



Accreditation Application Form

Section 1 Maintenance of Certification (MOC)
Royal College of Physicians and Surgeons of Canada

The standards contained within this sample application must be met and supporting documentation provided in order for an educational event to be approved under Section 1 of the MOC program. The Office of Continuing Medical Education, University of Saskatchewan will determine if your event meets these standards.

Please keep a copy of the completed application form for your records, and **do not** send this form to the Royal College.

1. Group learning activity title: _____
2. Name of developing organization: _____
3. Event Start/End Date: _____

Part A: Organization Requesting Approval

Events submitted for approval under Section 1 must meet the requirements of either option 1 or option 2. The application form must be completed by a member of the physician organization* that developed or co-developed this event, and forwarded to an Accredited CPD Provider for their review.

Please select the option that applies to your organization:

Option 1

We are a physician organization that is planning this educational event alone or in conjunction with another physician organization.

Option 2

We are a physician organization that is co-developing this educational event with a non-physician organization. We (the physician organization) have been prospectively involved in planning this event and accept accountability for its entire program.

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 limited 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
- Canadian provincial medical regulatory authorities (MRAs)

Types of organizations 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)
- 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



Will this event be held more than once during the following calendar year? Yes No

If yes, how many times will it be held? 1 2 3 4

Please list below all of the organizations developing or co-developing this educational event.

Physician Organizations:	Non-Physician Organizations:
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Date of the application: _____

Chair of the Development Committee: _____

Fax Number: _____

Phone Number: _____

E-mail address: _____

Part B: Mandatory Educational Requirements

Criteria 1: The event must be planned to address the identified needs of the target audience.

Please provide an explanation or supporting documentation for each of the following:

1. Describe the identified target audience for this event. If applicable, please indicate if this event is also intended to include other health professionals.



2. List all members of the planning committee, including their medical specialty or health profession. In the case of the co-development of this educational event, please indicate which members are representing the physician organization.

Name	Specialty/health profession

3. What sources of information were selected by the planning committee to develop the content of this event? Examples can include reviews of the scientific or education literature, clinical practice guidelines, and surveys or focus groups conducted by the organization planning the event.

Did you provide a copy of the needs assessment and a description? Yes No

Optional (4):

4. What gaps in knowledge, attitudes, skills or performance did the planning committee identify for this event? Examples of strategies to assess these needs can include assessment of physician performance from hospitals, provincial or national databases, self-assessment programs, chart reviews, 360 degree assessments, case scenarios, audit of practice and/or quality improvement activities.



Criteria 2: Learning objectives that address identified needs must be created for the overall event and individual sessions. The learning objectives must be printed on the program brochure and/or handout materials.

Did you provide a program brochure for this event that includes overall and session specific learning objectives?

Yes No

Please respond to the following questions:

1. What learning objectives were developed for?
i. The overall event?

ii. Specific sessions?



2. How were the identified needs of the target audience utilized in the creation/development of the learning objectives?

3. Do the learning objectives express what the participants will be able to know or achieve by participating in the event? Yes No

4. How are the learning objectives linked to the evaluation strategy for this event? For example, does the evaluation form list the learning objectives or pose questions to participants about whether the learning objectives were met?

Criteria 3: At least 25 per cent of the total education time must be devoted to interactive learning.

Please include the proposed event schedule, with times indicating discussion periods, workshops, and small group sessions, etc., with an explanation and supporting documentation for the following question:

Did you include a copy of the event schedule? Yes No

Select the learning method(s) used in this activity to promote at least 25% interactive learning:

Lectures	Workshops
Case-based Learning	Panel discussions
Small group discussions (less than 16)	Audience response system
Simulation or role plays	Demonstrations of skills or techniques
Question and answer sessions	Other:

If online, what learning strategy is in place for participants to interact with instructors and other participants?

Discussion boards	Chat
Social media	Email
Teleconference	Videoconference
Other:	

Criteria 4: The event must include an evaluation of the event's established learning objectives and the learning outcomes identified by participants.

Please provide a copy of the evaluation from each session and the overall event.

Did you provide a copy of the evaluation from each session and the overall event. Yes No

The evaluation forms **must** include:

- An opportunity to identify if the learning objectives were achieved
- An opportunity for participants to reflect on and identify what they have learned and its potential impact for their practice
- A question asking about bias
- An opportunity to identify if sufficient time was allocated to interactive learning



1. Do you provide an opportunity for participants to identify if the stated learning objectives were achieved?
Yes No

2. Are there opportunities for participants to identify and/or reflect on what they have learned? One example of this would be a question asking what the participants learned or planned to integrate into their practice.
Yes No

Optional (3, 4, and 5)

3. Does the evaluation strategy intend to measure improved participant performance?
Yes No

If yes, please describe the strategy or tools used.

4. Does the evaluation strategy intend to measure improved healthcare outcomes?
Yes No

If yes, please describe the strategy or tools used.

5. Will the participants receive feedback related to their learning?
Yes No

If yes, please describe the strategy or tools used.



Part C: Meeting Ethical Standards for Continuing Professional Development

Group CPD events approved under Section 1 must meet the CMA Guidelines governing the relationship between physicians and the pharmaceutical industry (*[Guidelines for Physicians in Interactions with Industry](#)*). The Code of Ethics for parties involved in Continuing Medical Education of the Censeur québécois de développement professionnel continu des médecins must be met in the province of Québec; and the CPD event or program evaluation form must include the following question:

Did the activity comply with the Code of Ethics for parties involved in Continuing Medical Education? Yes No

For more information on these standards, please visit the following websites:

CMA: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf>

Quebec: http://www.cemcq.qc.ca/en/documents/guide_ethique.pdf

Each of the following ethical standards **must** be met for this event to be approved under Section 1:

1. The physician organization(s) must have control over the topics, content and speakers selected for this event.

We comply with this standard: Yes No

Describe the process by which the topics, content and speakers were selected for this event.

2. The physician organization(s) must assume responsibility for ensuring the scientific validity and objectivity of the content of this event.

We comply with this standard: Yes No

Describe the process to ensure validity and objectivity of the content for this event.



3. The physician organization(s) must disclose to participants all financial affiliations of faculty, moderators or members of the planning committee (within the past two years) with any commercial organization(s), regardless of its connection to the topics discussed or mentioned during this event.

We comply with this standard: Yes No

Describe how conflict of interest information is collected and disclosed to participants.

Did you provide the COI forms for the planning committee? Yes No

4. All funds received in support of this event must be provided in the form of an educational grant payable to the physician organization(s).

We comply with this standard: Yes No

Provide a copy of the budget that identifies each source of:

- Source of revenue
- Funding (all sponsors and their contributions)
- Expenditures

Did you provide a copy of the budget? Yes No

In addition, please describe how the physician organization(s) assumes responsibility for the distribution of these funds, including the payment of honoraria to faculty.



5. No drug or product advertisements may appear on, or with, any of the written materials (preliminary or final programs, brochures, or advanced notifications) for this event.

We comply with this standard: Yes No

Provide a copy of the preliminary program, brochure, or advanced notifications for this event.

Did you provide a copy of the preliminary program, brochure (noted on Criteria 2) or advanced notifications for this event? Yes No

6. Generic names should be used rather than trade names on all presentations and written materials.

We comply with this standard: Yes No

Describe the process to advocate speakers' adherence to using generic rather than trade names of medications and/or devices included within all presentations or written materials.

Please identify all organizations that are providing funding for this event. An additional page has been added below if needed.



UNIVERSITY OF SASKATCHEWAN
College of Medicine
DIVISION OF CONTINUING MEDICAL EDUCATION
MEDICINE.USASK.CA

Please provide details and names on all funding that has not been addressed above.

Check-list of mandatory supporting documentation to be sent in with this application form:

- Needs Assessment Results
- Program/Course Schedule including learning objectives
- Evaluation Form
- Documentation re: Ethical Standards
- Budget



Declaration:

As the chair of the planning committee (or equivalent), I accept the 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 this CMA's guidelines, entitled *CMA Policy: Guidelines for Physicians in Interaction with Industry (2007)*, have been met in preparing for this event. If this event is held in Québec, we are aware that it is mandatory to adhere to the Conseil québécois de développement professionnel continu des médecines *Code of Ethics* entitled, Code of Ethics for parties involved in *Continuing Medical Education*.

Signature (physicians name):

Date:

Note: Applicants should keep a list of attendees for a period of five years.

This section is to be completed by the Accredited CPD Provider and returned to the program planner.

(The Accredited CPD Provider should keep a copy of the completed application form.)

This application is:

Approved

Requires Revisions Prior to Approval

Denied

Revisions Approved

Name of assessor:

On behalf of Division of Continuing Medical Education, University of Saskatchewan

Date of Review:

Approved by Associate Dean, CME: