McGill | Faculty of Medicine | Continuing Professional Development

ROYAL COLLEGE OF PHYSICIANS & SURGEONS OF CANADA (RCPSC)
MOC SECTION 3 SIMULATION ACTIVITY - 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 simulation MOC Section 3 activity must visit the RCPSC website to ensure that their activity complies with CPD accreditation criteria.

SIMULATION ACTIVITY 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 - ☐ This simulation activity was developed independently by members of a **physician organization[1].**
Option 2 - ☐ The simulation activity was prospectively developed in collaboration with another physician or **non-physician[2] organization.** We accept responsibility for the entire activity.

[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 activity 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:

Non-physician co-developing organization name:		
Name of Contact Person:		
Telephone:	Facsimile:	Email:

1. Date the simulation activity was completed: _____
   (yyyy/mmm/dd)

2. Was this simulation activity previously accredited? Yes □ No □
3. If previously accredited, when was the activity content and format last reviewed _____
   (yyyy/mmm/dd)

4. The maximum number of hours required to complete the simulation activity is _____ hours.

Criteria # 1: Simulation activities must be planned to address the identified needs of the target audience within a specific subject area, topic or problem.

Simulation activities 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:

Write clearly.

1. Describe the identified target audience for this simulation activity. If applicable, please indicate if this activity was intended for other health professionals. Indicate area of expertise.

2. List all members of the Simulation Development Committee, including their medical specialty.

Name	Area of Specialty and University/Hospital Affiliation

3. How was the need for the development of this Simulation activity 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 Simulation activity.

General Goals: • •
What knowledge will participants gain? • •
Are there any practice outcomes to be expected? • •

<u>Criteria # 2:</u> Simulation activities must describe the methods that enable participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes.

Simulation activities provide participants with a strategy to assess their knowledge, skills, clinical judgment and attitudes in comparison to established evidence (scientific or tacit). All simulation activities must enable participants to demonstrate their abilities across the key areas of the scenario(s), topic(s) or problem (s). Participants must complete all required activities or components of the program.

1. Describe the key knowledge areas skills, or competencies assessed by this simulation activity.

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

3. Describe the process by which participants will be able to review their current knowledge or skills in relation to current scientific evidence.

4. How is participation within each component of the simulation activity organized?

<u>Criteria # 3:</u> The simulation activity 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 the performance of the individual or team in achieving the learning objectives and demonstrating the competencies embedded within the simulation scenario(s) enables specialists to identify areas for improvement and the creation of a future learning plan. The feedback provided for participants can be completed at the end of the scenario or at a later time. The provision of tools to structure the reflection on performance and time for personal reflection is encouraged.

<u>On-Line Simulation</u>:

1. Describe the process by which participants will provide response to on-line simulation scenarios. For example through the creation of an on-line response sheet or other web based assessment tools. Please provide a copy of the response or assessment tool.

2. Describe how participants will receive feedback after completion of the scenario. Provide a template of the tool used.

3. Does the on-line simulation provide participants with references justifying the appropriate answer?
   Yes □ No □

   If yes, describe how the references are provided to participants.

<u>LIVE SIMULATION</u>:

4. How do 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 for improvement in their performance identified during the simulation
   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 samples and templates of the reflective tool and describe the process.

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

- Whether the stated learning objectives were achieved? Yes □ No □
- Relevance of the simulation to the participant's practice? Yes □ No □
- The appropriateness or relevance of the scenario? Yes □ No □
- Ability to identify CanMEDS competencies or roles Yes □ No □
- Identification of bias? Yes □ No □
- Are participants provided the opportunity to evaluate program design i.e. sufficient instruction time, sufficient practice time, etc.? Yes □ No □
- Do instructors provide each participant with individual feedback on their performance? Yes □ No □
- Do instructors evaluate: Competencies Yes □ No □
  Skills Yes □ No □
  Attitudes Yes □ No □

Provide a sample/template of instructor evaluation tool and describe process (i.e. videotaped assessment) **Please provide a copy of the evaluation form(s).**

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

<u>Criteria # 4:</u> The content of Simulation activities must be developed independent of the influence of any commercial or other conflicts of interest.

All accredited simulation activities 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 simulation activity to be approved under MOC Section 3

1. The scientific development committee was in complete control over the selection of the scenario, or topic and authors recruited to develop this simulation.

   We comply with this standard: Yes □ No □

2. No representative from industry participated on the scientific development committee or influenced the simulation activity directly or indirectly.

   We comply with this standard: Yes □ No □

3. The scientific development committee and authors disclosed to participants all financial affiliations with any commercial organization(s), regardless of their connection to the topic or themes of the simulation.

   We comply with this standard: Yes □ No □

4. All funds received in support of the development of this simulation were provided in the form of an educational grant. Funding must be payable to the physician organization or the scientific planning committee 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

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

5. No drug or product advertisements appear on any of the simulation activity's written materials.

We comply with this standard: Yes □ No □

Please provide a web link to the program and any advertisements providing advance notification.

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 □	Medical Expert □	Manager □	Scholar □
Communicator □	Health Advocate □	Professional □	

As Chair the Scientific Planning Committee for this simulation 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 activity. 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
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_____ _____

DATE: (yyyy/mmm/dd) **SCIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)

Checklist

Ensure to enclose the following supporting documents when submitting this application form:
This RCPSC MOC Section 3 simulation 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 simulation application form (pg. 5)
- ☐ Copy of Budget
- ☐ Learning objectives
- ☐ Participant's reflection tools
- ☐ Participant's feedback strategies
- ☐ Instructors evaluation tool, ex.: videotaped assessment

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 overall 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 forms 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/medicinecpd

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.