

# In-Practice Certification Route (IPCR) for Non-Procedure Based Certificates of Added Competence (CACs)

## CAC in Care of the Elderly (COE)

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## Background

Certificates of Added Competence (CACs) provide a means of recognizing those family physicians who have achieved a defined level of competence and will commit to maintaining this competence. Members who hold CACs are valued resources to their communities, other family physicians, and their patients.

Family physicians with CACs in Care of the Elderly (COE), who are recognized with the CCFP (COE) Special Designation, are system leaders and champions in their communities. They work with other family physicians, colleagues from other specialties, and other care providers to increase the capacity for providing care to elderly adults through direct patient care, consultations, peer support, and education. Family physicians with CACs in COE provide care to the older adult population and to patients with illnesses that are common in the elderly population.

To this point, CACs in COE have been awarded through two time-limited routes, the Leadership and Added Competency Verification route, as well as the ongoing Canadian Residency Certification Route (CRCR).

The In-Practice Certification Route (IPCR) will allow members who have acquired competence and skill in care of the elderly to apply for a CAC while in practice. To be awarded a CAC, applicants will have to demonstrate that they practice in the scope defined in the [Residency Training Profile \(RTP\) for Care of the Elderly](#) and possess and maintain the competencies outlined through the [Priority Topics and Key Features for the Assessment of Competence in Care of the Elderly](#).

The IPCR targets a wide range of potential applicants:

- Family physicians who have completed residency training in COE without achieving a CAC and are currently working in the domain of care.
- Family physicians who have not completed residency training, but have achieved competencies while in practice and are currently working in COE

## Criteria and process for awarding CACs through the In-Practice Certification Route

All applications will be assessed according to the published [eligibility requirements](#), taking into account the specific and individual practice context of the applicant and the community in which they work.

### Preliminary application

With the base eligibility expectations and an initial access fee of \$373, an applicant may apply for access to the portfolio management system. After the preliminary application review and approval at the administrative level, the applicant will be granted access and able to start building their CAC application portfolio.

### Preliminary application - Eligibility requirements

#### Membership

The applicant must hold Certification in the College of Family Physicians of Canada (CCFP) and remain a member in good standing with the CFPC throughout the review of their application.

#### Licensure

The applicant must have a licence to practice family medicine independently in a province or territory of Canada.

### Application portfolio

The eligibility requirements listed below are based on the [RTP for Care of the Elderly](#), which includes the Practice Narrative and the Core Professional Activities (CPAs), and they are further mapped to the [Priority Topics and Key Features for the Assessment of Competence in Care of the Elderly](#).

The application is built as a portfolio and applicants must provide concrete examples to prove that their scope of practice and contribution to COE justifies the awarding of the CAC.

To qualify for a CAC in COE, physicians must be regularly engaged in care of the elderly practice and demonstrate they have practised in the domain of care without restriction for the four-year period (approximately 400 hours per year) immediately prior to the application submission date. The most recent two years in practice must be in Canada.

The following CPAs are expected of family physicians with a CAC in COE:

### **COE CPA 1: Provide advanced-level care and consultation for issues commonly seen in older adults that affect health, physical and cognitive function, and independence**

To qualify for a CAC in COE:

1. Applicants must have experience in all of the following areas. They will be asked to describe how these activities are part of their practice and give concrete details about the types of cases that they see related to each area of practice listed below.
  - Assessment and management of medical conditions in the elderly  
Applicants should describe their approach to managing complex care when numerous body systems are affected.
  - Assessment and management of cognitive impairment

Applicants must explain the approach and tools they use in a variety of settings to assess and manage cognitive impairment (e.g., office, hospital, long-term care, residential living, memory clinics).

- **Appropriate prescribing for the elderly**  
Applicants must describe their approach to polypharmacy, deprescribing, and follow up. They should mention the tools they use to conduct a medication review, the interprofessional team members they involve, and give examples of commonly addressed medications.
  - **Assessment and management of falls and mobility issues**  
Applicants must describe their approach to falls and mobility issues, the multidisciplinary team they engage, the risk factors they look for, the aids they use to mitigate the risks, and rehabilitation and home safety assessment options they recommend.
  - **Integration of frailty continuum/spectrum in all aspects of care**  
Applicants must explain their approach to the assessment of frailty, including the assessment scales and clinical models they use, and how this impacts their goals of care planning.
  - **Assessment of decision making and capacity**  
Applicants must explain their approach to capacity assessments and mention examples of processes that are used.
  - **Advance care planning and goals of care**  
Applicants must demonstrate their approach to advising patients and caregivers on creating advanced care planning with patients' personal directives or establishing a Power Of Attorney.
  - **End-of-life care**  
Applicants must describe their approach to managing end-of-life in a variety of settings (e.g., hospital, long-term care, home), working with an interdisciplinary team. They should give examples of medications they use and describe how they treat common symptoms.
  - **Assessment and management of depression/anxiety in the elderly**  
Applicants must describe their approach to the assessment and management of depression and anxiety. They should include the screening tools they use, examples of medications they prescribe, and explain how they monitor medication effects.
  - **Assessment and management of delirium in the elderly**  
Applicants must describe their approach to the assessment of delirium, including examples of some of the tools they may use and approach to management.
  - **Assessment and management of urinary incontinence in the elderly**  
Applicants must describe their approach to assessment and management of urinary incontinence.
  - **Identification of driving issues in the elderly and reporting for assessment**  
Applicants must demonstrate the knowledge of driving regulations in their province or territory and of the reporting process. They should describe their assessment approach and tools used to assess.
2. Applicants are expected to spend a minimum of 30 per cent of their current practice in this domain of care. If the percentage is lower, they will be asked to provide an explanation.
  3. Applicants are expected to be doing regular comprehensive geriatric assessments (CGAs) as part of their practice. If less than 20 per cent of their practice is dedicated to this, they will be asked to provide an explanation.
  4. Applicants are expected to see a minimum of 20 per cent of patients by referral. If the percentage is lower, they will be asked to provide an explanation.

### **COE CPA 2: Provide care for older adults in a range of settings**

To qualify for a CAC in COE, physicians are expected to presently work in or have experience in many of the following settings, if available in their community. Applicants will be asked to describe their exposure to the care settings listed below and the role(s) they hold or held, including examples of current and past experiences. If they have not had exposure to some of these settings, they are expected to provide an explanation.

1. Outpatient care  
Examples include seeing referred patients or providing consults in a geriatric outpatient clinics, dementia clinics, or in their office.
2. Supportive/assisted living (if available in your community)
3. Care in the home
4. Long-term care
5. Hospital  
Examples include caring for older adults on in-patient wards and/or family medicine units, rehab unit, acute care, post-acute hospital facility, emergency room.

### **COE CPA 3: Collaborate in all levels of care**

Family physicians with a CAC in COE are recognized for having acquired additional expertise and often receive formal referrals from colleagues. They also bridge a gap in care by providing appropriate referrals to allied health providers and other specialist physicians and surgeons. They help develop the health workforce by supporting and building the capacity of family physicians and others in this domain of care. To qualify for a CAC in COE, physicians must provide evidence that they are a peer resource and source of referral to their colleagues. They are expected to provide team-based and collaborative care with a range of health professionals within institutions and in the community.

Applicants will be asked to describe how they incorporate the roles listed below in their practice and give concrete examples, including current and previous experiences:

1. Resource to colleagues  
Applicants are expected to show how they empower their family physician colleagues to improve the care they provide to their elderly patients. Examples include hallway, telephone, and virtual consults, as well as volunteering as teachers for continuous medical education in care of the elderly.
2. Consultant and source of referral for colleagues  
Applicants are expected to explain the nature of referrals, the setting, and their frequency.
3. Member of an interprofessional team  
Applicants are expected to describe how they collaborate with different health professionals and providers of care.

### **COE CPA 4: Provide administrative, educational, and/or clinical leadership**

As clinical leaders, family physicians with CACs in COE are responsible for meeting the needs of the communities they serve. CAC holders are involved in administrative roles, scholarship, and advocacy for their patients, the domain of practice, and system-level health. They provide a family medicine leadership presence and perspective on care of the elderly at local or regional levels in a wide range of CPAs, clinical and educational leadership roles for committees, organizations, and initiatives.

To qualify for a CAC in COE, physicians must provide evidence of clinical and educational leadership. Applicants will be asked to share what leadership roles they have in COE and list the professions with whom they collaborate:

1. Acting as a leader within an interprofessional team and/or a primary care [Patient's Medical Home](#)

Examples include providing comprehensive geriatric assessments in an interprofessional team, acting as a clinical lead for patients in the community who receive multidisciplinary care, or acting as a clinical lead at the primary care office or long-term care facility.

2. Teaching in the domain of care or acting in an educational leadership role

Applicants will be asked to give concrete details about the profile/level and number of learners and setting(s) in which they teach. Examples include teaching care of the elderly to medical students, family medicine residents, and enhanced skills residents.

3. We recognize that not all those who work in the domain of care are involved in administrative leadership—applicants will be asked to share some examples of their involvement in administrative leadership in care of the elderly, if they work in this role

Examples include membership in or chairing committees, task forces, advisory groups, or local, provincial, or national organizations; leadership positions, such as program director at COE enhanced skills programs, medical director at hospitals, nursing homes, and long-term care facilities.

### **COE CPA 5: Participate in the scholarly aspects of health care of the elderly**

Family physicians with CACs in COE engage in scholarly activities such as providing continuing professional development (CPD) or education, conducting research or quality improvement initiatives. Applicants will be asked to describe their involvement in scholarly activity related to care of the elderly.

1. Involvement in education (e.g., providing CPD and/or teaching, which may include undergraduate and/or postgraduate students and interprofessional groups)

Applicants will be asked to give concrete details about sessions/content they have created and/or delivered. Examples include making hospital rounds, teaching interdisciplinary staff at long-term care facilities, giving presentations and talks at conferences, facilitating workshops, authoring textbooks, developing teaching modules, and hosting videos.

2. Involvement in research

Examples include helping develop guidelines pertaining to care of the elderly issues, participating in research on tools used in geriatric assessment, evaluating interventions, and authoring and reviewing papers.

3. Involvement in quality improvement initiatives

Applicants will be asked to describe their engagement in COE-related quality improvement initiatives on one or multiple levels:

- a) In their practice
- b) In their institution
- c) In their region

Examples include initiatives at hospitals, senior living environments, and long-term care facilities, own practice audits, implementation of new models of care, and introducing electronic comprehensive geriatric assessments.

### **COE CPA 6: Act as a resource to a community**

Family physicians with CACs in COE see themselves as resources to their patients and communities. They assess and respond to patients' needs by advocating with them as active partners for system-level change in a socially accountable manner. They identify and engage in community prevention initiatives.

Applicants will be asked to describe and give concrete examples of their engagement in advocacy:

1. At their own patients' level

Examples include timely referrals, coordination of patient care, advocating for patients and their families to access resources such as home care, long-term care, and tax credits.

2. For Care of the Elderly in their community

Examples include assessing needs and advocating for changes to sustain provision of care at hospitals and long-term care facilities, supporting geriatric societies by contributing to their clinical publications, obtaining and providing resources for care of the elderly.

3. For system level health

Examples include engagement in committees, advocacy for medical leadership that helps to train and support physicians in elder care, lobbying for improved care and treatment of the elderly.

## **COE CPA 7: Manage personal professional activities**

### **Continuing Professional Development (CPD)**

To qualify for a CAC in COE, physicians must provide evidence of engaging in COE-related CPD. They are required to complete a minimum of 75 credits in the five-year cycle.

Applicants will be asked to provide details about the CPD/CME activities they have **undertaken in care of the elderly** in the past five years. Please note that Mainpro+® credits are tracked on a separate platform, and it is not possible to link that information directly to the CAC application portfolio.

### **CAC narrative**

Family physicians with CACs in COE are committed to the values expressed in the [Family Medicine Professional Profile](#). They are committed to delivering accessible, high-quality, comprehensive, and continuous front-line health care. They embody a characteristic approach that strengthens the compassion, responsiveness, integrity, and quality of the health care system. They provide care that supports continuity and is relationship- and patient-centred, community adaptive, and collaborative.

Applicants will be asked to provide a narrative on how they feel their practice in family medicine and care of the elderly adheres to this expectation of practice as outlined in the Residency Training Profile.

Examples include empowering family physician colleagues to improve their care to elderly patients, incorporating care of the elderly in comprehensive family medicine, demonstrating passion for care of the elderly.

### **Years in practice**

To qualify for a CAC in COE, physicians must be regularly engaged in care of the elderly practice and demonstrate they have practised in the domain of care without restriction for the four-year period (approximately 400 hours per year) immediately prior to the application submission date. The most recent two years in practice must be in Canada.

### **Licensure**

The applicant must hold a full unrestricted licence to practise family medicine independently in a province or territory of Canada at the time of application and for the four years preceding the application.

Applicants must provide verification of registration or licensure for each medical regulatory authority in which they hold a certificate of registration or licence authorizing independent practice. These certificates are considered part of the application, which will not be reviewed or adjudicated until the CFPC receives all required documents.

CFPC staff are not responsible for following up with applicants or medical regulatory authorities regarding the Certificates of Standing. Applicants are responsible for ensuring the delivery and receipt of certificates within 30 days of the application submission date.

Applicants who have moved to a different territory or province or abroad in the 12 months prior to the application date are required to provide the Certificate of Standing from the last territory or province in which they practised.

### Referee letters

Letters from four referees are required to provide evidence that the applicant is considered a special resource in care of the elderly, beyond being a valued member of the physician team in their community.

### Referee eligibility requirements

Potential referees should be well-qualified clinicians with a background in practice, training, education, and/or scholarship, and be able to provide a fair and objective opinion of the applicant's practice and CPD contributions in the domain of care for which the CAC application is based. The following expectations must be satisfied within the chosen four referees:

- At least two referees must be family physicians who are members in good standing with the CFPC
- At least two referees must be actively practising and/or teaching in the domain of care for which the CAC application is based
- At least one referee must be an active CAC holder in the domain of care for which the CAC application is based
- One referee must be a colleague with a comprehensive practice to whom the applicant acts as a resource/consultant
- One referee must be an interprofessional team member with whom the applicant works
- All referees must have known the applicant for at least two years in a professional capacity
- Referees cannot be relatives of the applicant or have any conflicting interests with those of the applicant

**Note:** If, as a whole, the selected referees do not meet all of the eligibility requirements, and the applicant would still like to use them as referees, the applicant will be asked to provide an explanation that satisfactorily justifies an exception to the referee eligibility requirements. The CFPC reserves the right, in its sole discretion, to refuse the explanation and require the applicant to provide alternate referee(s) that meet the eligibility criteria.

### Referee letter form

Referees must use the standard online template to submit their letters. **The link to the online form will be provided and automatically sent to the referees after the applicant's application has been submitted.** Letters that are not submitted using the online link provided (e.g., any letters sent via email, mail, fax) will be ineligible and not accepted for review. Applicants and their referees are responsible for ensuring the delivery and receipt of referee letters within 30 calendar days of the application submission date. Submitted letters will only be accessible to authorized CFPC staff and the relevant CAC Peer Review Committee and members of the Board of Examinations and Certification (BEC), if applicable, and will not be shared with the applicant. Referee letters will only be used for the purpose of the CAC application review and will be retained by the CFPC for two years after the decision about awarding a CAC has been finalized.

Referee letter sections are based directly on the expectations as outlined in the [RTP for Care of the Elderly](#).

Referees will be asked to provide a fair and objective opinion of the applicant's practice and CPD contributions in the domain of care on which the CAC application is based. They will be asked to verify the applicant's scope of practice and their contribution to the discipline and the community, providing concrete examples about the applicant's role as a:

- a) Provider of advanced-level care and consultations for issues commonly seen in older adults that affect health, physical and cognitive function, and independence
- b) Resource to family medicine colleagues and a member of an interprofessional team
- c) Clinical, educational, and/or administrative leader
- d) Leader and participant in scholarly activities, including continuous quality improvement, research, and provider of CPD
- e) Resource to their community, engaged in advocacy on one or multiple levels:
  - For own patients
  - For patients in the community
  - For system-level health
- f) Continuous learner who is engaged in COE-related CPD

## Application submission fee

The application fee of \$373 will be charged to access the application portfolio, and the 2025-26 IPCR assessment fee of \$4,072 will be charged at the time of submission.

The fees are non-refundable, regardless of the Peer Review Committee decision.

Please note, that CACs are a revenue-neutral program and, like all CFPC fees, are calculated annually to cover costs. The access fee covers the cost of the administrative review, while the assessment fee covers the cost of the administrative and committee review; the use and maintenance of the application platform; and the creation and distribution of certificates.

## Application review

### Administrative review

#### 1. Preliminary application

The preliminary application requires verification of the applicant's status to allow access to the CAC application portfolio. Applicants will have to show that they are family physicians who are members of the College in good standing, hold the CCFP designation, and possess a valid and unrestricted licence to practise in Canada. After the preliminary application submission, applicants will be granted access to start building their portfolio.

#### 2. CAC application portfolio

Applicants will build their portfolio by entering the required information about their training, practice, and CPD in the domain of care. This portfolio can be populated over an extended period of time. The portfolio is built around the RTP that includes the Practice Narrative and CPAs. The assessment expectations for the domain have been identified in the Priority Topics and Key Features for the Assessment of Competence. When the applicants determine that they meet the domain-specific eligibility requirements and that they have

completed the application portfolio, they will submit it for assessment and pay the applicable fee. This does not have to be in the same year as the application is started.

### Committee review

Each CAC domain of care has an established Peer Review Committee, appointed by the CFPC's BEC, to review all applications and make recommendations to the BEC on the awarding, or not, of CACs to individual applicants.

The standing Peer Review Committee will be comprised of five members with a CAC in the relevant domain of care. Peer Review Committee members serve for staggered three-year terms to ensure consistency over time. The panel is supported in its work by the Director, Certificates of Added Competence and the CAC team.

#### 1. Individual review

As a first step, all applications will be reviewed individually, by each member of the Peer Review Committee. Peer Review Committee members will consider the information provided in the application, including the reference letters, and will arrive at a provisional recommendation: **Recommend** (award a CAC), **Do not recommend** (not award a CAC) or **Uncertain** (additional information and/or discussion with the Peer Review Committee members is required).

Every application will receive five provisional recommendations, which will be compiled, and an individual summary will be produced for each applicant.

#### 2. Peer Review Committee - group review

Compiled summaries from the Peer Review Committee members' individual reviews and all the contents of the applications under review will be read and reviewed together as a group. Unanimous recommendations will be confirmed, and mixed recommendations will be further discussed, with final recommendations reached by consensus. This Peer Review Committee group application review will occur once a year.

If the Peer Review Committee cannot reach consensus in the group review and the members agree that additional information is beneficial to deciding, a decision on the application will be deferred and the applicant and/or their referee(s) may be contacted regarding any additional required information. If the requested additional information is not provided or is provided but is insufficient, the Peer Review Committee may proceed to make a recommendation not to award the applicant a CAC.

The Peer Review Committee's recommendations will be presented to the BEC for their final approval.

## Recommendation decisions

In considering each CAC application, the Peer Review Committee shall arrive at one of the following recommendations:

- Applicants meeting requirements = Recommended for a CAC
- Applicants where additional information is required = Deferred
- Applicants not meeting requirements = Not Recommended for a CAC

Recommendations will be made based on the information provided in the application and reference letters, which shall demonstrate to the satisfaction of the CFPC that the applicant has acquired competence and is practising to the defined CAC role and scope, as outlined in the RTP.

All recommendations will be reviewed and confirmed by the BEC, after which the decision will be communicated to the applicant.

## Application and review process timeline

Spring 2027 review group	Spring 2028 review group	Application stage
September 30, 2026	September 30, 2027	Cut-off date
October 30, 2026	October 30, 2027	Deadline for referee letters and Certificates of Professional Conduct
December 2026 to January 2027	December 2027 to January 2028	First administrative review
<b>February to May 2027</b>	<b>February to May 2028</b>	<b>First peer review and committee meetings</b>
June 2027	June 2028	BEC – review and approval
End of June 2027	End of June 2028	Final decisions (approved/deferred) communicated to applicants
November 30, 2027	November 30, 2028	Deadline to submit additional information (Deferral 1)
December 30, 2027	December 30, 2028	Deadline for referee letters/Certificates of Professional Conduct (if requested)
January 2028	January 2029	Second administrative review
<b>February to May 2028</b>	<b>February to May 2029</b>	<b>Second peer review and committee meetings</b>
June 2028	June 2029	BEC – review and approval
End of June 2028	End of June 2029	Final decisions (approved/deferred) communicated to applicants
November 30, 2028	November 30, 2029	Deadline to submit additional information (Deferral 2)
December 30, 2028	December 30, 2029	Deadline for referee letters/Certificates of Professional Conduct (if requested)
January 2029	January 2030	Third and final administrative review
<b>February to May 2029</b>	<b>February to May 2030</b>	<b>Third and final peer review and committee meetings</b>
June 2029	June 2030	BEC – review and approval
End of June 2029	End of June 2030	Final decisions (approved/refused) communicated to applicants

As outlined in the table above, a **final recommendation** on an application **may be deferred up to two times** to give applicants an opportunity to address deficiencies. Each application can go through a maximum of three review cycles, all of which must be completed within three years of the initial portfolio submission (whichever limit is reached first will apply).

If, after two deferrals and a third review, the committee determines that the requirements have not been met, the application will be refused and a CAC will not be awarded.

**Decisions made after the third review are final** and not subject to appeal. Applicants whose submissions are refused at this stage may submit a new application once all requirements have been met and begin the review process again.

## Confidentiality and conflict of interest

### Confidentiality

The information that applicants provide through their application for a CAC will be handled in accordance with the [CFPC's Privacy Policy](#). Only members of the Peer Review Committee and the staff charged with helping administer the CAC program have access to the applicants' personal information for reviewing and administration purposes.

For privacy reasons, and in order to facilitate a thorough and candid assessment and evaluation process, the names or other personal information of the Peer Review Committee members are not disclosed to applicants or third parties. Meeting minutes and documents created by Peer Review Committee members or the BEC during application reviews—including review deliberations, conclusions, notes, compiled summaries, and individual recommendations—are considered confidential and are not disclosed at any point, including in the event of a reconsideration request, unless required by law.

Names of successful applicants and the awarded CAC designations will be made publicly available on the CFPC's public website and, with an applicant's consent, may be shared with the medical regulatory authorities with whom the applicant is licensed. The identities of unsuccessful or ineligible applicants are not disclosed to any third parties unless the applicant provides consent for such disclosure.

The information collected through CAC applications and the resulting decisions may be shared, in anonymized or aggregated form, to third parties for research purposes where the information is likely to advance the interests of family physicians or family medicine in Canada.

### Conflict of interest

The CFPC seeks to avoid any conflicts of interest in the CAC application review process. In these circumstances, a conflict of interest is a conflict between a person's duties and responsibilities regarding the review process, and that person's private, professional, business, or public interests.

There may be a real, perceived, or potential conflict of interest when any member of a Peer Review Committee:

- Would receive professional or personal benefit resulting from the application being reviewed
- Has a direct or indirect financial interest in an application being reviewed

A conflict of interest may be deemed to exist or perceived as such when a Peer Review Committee member:

- Is a relative or close friend, or has a personal relationship with an applicant
- Is in a position to gain or lose financially/materially
- Has long-standing scientific or personal differences with an applicant
- Feels for any reason unable to provide an impartial review of the application

All committee members are subject to the CFPC's conflict of interest guidelines, and each Peer Review Committee member is committed to abide by the CFPC's conflict of interest policies and procedures prior to viewing any application information. CFPC staff are responsible for resolving areas of uncertainty.

Any Peer Review Committee member who identifies a conflict of interest that would prevent them from reviewing an application is directed to promptly disclose the conflict to CFPC staff. The CFPC's Director, Certificates of Added Competence, will consider the circumstances of the reported conflict and determine if it constitutes a conflict of interest and what measures, such as recusal, are required. No Peer Review Committee

member may participate in the review of an application if there is any real, perceived or potential conflict of interest. If that is the case, a substitute assessor will be used. Any conflict disclosures and avoidance measures will be appropriately documented within the Peer Review Committee's meeting minutes.

## Useful links

[CAC web page](#)

[IPCR Eligibility requirements – Care of the Elderly](#)

[IPCR Application instructions package – Care of the Elderly](#)

[Residency Training Profile \(RTP\) for Family Medicine and Enhanced Skills Programs Leading to Certificates of Added Competence](#)

[Priority Topics and Key Features for the Assessment of Competence in Care of the Elderly](#)

[Mainpro+®](#)

[Family Medicine Professional Profile](#)

[Patient's Medical Home](#)

For more information about CACs please email [cac@cfpc.ca](mailto:cac@cfpc.ca) or visit the [CAC web page](#).