General Information (please read this before filling out the application)

In order for an activity or event to be considered by the Canadian Association of Radiologists for approval under Section 1, Group Learning Activities of the Royal College of Physicians and Surgeons of Canada (RCPSC) Maintenance of Certification (MOC) Program, the following criteria must be met:

|  |  |
| --- | --- |
| * 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 eight (8) weeks prior to the date of the activity for the processing of this application.
* 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.**
 | Along with this completed accreditation application, the following supporting documents must be also be submitted:* All disclosure forms (speakers and organizing committee members)
* Event budget
* Participant evaluation form
* Event promotional brochure(s) (if applicable)
* Event agenda
* Event program
* Other information deemed relevant in developing the event
* Payment of $700 (plus HST) payable to the**Canadian Association of Radiologists**
 |

Contact Information (Coordinator)

|  |  |
| --- | --- |
| Name | Position |
|  |  |
| Email | Telephone Number Ext. | Fax Number |
|  |  |  |  |
| Address |
|  |
| Municipality (City, Town, etc.) | Province | Postal Code |
|  |  |  |

Contact Information (Chair of the Planning Committee, if different from Coordinator)

|  |
| --- |
| Name |
|  |
| Email | Telephone Number Ext. | Fax Number |
|  |  |  |  |
| CAR Contact Information: |  |
| Canadian Association of RadiologistsCommunications & Events Department600–294 Albert StreetOttawa, Ontario K1P 6E6 | info@car.caTel.: 613 860-3111Fax: 613 860-3112  |

Part A

Organizational Information

|  |
| --- |
| Name of the organization applying for accreditation |
|  |
| Title of the CPD Event | Date(s) of Event | Location of Event (City, Province, Country) |
|  |  |  |
| Organization website | CPD Event website |
|  |  |
| Is your organization a physician organization?Please refer to the *Definitions* at the end of the document for more details. | 🞏 Yes | 🞏 No |  |
| If **yes**, provide a description (e.g., The Canadian Association of Radiologists is a non-profit organization which operates a central office in Ottawa, ON, under the direction of a representational Board of Directors of 15 members.) |
|  |
| If **no**, please contact the CAR Education and Events Coordinator at 613 860-3111, ext. 212 prior to completing the application. |
| Is this event co-developed with another group? | 🞏 Yes | 🞏 No |  |
| If **yes**, identify the group, whether it is a physician or non-physician organization, their purpose and their involvement in the activity. |
|  |
|  |  |  |  |
| Will this event be repeated in the next 12 months? | 🞏 Yes | 🞏 No |  |
| If **yes**, specify the dates: |
|  |
| Will the program content remain the same? | 🞏 Yes | 🞏 No |  |
| Clarification, if needed |
|  |
| Will the faculty remain the same? | 🞏 Yes | 🞏 No |  |
| Clarification, if needed |
|  |

Part B

Audience and Planning Committee

|  |
| --- |
| Indicate, from the options below, the target audience(s) for whom this event was created: |
| 🞏 Radiologists | 🞏 Medical Radiation Technologists | 🞏 Residents/Fellows | 🞏 Administrators | 🞏 Family physicians |
| 🞏 Other specialists (specify) |  |
| 🞏 Other healthcare professionals (specify) |  |
|  |  |
| Clarification, if needed |
|  |
| List the members of this event’s planning/organizing committee. **These committee members must be representative of the target audience listed above.** **At least one committee member for each of the above identified target audience must be listed below.****Each planning/organizing committee member is to sign a disclosure form and copies are to be submitted to CAR with this application.** |
| Name | Title | Affiliation | Representative of which target audience |
| Example:Dr. John Smith | Staff Radiologist | University of ABC | Radiologists |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

Needs Assessment

|  |
| --- |
| In order to develop this event, your group is to have identified a lack of knowledge or a need for improvement within an area and for whom the course is meant (target audience). |
| Indicate the assessment methods used to plan this event and to help determine its content: |
| Perceived needs: |
| 🞏 Membership Survey | 🞏 Experts opinion | 🞏 Literature  | 🞏 Guidelines |
| 🞏 Other (specify) |  |
|  |  |
| Optional – Unperceived needs (please refer to *Definitions* at the end of the document for more details) |
| 🞏 Results from Self-Assessment Modules | 🞏 Experts opinion | 🞏 Practice audit results | 🞏 Literature/research |
| 🞏 CMPA | 🞏 Regulatory authorities | 🞏 National or regional data bank | 🞏 Pre- and post-tests of similar events |
| 🞏 Other specialists (specify) |  |
|  |  |
| Clarification, if needed |
|  |

Part C

Event Objectives

|  |
| --- |
| In order to ensure the objectives are properly composed, we suggest you consult the « Creating and Writing Learning Objectives » document. **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. |
| List the learning objectives of this event. |
| At the end of this CPD event, the participants should be able to: |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

Session/Presentation Objectives

|  |
| --- |
| **Please ensure that all sessions/presentations have between two and three learning objectives and are clearly outlined in the course programme.** |

Interaction

|  |
| --- |
| A minimum of 25% of the event is to be devoted to participant interaction. Fill in the following tables and calculate the percentage of interactivity prior to sending this application for consideration.**Please ensure that the interactive portions of the event are clearly identified in the event programme and/or agenda.** |
| Interactive Segments | Number of Minutes |
| Questions periods after presentations |  |
| Panel discussion with audience interaction |  |
| Quiz |  |
| Simulation |  |
| Expert encounter |  |
| Exam |  |
| Small groups discussions |  |
| Other (e.g. audience response system used throughout a session) |  |
| Total Minutes of Interactivity: |  |
|  |
| Each interactive segment and its timing must be clearly defined in the participants’ programme. |
| A –  | Total minutes of interactivity |  |
| B –  | Total of educational minutes of the entire event, including interactive segments |  |
| A÷B = |  | % |

Evaluation of Participant Learning

|  |
| --- |
| **Optional** – Indicate the methods used for evaluating participant learning of the activity subject matter. **The event evaluation form does not qualify.** |
| 🞏 Post-test | 🞏 Exam | 🞏 Quiz |
| 🞏 Outcomes measurement (please explain) |  |
| 🞏 Remote (after the event) learning assessment (please explain) |  |
| 🞏 Other (specify) |  |
|  |  |
|  |
| **Optional** – As a result of the evaluation process for this event, will there be development towards improved healthcare outcomes? | 🞏 Yes | 🞏 No |
| If **yes**, please describe: |
|  |

Part D

Evaluation Form

|  |
| --- |
| Provide a copy of the evaluation forms the participants of this event will be completing. Ensure these include the following components:Learning objectives for the overall event, which are to be listed and assessed Learning objectives for each session, including interactive segments, to be listed and assessedBias, ethical conduct are assessed for the entire event and for each sessionAssessment as to whether there was enough interaction timeAll educational activities are to be assessedInteractive segments are to be assessedImpact on outcome of the learning objectives are to be assessedEvaluation forms are to be anonymous |

Programme / Syllabus

|  |
| --- |
| Provide a copy of the event’s programme/syllabus. It will be evaluated to ensure it respects 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)(http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf).Event programmes are to:Include learning objectives for the overall eventInclude objectives for each session, including the interactive segmentsIdentify the needs assessment used for the event program developmentIdentify 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 pageIf funding sources are identified in any other way in the programme, only company identification is permitted, no product specification |

Promotional Leaflet or Brochure

|  |
| --- |
| Provide a copy of the event’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) (http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf).Promotional leaflets or brochures for the event are to:Have learning objectives for the overall eventHave learning objectives for each session, including the interactive segments (optional for promotional leaflet or brochure, if these will appear in full programme)Identify the needs assessment used for the event program developmentIdentify the target audienceAlso, 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 pageIf funding sources are identified in any other way in the leaflet or brochure, only company identification is permitted(no product specification) |

Certificate or Letter of Attendance

|  |
| --- |
| Providing a certificate or letter of attendance is a key accreditation standard. The physician organization is responsible for issuing certificates or letters of attendance to participants, (regardless of their profession or specialty). Certificates or Letters of attendance must be issued for accredited group learning activities must always include the following elements:1. The title of the activity.
2. The name of the physician organization responsible for the activity.
3. The date(s) the activity took place.
4. The location of the activity (i.e., city, country, web-based).
5. The total number of hours for which the activity is accredited.
6. The number of hours the registrant attended the activity (or blank space for the registrant to complete themselves).
7. The accreditation statement provided by the CAR upon approval of the activity.
 |

Event’s Ethical Guidelines

|  |
| --- |
| Each of the faculty members, as well as the members of the planning committee, is to provide a disclosure form *(copy of forms are to be submitted along with this application)*Each speaker is to disclose their conflicts or lack thereof in the second slide of their presentation and/or mentioned at the beginning of the session |
| Logos of funding groups placed on promotional material, brochures, programmes, etc., are to be appropriate and in accordance with the [CMA Policy Guideline](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) (http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) Exhibitor stands, materials or promotional items related to sponsors or funding sources, in hard copy or digital format, are not to be in the educational rooms or near the entrances of the educational rooms. Hard copies of the programme are to be made available to participants prior to the event/sessionsFunding is pooled in an unrestricted fundParticipant will not receive more than small and reasonable meals, refreshments, gifts (pen, etc.)There must be a strategy for resolving conflicts if bias is identified with a speaker, in a session or throughout the event in general |
| Explain the strategy employed to resolve the conflict: |

Ethical Considerations

|  |
| --- |
| Include a copy of the general budget for this event, which identifies the sources of revenue as well as the anticipated expenses. The budget of the organizing group is to be sufficiently autonomous without external funding.Group learning activities approved under RCPSC Section 1 Maintenance of Certification Program must meet the [CMA Guidelines](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) (http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) governing the relationship between physicians and the pharmaceutical industry/equipment vendors.Any financial assistance provided by industry to reimburse physicians or their families for attending the program for travel or accommodation, will result in non-approval for this application. |
| The physician organization developing or co-developing this event must have control over the topics and content of the activity, as well as the speakers invited to present at the activity. |
| Our organization complies with this stipulation: | 🞏 Yes | 🞏 No |  |
| The physician organization developing or co-developing the event must assume responsibility for ensuring the scientific validity, objectivity, and completeness of the content of the activity. |
| Our organization complies with this stipulation: | 🞏 Yes | 🞏 No |  |
| The physician organization developing or co-developing of this event must disclose to participants the financial affiliations of faculty, moderators or members of the planning committee with any commercial organization(s). |
| Our organization complies with this stipulation: | 🞏 Yes | 🞏 No |  |
| All funds received in support of this activity must be provided in the form of an educational grant payable to the sponsoring organization. |
| Our event complies with this stipulation: | 🞏 Yes | 🞏 No |  |
| Identify all commercial organizations or other organizations funding this activity: |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| If there are additional sources of financial assistance that have not been addressed here, please describe. |
|  |

Part E

|  |
| --- |
| Has this event been, or will it be, submitted to any other group for accreditation consideration? If so, please name the accrediting agent. |
|  |  |  |
| The CAR will need to be advised of the results. |

Declaration

|  |
| --- |
| As the course planner, I accept the responsibility for the accuracy of the information provided in response to the questions listedon this form and, to the best of my knowledge, certify that the CMA’s guidelines quoted above have been met in preparing for thisCPD event. |
|  |  |  |  |
|  | Name of the Chair of the Planning Committee (in print) |  |  |
|  |  |  |  |  |
|  | Signature of the Chair of the Planning Committee |  | Date |  |

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 healthcare; 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

### 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)