

Royal College of Physicians and Surgeons of Canada Application for Accreditation of Group Learning CPD activities

(Conferences, symposia and/or workshops)

Section 1 of the Framework of Continuing Professional Development (CPD) Options of the Maintenance of Certification program (MOC)

Group learning is an important development activity for physicians and provides an opportunity to confirm or expand areas of knowledge or practice management, to identify potential new therapies or approaches for practice, and to share practice issues or experiences with peers.

Important information before you begin:

- Group Learning Activities approved under Section 1 must be developed or co-developed by a [physician organization](#), please visit the Royal College [website](#) or contact the Royal College to confirm before submitting an application.

A physician organization is defined by the Royal College as 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.

Additional considerations:

- MOC Section 1 Accredited Group Learning activities (including conferences, symposia, seminars, and workshops) are approved for a maximum of one year from the start date of the activity.
- Accreditation will not be granted retroactively.
- The organization that developed the activity is responsible for maintaining all records (including attendance records) for a 5-year period.
- The standards contained within this 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 and Professional Development, University of Calgary will determine if your event meets these standards
- Refer to the [Royal College CPD Accredited Standards Group Learning Activities \(Section 1\)](#) as you complete this application and prepare the attachments.
- The Royal College has also created a [CPD activity toolkit](#) to help developers of educational activities;
 - [Needs assessment](#)
 - [Creating learning objectives](#)
 - [Educational delivery methods](#)
 - [Evaluations](#)
 - [Requirements for web-based CPD activities](#)
 - [Relationships with speakers and sponsors](#)
 - [Sample Conflict of Interest Declaration](#)
 - [Sample Certificate of Attendance](#)
- The Continuing Medical Education & Professional Development Office (CME & PD Office) has created helpful resources:
 - [Accrediting your CME/CPD 'whys and how's' podcast \(8 minutes\)](#)
 - [Application Guidelines with 'How to guides' and sample templates](#)

Application steps:

1. Keep a copy of the completed application form and supporting documents for your records. **Do not** send this application form to the Royal College.
2. Email a copy of your completed application form and supporting documents to cme@ucalgary.ca
3. A summary of the application review will be emailed to the physician organization including the outcome of the assessment of the CPD activity.
4. If your event is approved for accreditation, the physician organization will be emailed the number of accredited hours, and the CPD activity accreditation statement that must appear on all accredited CPD activity program materials and certificates of participation.

Date of application: (dd/mm/yyyy)			
Title of group learning activity:			
Activity start date: (dd/mm/yyyy)		Activity end date: (dd/mm/yyyy)	
Event location (insert city and province):			
Website Link to Registration (or insert 'not applicable')			
Delivery method of group learning activity:	Web-based	Face-to-face	Both web-based and face-to-face
How many times will this activity be held in a year?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Has the program been previously accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when was it reviewed?	
How many hours are required to complete the program?			
Anticipated number of participants:			
Do you want this event posted on the Royal College (RCPSC) website?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

PART A: Administrative Standards

Name of physician organization that developed the group learning activity

1. Name and contact information for physician organization requesting accreditation:	Name of physician organization. List physician organization in the following order: <ul style="list-style-type: none"> ➤ group, section/division, institute/department, faculty, university or ➤ group, section/division, SCN/department, zone, health authority 	
	Address:	
	Email:	Telephone #:
	Website address: <input type="checkbox"/> Check here if not applicable	
2. Contact information for main point-of-contact	First Name:	Last Name:
	Address:	
	Email:	Telephone#:

3. Name and contact information for Scientific Planning Committee Chair: <i>(If different from above)</i>	First Name:	Last Name:
	Email:	Telephone #:
	Address:	
4. Name and contact information for organizations co-developing the activity <i>(If there are more than four co-developing physician organizations, please list on separate document)</i>	a) Name of Co-developing Organization. List in the following order:	
	<ul style="list-style-type: none"> ➤ group, section/division, institute/department, faculty, university or ➤ group, section/division, SCN/department, zone, health authority 	
	Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address:	
	Email:	Telephone #:
	Website address: <input type="checkbox"/> Check here if not applicable	
	b) Name of second Co-developing Organization:	
	Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address:	
	Email:	Telephone #:
	Website address: . <input type="checkbox"/> Check here if not applicable	
	c) Name of third Co-developing Organization:	
	Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address:	
	Email:	Telephone #:
	Website address: <input type="checkbox"/> Check here if not applicable	
d) Name of fourth Co-developing Organization:		
Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
Email:	Telephone #:	
Website address: <input type="checkbox"/> Check here if not applicable		

5. Will the physician organization maintain attendance records for 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Was the content developed by the applying physician organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, who developed the content?		
7. Scientific planning committee members (SPC)		
Name and credentials of SPC member	How does the individual represent target audience?	Is the individual a member of the physician organization responsible for planning the CPD?
<i>Example: David Smith, MD, FRCPC</i>	<i>Example: Endocrinologist</i>	<i>Yes or No</i>

PART B: Educational Standards

1. What is the intended primary target audience of the activity? Choose one:

2. What assessment strategies were used to identify the learning needs of the target audience? Indicate all that apply to your needs assessment:

a) Perceived Needs:

Consultation with Planning Committee members	Surveys	Questionnaires
Focus Groups	Direct request from Target Audience	
Others (list):		

b) Unperceived Needs:

- | | | |
|------------------------------|--|--|
| Self-assessment tests | <input type="checkbox"/> Direct observation of practice performance | Provincial databases |
| Chart audits | <input type="checkbox"/> Practice audits | Incident reports |
| Chart-stimulated recall | <input type="checkbox"/> Quality assurance data from clinics, PCNs, hospitals, regions | Published literature (RCT, cohort studies) |
| Interviews | <input type="checkbox"/> Performance-assessment with Standardized patients | Electronic Medical Record data |
| Clinical Practice Guidelines | | |

Others (list):

Summary of needs assessment is attached.

3. What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the scientific planning committee identify for this activity?

4. How were the identified needs of the target audience used to develop the overall and session-specific learning objectives? Indicate all that apply to your strategy to develop objectives:

- a) The scientific planning committee shared the needs assessment results with the speakers who are responsible for developing the learning objectives. Yes No
- b) The scientific planning committee used the needs assessment results to define the learning objectives for the speakers. Yes No
If applicable, describe other methods:
- c) Overall course and/or individual session learning objectives are learner-centered and measurable. Not Applicable Yes No
- d) Overall course and if applicable, individual learning session objectives are included in the promotional materials Yes No
- e) Overall course learning objectives are attached. Yes No

- f) If applicable, individual session learning objectives are attached. Yes No
- g) Provide other methods of how the learning objectives were developed to meet the needs of the target audience if applicable. Not Applicable

5. [CanMEDS](#) Role(s) relevant to this activity? Check all that apply:

- Medical Expert
- Communicator
- Collaborator
- Leader
- Health Advocate
- Professional
- Scholar

6. State the sources of information selected by the planning committee to develop the content of this activity (e.g. scientific literature and clinical practice guidelines)

- Planning committee minutes or relevant notes/emails are attached

7. What learning methods were selected to help the CPD activity meet the stated learning objectives?

Examples might include: online modules, selected readings, didactic lectures, small group discussion, online discussion board and practicing skills.

8. What learning methods were selected to incorporate a minimum of 25% interactive learning?
Examples might include: 25% of plenary session time used for questions and answers, panel discussions, small group case discussions, debates, role play, student response system, think-pair-share activity.

9. How will the overall group learning activity and individual sessions be evaluated by participants?

- Evaluation survey is attached
- Other methods (e.g. participant focus group, individual participant interviews) Specify:

10. **OPTIONAL:** If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, describe: [Examples might include quizzes, pre-post competency surveys]

11. **OPTIONAL:** If the evaluation strategy intends to measure improved health care outcomes, describe:
[Examples might include practice or chart audits, quality assurance data]

12. **OPTIONAL:** If participants will receive feedback related to their learning, describe the tools or strategies used:

PART C: Ethical Standards

All activities accredited after January 1, 2018 must comply with the [National Standard for support of Accredited CPD Activities](#). The National Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities.

1. Has the CPD activity been sponsored by one or more sponsors? Yes No

2. If yes, have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the CPD provider organization and the sponsor? Yes No

- Not applicable
- Sample sponsorship agreement is attached

3. If sponsorship has been received, please check all sources of sponsorship that apply;

- government agency
- health care facility
- not-for-profit organization
- medical device company
- pharmaceutical company
- education or communications company
- other sources:

4. If yes, list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support.

Yes, there are more than 4 sponsors – submit an additional page using the column headings below

Sponsor name	Type of support		
	<input type="checkbox"/> Financial support Amount received or anticipated to receive:	<input type="checkbox"/> In-kind support Amount received or anticipated to receive:	<input type="checkbox"/> <i>For-profit sponsor</i> or <input type="checkbox"/> <i>Non-profit sponsor</i>
	<input type="checkbox"/> Financial support Amount received or anticipated to receive:	<input type="checkbox"/> In-kind support Amount received or anticipated to receive:	<input type="checkbox"/> <i>For-profit sponsor</i> or <input type="checkbox"/> <i>Non-profit sponsor</i>
	<input type="checkbox"/> Financial support Amount received or anticipated to receive:	<input type="checkbox"/> In-kind support Amount received or anticipated to receive:	<input type="checkbox"/> <i>For-profit sponsor</i> or <input type="checkbox"/> <i>Non-profit sponsor</i>
	<input type="checkbox"/> Financial support Amount received or anticipated to receive:	<input type="checkbox"/> In-kind support Amount received or anticipated to receive:	<input type="checkbox"/> <i>For-profit sponsor</i> or <input type="checkbox"/> <i>Non-profit sponsor</i>

5. Describe the process by which the SPC maintained control over the CPD program elements including:

The Planning Committee undertook:

- the identification of the educational needs of the intended target audience; development of learning objectives / providing information to speaker who will develop the learning objectives
- selection of educational methods
- selection of speakers, moderators, facilitators and authors
- development and delivery of content
- evaluation of outcomes

Additional information to describe control over planning process:

6. Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic options.

The Planning Committee undertook reviewing presentation materials to ensure:

- addressing any potential conflicts of interest
- appropriateness of selected educational delivery methods
- incorporation of evidence
- copyright adherence

Additional information to describe the process for content development:

7. How were those responsible for developing or delivering content informed that any description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding?

The Planning Committee ensured presentation standards were shared with each speaker by:

- email or letter
- face to face meeting
- telephone
- Speaker invite email, letter or brief description of face to face communication attached

Additional information to describe the process for sharing presentation standards:

8. All accredited CPD activities must comply with the [National Standard](#) (See [National Standard, Element 2 for details](#)) for support of accredited CPD activities. If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed? [Examples might include changing the content of the session, removal of the session from the program]

9. How are the scientific planning committee members' conflicts of interest declarations collected and disclosed to: [\[See National Standard, Element 3 for details\]](#)

- the physician organization?
- the learners attending the CPD activity?

10. How are the speakers', authors', moderators', facilitators' and or/authors' conflicts of interest information collected and disclosed to: [\[See National Standard, Element 3 for details\]](#)

- the scientific planning committee?
- the learners attending the CPD activity?

11. If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential of real conflicts of interests?

RCPSC resource: [http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/faqs-on-accreditation-e-down to 'On conflict of interest'](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/faqs-on-accreditation-e-down-to-'On%20conflict%20of%20interest'))

12. How are payments of travel, lodging, out-of-pocket expenses, and honoraria made to members of the scientific planning committee, speakers, moderators, facilitators and/or authors? If the responsibility for these payments is delegated to a third party, describe how the CPD provider organization or SPC retains overall accountability for these payments. [\[See National Standard, Element 4.4 for details\]](#)

13. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there external sponsors for this activity? If yes, how has the physician organization ensured that their interactions with sponsors have met professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations? (See National Standard, Element 4 for details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	We have a contractual relationship with sponsors that includes: protection of privacy, confidentiality, copyright and contractual law regulations.
Additional comments:	
14.	How has the physician organization ensured that product specific advertising, promotional materials or other branding strategies have not been included on, appear within, or be adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material? [See National Standard, Elements 5 & 6 for details]
<input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial product-specific advertising, promotional material, branding strategies will not be included on, within or adjacent to course educational materials, promotional material or electronic media containing educational material
Additional comments:	
15.	What arrangements were used to separate commercial exhibits or advertisements in a location that is clearly and completely separated from the accredited CPD activity? [See National Standard, Element 6 for details]

16. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization? [\[See National Standard, Element 6 for details\]](#)

17. What strategies were used by the scientific planning committee or the physician organization to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities were scheduled? [See [National Standard, Element 7 for details](#)]

No unaccredited CPD activities take place at times and locations that interfere or compete with accredited CPD activities.

No unaccredited CPD activities are listed or included within activity agendas, programs or calendars of events (preliminary and final).

Additional comments:

PART D: CPD Accreditation Agreements

The Royal College has several international CPD accreditation agreements. These agreements allow physicians and/or other health professionals to claim or convert select Royal College MOC credits to other CPD system credits. Details about the specific agreements are available on the Royal College [website](#)

Should you wish for this CPD activity to be eligible for credit within any of these systems, please check all that apply:

[American Medical Association \(AMA\) PRA Category 1 Credit™](#)

[European Union of Medical Specialists \(UEMS\)](#)

[Qatar Council for Healthcare Practitioners \(QCHP\)](#)

[European Board for Accreditation in Cardiology \(EBAC\)](#)

**PART E: Have you completed and attached the following?
Not all, but most questions apply to all applications. Read carefully.**

Has a needs assessment been completed? Attach a summary of the completed needs assessment.

- Have you attached the overall and session-specific learning objectives?
- Does the preliminary and final program or brochure include:
 - The activity schedule, topics, and **start and end times** of individual sessions?
 - The activity learning objectives for the **overall activity and individual sessions**?
- Have you attached any other materials that will be used to promote or advertise the activity? (for example, invitations, brochure, email announcements)
- Have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors for the activity?
- If sponsorship has been received for this activity, have you attached the written agreement template that is signed by the CPD provider organization and the sponsor? Not Applicable
- Does the activity budget show receipt and expenditure of all sources of revenue for this activity including:
 - A list of funding sources, including an indication of whether sponsorship was received in an educational grant or in-kind support?
 - A list of expenditures?
 - The expected number of registrants?
- All physician organizations must maintain attendance records for five years. Have you attached the template for the certificate of attendance that will be provided to the participants?
[See Sample Certificate of Attendance for *details*]
- Do the evaluation and feedback forms include:
 - A question on whether the stated learning objectives were met?
 - 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 on which CanMEDS Roles were addressed during the activity?
- If applicable, have you attached a copy of the answer sheet for the assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes and shows how feedback will be provided to the participants? Not Applicable
- Regardless of how the activity is funded, have you attached a sample conflict of interest form and an outline of the process for the collection, management, and disclosure of conflicts of interests which includes a description of how this information is collected and disclosed to participants?
- If this is an online course have you provided access to the online modules for review? Not Applicable
- Has the Chair of Scientific Planning Committee attested that he/she agrees with the content provided in the application package?

PART F: Declaration

As the Chair of the Scientific Planning Committee (or equivalent), 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 CMA's guidelines, entitled, *CMA Policy: Guidelines for Physicians in Interactions with Industry (2007)*, and National Standard for Support of Accredited CPD Activities have been met in preparing for this event.

I Agree By clicking "I agree" you are agreeing to the declaration stated above

Name of Chair:	
Signature of Chair:	
Date: (dd/mm/yyyy)	