



Accreditation Application Form
 Section 3 Simulation (SIM) Maintenance of Certification (MOC)
 Royal College of Physicians and Surgeons of Canada

Simulation activities are designed to reflect real life situations to enable participants to demonstrate and receive feedback on their clinical reasoning, communication, situational awareness, problem solving and (where applicable) their ability to collaborate and work effectively within a healthcare team. Simulation activities reflect a range of options including role playing, use of standardized patients, task trainers, virtual simulation, haptic simulation, theatre simulation or hybrids of any of these examples.

Important information before you begin:

- Simulation Activities approved under Section 3 must be developed or co-developed by a physician organization, please visit our website or contact the Royal Collage to confirm before submitting an application.

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.

Additional considerations:

- MOC Section 3 – Assessment accredited Simulation Activities are approved 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.

Application steps:

- Refer to the Royal College CPD Accredited Activity Standards for Simulation Activities (Section 3) as you complete this application and prepare the attachments.
- 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.

Before you submit your application - have you completed and attached the following:

Has a needs assessment been completed? Attach a summary of the completed needs assessment.

Have you attached the overall and session specific learning objectives?

Does the preliminary and final program or brochure include:

- o The activity schedule, topics, and start and end times of individual sessions?
- o The activity learning objectives for the overall activity and individual sessions (if applicable)

Have you attached any other materials that will be used to promote or advertise the activity (for example, invitations, email announcements, etc.?) (if applicable)

Have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors for the activity? (if applicable)

If sponsorship has been received for this activity, have you attached the written agreement that is signed by the CPD provider organization and the sponsor?

Does the activity budget show receipt and expenditure of all sources of revenue for this activity including:

- o A list of funding sources, including an indication of whether sponsorship was received in an educational grant or in-kind support?



- o A list of expenditures?
- o The expected number of registrants?

Have you attached the template for the certificate of attendance that will be provided to the participants?
Remember that the physician organization must maintain attendance records for five years.

Do the evaluation and feedback forms include:

- o A question on whether the stated learning objectives were met?
- o A question for participants to identify the potential impact to their practice?
- o A question for participants to identify if the session was balanced and free from commercial or other inappropriate bias?
- o A question on which CanMEDS Roles were addressed during the activity?

Have you attached a sample conflict of interest form and an outline of the process for the collection, management, and disclosure of conflicts of interests which includes a description of how this information is collected and disclosed to participants? Required regardless of how the activity is funded.

Have you attached a copy of the answer sheet or assessment tool that allows participants to demonstrate knowledge, skills, clinical judgement or attitudes?

Has the Chair of the scientific planning committee attested that he/she agrees with the content provided in the application package? – see Section D

The Royal College has created a CPD toolkit to help developers of educational activities who want to create quality programs. Each topic in the toolkit includes explanations, practical examples and other resources. <http://www.royal-college.ca/rcsite/cpd/accreditation/cpd-activity-toolkit-e>

- [Needs Assessment](#)
- [Learning Objectives](#)
- [Educational Delivery Methods](#)
- [Evaluations](#)
- [Web-based CPD Activities](#)
- [Relationships with speakers and sponsors](#)
- [Sample Conflict of Interest Form](#)
- [Sample Certificate of Attendance](#)

Activity Information

1. Date of Application
2. Simulation Activity Title:
3. Event Start/End Date:
4. Delivery Method of Simulation Activity:

Web-based	Face-to-face	Both web-based and face-to-face	
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5. How many times will this activity be held? 1 2 3 4
6. Estimated # of participants:
7. Has the activity been previously accredited? YES NO
8. **If yes**, when was it reviewed?
9. **If yes**, by which CPD accreditation system?
10. What is the maximum number of hours required to complete the simulation activity?



Part A: Administrative Standards

Name of physician organization that developed the simulation activity

1. Name and contact information for physician organization requesting accreditation:	Name of physician organization:
	Address:
	Email:
	Telephone #:
	Website Address:
2. Contact information for main point-of-contact	First Name:
	Last Name:
	Address:
	Email:
	Telephone #:
3. Name and contact information for Scientific Planning Committee Chair : (If different form above)	First Name:
	Last Name:
	Address:
	Email:
	Telephone #:
4. Name and contact information for organization co-developing the activity – only applicable if activity was co-developed	Name of Organization:
	Address:
	Email:
	Telephone #:

5. Is the developing organization a physician organization? YES NO

6. Will the physician organization maintain attendance records for 5 years? YES NO

7. Was the content developed by the applying physician organization? YES NO

If no, who developed the content?



4. How were the identified needs of the target audience used to develop the learning objectives for the simulation activity
- 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?*

5. CanMEDS Role(s) relevant to this activity? Check all that apply

Medical Expert	Leader	Health Advocate	Scholar
Communicator	Collaborator	Professional	

6. What opportunity do learners have to identify and evaluate the [CanMEDS](#) Role(s)?

7. Describe the key knowledge areas of themes assessed by this simulation activity



12. How will learners receive feedback after the completion of an online simulation?

13. How will learners received feedback (debrief) after the completion of a live simulation? **Attach a copy** of the answer sheet if applicable.

14. How will feedback (debrief) be provided to learners on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan?

15. How will the simulation activity be evaluated by the learners?



16. **(Optional)** If the program evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:

17. **(Optional)** If the program evaluation strategy intends to measure improved health care outcomes, please describe.

Part C: Ethical Standards

All accredited activities after January 1, 2018 must comply with the National Standard for support of Accredited CPD Activities. 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? YES NO
2. **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 that sponsor? **Attach a sample.**
3. If sponsorship or funding has been received, please check all sources that apply.

Government Agency	Health Care Facility	Not-for-profit organization
Medical Device Company	Pharmaceutical Company	Education or Communication Company
Other please specify		



4. **If yes**, please list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support (should you require more space, attach a new page).

Sponsor Name	Type of Support		
	Financial support Amount received or anticipated to receive:	In-kind support Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor
	Financial support Amount received or anticipated to receive:	In-kind support Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor
	Financial support Amount received or anticipated to receive:	In-kind support Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor
	Financial support Amount received or anticipated to receive:	In-kind support Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor

5. **Please describe** how sponsorship funds will be used including whom is responsible for paying the speaker and scientific planning committee honoraria, travel and out of pocket expenses (as applicable).

6. **Please describe** the process by which the SPC maintained control over the CPD program elements including:
- 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



11. How are the speakers', authors', moderators', facilitators' and/or authors' conflicts of interest information collected and disclosed to:
 - *The scientific planning committee?*
 - *To the learners attending the CPD activity?*

12. If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential of real conflicts of interests?

13. 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?
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.

14. 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?



Attach the following documentation to the application form:

The preliminary program/brochure

The final program

Any other materials to promote or advertise the activity (for example, invitations, email announcements)
(if applicable)

Sample form and process for the collection, management and disclosure of conflicts of interests.

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 judgement 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



Part D: Declaration

As the chair of the scientific 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 the CMA's guidelines, entitled CMA Policy: Guidelines for Physicians in Interaction with Industry (2007) 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:

Date:

(dd/mm/yyyy)

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 the Division of Continuing Medical Education, University of Saskatchewan

Date of Review:

Approved by the Accreditation Director and Associate Dean, CME



Part E: CPD Accreditation Agreements

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 our [website](#).

Should you wish for this CPD activity to be eligible for credit within any of these systems, please check all that apply:

[American Medical Association \(AMA\) PRA Category 1 Credit™](#)

European Union of Medical Specialists (UEMS)

Qatar Council for Healthcare Practitioners (QCHP)

European Board for Accreditation in Cardiology (EBAC)