, its impact on intraprofessional learning and practice, feelings of equity and belonging among its participants, and its contributions to building an integrated health system. Furthermore, it highlights opportunities for accreditation scholarship to contribute to broader insights into the everyday work of the CPD community and contribute to deeper understandings of the connection of that work further downstream to the practice and care environments.

Author information:

1- Continuing Professional Development, Temerty Faculty of Medicine, University of Toronto, Ontario, Canada

2- Department of Psychiatry and Continuing Professional Development, Temerty Faculty of Medicine, University of Toronto; University Health Network; Wilson Centre, Ontario, Canada

Correspondence to:

Morag Paton

email: morag.paton@utoronto.ca

Published ahead of issue:

Jul 15, 2026

© 2026 PATON, ESTRELLA, WILJER; licensee Synergies Partners.

This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (https://creativecommons.org/licenses/by-nc-nd/4.0) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

Conflict of Interest and funding:

Morag Paton is a paid employee of Continuing Professional Development, Temerty Faculty of Medicine. CPD provided internal funding for a research assistant for the project (MJE). There are no other sources of funding for this work.

Authorship:

Morag Paton and Maria Jennifer Estrella are co-first authors

References

1. Committee on Accreditation on Continuing Medical Education. *Accredited CPD offices.* 2023. Available from: https://cacme-caemc.ca/about-cacms/accredited-programs/ [Accessed on Jul 17, 2023].
2. The College of Family Physicians of Canada. *Understanding the updated Mainpro+® program requirements.* 2024. Available from: https://www.cfpc.ca/en/education-professional-development/mainpro/understanding-the-updated-mainpro-program-requirem [Accessed on Aug 29, 2024].
3. Graves L, Rudkowski J. Moving accreditation forward with accreditation scholarship. *Acad Med.* 2023 Oct 16. https://doi.org/10.1097/ACM.0000000000005799
4. Curran VR, Fleet L, Deacon D. A comparative review of Canadian health professional education accreditation systems. *Can J High Educ.* 2006;36(1):79-102. https://doi.org/10.47678/cjhe.v36i1.183527
5. McMahon GT. Facilitating flexibility: the role of CPD regulators and accreditors during a crisis. *J Eur CME.* 2021;10(1):1993432. https://doi.org/10.1080/21614083.2021.1993432
6. McMahon GT. Accreditation rules ensure that CME serves the needs of patients and the public. *BMJ.* 2021;374:n1780. https://doi.org/10.1136/bmj.n1780
7. Oandasan I, Reeves S. Key elements of interprofessional education. Part 2: factors, processes and outcomes. *J Interprof Care.* 2005 May;19 Suppl 1:39-48. https://doi.org/10.1080/13561820500081703
8. Braun V, Clarke V. One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qual Res Psychol.* 2021;18(3):328-52. https://doi.org/10.1080/14780887.2020.1769238
9. Braun V, Clarke V, Hayfield N, Davey L, Jenkinson E. *Doing reflexive thematic analysis.* In: Bager-Charleson S, McBeath A, editors. Supporting research in counselling and psychotherapy: qualitative, quantitative, and mixed methods research. Cham: Springer International Publishing; 2022. p. 19-38. https://doi.org/10.1007/978-3-031-13942-0_2
10. Suter E, Oelke ND, Lima MAD da S, et al. Indicators and measurement tools for health systems integration: a knowledge synthesis. *Int J Integr Care.* 2017 Nov 13;17(6). https://doi.org/10.5334/ijic.3931
11. Ontario Ministry of Health. *Your health: a plan for connected and convenient care.* 2023. Available from: http://www.ontario.ca/page/your-health-plan-connected-and-convenient-care [Accessed on Feb 21, 2025].
12. Cervero RM, Gaines JK. The impact of CME on physician performance and patient health outcomes: an updated synthesis of systematic reviews. *J Contin Educ Health Prof.* 2015;35(2):131-8. https://doi.org/10.1002/chp.21290

Appendix A. Semi-structured interview guide

Section/Theme	Interview Question
Preamble & Informed Consent	Could you please briefly explain why you chose to accredit the program for both types of credits?
Value Perception	What is the value of accrediting your program with both credit structures compared to just one? In general, do you think accreditation contributes to the quality of your offerings? And does dual accreditation have an impact on that quality?
Promotion and Marketing	In what ways do you believe dual accreditation impacts the promotion and marketing of your CPD programs?
Program Content and Structure	Does applying for dual accreditation influence the content and structure of your CPD program?
Learner Feedback	Can you discuss any feedback received from learners about their preference or perceived value in having access to both types of credits?
Equity and Belonging	Does dual accreditation improve the equity and sense of belonging in your programs?
Interprofessional Education	Does dual accreditation contribute to the interprofessional or multiprofessional nature of the program? How?
Educational Outcomes	In terms of educational outcomes, have you noticed any differences between programs accredited by only one body versus both?
Feasibility, Cost, and Institution Specific Process	In general, would you be willing to pay an additional amount for CFPC certification? With adequate notification, would your program be well positioned to submit content (e.g., slide decks) 10 weeks in advance for Mainpro+ review? Would you have the resources to complete a second application—one for RC and one for CFPC If UofT did not provide CFPC certification, would you seek it elsewhere?