

Canadian Association of Radiologists

Mammography

Accreditation

Program

MAP - Guide

Radiologist CPD and Forms

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1.1 MAMMOGRAPHY ACCREDITATION PROGRAM – PERSONAL PROFILE

The CAR MAP has provided you with a professional online account at <u>accred.car.ca</u>, where you are be able to keep track of your required Continuing Professional Development (CPD) credits and complete the required annual forms to fullfill the conditions for your approval within the MAP. Your approval status is carried across all facilities. Only MAP approved radiologists can interpret images from a MAP accredited unit.

The following guide overviews the sections of Continuing Professional Development (CPD) credits, the Consent to Participate form, the Annual Reads form and the Home Workstation form.

First time logging in? Go to accred.car.ca, click on "can't log in" at the bottom of the login window and the system will let you set your password.

1.2 MAMMOGRAPHY ACCREDITATION PROGRAM – PERSONAL CPD REQUIREMENTS

Radiologists must document 15 continuing professional development (CPD) breast related credits completed within the past 36 months. A minimum of 7.5 of those credits must be from accredited activities and substantiated with certificates of completion. In the CPD Information section of your profile's Home page, you will see your total number of qualifying (completed within the past 36 months) accredited and non-accredited CPD credits.



To view your CPD activities or add new CPD activities to your profile, click on "View CPD Detail"

1.3 MAMMOGRAPHY ACCREDITATION PROGRAM – ADDING CPD ACTIVITIES TO YOUR PROFILE

Click on "Add Activity"

Home	Affiliations	My Profile	CPD Info	Processes	Standards	Documents				
Mammog	Mammography Accreditation Program									
MAP/PA	MAP/PAM Radiologists/Radiologistes									
24.75	24.75 0 O Category Activity Completion Date Expiration Date Credit Value					Credit Value				
Active/Qual	ifying Remaini	ng Expiring	oon Accre	dited/Agréés	Conference - Ac	ccredited / Conférence agréée		05/02/2021	05/02/2024	24.75 \varTheta
15 Total Cre	edits Required		_		CAR 2021 ASM					
					Evidence					
Accredit	ed/Agréés - 24.7	5 qualifying crea	its,		car-ASM21-cert	ificate-attendance-form-v1.pdf				
7.5 Requ	ired									
Unaccre	dited/Non agréé	s - 0 qualifying o	redits 🕀	Add Activity	1 mg					

Select Category Type – Accredited or Non-Accredited

Category		
Select	~	

Select **Activity** Type – A default list of activities is provided. The Activity selection will prompt the subsequent required fields to open. The certificate of completion from an accredited activity is required and must be uploaded.

Activity

Select category with activity options

Enter Hours (non-accredited activity) or Total Credits (accredited activity)

Hours	Total Credits

Click on the **Completion** field and select the date as listed on your certificate of completion (accredited activity) or the date of the activity was completed (non-accredited activity).

Completion		
1000 1000		

Name: Enter the title of the activity and the activity provider.

Name

Evidence – <u>Mandatory for all accredited activities</u>. Drag or upload the certificate of completion.

ame	
C	Drag or Upload your Evidence of Completion here

Click Save once you have populated all required fields.



Once an activity is saved, you will not be permitted to make any edits. For any submission errors, you

will need to remove the activity by clicking the Θ icon. Should you need to re-submit the activity enter a new activity using the **Add Activity** button.

Activity	Completion Date	Expiration Date	Credit Value
Breast Symposium 2021 - CAR	06/01/2021	06/01/2024	6.75 💿 🔶

1.4 REQUESTS - ANNUAL FORMS FOR COMPLETION

Request forms are required to be completed annually as part of the approval process and are accessible through the home page **Requests** area.

Use the dropdown list provided, select the form, and click **Submit** to open the form.

Requests		
Please select the request	you would like to submit	~ Submit
Please select the request	you would like to submit	1lm
MAP/PAM - Personal Wor	kstation/Poste de travail personnel	Processi
MAP/PAM Annual Reads/	ectures Annuelles	rocessin
MAP/PAM - MRT Consent	to participate/TRM Consentement	

REQUIRED FORMS TO COMPLETE:

- MAP/PAM Radiologist Consent/Consentement du radiologiste
- MAP/PAM Annual Reads/Lectures annuelles
- MAP/PAM Personal Home Workstation/Poste de travail personnel (if applicable)*

Once a form is completed, click **Submit** or **Save** if you are not ready to submit but want to save your details. You will be able to return to the form to make edits/updates. If **Abandon** is selected, your details will not be saved and the form removed from your list of forms created. The **X** at the top right-hand side of the form will close the form without saving any details.



If you have saved your form the status will be listed as **Processing**. You will need to return to the form and click **Submit** to have the status update to **Completed**. You will be able to view the completed form, but unable to make any changes. If any changes are needed, contact <u>map@car.ca</u>.

Requ	ests		
Plea	se select the request you would like to submit	~	Submit
	MAP/PAM Annual Reads/lectures Annuelles Created on 06/25/2021		Processing
	MAP/PAM - Personal Workstation/Poste de travail personnel Created on 06/25/2021		Processing
	MAP - Radiologist Consent to Participate Created on 06/24/2021		Processing

*MAP – Personal Workstation/Poste de travail personnel Form

If you are working from a home workstation(s) you are required to complete this form.

• To add a home workstation Click Add additional workstation



• Complete the requested fields

Response		
Please add at least ONE entry. If you have more than 1 worksta	tion, please add an entry for each workstation	
Radiologist Review Workstation Identifier	Number of diagnostic monitors	Are your diagnostic monitors Identical?
		○ Yes ○ No ○ N/A Clear
PACS/Image Display software make (eg. Agfa Impact, McKesson	PACS/Image display software version (eg. 2.4)	
Radiology)		
		1
Diagnostic Monitor Brand	Diagnostic Monitor Model	Serial Numbers (not required) - separate by " " for each
		number
Maximum Luminance(cd/m2) as per the physicist report	Minimum Luminance (cd/m2) as per the physicist report	Luminance ratio (calculated)
Annual Physicist Report upload (if already uploaded as part of a	nother submission please "select an existing document" rather t	han uploading the same copy of the report)
Select an existing document	~	
or UPLOAD		
Date of the annual physicist inspection (not the report date)		
		DONE ADD < 1 of 1 >

The **Luminance ratio** will be automatically calculated based on the maximum and minimum numbers entered

- Upload your workstation's Annual Physicist Report
- Click DONE is you are only adding one workstation or ADD if you have additional workstation(s) to include
- Once **DONE** is selected, you will see a table listing details about your workstation(s).

Please	Please add at least ONE entry. If you have more than 1 workstation, please add an entry for each workstation									
	Workstation Id	Number of Diagnostic Monitors	Software	Version	Brand	Model	Luminance Ratio			
, see	12345	2	ххх	2	XXXX	XXX	321.42857142857144			
3	Add additional workstation									

If you need to make updates to the workstation entries, click the 🖉 icon.

- If you need to remove a workstation entry, click the \bigcirc icon.
- Click **Submit** if the form is complete or **Save** if you are not ready to submit but want to save your details. You will be able to return to the form to make edits/updates. If Abandon is selected, your details will not be saved and the form removed from your list of forms created.

1.5 QUESTIONS

For any questions or assistance, please contact us at <u>map@car.ca</u>.