

## Self-Assessment Program (SAP) Application Form

### Section 3 of the Framework of Continuing Professional Development (CPD) Options of the Maintenance of Certification Program (MOC)

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. Self-assessment activity title: \_\_\_\_\_

2. Name of developing organization: \_\_\_\_\_

Self-Assessment Programs approved under Section 3 must be developed or co-developed by a development committee consisting of members of a physician organization (see definition below).

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 accept responsibility for the 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



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

Physician Organizations:	Non-Physician Organizations:
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Date the program was completed: \_\_\_\_\_

Has the program been previously accredited? Yes      No

If the answer to the question above was yes, when was the program content and format last reviewed? (Contents of SAPs must be reviewed every three years) \_\_\_\_\_

The number of hours required to complete the program is \_\_\_\_ hours.

Date of the application: \_\_\_\_\_

Chair of the Development Committee: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Educational Requirements**

**Self-assessment activities must be planned to address the identified needs of the target audience with a specific subject area, topic or problem.**

Self-Assessment Programs (SAP) must be based on an assessment of need including but not limited to changes to the scientific base, established variation in the management or application of knowledge or skills by physicians, variation in the quality of care or health care outcomes experienced by patients.

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

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

2. List all members of the SAP development committee, including their medical specialty or health profession.

Name	Specialty/health profession

3. How was the need for the development of this SAP established?

4. Please list the learning objectives established for this SAP.

**SAPs must describe the methods that enable participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes.**

1. Please describe the key knowledge areas or themes assessed by this SAP.

2. Please explain the scientific evidence base \*(clinical practice guideline, or systematic review) selected to develop the self-assessment program.

3. Please describe the rationale for the selected format (ex: simulation, multiple choice questions or short answer questions) to enable participants to review their current knowledge or skills in relation to current scientific evidence.

### **Evaluation**

**The SAP must provide detailed feedback to participants on their performance to enable their identification of any areas requiring improvement through the development of a future learning plan.**

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 judgment or attitudes that need to be addressed through engaging in further learning activities.

Written/online activities:

1. Please describe the process by which participants will provide answers to individual questions (through the creation of an answer sheet and scoring key). **Please provide a copy** of the answer sheet or assessment tool.
2. Please describe how participants will receive feedback on the answers they provided. Will participants be able to know which answers were answered correctly or incorrectly?
3. Does the program provide participants with references justifying the appropriate answer? Yes      No

If yes, please describe how the references are provided to participants.

All activities:

4. How do participants receive feedback on their performance?

5. Do you include a reflective tool that provides a participant with an opportunity to document:

- a) Knowledge or skills that are up-to-date or consistent with current evidence
- b) Any deficiencies or opportunities they identified for further learning
- c) What learning strategies will be pursued to address these deficiencies
- d) An action plan or commitment to change to address any anticipated barriers      Yes      No

**Provide a sample** of the reflective tool or describe the process.



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

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

We comply with this standard:

Yes

No

Declaration:

**As the chair of the 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)*, have been met in preparing for this event**

**Signature (physician's name)**

**Check-list: Mandatory Supporting Documentation to be sent in with this application form**

1. Copy of the budget
2. Program/Course Schedule including individual session learning objectives
3. Copy of the answer sheet or assessment tool
4. Evaluation Form(s)
5. Copy of the needs assessment
6. Copy of the reflection tool
7. Copy of all promotional materials