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

This application form is submitted to the Canadian Association of Radiologists for approval to designate this activity as an Accredited Self-Assessment Program (Section 3) of the Maintenance of Certification (MOC) Program of the Royal College of Physician and Surgeons of Canada.

The Standards contained within this application must be met and supporting documentation provided in order for a Self-Assessment Program (SAP) to be evaluated for approval under Section 3 of the MOC program. The Canadian Association of Radiologists, as an accredited provider of RCPSC, will determine if the program meets these standards.

|  |  |
| --- | --- |
| * The group applying for accreditation must be members of a physician-led organization (see *Definitions* section at the end of the document for more details). * A non-physician organization or individuals wishing to receive accreditation for a learning activity must co-develop it with a physician-led organization. * If the organizing group is representative of a non-physician organization, and the program is **not** co-developed with a physician organization, the 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 may take up to eight (8) weeks to process. * 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. | Along with this completed accreditation application, the following supporting documents must be also be submitted:   * All disclosure forms (authors, organizing committee members) * Copy of needs assessment, where applicable * Promotional leaflet or brochure, if developed (even in draft form) * Sample of the scoring sheet * Participant Evaluation Form * Current budget * Copy of the Self-Assessment Program * Payment of $1000 (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 Radiologists  Communications & Events Department  600–294 Albert Street  Ottawa, Ontario K1P 6E6 | | info@car.ca  Tel.: 613 860-3111  Fax: 613 860-3112 | | |

Part A

Organizational Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the developing organization applying for accreditation | | | | |
|  | | | | |
| Title of the Self-Assessment Program |  | | | |
| Online access to the Program |  | | | |
| Organization’s Website |  | | | |
| Self-Assessment Programs approved under Section 3 **must** be developed or co-developed by a planning committee consisting of members of a physician organization (See ***Definitions*** at the end of the document for more details). | | | | |
| 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 (See ***Definitions*** at the end of the document for more details). | | | | |
| Date the Program was completed | | DD/MM/YYYY | | |
| Has the Program been previously accredited? | | 🞏 Yes | 🞏 No |  |
| If yes, by whom? | |  | | |
| How often is the program content and format reviewed?  When did the last review of this SAP’s content and format take place? | | DD/MM/YYYY | | |
| The number of hours required to complete the program is | | \_\_\_\_\_\_\_\_ hours | | |

Part B

Audience and Planning Committee

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Indicate, from the options below, the target audience(s) for whom this Self-Assessment was created: | | | | | | |
| 🞏 Radiologists | 🞏 Medical Radiation Technologists | | | 🞏 Residents/Fellows | 🞏 Administrators | 🞏 Family physicians |
| 🞏 Other specialists (specify) | |  | | | | |
| 🞏 Other healthcare professionals (specify) | | |  | | | |
|  | | |  | | | |
| Clarification, if needed | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| List all members of the SAP development committee, including their medical specialty or health profession, their affiliation and whether or not the latter is a physician or non physician organization.  **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 | Physician or Non-Physician Organization |
| Example:  Dr. John Smith | | Staff Radiologist | University of ABC | Radiologists | Physician Organization |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

Part C

Needs Assessment

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | | | |
| Please describe the key knowledge areas or themes assessed by this Self-Assessment Program: | | | | | | | | | | |
|  | | | | | | | | | | |
| In order to develop this program, the group is to have identified a lack of knowledge or a need for improvement within an area. Indicate the assessment methods used to plan this Self-Assessment Program and to help determine its content (it is mandatory to have at least one of the following options identified): | | | | | | | | | | |
| 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) | |  | | | | | | | | |
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| Please list the scientific evidence base (e.g., name which clinical practice guideline(s) and/or meta-analysis and/or systematic review, etc.) used to develop the content of this Self-Assessment Program and include details of where these references can be found. The evidence base must be directly related to the topic(s) covered in the course or activity. |
|  |
| Please describe the rationale for the selected format (ex.: multiple-choice questions (MCQ), short answer questions (SAQ) or true/false statements) to enable participants to review their current knowledge or skills in relation to current scientific evidence. |
|  |

Part D

Learning Objectives

|  |  |
| --- | --- |
| In order to ensure the objectives are properly composed from the perspective of the learner and not the instructor, 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 Self-Assessment Program | |
| After completing this Self-Assessment Program, the participant should be able to/ After participating in this educational activity, learners will: | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| The program’s learning objectives are to be communicated to the participants. How is this handled in this program? | |

Part E

Evaluation of Participant Learning

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| 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.  **Please describe the process by which participants will provide answers to individual questions. (e.g., through the creation of an answer sheet and scoring key, web-based assessment tools, etc.). Also provide a copy of the answer sheet or assessment tool with this application.** | | | |
|  | | | |
| Describe how participants will receive feedback on the answers they provided. | | | |
|  | | | |
| Will participants be able to know which answers were answered correctly and incorrectly? | | 🞏 Yes | 🞏 No |
| Does the program provide participants with references justifying the appropriate answer? | | 🞏 Yes | 🞏 No |
| If **yes**, describe how the references are provided to participants | | | |
|  | | | |
| How do participants receive feedback on their performance once the program is completed? | | | |
|  | | | |

Reflective Tool

|  |  |  |
| --- | --- | --- |
| Does this program include a reflective tool that provides participants with an opportunity to document? (If so, please attach a sample.) | | |
| * Knowledge or skills that are up to date or consistent with current evidence? | 🞏 Yes | 🞏 No |
| * Any deficiencies or opportunities participants identify 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 in order to address any anticipated barriers? | 🞏 Yes | 🞏 No |

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| --- | --- | --- | --- | --- |
| **Optional** – Indicate if any methods are used to evaluate a participant’s integration of the newly-learned SAP content once back in workplace practice setting | | | | |
| 🞏 Post-test | | 🞏 Exam | 🞏 Quiz | |
| 🞏 Outcomes measurement (please explain) | | | |  |
| 🞏 Other (specify) |  | | | |

Assessment of Self-Assessment Program by Participant

|  |  |  |
| --- | --- | --- |
| Does the program provide participants with an evaluation form that assesses (provide a copy of the participant evaluation form): | | |
| * Whether the stated learning objectives were achieved? | 🞏 Yes | 🞏 No |
| * Relevance of this SAP to the participant’s practice? | 🞏 Yes | 🞏 No |
| * The thoroughness of the content reviewed? | 🞏 Yes | 🞏 No |
| * The ability of the program to assess knowledge? | 🞏 Yes | 🞏 No |
| * The ability to identify CanMEDS competencies or roles? | 🞏 Yes | 🞏 No |
| * The identification of bias? | 🞏 Yes | 🞏 No |
| Does the program direct participants to document their learning in MAINPORT? | 🞏 Yes | 🞏 No |
|  | | |
| **Optional** – As a result of the evaluation process for the program, will there be development towards improved healthcare outcomes? | 🞏 Yes | 🞏 No |
| If **yes**, please describe: | | |
|  | | |

Part F

Evaluation Form

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| --- |
| 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 assessed  Bias, ethical conduct are assessed for the entire event and for each session  Assessment as to whether there was enough interaction time  All educational activities are to be assessed  Interactive segments are to be assessed  Impact on outcome of the learning objectives are to be assessed  Evaluation forms are to be anonymous |

Promotional Leaflet or Brochure

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| --- |
| 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) (http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf).  Promotional leaflets or brochures for accredited Self-Assessment Programs are to:  Have 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) |

Ethical Considerations

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| All accredited Self-Assessment Program (SAP) must meet the ethical standards established for all learning activities included within the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. | | | | | | | |
| **Include a copy of the current budget** for this SAP, which identifies the sources of revenue as well as the anticipated expenses for the development of this SAP. The budget of this SAP is to be sufficiently autonomous without external funding.  Activities approved under RCPSC Section 3 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. | | | | | | | |
| The planning committee was in complete control over the selection of the subject or topic and authors recruited to develop this SAP. | | | | | | | |
| Our program complies with this stipulation: | | 🞏 Yes | 🞏 No | |  | | |
| The planning committee assumed the responsibility for ensuring the scientific validity and objective for the content for this SAP. | | | | | | | |
| Our program complies with this stipulation: | | 🞏 Yes | 🞏 No | |  | | |
| The planning committee includes a representative from the industry | | | | 🞏 Yes | | 🞏 No |  |
| If **yes**, what is this member’s role? | | | | | | | |
| The planning committee and authors will disclose to participants all financial affiliations with any commercial organization(s) regardless of their connection to the subject or topic of the SAP. | | | | | | | |
| Our program complies with this stipulation: | | 🞏 Yes | 🞏 No | |  | | |
| If **yes**, how is this communicated to the participants? | | | | | | | |
| All funds received in support of the development of this SAP were provided in the form of an educational grant. | | | | | | | |
| Our program complies with this stipulation: | | 🞏 Yes | 🞏 No | | 🞏 N/A | | |
| No drug or product advertisements appear on any of the SAP materials. | | | | | | | |
| Our program complies with this stipulation: | | 🞏 Yes | 🞏 No | |  | | |
| Trade names drugs (where applicable) are used consistently and fairly throughout the SAP materials. | | | | | | | |
| Our program complies with this stipulation: | | 🞏 Yes | 🞏 No | | 🞏 N/A | | |
| 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 G

|  |  |  |
| --- | --- | --- |
| Has this Self-Assessment Program 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I accept the responsibility for the accuracy of the information provided in response to the questions listed on this form and, to the best of my knowledge, certify that the guidelines quoted above have been met in preparing for this Self-Assessment Program. | | | | |
|  |  |  | |  |
|  | Name of the Chair of the SAP Development Committee (in print) |  | |  |
|  |  |  |  |  |
|  | Signature of the Chair of the SAP Development 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 |

|  |  |
| --- | --- |
| 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) |

### Educational Grant

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

Note: Commercial groups providing financial support to accredited CPD program cannot have any role or influence over any aspect of the CPD content or planning process.

Funds gathered are not to be designated for a specific purpose (e.g., all funds are to be pooled in one budget where expenses for administrative support, planning group meetings and meals, development testing costs, etc. are assigned). A sponsor cannot cover the cost of an organizing group member’s travel expenses. Those costs could, however, be covered by the program’s overall budget.

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.