Accreditation Application Form

Section 3, Self-Assessment Program

The standards contained within this application must be met and supporting documentation provided in order for an activity or event to be considered for approval under [*Section 3, Self-Assessment Program*](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/section-3-sap-standards-e.pdf) of the Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) Program. The Canadian Association of Radiologists, as an accredited provider of RCPSC, will determine if the program meets these standards.

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| * The group applying for accreditation must be a physician-led organization (see *Definitions* section at the end of the document for more details). * A non-physician organization wishing to receive accreditation for a group learning activity must co-develop it with a physician-led organization. * If your group is a non-physician organization, and you are **not** co-developing this activity with a physician organization, your application **will not be accepted**. * A co-developing physician organization must have an integral role in the development of the learning activity content and must submit the accreditation application to the CAR. * The application must be sent up to 12 weeks prior to the date of the activity for the processing of this application.   + A summary of the review will be emailed to the physician organization including the outcome of the assessment of the CPD activity, the number of accredited hours, and the CPD activity accreditation statement that must appear on all accredited CPD activity program materials and certificates of participation * Applications sent fewer than eight (8) weeks prior to the date of the activity will incur an additional fee of $100 per week * Applications sent fewer than three (3) weeks prior to the date of the activity **will not be accepted.** * Each section of the application is graded as follow: Exceptionally Adherent, Adherent, Partially Adherent, and Not-Adherent. The group will receive a score sheet of the final results of the application   *Additional considerations:*   * *MOC section 3 – Accredited Self-Assessment Programs are accredited for a maximum of three years from the start date of the activity* * *Accreditation will not be granted retroactively.* * *The organization that developed the activity is responsible for maintaining all records (including attendance records) for a 5-year period* | Along with this completed accreditation application, the following supporting documents must be submitted:  The preliminary program/brochure, including learning objectives  Session-specific learning objectives  The final program  Interaction calculation  Reflective Tool  Any other materials to promote or advertise the activity (e.g.: invitations, email announcements) (if applicable).  All disclosure forms (speakers and organizing committee members)  The (summarized) needs assessment results  The template evaluation form(s) developed for this activity  The budget for this activity that details the receipt and expenditure of all sources of revenue  The template certificate of attendance that will be provided to participants  The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity (if applicable)  A copy of the answer sheet or assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes  If sponsorship has been received for this activity, attach the written agreement that is signed by the CPD provider organization and the sponsor  Payment of $1000 (plus HST) payable to the Canadian Association of Radiologists  **CAR Contact Information**  Canadian Association of Radiologists  Learning and Development  600-294 Albert Street  Ottawa, Ontario K1P 6E6  [CPD@car.ca](mailto:CPD@car.ca)  Tel.: 613 860-3111  Fax: 613 860-3112 |

Activity Information

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| Date of application: | Click or tap to enter a date. | | |
| Title of group learning activity: | Click or tap here to enter text. | | |
| Activity start date: | Click or tap to enter a date. | Activity end date: | Click or tap to enter a date. |
| Delivery method of group learning activity: | Web-based  Face-to-face  Both web-based and face-to-face | | |
| How many times will this activity be held? | 1  2  3  4+ | Estimated # of participants: | Click or tap here to enter text. |
| Has the program been previously accredited? | Yes  No | If yes, when was it reviewed? | Click or tap here to enter text. |
| If yes, by which CPD accreditation system? | Click or tap here to enter text. | | |
| How many hours are required to complete the program? | Click or tap here to enter text. | | |

PART A: Administrative Standards

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| **Name of physician organization that developed the group learning activity** | | | | | | | |
| 1. Name and contact information for[**physician organization**](http://www.royalcollege.ca/rcsite/cpd/accreditation/guidelines/what-is-physician-organization-e) requesting accreditation: | **Name of physician organization:** Click or tap here to enter text. | | | | | | |
| **Address:** Click or tap here to enter text. | | | | | | |
| **City:** Click or tap here to enter text. | | | **Province:** Click or tap here to enter text. | | | **Postal Code:** Click or tap here to enter text. |
| **Name:** Click or tap here to enter text. | | | **Title:** Click or tap here to enter text. | | | |
| **Email:** Click or tap here to enter text. | | | **Telephone #:** Click or tap here to enter text. | | | |
| **Website address:** Click or tap here to enter text. | | **CPD Event website:** Click or tap here to enter text. | | | | |
| 1. Name and contact information for **Scientific Planning Committee Chair**:   *(If different from above)* | **Name:** Click or tap here to enter text. | | | | | | |
| **Email:** Click or tap here to enter text. | | | **Telephone #:** Click or tap here to enter text. | | | |
| 1. Name and contact information for organization ***co-developing* the activity** *– only applicable if activity was co-developed*: | **Name of organization:** Click here to enter text. | | | | | | |
| **Address:** Click here to enter text. | | | | | | |
| **Email:** Click here to enter text. | | | **Telephone #:** Click here to enter text. | | | |
| 1. Is the co-developing organization a physician organization?   *A physician organization is defined by the Royal College as a not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through: continuing professional development, provision of health care, and/or research*.  ***If not, please contact the CAR Learning and Development Specialist at 613 860-3111 ext. 203 prior to completing the application.*** | | | | | | Yes  No  N/A | |
| 1. Will the physician organization maintain attendance records for 5 years? | | | | | | Yes No | |
| **Content development** | | | | | | | |
| 1. Was the content developed by the applying physician organization? | | | | | | Yes  No | |
| *If no, who developed the content?* | | | | | | Click here to enter text. | |
| 1. **Scientific Planning Committee members (SPC)**  * *These committee members must be representative of the target audience listed in PART B: Educational Standards* * *At least one committee member for each of the identified target audience must be listed* * *Each planning/organizing committee member is to sign a disclosure form and copies are to be submitted to CAR with this application.* | | | | | | | |
| *Complete the table below. Include it as an attachment if you have this information already available electronically.* | | | | | | | |
| **Name of SPC member** | | **How does the individual represent target audience?** | | | **Is the individual a member of the physician organization responsible for planning the CPD activity?** | | |
| ***EXAMPLE: Dr. John Smith*** | | ***Staff Radiologist*** | | | ***yes*** | | |
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| **Online access to the program:** | Click or tap here to enter text. | | | |
| Self-Assessment Programs approved under Section 3 **must** be developed or co-developed by a planning committee consisting of members of a physician organization.  Please select the option that applies to your organization.  **Option 1**  The planning committee consists of members of a physician organization that developed this Self-Assessment Program independently or in conjunction with another physician organization.  **Option 2**  The planning committee consists of members of a physician organization that prospectively developed this Self- Assessment Program in conjunction with another non-physician organization. We accept responsibility for the entire program.  **Option 3**  This is an Accreditation Council for Continuing Medical Education (ACCME) accredited activity where the program was developed or co-developed by a physician organization. | | | | |
| Date the program was completed: | | Click or tap to enter a date. | | |
| Has the program been previously accredited? | | Yes | | No |
| If yes, by whom? | Click or tap here to enter text. | | | |
| How often is the program content and format reviewed? | | Click or tap here to enter text. | | |
| When did the last review of this SAP’s content and format take place? | | | Click or tap to enter a date. | |
| Please indicate the number of hours required to complete the program | | | Click or tap here to enter text. | |

PART B: Educational standards – SECTION 3, SELf-ASSESSMENT PROGRAM

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| 1. What is the intended target audience of the self-assessment program? *(if different from Section 1, Group Learning Activity)* |

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| Radiologists  Other specialists (specify)  Click or tap here to enter text. | Medical Radiation Technologists  Residents / Fellows  Administrators | Family Physicians  Other healthcare professionals (specify)  Click or tap here to enter text. |
| Additional information, as applicable  Click or tap here to enter text. | | |
| 1. What needs assessment strategies were used to identify the learning needs (perceived and/or unperceived) of the target audience?   *Examples might include: surveys of potential participants, literature reviews, clinical practice guideline(s) and/or meta-analysis and/or systematic review, healthcare data, and assessment of knowledge, competence or performance of potential participants.* | | |

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| Click or tap here to enter text. | | | | | | |
| 1. What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the scientific planning committee identify for this activity? | | | | | | |
| Click here to enter text. | | | | | | |
| 1. How were the identified needs of the target audience used to develop the overall and session-specific learning objectives?   *For example:*   * *Did the scientific planning committee share the needs assessment results with the individual(s) who are responsible for developing the learning objectives?* * *Did the scientific planning committee use the needs assessment results to define the learning objectives for the activity?* | | | | | | |
| Click here to enter text. | | | | | | |
| 1. [CanMEDS](http://canmeds.royalcollege.ca/) Role(s) relevant to this activity?   *Check all that apply* | [Medical Expert](http://canmeds.royalcollege.ca/en/framework#collapse-1)  [Communicator](http://canmeds.royalcollege.ca/en/framework#collapse-2) | [Leader](http://canmeds.royalcollege.ca/en/framework#collapse-5)  [Collaborator](http://canmeds.royalcollege.ca/en/framework#collapse-4) | [Health Advocate](http://canmeds.royalcollege.ca/en/framework#collapse-7)   [Professional](http://canmeds.royalcollege.ca/en/framework#collapse-8) | | [Scholar](http://canmeds.royalcollege.ca/en/framework#collapse-7) | |
| 1. Describe the key knowledge areas, skills or competencies and/or themes assessed by this self-assessment program.   *Self-Assessment Programs provide participants with a strategy to assess their knowledge, skills, clinical judgement and attitudes in comparison to established evidence. All Self-Assessment Programs must use methods that enable participants to demonstrate these abilities across the key areas of the subject area, topic or problem.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| 1. State the sources of information selected by the planning committee to develop the content of this activity (e.g. scientific literature, clinical practice guidelines, etc.) | | | | | | |
| Click or tap here to enter text. | | | | | | |
| 1. What learning methods were selected to help the CPD activity meet the stated learning objectives? Describe the rationale for the selected format (e.g. multiple-choice questions, short answer questions, etc.) to enable participants to review their current knowledge or skills in relation to current scientific evidence. | | | | | | |
| Click or tap here to enter text. | | | | | | |
| 1. Describe the process that that allows participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes. (e.g. through the creation of an answer sheet and scoring or web-based assessment tools) and record their answers?   *Attach a copy of the answer sheet for the assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes and shows how feedback will be provided to the participants* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| 1. List the learning objectives for this self-assessment program. If you have this information already available electronically, you may include it as an attachment. Please ensure that all sessions/presentations have a minimum of two to three learning objectives and are clearly outlined in the course programme.   *To ensure the objectives are properly composed, please consult to the Royal College’s “*[*How to create learning objectives*](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-creating-learning-objectives-e)*” and the* [*list of verbs for formulating learning objectives*](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/verbs-educational-objectives-e.pdf)*. Please avoid using verbs such as:* ***understand****,* ***learn****,* ***know****,* ***believe****, and* ***appreciate****.*  *If the learning objectives submitted do not adhere to the format criteria or clearly state the goals, the application will be returned for revision and will not progress until this has been rectified.*  **Upon completion of this self-assessment program, participants should be able to:** | | | | | | |
| Click or tap here to enter text. | | | | | | |
| 1. How will feedback be provided to participants on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan? Describe the process by which participants will provide answers to individual questions. For example, through the creation of an answer sheet and scoring key or web-based assessment tools. Please provide a copy of the answer sheet or assessment too   *Providing specific feedback on which answers were correct and incorrect, with references, enables specialists to determine if there are important aspects of their knowledge, skills clinical judgement or attitudes that need to be addressed through engaging in further learning activities.* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| 1. Does the program include a reflective tool that provides participants with an opportunity to document (please include a copy of the reflective tool) | | | | | | |
| *Knowledge or skills that are up-to-date or consistent with current evidence* | | | | Yes | | No |
| *Any deficiencies or opportunities they identified for further learning* | | | | Yes | | No |
| *What learning strategies will be pursued to address these deficiencies; and* | | | | Yes | | No |
| *An action plan or commitment to change to address any anticipated barriers* | | | | Yes | | No |
| 1. Does the program provide participants with references justifying the appropriate answer? | | | | Yes | | No |
| 1. Describe how references are provided to participants. | | | | | | |
| Click or tap here to enter text. | | | | | | |
| 1. How will the overall learning activity and each individual module (if applicable) be evaluated by participants?   *Accredited self-assessment programs must provide participants with an opportunity to evaluate each individual module(s), if applicable, and the overall CPD activity. The evaluation system must:*   * *Allow participants to identify whether the individual session and overall CPD activity learning objectives were met;* * *Ask participants to identify whether the content was balanced and free of commercial or other inappropriate bias;* * *Provide opportunities for participants to identify the potential impact of the CPD activity for their practice* | | | | | | |
| Click or tap here to enter text. | | | | | | |
| 1. (Optional) If the program evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe. | | | | | | |
| Click here to enter text. | | | | | | |
| 1. (Optional) If the program evaluation strategy intends to measure improved health care outcomes, please describe. | | | | | | |
| Click or tap here to enter text. | | | | | | |
| 1. **Programme / Syllabus**   *Provide a copy of the event’s programme / syllabus. It will be valuated to ensure it respects the criteria established by the Royal College of Physicians and Surgeons of Canada, as well as the* [*Canadian Medical Association of Policy Guidelines*](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf)*.*  *Event programmes are to:*   * *Include learning objectives for the overall event* * *Include objectives for each session, including the interactive* * *Identify the needs assessment used for the event program development* * *Identify the target audience* * *Clearly outline the interactive components (number of minutes)*   *Also,*   * *If funding sources (sponsors) are identified in the programme as having provided educational grants, logos are not to be on the cover/first page* * *If finding sources are identified in any other way in the programme, only company identification is permitted, no product specification* | | | | | | |
| 1. **Promotional Leaflet or Brochure**   *Provide a copy of this activity’s promotional leaflet or brochure, where applicable. These will be evaluated to ensure they respect the criteria established by the Royal College of Physicians and Surgeons of Canada, as well as the* [*Canadian Medical Association Policy Guidelines*](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf)  *Promotional leaflets or brochures for accredited Self-Assessment Programs should:*   * *Include learning objectives for the SAP* * *Identify the needs assessment used for the event program development* * *Identify the target audience*   *Also,*   * *If funding sources (sponsors) are identified in the leaflet or brochure as having provided educational grants, logos are not to be on the cover/first page* * *If funding sources are identified in any other way in the leaflet or brochure, only company identification is permitted (no product specification)* | | | | | | |

part c: ethical standards

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| All activities accredited after January 1, 2018 must comply with the [National Standard for support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e). The National Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities. | | | | | | | | | | |
| 1. [Has the CPD activity been sponsored by one or more sponsors?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e" \o "See: Element 4: Receiving Financial and in-kind Support of the National Standard) | | | | | | | | Yes  No | | |
| 1. [If yes, have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the CPD provider organization and the sponsor?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e" \o "See: Element 1: Independence of the National Standard) *(Attach a sample)* | | | | | | | | | | |
| 1. If sponsorship has been received, please check all sources of sponsorship that apply | | | | | | | | | | |
| Government agency | [Health](http://canmeds.royalcollege.ca/en/framework#collapse-2) care facility | | | Not-for-profit organization | Medical device company | | Pharmaceutical company | | | Education *or* communications company |
| Other p*lease specify* | | Click or tap here to enter text. | | | | | | | | |
| 1. [If yes, please list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) (s*hould you require more space, attach a new page).* | | | | | | | | | | |
| **Sponsor name** | | | **Type of support** | | | | | | | |
| Click or tap here to enter text. | | | Financial support  Amount received or anticipated to receive:  Click or tap here to enter text. | | | In-kind support  Amount received or anticipated to receive:  Click or tap here to enter text. | | | *For-profit sponsor*  *or*  *Non-profit sponsor* | |
| Click or tap here to enter text. | | | Financial support  Amount received or anticipated to receive:  Click or tap here to enter text. | | | In-kind support  Amount received or anticipated to receive:  Click or tap here to enter text. | | | *For-profit sponsor*  *or*  *Non-profit sponsor* | |
| Click or tap here to enter text. | | | Financial support  Amount received or anticipated to receive:  Click or tap here to enter text. | | | In-kind support  Amount received or anticipated to receive:  Click or tap here to enter text. | | | *For-profit sponsor*  *or*  *Non-profit sponsor* | |
| Click or tap here to enter text. | | | Financial support  Amount received or anticipated to receive:  Click or tap here to enter text. | | | In-kind support  Amount received or anticipated to receive:  Click or tap here to enter text. | | | *For-profit sponsor*  *or*  *Non-profit sponsor* | |
| 1. [Describe the process by which the SPC maintained control over the CPD program elements including:](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)  * the identification of the educational needs of the intended target audience; development of learning objectives; * selection of educational methods; * selection of speakers, moderators, facilitators and authors; * development and delivery of content; and * evaluation of outcomes | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| 1. [Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic option](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)s. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| 1. [How were those responsible for developing or delivering content informed that any description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| 1. [All accredited CPD activities must comply with the National Standard for support of accredited CPD activities. If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| 1. [How are the scientific planning committee members’ conflicts of interest declarations collected and disclosed to](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)  * The physician organization? * To the learners attending the CPD activity? | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| 1. [How are the speakers’, authors’, moderators’, facilitators’ and or/authors’ conflicts of interest information collected and disclosed to?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)  * The scientific planning committee? * To the learners attending the CPD activity? | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| 1. [If a conflict of interest is identified, what are the scientific planning committee’s methods to manage potential of real conflicts of interests](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |

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| 1. [How are payments of travel, lodging, out-of-pocket expenses, and honoraria made to members of the scientific planning committee, speakers, moderators, facilitators and/or authors?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)   If the responsibility for these payments is delegated to a third party, please describe how the CPD provider organization or SPC retains overall accountability for these payments. |
| Click or tap here to enter text. |
| 1. [How has the physician organization ensured that their interactions with sponsors have met professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) |
| Click or tap here to enter text. |
| 1. [How has the physician organization ensured that product specific advertising, promotional materials or other branding strategies have not been included on, appear within, or be adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? |
| Click or tap here to enter text. |
| 1. [What arrangements were used to separate commercial exhibits or advertisements in a location that is clearly and completely separated from the accredited CPD activity?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) |
| Click or tap here to enter text. |
| 1. [If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) |
| Click or tap here to enter text. |
| 1. [What strategies were used by the scientific planning committee or the physician organization to prevent the scheduling of unaccredited CPD activities occurring at times and locations where accredited activities were scheduled](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? |
| Click or tap here to enter text. |

part D: DECLARATIONS

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| As the chair of the scientific planning committee (or equivalent), I accept responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA’s guidelines, entitled, [*CMA Policy: Guidelines for Physicians in Interactions with Industry (2007)*,](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) and National Standard for Support of Accredited CPD Activities have been met in preparing for this activity. | | | |
|  | **I Agree** | | By clicking “I agree” you are agreeing to the declaration stated above |
| **Name:** | | Click or tap here to enter text. | |
| **Date:** | | Click or tap to enter a date. | |

part e: cpd accreditation agreements

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| --- | --- |
| The Royal College has several international CPD accreditation agreements. These agreements allow physicians and/or other health professionals to claim or convert select Royal College MOC credits to other CPD system credits. Details about the specific agreements are available on the RCPSC [website](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#accme)  Should you wish for this CPD activity to eligible for credit within any of these systems, please check all that apply: | |
|  | [American Medical Association (AMA) PRA Category 1 Credit™](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#ama) |
|  | [European Union of Medical Specialists (UEMS)](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#uems) |
|  | [Qatar Council for Healthcare Practitioners](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#qatar) (QCHP) |
|  | European Board for Accreditation in Cardiology ([EBAC](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#accme)) |

DEFINITIONS

### Physician Organization

A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through:

* Continuing professional development
* Provision of health care; and/or
* Research

This definition includes (but is not exclusive to) the following groups:

* Faculties of medicine
* Hospital departments or divisions
* Medical (specialty) societies
* Medical associations
* Medical academies
* Physician research organizations
* Health authorities not linked to government agencies

This definition excludes pharmaceutical companies and their advisory groups, medical and surgical supply companies, medical device companies, communication companies and other for-profit organizations and ventures/activities.

Examples of other groups that are not considered physician organizations:

* disease-oriented patient advocacy organizations (e.g. Canadian Diabetes Association)
* government departments or agencies (e.g. Health Canada, Public Health Agency of Canada)
* medical education or communications (MEC) companies (e.g. CME Inc.)
* for-profit online educators, publishing companies or simulation companies (e.g. Medscape, CAE)
* small groups of physicians working together to develop educational programming

### Non-physician or non-medical organization

Types of organizations that are not considered physician organizations

* Disease-orientated patient advocacy organizations (e.g. Canadian Diabetes Association)
* Government departments or agencies (e.g. Health Canada, Public Health Agency of Canada)
* Industry (e.g. pharmaceutical companies, medical device companies, etc.)
* Medical education or communications (MEC) companies (e.g. CME inc.)
* For-profit online educators, publishing companies or simulation companies (e.g. Medscape, CAE)
* Small number of Physicians working together to develop educational programming

### Educational Grant

Funding or in-kind support provided by a commercial or other group towards an activity, which will be used towards the general organizing and presentation of the event.

Note: Commercial groups providing financial support to accredited CPD events can not have any role or influence over any aspect of the CPD planning process.

Funds gathered are not to be designated for a specific purpose

Example 1 - All funds are to be pooled in one budget where expenses for speaker, group meals, audio visual, etc… are assigned).

Example 2 - A sponsor cannot cover the cost of a speaker’s travel or accommodations, or that of the venue’s meeting room fees.

Physician organizations receiving "educational grants" should provide a statement of account to each sponsoring company for how funding was allocated or spent during the event.

### Perceived Needs

Educational need that participants are aware they need to address.

The identification of perceived needs will assist in determining what educational interventions are needed. This will affect both the content and the most appropriate learning format to present the content. Perceived needs can be identified through the following:

* Planning committee members personal experience, expert knowledge
* Surveys
* Questionnaires
* Focus groups
* Requests from the target audience

### Unperceived Needs

Educational needs that participants are unaware that they need to address

The identification of unperceived needs will assist in determining what educational interventions are needed. This will affect both the content and the most appropriate learning format to present the content. Unperceived needs can be identified through the following:

* Self-assessment tests
* Chart audits
* Chart stimulated recall interviews
* Direct observation of practice performance
* Quality assurance data from hospitals, regions
* Standardized patients
* Provincial databases
* Incident reports
* Published literature (random controlled trials, cohort studies)

### Interactive Segments

Opportunities for participants to interact, verbally or physically, during an educational session.

Examples of interactive segments include:

* Questions periods after presentations
* Workshops
* Panel discussion with audience interaction
* Quiz
* Simulation
* Expert encounter
* Community of learner
* Exam
* Post-test
* Small group discussions
* Planned discussions with colleagues within the educational program (not social)