



Accreditation Application Form

Section 3 Self-Assessment (SAP) 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 3 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:
3. Event Start/End Date:

Part A: Organization Requesting Approval

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 (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



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

Physician Organization	Non-Physician Organization

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 Application:

Chair of the Development Committee:

Fax Number:

Phone Number:

E-mail Address:

Part B: Mandatory Educational Requirements

Criteria 1: 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 of 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 for this event. 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.



1. Did you 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

Criteria 3: The SAP must include 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 judgement 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

Please describe how the references are provided to participants.



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	YES	NO
b. Any deficiencies or opportunities they identified for further learning	YES	NO
c. What learning strategies will be pursued to address these deficiencies	YES	NO
d. An action plan or commitment to change to address any anticipated barriers	YES	NO

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



6. Does the program provide participants with an evaluation form that assesses:

a. Whether the stated learning objectives were achieved	YES	NO
b. Relevance of the SAP to the participant's practice	YES	NO
c. The thoroughness of the content reviewed	YES	NO
d. The ability of the program to assess the knowledge	YES	NO
e. Ability to identify CanMEDS competencies or roles	YES	NO
f. Identification of bias	YES	NO

Please provide a copy of the evaluation form(s).

7. Does the program direct participants to document their learning in MAINPORT?

YES NO

Please identify the CanMEDS-FM roles addressed in this program:

Collaborator

Communicator

Medical Expert

Health Advocate

Leader

Scholar

Professional

ETHICAL STANDARDS

Criteria 4: The content of the SAP must be developed independent of the influence of any commercial or other conflicts of interest.

Each of the following ethical standards must be met for a SAP to be approved under Section 3.

1. The planning committee was in complete control over the selection of the subject or topic and authors recruited to develop this SAP.

We comply with this standard. YES NO

2. No representative from industry, either directly or indirectly participated on the SAP development committee that selected the authors or content.

We comply with this standard. YES NO



3. The SAP development 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.

We comply with this standard.

YES

NO

4. All funds received in support of the development of this SAP were provided in the form of an educational grant. Funding must be payable to the physician organization and they are responsible for distribution of these funds, including honoraria payment.

We comply with this standard.

YES

NO

Please provide a copy of the budget that identifies each source of revenue and expenditure for the development of this SAP.

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

Please 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

Check-list of mandatory supporting documentation to be sent with this application form:
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Budget (**must** state that all funds are received in the form of an unrestricted educational grant)

Signed COI Forms (for all planning committee members, speakers, authors, moderators or facilitators)

Overall Event Learning Objectives

Session Specific Learning Objectives

Evaluation Form(s)

Description/Copy of Needs Assessment

Copy of Answer Sheet and Assessment Tool

Copy of Reflective Tool

Brochure/advertising poster (overall event learning objectives must be listed)

Sponsorship Agreement



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.