Royal College of Physicians and Surgeons of Canada
Application for Accreditation of Simulation (SIM) CPD Activities

Section 3 of the Framework of Continuing Professional Development (CPD) Options of the Maintenance of Certification program (MOC)

Simulation activities are designed to reflect real life situations to enable participants to demonstrate and receive feedback on their clinical reasoning, communication, situational awareness, problem solving and (where applicable) their ability to collaborate and work effectively within a healthcare team. Simulation activities reflect a range of options including role playing, use of standardized patients, task trainers, virtual simulation, haptic simulation, theatre simulation or hybrids of any of these examples.

Important information before you begin:

- Simulation activities approved under Section 3 must be developed or co-developed by a physician organization, please visit our 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 3 – Assessment accredited Simulation Activities are approved for a maximum of three years 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 3 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 Self-Assessment Program CPD Activities (Section 3) 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

- The Continuing Medical Education & Professional Development Office (CME & PD Office) has created helpful resources: https://cumming.ucalgary.ca/cme/accreditation

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 of Physicians and Surgeons of Canada (RCPSC).

2. Email a copy of your completed application form and supporting documents to cme@ucalgary.ca. Ensure you attach the checklist, application, and separate PDFs for each section of the supporting documents.

3. Fax the fee payment form to our confidential fax line at (403) 270-2330 or mail cheque to Office of CME & PD, TRW Building, 3280 Hospital Drive NW, Calgary AB T2M 4Z6. Applications submitted within six weeks (30 business days) of the learning event will be levied a $250 late fee. MOC 1 applications submitted within three weeks and MOC 3 applications submitted within four weeks of the learning event will not be reviewed. Additional fee payments may apply for complex application reviews.

4. A summary of the application review will be emailed to the physician organization including the outcome of the assessment of the CPD activity.

5. If your event is approved for accreditation, the chair of the Scientific Planning Committee and the contact person 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.

6. The Office of CME&PD will notify the RCPSC of your accredited event.

Date of application: (dd/mm/yyyy)		Event location (insert city and province):	
Activity start date: (dd/mm/yyyy)		Activity end date: (dd/mm/yyyy)	
Title of group learning activity (as it will appear on the certificate of attendance):			
Website Link to Registration (or insert 'not applicable')			
Delivery method of group learning activity:	☐ Live in-person ☐ Live virtual ☐ Both in-person and virtual ☐ Asynchronous		
How many times will this activity be held in a year?	☐ 1 ☐ 2 ☐ 3 ☐ 4+	Has this activity been previously accredited?	☐ Yes ☐ No
Has this activity been submitted to another CPD Accreditor? i.e. RCPSC, CFPC, CNA, CCCEP	☐ Yes ☐ No	If yes, please name CPD Accreditor:	
Has this activity been rejected by another CPD Accreditor?		☐ Yes ☐ No	
If yes, please elaborate:			
Do you want this event posted on the Royal College (RCPSC) website?	☐ Yes ☐ No	Anticipated number of participants:	

Select the option that applies to your organization:

Option 1 ☐	Option 2 ☐
We are a **physician organization** that is planning this educational event alone or in conjunction with another physician organization.	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(s) of physician organization(s) that developed the group learning activity:

1. Name of **physician organization** requesting accreditation:	List physician organization in the following order (if applicable): ➢ group, section/division, institute/department, faculty, university or ➢ group, section/division, SCN/department, zone, health authority	
	Name of Physician Organization:	
	Website address: ☐ Check her if not applicable	
2. Name and contact information for Chair of the Scientific Planning Committee:	First Name:	Last Name:
	Address:	
	Email:	Telephone#:
3. Contact information for main point-of-contact for participants:	First Name:	Last Name:
	Address:	
	Email:	Telephone #:

4. Name and contact information for organizations ***co-developing*** the activity *(If there are more than two co-developing physician organizations, please list on separate document)* *Do not include sponsors as co-developers.*	**Names of Co-developing Organizations. List in the following order:** ➢ group, section/division, institute/department, faculty, university or ➢ group, section/division, SCN/department, zone, health authority		
	a) Name of first Co-developing Organization:		
	Is the co-developing organization a physician organization?	☐ Yes ☐ No	
	Email:	Telephone #:	
	Website address: ☐ Check here if not applicable		
	b) Name of second Co-developing Organization:		
	Is the co-developing organization a physician organization?	☐ Yes ☐ No	
	Email:	Telephone #:	
	Website address: ☐ Check here if not applicable		

5. The physician organization agrees to maintain attendance records for 5 years.	☐Yes
6. Was the content developed by the Scientific Planning Committee?	☐ Yes ☐ No

If no, who developed the content?	

7. Name and credentials of Scientific Planning Committee members (one must be a RCPSC member)	How does the individual represent target audience?	Indicate if the individual is a member of the developing or co-developing physician organization:
Example: David Smith, MD, FRCPC	***Example: Endocrinologist***	***Developing, Co-developing or n/a***

PART B: Educational Standards

1. Who is the intended primary target audience of the activity? *(check a maximum of six)*

- ☐ Acute Care Point of Care Ultrasonography (POCS)
- ☐ Addiction Medicine
- ☐ Adolescent and Young Adult Oncology
- ☐ Adolescent Medicine
- ☐ Adult Cardiac Electrophysiology
- ☐ Adult Echocardiography
- ☐ Adult Hepatology
- ☐ Adult Interventional Cardiology
- ☐ Adult Thrombosis Medicine
- ☐ Advanced Heart Failure & Cardiac Transplantation
- ☐ Aerospace Medicine
- ☐ Anatomical Pathology (AP)
- ☐ Anesthesiology (ANES)
- ☐ Brachytherapy
- ☐ Cardiac Surgery
- ☐ Cardiology (adult or pediatrics)
- ☐ Child and Adolescent Psychiatry
- ☐ Child Maltreatment Pediatrics
- ☐ Clinical Immunology & Allergy (adult or pediatrics)
- ☐ Clinical Pharmacology & Toxicology
- ☐ Clinician Educator
- ☐ Clinician Investigator Program
- ☐ Colorectal Surgery
- ☐ Critical Care Medicine (adult or pediatrics)
- ☐ Cytopathology
- ☐ Dermatology
- ☐ Developmental Pediatrics
- ☐ Diagnostic Radiology
- ☐ Emergency Medical Services
- ☐ Endocrinology & Metabolism (adult or pediatrics)
- ☐ Forensic Pathology
- ☐ Forensic Psychiatry
- ☐ Gastroenterology (adult or pediatrics)
- ☐ General Internal Medicine
- ☐ General Pathology
- ☐ General Surgery
- ☐ General Surgical Oncology
- ☐ Geriatric Medicine
- ☐ Geriatric Psychiatry
- ☐ Gynecologic Oncology
- ☐ Gynecologic Reproductive Endocrinology & Infertility
- ☐ Hematological Pathology
- ☐ Hematology
- ☐ Hematopoietic Stem Cell Transplantation
- ☐ Hyperbaric Medicine
- ☐ Infectious Diseases (adult or pediatrics)

- ☐ Internal Medicine
- ☐ Interventional Radiology
- ☐ Maternal Fetal Medicine
- ☐ Medical Biochemistry
- ☐ Medical Genetics and Genomics
- ☐ Medical Microbiology
- ☐ Medical Oncology
- ☐ Neonatal Perinatal Medicine
- ☐ Nephrology (adult or pediatrics)
- ☐ Neurology (adult or pediatrics)
- ☐ Neuropathology
- ☐ Neuroradiology
- ☐ Neurosurgery
- ☐ Nuclear Medicine
- ☐ Obstetrics & Gynecology
- ☐ Occupational Medicine
- ☐ Ophthalmology
- ☐ Orthopedic Surgery
- ☐ Otolaryngology - Head and Neck Surgery
- ☐ Pain Medicine
- ☐ Palliative Medicine
- ☐ Patient Safety and Quality Improvement
- ☐ Pediatric Emergency Medicine
- ☐ Pediatric Hematology/Oncology
- ☐ Pediatric Radiology
- ☐ Pediatric Surgery
- ☐ Pediatric Urology
- ☐ Pediatrics
- ☐ Physical Medicine & Rehabilitation
- ☐ Plastic Surgery
- ☐ Prehospital and Transplant Medicine
- ☐ Psychiatry
- ☐ Public Health and Preventive Medicine
- ☐ Radiation Oncology
- ☐ Respirology (adult or pediatrics)
- ☐ Rheumatology (adult or pediatrics)
- ☐ Sleep Disorder Medicine
- ☐ Solid Organ Transplantation
- ☐ Sport and Exercise Medicine
- ☐ Surgical Foundations
- ☐ Thoracic Surgery
- ☐ Transfusion Medicine
- ☐ Trauma General Surgery
- ☐ Urology
- ☐ Vascular Surgery
- ☐ Other/General Practice/Health Care Professionals

2. Which assessment strategies were used to identify the learning needs of the target audience? Indicate all that apply: (Summary and reference documents are required where applicable).	

a) Perceived Needs:

☐ Consultation with Scientific Planning Committee members	☐ Surveys Summary results attached: ☐	☐ Questionnaires Summary results attached: ☐
☐ Focus Groups Summary results attached: ☐	☐ Direct request from target audience. Summary results attached: ☐	

Others (list):

b) Unperceived Needs:

☐ Self-assessment tests Summary results attached: ☐	☐ Direct observation of practice performance	☐ Provincial databases
☐ Chart audits	☐ Practice audits	☐ Incident reports
☐ Chart-stimulated recall Interviews	☐ Quality assurance data from clinics, PCNs, hospitals, regions	☐ Published literature (RCT, cohort studies). List of references attached: ☐
☐ Clinical Practice Guidelines list. List of references attached: ☐	☐ Performance-assessment with Standardized patients	☐ Electronic Medical Record data

☐ *Others (list):*

3. Which 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:

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:	☐ Not Applicable

5. Course and session Learning Objectives requirements: See link How to write learning objectives

a)	Are overall course learning objectives learner-centered and measurable? If No, explain:	☐Yes ☐No
b)	Are individual session learning objectives learner-centered and measurable? If No, explain:	☐Yes ☐No
c)	Are Learning objectives available to participants prior to activity start date? i. If No, explain: ii. If Yes, indicate if Learning Objectives are listed in any of the following: ☐ Website ☐ Brochure/Flyer ☐ Email/Letter ☐ Other (list):	☐Yes ☐No

6. CanMEDS Role(s) relevant to this activity? Check all that apply:

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

Criteria: Simulation programs provide learners with a strategy to assess their knowledge, skills, clinical judgement and attitudes in comparison to established evidence (scientific or tacit). All simulation programs must enable learners to demonstrate their abilities across the key areas of the scenario(s), topic(s) or problem(s). *(Questions 7 – 20 for Simulation Activity)*

7. Describe the key knowledge areas or themes assessed by the simulation activity.

8. 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)

9. **Live Simulation:** Which simulation methods were selected to enable participants to demonstrate their abilities, skills, clinical judgment or attitudes? e.g. Role playing, standardized patients, theatre-based simulation, task trainers, virtual patients etc.

10. **Live Simulation:** How will learners participate in the simulation?

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11. **On-line simulation:** How will learners provide responses to on-line simulation? (e.g. through an online response sheet or web-based assessment tools) ☐ *Attach a copy of assessment tool*
12. **On-line simulation:** How will learners receive feedback after the completion of an online simulation? Feedback must include the correct answer and references for each correct answer. ☐ Attach feedback tool
13. **Live simulation:** What process will be used to evaluate learners during the simulation? (e.g. video recording assessment; Observer critique using a checklist) ☐ *Answer sheet or check list attached*   or ☐ *Not applicable.*

14. **Live simulation:** How will feedback (debrief) be provided to learners on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan?

Choose all that apply:		
☐ pre-test attached	☐ feedback criteria tool attached	☐ scoring tool attached
☐ post-test attached	☐ answer sheet attached	☐ other:
☐ web based assessment tool attached		

15. **Live simulation:** The program must provide participants with references justifying the appropriate answer.

Choose all that apply:

☐ Sample reference of answer and reference(s) attached

☐ Sample reference of face to face instructor-group participants debrief attached

☐ Sample reference of face to face instructor-individual participant debrief attached

☐ Sample post-activity written evaluation of performance

16. **All simulations:** The reflective tool provides the learner with an opportunity to document:

☐ Knowledge or skills that are up-to-date or consistent with current evidence

☐ Any deficiencies or opportunities for improvement in their performance

☐ Learning strategies to be pursued to address the performances deficiencies

☐ An action plan or commitment to change to address any anticipated barriers

17. Describe the process used for administering the reflective tool.

18. How will the simulation activity be evaluated by participants?

19. (Optional) If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe (examples might include, pre-post competency surveys or quizzes).
or ☐ Not Applicable

20. (Optional) If the program evaluation strategy intends to measure improved health care outcomes, please describe (examples might include practice or chart audits, quality assurance data). ☐ Not Applicable

PART C: Ethical Standards

All activities accredited 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. This includes profit and non-profit.

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? (for profit and non-profit)	☐ Yes ☐ No

☐ Sponsorship agreements are attached   or if no sponsors   ☐ Not applicable

3. If sponsorship has been received, all details have been included in the CME Budget form and attached: (for profit and non-profit sponsorship)	☐ Yes ☐ Not Applicable

4. The SPC may consider data or advice from all sources but must ensure that decision-making related to the following CPD program elements is under its exclusive control.

The following CPD elements are under exclusive control of the SPC:
☐ 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

If any areas were not under exclusive control of the SPC, please explain:

5. Describe the process used to ensure content for this activity is scientifically valid, objective, and balanced across relevant therapeutic options.   Attach educational content, i.e. slide decks, modules.

The Planning Committee reviewed presentation materials to ensure:
☐ addressing any potential conflicts of interest   ☐ incorporation of evidence
☐ appropriateness of selected educational delivery methods   ☐ copyright adherence

If any areas of review were not covered by the SPC, please explain:

6. 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: ☐ face to face meeting   ☐ telephone   ☐ email or letter

Additional information to describe this process:

7. 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, which 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] RCPSC Resource: CPD Activity Toolkit FAQs Scroll down "On conflict of interest"

8. How are the scientific planning committee members', speakers, authors, moderators, facilitators' and or/authors' conflicts of interest declarations collected and disclosed to: [See National Standard, Element 3 for details]   a) the physician organization? and b) the learners attending the CPD activity?

9. If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential or real conflicts of interest? Please describe the plan. RCPSC Resource: CPD Activity Toolkit FAQs Scroll down "On conflict of interest"

10. The CPD provider organization or SPC must retain overall accountability for payment 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 are 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] or ☐Not Applicable

11. The Scientific Planning Committee must ensure 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]	☐ Yes

12. 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] or ☐ Not Applicable

13. Which strategies were used by the scientific planning committee 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]

13a. Are there any unaccredited CPD activities? ➤ If yes, I agree that they take place at times and locations that do not interfere or compete with accredited CPD activities: I agree ☐ ➤ If yes, I agree that unaccredited CPD activities will not be listed or included in agendas, programs, or calendars of events: I agree ☐	Yes ☐ No ☐
13b. Are there any non-CPD activities (e.g. annual general meeting)? If yes, I agree to mark them as "unaccredited" within agendas, programs, or calendars of events preliminary and final): I agree ☐	Yes ☐ No ☐

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

If you have arranged for this CPD activity to 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)
☐ If this activity was accredited for another system, which one:

PART E: Have you completed and attached the following? **All documents are required unless "not applicable" is provided as an option.** **Please read carefully.**
☐ Has a needs assessment been completed? Attach a summary of the completed needs assessment of all areas checked off on application in Part B, number 2.
☐ Have you attached the overall and session-specific learning objectives either separately or in the program or brochure?
☐ 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, email announcements)
☐ Have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors for the activity? ☐ Not Applicable
☐ 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?
☐ Have you attached the template for the certificate of attendance that will be provided to the participants? Is the title of the program on the certificate the same as on the application? This is the title participants will use to search in Mainport to claim their credits. All physician organizations must maintain attendance records for five years. [See Sample Certificate of Attendance for details]
☐ Do the evaluation and feedback forms include a question: • if the overall learning objectives were met, and if the session specific learning objectives were met • for participants to identify the potential impact to their practice • for participants to identify if the overall program is balanced and free from commercial or other inappropriate bias • if enough time was allocated for interactive learning
☐ Have you attached a copy of the answer sheet for the assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes. ☐ Not Applicable
☐ Have you described how feedback will be provided to the participants for the assessment tool? ☐ Not Applicable
☐ Regardless of how the activity is funded, have you: • Attached a sample conflict of interest (COI) form? • Described the process for the collection, management, and disclosure of conflicts of interest?
☐ Have you provided access to the educational materials, i.e. slide decks, online modules?
☐ 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. If this event is held in Québec, we agree to comply to the Code of Ethics entitled, Conseil québécois de développement professionelprofessionnel continu des médecins (www.cqdpcm.ca) .

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

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