

## ROYAL COLLEGE OF PHYSICIANS & SURGEONS OF CANADA (RCPSC) MOC SECTION 1 APPLICATION FORM

If requesting RCPSC MOC Section 1 credits for specialists, please complete the following pages. Activity organizers' must visit the [RCPSC website](#) to ensure that their activity complies with CPD accreditation criteria.

**Note: Should the activity development, planning and implementation of the content and supporting documents not be eligible for accreditation/certification due to non-compliance with CPD standards as stated by our regulatory bodies, the McGill CPD Office reserves the right to not grant accreditation or certification.**

<b>ACTIVITY NAME:</b>
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### **PART #1: Physician Organization Requesting Review**

**Activities eligible for approval under MOC Section 1 must meet one of the following requirements.**

- Option 1 -  We are a **physician organization**<sup>1</sup> – we planned this educational activity unaided 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**<sup>2</sup> **organization**. We (the physician organization) have had substantial input into the planning, organization, development and implementation of this activity and accept accountability for its entire content.

<sup>1</sup> **Physician Organization:** A not-for-profit group of health professionals with a formal governance structure. These include (but not limited to):

- Faculties of Medicine
- Hospital Departments/Units
- Medical Societies
- Medical Associations

<sup>2</sup> **Non-physician organization:** A pharmaceutical/communication company, medical/surgical supply company or other for-profit or not-for-profit organizations

### **PHYSICIAN ORGANIZATION NAME: Mandatory to answer:**

**NOTE: Hospitals or single physicians are not considered Physician Organizations:**

**Mandatory to answer the questions below:** Please check  yes or no

**Does the physician organization (PO) affiliated to this program comply with the PO definitions found on pages 4-5 of the general application form?**

1. Is the PO registered as a not-for-profit Canadian corporation?  Yes  No  
(ensure to provide the exact registered (legal) corporation name)
2. Is the PO made up of a group of health professionals accountable to specialists?  Yes  No
3. Does the PO have a formal governance structure with official member bylaws?  Yes  No
4. Does the PO serve its members?  Yes  No

If you have answered yes, to the four above-mentioned questions, the PO may be acceptable.

**We comply with the four above mentioned questions - Yes  No**

Name of Contact Person:

Telephone:

Facsimile:

Email:

**Non-physician co-developing organization name:**

Name of Contact Person:

Telephone:

Facsimile:

Email:

### **PART #2: Mandatory Educational Requirements**

**Criteria #1: The activity must be planned to address the identified needs of the target audience. Please provide an explanation or supporting documentation for the following questions:**

1. Describe the identified target audience for this activity. Indicate area of expertise.

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

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

1. Do the learning objectives express what the participants will be able to know or achieve by participating in the activity?  
Yes  No
2. How are the learning objectives linked to the evaluation strategies for this activity? For example, does the evaluation form list the learning objectives.

**The activity must include an evaluation of the event’s established learning objectives and the learning outcomes identified by participants.**

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 plan to integrate into their practice)  
Yes  No   
If yes, describe the opportunity utilized by participants to identify what they have learned.

Please identify the CanMEDS roles addressed in the needs assessment process: Check  all that apply:

Collaborator <input type="checkbox"/>	Medical Expert <input type="checkbox"/>	Leader <input type="checkbox"/>	Scholar <input type="checkbox"/>
Communicator <input type="checkbox"/>	Health Advocate <input type="checkbox"/>	Professional <input type="checkbox"/>	

**PART #3: Ethical Standards**

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Each of the following Ethical Standards **must** be met for CPD accreditation approval.

1. The physician organization(s) and/or SPC must have control over the topics, content and speakers selected for this activity.  
We comply with this standard: Yes  No

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

2. The physician organization(s) and/or SPC must assume responsibility for ensuring the scientific validity and objectivity of the content of this activity. We comply with this standard: Yes  No

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

RCPSC Section 1 – continued – Part 3 – Ethical Standards

3. The physician organization(s) and/or SPC must disclose to participants **all** industry financial relationships of faculty, moderators or members of the scientific planning and organizing committees for the past 2 year period. Not just those relevant to this activity. We comply with this standard: Yes  No

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

4. All funds received in support of this activity were provided in the form of an **unrestricted** educational grant payable to the physician organization(s) for management and disbursement. Ensure to complete page 14 of the general application form. We comply with this standard: Yes  No

Please confirm **who** will receive the funds, **who** will be paying for expenditures and describe **how** the funds will be distributed, including the payment of honoraria and resource persons expenses. **Under the current CPD National Standards, the physician organization is responsible for the management and disbursement of funds, including honoraria payments to all resource persons.**

Name of organization that received the educational grant payment (funding):

Name of organization that will be issuing payments for expenditures:

Describe how the funds will be distributed:

- Is the physician organization responsible for paying speakers and SPC member’s honoraria and travel expenses? Yes  No   
- If you have answered no, provide the name of the entity issuing payments: \_\_\_\_\_

If the payment of expenses was delegated to a third party, **provide written/signed agreements** outlining the terms, roles and responsibilities. Agreements are submitted with this application form: Yes  No

**If funding was received, provide written/signed agreements** with sponsors outlining the terms, conditions, and purposes by which sponsorship was provided. Agreements are submitted with this application form: Yes  No

5. No drugs, products, logos, sponsor colors, etc... appear on any written, promotional materials (preliminary or final programs, brochures, or advanced notifications) for this activity. We comply with this standard: Yes  No

A preliminary schedule, including a general description of the activities, timing, specific topics and speakers, is attached to this application form. Yes  No

6. Generic names should be used rather than trade names on all presentation slide sets 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.

**Provide communication templates submitted to speakers. Mandatory to submit**

**We comply with the 6 above mentioned standards:** Yes  No

As the Chair of the Scientific Planning Committee, I accept responsibility for the accuracy of the information provided in response to the questions listed on this application form. Also, 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 activity. [CMA Guidelines - Physicians in Interactions with Industry](#)

Date: (yyyy/mmm/dd)

SCIENTIFIC PLANNING COMMITTEE CHAIR (SIGNATURE)

# Checklist

## Ensure to enclose the following documents when submitting this completed application form:

This RCPSC MOC Section 1 completed application form and the completed general accreditation application form, including all supporting documents, must be submitted 8 weeks prior to the start date of the activity. Late fees will apply if the application form and/or supporting documents are received less than 8 weeks prior to the start date of the activity.

- Signed and completed RCPSC MOC Section 1 application form (signature pg. 3)

## As per the general accreditation application form checklist:

- Invitations / promotional materials disseminated to participants: hardcopy, website, blogs, etc...
- Speaker invitation template and communication stating CPD criteria
- Signed letter/agreement (by both parties) outlining the terms, conditions, and purposes by which sponsorship is provided and that funds were received in the form of an educational grant
- If funding was received, provide the organization branding: logos, colors, symbols, etc...
- If the SPC/PO chooses to delegate to a third party payment of expenses, provide the signed agreement detailing the roles and responsibilities
- Copy of the schedule (preliminary if not finalized)
- Signed copy of the Financial Support / Content Development Disclosure Form (Scientific Planning Committee Chair, pg.14)
- Signed copy of the Financial Competing Interests Form (Scientific Planning Committee Chair, pg.15)
- Signed copies of the Declaration of Potential Conflict of Interest Form (Scientific Planning Committee Chair, Organizing Committee and all resource persons, pg.16)
- Declaration of Potential Conflict of Interest (COI) - Resource Person Listing (pg.17) – Mandatory to complete
- Provide Scientific Planning Committee (SPC) meeting minutes, e-mail correspondence, etc... including discussion of key elements
- Needs Assessment: Summary
- Evaluation form
- PowerPoint Slide Set (PDF of slides not acceptable) – mandatory, in particular if the activity is funded by one for-profit or not-for-profit organization - not required for live single delivery large conferences featuring many speakers. However, the reviewer may request the PPT(s) for review. If the activity is presented in English and French, submit PPT(s) in both languages
- Slides that will be presented to participants with scientific planning committee conflicts of interest disclosure statements
- Slides that will be presented to participants with speaker conflicts of interest disclosure statements
- Signed Ethical review form and promotional materials for (Scientific Planning Committee Chair, pg. 19)

**PLEASE READ:** The content and all required supporting documents (final versions) are to be submitted at the same time as all application forms. Should the CPD office receive supporting documents less than 8 weeks prior to the start date of the activity, late fees will apply.

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Submit your completed application forms and supporting documents via email: [cpd.med@mcgill.ca](mailto:cpd.med@mcgill.ca)

**Submitting via Drop Box or another file hosting service:** ensure to provide access for at least a 6-week duration and admission to multiple users.

Continuing Professional Development (CPD)  
McGill University  
2001 McGill College, Suite 1310  
Montreal, QC H3A 1G1  
CPD URL: <https://www.mcgill.ca/medicynecpd>



## IMPORTANT

**Note: Should the activity development, planning and implementation of the content and supporting documents not be eligible for accreditation/certification due to non-compliance with CPD standards as stated by our regulatory bodies, the McGill CPD Office reserves the right to not grant accreditation or certification.**

### Ensure to have:

- read the first 6 pages of the general application form, and that the program planning, development and implementation comply with CPD standards.
- provided accurate answers and **complete transparency** to all questions on all application forms. Note: should supporting documents and/or information listed on the checklists not be provided, the accreditation process will be delayed.
- listed the name of the Physician Organization (PO) on all application forms and that the PO meets the CPD definition of a physician organization.
- submitted final versions of content and all supporting documents (use the checklists provided) at the same time as the application forms (please submit only once). The accreditation review process will **not** begin until all supporting documents are received. Should the CPD office receive updated content or documents once the review process has started and/or receive the supporting documents less than 8 weeks prior to the start date of the activity, **late fees will apply**.
- not made reference to the RCPSC, MOC Section 1, MOC Section 3, the CFPC or Mainpro+ credit approval before the program officially receives approval. It is not permitted to state that credits are pending approval or applied for.
- submitted (if applicable) modifications or additional information at your earliest. Note: Your program will not be transferred to the next phase of the accreditation review process until all modifications or requests have been fulfilled. Failure to submit the requested modifications or additional information after a 3 week period, may result as a “non-approval” status for your activity.
- submitted a certificate request form or a certificate template for review (fees apply). Certificates are part of the ethical review process. We are mandated to ensure that certificates distributed to participants comply with CPD criteria.
- provided the strategy to manage potential or real conflicts of interest. In compliance with the **National standard for support of accredited CPD activities Element 3 - Standard 3.2**: The SPC is responsible to **review all disclosed financial relationships** (conflict of interest completed forms) of all resource persons: speakers, moderators, facilitators, authors, etc... in advance of the CPD activity, to determine whether action is required to avoid commercial bias.
- provided SPC meeting minutes which include a discussion on the following key elements:
  - Needs assessment
  - Learning objectives
  - Evaluation outcomes from previous year(s) accreditation period (if applicable)
  - Content development
  - If funded, flow of funds
  - Review (method used) of all completed conflict of interest disclosure forms (SPC, speakers, moderators, etc...) and action plan if required to manage potential or real conflicts of interest

**Accreditation Terms:** Once an activity obtains accreditation approval, the content and/or all supporting documents submitted for review **cannot** be altered. Changing content without approval renders the accreditation null and void.