



## 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.

Group Learning Activity Title:

Name of Developing Organization:

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 or more

Amount of credits requested?

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

Physician Organization	Non-Physician Organization

Chair of the Development Committee:

Email:

Telephone:

## 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 (needs assessment) 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.

Upload copies of the needs assessment.

4. **(OPTIONAL)**  
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

1. Please list the learning objectives that were developed for:
  - a. The overall event?
  
  
  
  
  
  
  
  
  
  
  - b. 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



- 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 % 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 overall event.

The evaluation form(s) **must** include:

- A question on whether the stated learning objectives were met (both individual sessions and overall CPD activity)
- A question for participants to identify the potential impact to their practice
- A question for participants to identify if the session was balanced and free from commercial or other inappropriate bias
- A question asking if a minimum of 25% total education time devoted to interactive learning
- A question on which CanMEDS Roles were addressed during the activity

- 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 questions asking what the participants have learnt or planned to integrate into their practice.
 

	YES	NO
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3. **(OPTIONAL 3, 4 and 5)**  
 Does the evaluation strategy intend to measure improved participant performance?  
 If yes, please describe the strategy or tools used.
 

	YES	NO
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4. Does the evaluation strategy intend to measure improved healthcare outcomes?  
 If yes, please describe the strategy or tools used.
 

	YES	NO
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5. Will the participants receive feedback related to their learning?  
 If yes, please describe the strategy or tools used.
 

	YES	NO
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### 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 Censeil 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
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For more information on these standards, please visit the following websites:

CMA: <https://policybase.cma.ca/>

Quebec: <http://cqdpdm.ca/>

[http://cqdpdm.ca/wp-content/uploads/2017/05/Code-of-ethics\\_en-r%C3%A9vision.pdf](http://cqdpdm.ca/wp-content/uploads/2017/05/Code-of-ethics_en-r%C3%A9vision.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
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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.

Upload completed COI forms for all planning committee members.

4. Will this program receive financial or in-kind sponsorship from an external organization?

YES

NO

If yes, program providers are required to upload a copy of the program budget for review.

Sponsor Name	Type of Support		
	Financial support Amount received or anticipated to receive:	In-kind support Description:	For-profit sponsor or Non-profit sponsor
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5. In addition, please describe how the physician organization(s) assumes responsibility for the distribution of these funds, including the payment of honoraria to faculty.

6. 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.

7. 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 the CanMEDS-FM roles addressed in this program:

Collaborator

Communicator

Medical Expert

Health Advocate

Leader

Scholar

Professional



### Additional Upload Requirement for Review:

- Budget (if applicable)
- Three-step conflict-of-interest slide template
- Speaker communication
- Conflict of Interest forms for the planning committee
- Program agenda and/or program invitation or brochure
- Evaluations
- Previous evaluation results
- Description of the assessment tool
- Tools used to facilitate needs assessment
- Program/activity content
- List of intended topics for discussion
- Sponsorship Agreement
- Sponsor Branding
- If this program has for-profit financial support, please upload examples demonstrating corporate and product colors and branding for comparison purposes.
- Any other relevant materials

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 Interactions with Industry (2021) and National Standard for Support of Accredited CPD Activities have been met in preparing for this activity.

Signature:

Date:

**Please provide your transaction basket # located at the top right hand corner of your receipt as proof of payment. We are unable to begin the review process without this information.**