

ROYAL COLLEGE OF PHYSICIANS & SURGEONS OF CANADA (RCPC)

MOC SECTION 3

SELF-ASSESSMENT PROGRAM (SAP) - APPLICATION FORM

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.

To obtain accreditation approval, compliance with the standards contained within this application form must be fulfilled and supporting documentation must be submitted. Organizers, of this self-assessment MOC Section 3 activity must visit the [RCPC website](#) to ensure that their activity complies with CPD accreditation criteria.

SELF-ASSESSMENT PROGRAM (SAP) NAME:

Physician Organization Requesting Review:

Indicate which option applies to your organization:

Activities eligible for approval under MOC Section 3 must meet one of the following requirements.

- Option 1** - The self-assessment activity was developed by or in collaboration with members of a physician organization.
- Option 2** - The self-assessment activity was developed in collaboration with a non-physician organization. We accept responsibility for the entire program.
- Option 3** - This is an ACCME accredited activity where the program was developed or co-developed by a physician organization.

¹ **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

² **Non-physician organization:** A pharmaceutical/communication company, medical/surgical supply company or other profit organization

Complete the section below:

Physician organization name: NOTE: Hospitals are not considered Physician Organizations – Mandatory to answer

Mandatory to answer the questions below

Does the physician organization (PO) affiliated to this program comply with the PO definitions?

Please check yes or no

1. Is the PO a not-for-profit organization? Yes No
(for activities only being held in QC and requesting MOC credits, for-profit organization may be acceptable)
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:
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Non-physician co-developing organization name:

Name of Contact Person:

Telephone:	Facsimile:	Email:
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1. Date the Self-Assessment Program (SAP) was completed: _____
(yyyy/mmm/dd)
2. Was this program previously accredited? Yes No
3. If previously accredited, when was the activity content and format last reviewed _____
(yyyy/mmm/dd)
4. If previously accredited, the maximum number of hours required to complete the program is _____ hours.
5. If previously accredited:

Date of the Application:	
Chair of the Scientific Planning Committee:	
Fax Number:	
Telephone Phone Number:	
E-mail Address:	

Mandatory Educational Requirements

Criteria # 1: Self-Assessment program (SAP) must be planned to address the identified needs of the target audience within a specific subject area, topic or problem.

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

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

1. Describe the identified target audience for this Self-Assessment Program (SAP). If applicable, indicate if this activity is intended for other health professionals. Indicate areas of expertise.

2. List all members of the Self-Assessment Program (SAP) Scientific Planning Committee (SPC), including their medical specialty.

Name	Area of Specialty and University/Hospital Affiliation

3. How was the need for the development of this Self-Assessment Program (SAP) established?

4. Learning objectives that address identified needs must be communicated to the participants of the activity. The learning objectives must express what the participants will be able to know or achieve by completing the program. Please list the learning objectives established for this Self-Assessment Program.

<ul style="list-style-type: none"> • • • 	
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Criteria # 2: Self-Assessment Programs must describe the methods that enable participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes.

Self-Assessment Programs provide participants with a strategy to assess their knowledge, skills, clinical judgment and attitudes in comparison to established evidence (scientific or tacit). All Self-Assessment Programs must use methods that enable participants to demonstrate these abilities across the key areas of the subject area, topic or problem(s).

1. Describe the key knowledge areas or themes assessed by this Self-Assessment Program.

2. Explain the scientific evidence base (clinical practice guideline, meta-analysis or systematic review) selected to develop the Self-Assessment Program.

3. Describe the rationale for the selected format (for example, multiple-choice questions (MCQ), short answer questions (SAQ) or true/false statements) to enable participants to review their current knowledge or skills in relation to current scientific evidence.

Criteria # 3: The Self-Assessment Program must provide detailed feedback to participants on their performance to enable the 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/On-Line Activities:

1. Describe the process by which participants will provide answers to individual questions. For example through the creation of answer sheet and scoring key or web based assessment tools. **Please provide a copy of the answer or assessment tool.**

2. Describe how participants will receive feedback on the answers they provided. Will participants be able to know which answers were answered correctly or incorrectly, etc...? **Provide a template of the report**

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. **Provide a sample.**

All Activities:

4. How will the participants receive feedback on their performance? **Provide a template of the tool used.**

5. Do you include a reflective tool that provides participants 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 the deficiencies; and
- d) An action plan or commitment to change to address any anticipated barriers

Yes No

Provide a samples and templates of the reflective tool and describe the process.

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

- Whether the stated learning objectives were achieved? Yes No
- Relevance of the SAP to the participant’s practice? Yes No
- The thoroughness of the content reviewed? Yes No
- The ability of the program to assess knowledge? Yes No
- Ability to identify CanMEDS competencies or roles? Yes No
- Identification of bias? Yes No

Provide a sample of the evaluation form(s).

7. Does the program direct participants to document their learning in MAINPORT? Yes No

Criteria # 4: The content of self-assessment programs must be developed independent of the influence of any commercial or other conflicts of interest.

All accredited Self-Assessment Programs (SAPs) must meet the ethical standards established for all learning activities included within the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. For example, the developing organization must ensure the validity and scientific objectivity of the content.

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

1. The scientific 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. The SAP scientific 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

3. 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 the payment of honoraria.

We comply with this standard: Yes No

FINANCIAL SUPPORT FOR-PROFIT / NOT-FOR-PROFIT WAS RECEIVED FROM: ✓ ALL THAT APPLY:

PHARMACEUTICAL GOVERNMENT AGENCY MEDICAL DEPARTMENT OTHER (PLEASE SPECIFY) _____

DISCLOSE ALL FUNDING SUPPORT – FOR-PROFIT AND/OR NOT-FOR-PROFIT:

FINANCIAL SUPPORT: Organization Name(s) List the name(s) of the organization(s) providing financial support. If the name(s) is not indicated, a delay in the review will occur	DESCRIPTION: Indicate a description of how the financial support will be used (ex. Content development, honoraria, A.V., food, etc...)	AMOUNT IN DOLLARS (CDN): Insert the support received. If the program is delivered repetitively, indicate if the amount listed is per session or for the entire program

Please confirm **who** will received 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 the payment of expenses was delegated to a third party, **provide written/signed agreements** outlining the terms, roles and responsibilities.
- **Provide written/signed agreements** with sponsors outlining the terms, conditions, and purposes by which sponsorship was provided

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

4. No drug or product advertisements appear on any of the SAP written materials.

We comply with this standard: Yes No

Provide a copy of program and any advertisements providing advance notification.

5. Generic names should be used rather than trade names consistently and fairly throughout the written materials.

We comply with this standard: Yes No

We comply with the 5 above mentioned standards: Yes No

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

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

As Chair the Scientific Planning Committee for this self-assessment activity, 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 Canadian Medical Association’s (CMA) Guidelines for Physicians in Interactions with Industry

[CMA Guidelines - Physicians in Interactions with Industry](#) have been met in developing this program. If this activity will held in Québec, we are aware that it is mandatory to adhere to the Conseil Québécois de développement professionnel continu des médecins (CQDPCM): 2016 Code of Ethics for parties involved in Continuing Professional Development [CQDPCM - 2016 Code of Ethics](#)

DATE: (yyyy/mmm/dd) _____

SCIENTIFIC PLANNING COMMITTEE CHAIR (SIGNATURE) _____

Checklist

Ensure to enclose the following supporting documentation when submitting this completed application form:

This RCPSC MOC Section 3 (SAP) 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 3 SAP application form (pg. 5)
- Copy of Budget
- Learning objectives
- Participant's reflection tools and scoring sheet
- Participant's feedback strategies
- Sample participant's correct and incorrect answers report

As per the general 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 received via Pharma, 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 with the general application form. Should the CPD office receive supporting documents less than 8 weeks prior to the start date of the activity, late fees will apply.

Submit your completed application form and supporting documents via email: 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.