

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 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 [national standard](#) for support of accredited CPD activities (the “National Standard”) guides the ability of accredited CPD providers and other parties in Canada to safeguard high-quality CPD from commercial influence, outline a clearly defined role for sponsors of CPD activities, and standardize the development and delivery of CPD activities for both family physicians and specialist physician audiences.
- The standards contained within this application must be met and supporting documents 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.
 - [Conducting a Needs assessment](#)
 - [Establishing Learning Objectives](#)
 - [Educational Delivery Methods](#)
 - [Gathering Participant Feedback](#)
 - [How to Avoid Conflicts of Interest](#)
 - [Planning Committees](#)
- 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.accredit@ucalgary.ca.
Ensure you attach the checklist, application, and separate PDFs for each section of the supporting documents.
3. Complete the Fee Payment Form and email with application. Applications submitted within six weeks (30 business days) of the learning event will be levied a \$300 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.
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 (<i>insert city and province</i>):	
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:	<input type="checkbox"/> Live in-person <input type="checkbox"/> Live virtual <input type="checkbox"/> Both in-person and virtual <input type="checkbox"/> Online self-study		
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 this activity been previously accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this activity been submitted to another CPD Accreditor? i.e., RCPSC, CFPC, CNA, CCCEP	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please name CPD Accreditor:	
Has this activity been rejected by another CPD Accreditor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:			
Do you want this event posted on the Royal College (RCPSC) website?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated number of participants:	

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 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
- Medical associations
- Physician research organizations
- Medical societies
- Hospital departments or divisions
- Medical academies
- Health authorities not linked to government agencies
- Canadian medical regulatory authorities (MRAs)

➤ ***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 & surgical supply 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: <input type="checkbox"/> Check here 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 #:

<p>4. Name and contact information for organizations co-developing the activity</p> <p><i>(If there are more than three co-developing physician organizations, please list on separate document)</i></p> <p><i>Do not include sponsors as co-developers.</i></p>	<p>Names of Co-developing Organizations. List in the following order:</p> <ul style="list-style-type: none"> ➤ group, section/division, institute/department, faculty, university or ➤ group, section/division, SCN/department, zone, health authority 	
	<p>a) Name of first Co-developing Organization:</p>	
	<p>Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Email:</p>	<p>Telephone #:</p>
	<p>Website address: <input type="checkbox"/> Check here if not applicable</p>	
	<p>b) Name of second Co-developing Organization:</p>	
	<p>Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Email:</p>	<p>Telephone #:</p>
	<p>Website address: <input type="checkbox"/> Check here if not applicable</p>	
	<p>c) Name of third Co-developing Organization:</p>	
	<p>Is the co-developing organization a physician organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>Email:</p>	<p>Telephone #:</p>
	<p>Website address: <input type="checkbox"/> Check here if not applicable</p>	
<p>5. The physician organization agrees to maintain attendance records for 5 years.</p>		<p><input type="checkbox"/> Yes</p>
<p>6. Was the content developed by the Scientific Planning Committee? If No, who developed the content:</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Does this activity have SPC that includes representatives of the target audience? If No, explain how you will obtain the input of the missing members of the target audience:</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. 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. Do you comply?</p>		<p><input type="checkbox"/> Yes</p>
<p>9. Representatives of a sponsor or any organization hired by a sponsor cannot participate in decisions related to CPD program elements. Do you comply?</p>		<p><input type="checkbox"/> Yes</p>

10. 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
<i>Example: David Smith, MD, FRCPC</i>	<i>Example: Endocrinologist</i>	<i>Developing, Co-developing or n/a</i>

PART B: Educational Standards

1. Who is the intended primary target audience of the activity? *There must be a representative on the planning committee for any selected. Check a maximum of 3, if more than 3, choose, "Inter-Professional".*

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|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Inter-Professional (<i>Only choose if not selecting other categories</i>) <input type="checkbox"/> Acute Care Point of Care Ultrasonography (POCS) <input type="checkbox"/> Addiction Medicine <input type="checkbox"/> Adolescent and Young Adult Oncology <input type="checkbox"/> Adolescent Medicine <input type="checkbox"/> Adult Cardiac Electrophysiology <input type="checkbox"/> Adult Congenital Heart Disease <input type="checkbox"/> Adult Echocardiography <input type="checkbox"/> Adult Hepatology <input type="checkbox"/> Adult Interventional Cardiology <input type="checkbox"/> Adult Thrombosis Medicine <input type="checkbox"/> Advanced Heart Failure & Cardiac Transplantation <input type="checkbox"/> Aerospace Medicine <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Antimicrobial Stewardship <input type="checkbox"/> Brachytherapy <input type="checkbox"/> Cardiac Surgery <input type="checkbox"/> Cardiology <input type="checkbox"/> Child and Adolescent Psychiatry <input type="checkbox"/> Child Maltreatment Pediatrics <input type="checkbox"/> Clinical Immunology & Allergy <input type="checkbox"/> Clinical Informatics <input type="checkbox"/> Clinical Pharmacology & Toxicology | <ul style="list-style-type: none"> <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Interventional Radiology <input type="checkbox"/> Maternal Fetal Medicine <input type="checkbox"/> Medical Biochemistry <input type="checkbox"/> Medical Genetics and Genomics <input type="checkbox"/> Medical Microbiology <input type="checkbox"/> Medical Oncology <input type="checkbox"/> Neonatal Perinatal Medicine <input type="checkbox"/> Nephrology <input type="checkbox"/> Neuro-Intervention <input type="checkbox"/> Neurology <input type="checkbox"/> Neuromuscular Medicine <input type="checkbox"/> Neuropathology <input type="checkbox"/> Neuroradiology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Obstetrics & Gynecology <input type="checkbox"/> Occupational Medicine <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Orthopedic Surgery <input type="checkbox"/> Otolaryngology - Head and Neck Surgery <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Palliative Medicine |
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<input type="checkbox"/> Clinician Educator <input type="checkbox"/> Clinician Investigator Program <input type="checkbox"/> Colorectal Surgery <input type="checkbox"/> Consultation-Liaison Psychiatry <input type="checkbox"/> Critical Care Medicine <input type="checkbox"/> Cytopathology <input type="checkbox"/> Dermatology <input type="checkbox"/> Developmental Pediatrics <input type="checkbox"/> Diagnostic and Clinical Pathology <input type="checkbox"/> Diagnostic and Molecular Pathology <input type="checkbox"/> Diagnostic Radiology <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Endocrinology & Metabolism <input type="checkbox"/> Forensic Pathology <input type="checkbox"/> Forensic Psychiatry <input type="checkbox"/> Gastroenterology <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> General Surgery <input type="checkbox"/> General Surgical Oncology <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Geriatric Psychiatry <input type="checkbox"/> Gynecologic Oncology <input type="checkbox"/> Gynecologic Reproductive Endocrinology & Infertility <input type="checkbox"/> Hematological Pathology <input type="checkbox"/> Hematology <input type="checkbox"/> Hematopoietic Stem Cell Transplantation and Cellular Therapy <input type="checkbox"/> Hyperbaric Medicine <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Inherited Metabolic Diseases Medicine	<input type="checkbox"/> Patient Safety and Quality Improvement <input type="checkbox"/> Pediatric and Perinatal Pathology <input type="checkbox"/> Pediatric Anesthesiology <input type="checkbox"/> Pediatric Emergency Medicine <input type="checkbox"/> Pediatric Hematology/Oncology <input type="checkbox"/> Pediatric Radiology <input type="checkbox"/> Pediatric Surgery <input type="checkbox"/> Pediatric Urology <input type="checkbox"/> Pediatrics <input type="checkbox"/> Physical Medicine & Rehabilitation <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Prehospital and Transplant Medicine <input type="checkbox"/> Psychiatry <input type="checkbox"/> Public Health and Preventive Medicine <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> Respiriology <input type="checkbox"/> Retina <input type="checkbox"/> Rheumatology <input type="checkbox"/> Sleep Disorder Medicine <input type="checkbox"/> Solid Organ Transplantation <input type="checkbox"/> Spine Surgery <input type="checkbox"/> Sport and Exercise Medicine <input type="checkbox"/> Surgical Foundations <input type="checkbox"/> Thoracic Surgery <input type="checkbox"/> Transfusion Medicine <input type="checkbox"/> Trauma General Surgery <input type="checkbox"/> Urology <input type="checkbox"/> Vascular Surgery
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2. Which assessment strategies were used to identify the learning needs of the target audience?
Indicate all that apply (*supporting documents are required*):

a) Perceived Needs:

<input type="checkbox"/> Consultation with Scientific Planning Committee Members <i>Minutes or List of Topics attached:</i> <input type="checkbox"/>	<input type="checkbox"/> Surveys <i>Summary results attached:</i> <input type="checkbox"/>	<input type="checkbox"/> Questionnaires <i>Summary results attached:</i> <input type="checkbox"/>
<input type="checkbox"/> Focus Groups <i>Summary results attached:</i> <input type="checkbox"/>	<input type="checkbox"/> Direct request from target audience. <i>Summary results attached:</i> <input type="checkbox"/>	

Others (list):

b) Unperceived Needs: The documents below

<input type="checkbox"/> Self-assessment tests <i>Summary results attached:</i> <input type="checkbox"/>	<input type="checkbox"/> Direct observation of practice performance <i>Documentation attached:</i> <input type="checkbox"/>	<input type="checkbox"/> Provincial databases
<input type="checkbox"/> Chart audits	<input type="checkbox"/> Practice audits	<input type="checkbox"/> Incident reports
<input type="checkbox"/> Chart-stimulated recall Interviews	<input type="checkbox"/> Quality assurance data from clinics, PCNs, hospitals, regions	<input type="checkbox"/> Published literature (RCT, cohort studies). <i>List of references attached:</i> <input type="checkbox"/>

<input type="checkbox"/> Clinical Practice Guidelines list. List of references attached: <input type="checkbox"/>	<input type="checkbox"/> Performance-assessment with Standardized patients	<input type="checkbox"/> Electronic Medical Record data
<input type="checkbox"/> <i>Others (list):</i>		
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. Overall Learning Objectives, choose one:		
a) Did the Scientific Planning Committee use the needs of the target audience to develop the activity overall learning objectives?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Or did the scientific planning committee share the needs assessment results with the speaker who is responsible for developing the overall learning objectives .		<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Or were there other methods, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your program have sessions or modules? If Yes, answer question 6.		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Session Learning Objectives: How were the identified needs of the target audience used to develop the session learning objectives? Choose the ones that applies:		
a) The scientific planning committee shared the needs assessment results with the speakers who are responsible for developing the session learning objectives.		<input type="checkbox"/> Yes <input type="checkbox"/> No
b) The scientific planning committee used the needs assessment results to define the session learning objectives for the speakers.		<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Or were there other methods, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Course and session Learning Objectives requirements: See link How to write learning objectives		
<p>a) Do the overall Learning Objectives clearly describe the intent of the educational activity, and are written from the perspective of the learner, and express the expected outcomes determined by the SPC and faculty?</p> <p>b) Does the program contain individual sessions or modules? If “Yes”, do the Session or Module Learning Objectives clearly describe the intent of the educational activity, and are written from the perspective of the learner, and express the expected outcomes determined by the SPC and faculty?</p> <p>c) Are the <u>overall Learning objectives</u> available to participants prior to registration? i. If No, explain: ii. If Yes, indicate where Learning Objectives are listed, and attach pdf: <input type="checkbox"/> Website <input type="checkbox"/> Brochure/Flyer <input type="checkbox"/> Email/Letter <input type="checkbox"/> Other (list):</p> <p>d) Are the learning objectives incorporated into the evaluation to participants?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sample Document attached <input type="checkbox"/></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
8. CanMEDS Role(s) relevant to this activity? See link from the Royal College on CanMEDS Roles . Check all that apply:		
<input type="checkbox"/> Medical Expert <input type="checkbox"/> Communicator <input type="checkbox"/> Collaborator	<input type="checkbox"/> Leader <input type="checkbox"/> Health Advocate	<input type="checkbox"/> Professional <input type="checkbox"/> Scholar
9. Which learning formats/methods are used to support the following: <ul style="list-style-type: none"> the perceived and/or unperceived educational needs, meet the stated learning objectives, and address CanMEDS roles <p>Examples might include online modules, selected readings, didactic lectures, small group discussion, online discussion board and practicing skills.</p>		
Please describe:		
10. Which learning methods were selected to incorporate a minimum of 25% interactivity? Examples might include questions and answers, panel discussions, small group case discussions, debates, role play, student response system, think-pair-share activity.		
Please describe:		

11. Does the program and/or brochure identify the opportunity for interactive learning? If No, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Those developing or delivering the educational content were informed of the following:	
• the identified needs of the target audience,	<input type="checkbox"/> Yes
• the need to ensure that the content and/or materials presented provide (where applicable) a balanced view across all relevant options related to the content area,	<input type="checkbox"/> Yes
• the intended overall learning objectives for the activity,	<input type="checkbox"/> Yes
• ensuring that the description of therapeutic options utilize generic names (or both generic and trade names) and not reflect exclusivity and branding.	<input type="checkbox"/> Yes
• email or letter to speaker is attached.	<input type="checkbox"/> Yes
13. How will the overall group learning activity and individual sessions be evaluated by participants?	
<input type="checkbox"/> Evaluation survey is attached <input type="checkbox"/> Other methods (e.g., participant focus group, individual participant interviews) Specify:	
14. Does the evaluation include the following questions:	
a) The program met the <u>overall</u> learning objectives	<input type="checkbox"/> Yes
b) The session or module met the <u>session</u> learning objective	<input type="checkbox"/> Yes
c) Was the overall program balanced and free of commercial or other inappropriate bias, and if "No" please comment.	<input type="checkbox"/> Yes
d) Provide opportunities for participants to identify the potential impact of the CPD activity for their practice. <i>Example: Describe at least 2 ways you intend to change your practice as a result of attending this course or program.</i>	<input type="checkbox"/> Yes
e) The program incorporated 25% interactivity?	<input type="checkbox"/> Yes
15. If the evaluation strategy intends to use post-course reinforcement activities and <u>to reinforce changes in knowledge, skills or attitudes of learners, and support development of a learning plan</u> , describe these activities (i.e. reflective tool, pre-post competency surveys, post-course quizzes, post-course discussion boards) or <input type="checkbox"/> Not Applicable <i>Note: Participant's time spent on these activities can be included in the course hours or tracked separately by the participants</i>	
Please describe:	
16. If the evaluation strategy intends to use post-course quality improvement activities <u>to measure improved health care outcomes</u> , or improved patient performance, describe these activities. (i.e., practice or chart audits, quality assurance data) or <input type="checkbox"/> Not Applicable <i>Note: Participant's time spent on these activities can be included in the course hours or tracked separately by the participants.</i>	
Please describe:	

17. If participants receive feedback related to their learning, describe the tools or strategies used: or <input type="checkbox"/> Not Applicable		
Please describe:		
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 not for profit support.		
1. Has the CPD activity been sponsored by one or more sponsors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If there is sponsorship, the conditions and purposes by which sponsorship is provided must be documented in a <u>written agreement</u> that is signed by the CPD provider organization and the sponsor. <i>The application can be submitted without sponsorship agreements, but they <u>must</u> be submitted and approved before the activity start date.</i> Please explain if you don't have agreements, or which agreements you will be submitting after this application:	Sponsorship agreements attached: <input type="checkbox"/>	
3. If there is sponsorship, the sponsorship prospectus or invitation must be provided.	Prospectus attached: <input type="checkbox"/>	
4. If sponsorship has been received, all details have been included in the CME <u>budget</u> form and attached.	<input type="checkbox"/> Yes	
5. Has the SPC received advice from a sponsor as a condition of receiving financial and in-kind support? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. When acknowledging sponsorship, please use the standard acknowledgement statement, "This program has received an educational grant or in-kind support from (names of funding organizations)". <i>Do not include the sponsor's logos in the slide deck, brochures, agenda and posters.</i> <i>Beyond the standard acknowledgement statement of financial and in-kind support, the linking or alignment of a sponsor's name (or other branding strategies) to a specific educational session or section of an educational program within an accredited group learning activity <u>is prohibited</u>.</i> How is sponsorship being disclosed to the participants?		
<input type="checkbox"/> Welcome Session	<input type="checkbox"/> Brochure	<input type="checkbox"/> Separate sponsorship handout
<input type="checkbox"/> Slide Deck	<input type="checkbox"/> Agenda	<input type="checkbox"/> Signage
<input type="checkbox"/> Website	<input type="checkbox"/> Poster	<input type="checkbox"/> Email
<input type="checkbox"/> Other - Please Specify:		
7. Are there any commercial exhibitors or advertisements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. If Yes, and there are commercial exhibitors or advertisements, has the SPC met the following requirements:		
a) Product-specific advertising, promotional materials logos, or branding strategies cannot be included on, appear within, or be adjacent to:		
• any educational materials, slides, abstracts and handouts used as part of an accredited CPD activity,	<input type="checkbox"/> Yes	
• activity agendas, programs or calendars of events (preliminary and final),	<input type="checkbox"/> Yes	
• any webpages or electronic media containing educational material.	<input type="checkbox"/> Yes	

b) Product-specific advertising, promotional materials or branding strategies cannot be included on/appear within locations where accredited CPD sessions are occurring (e.g. lecture halls, small group discussion rooms) immediately before, during or immediately after an accredited CPD activity. Do you comply?	<input type="checkbox"/> Yes
c) Commercial exhibits or advertisements must be arranged in a location that is clearly and completely separated from the accredited CPD activity. Do you comply? • Provide a map of the where the lecture hall/facility been provided showing location of the CPD sessions and the exhibitors?	<input type="checkbox"/> Yes <input type="checkbox"/> Map Attached
9. Are there any sponsors or any organizations hired by a sponsor on the SPC? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the SPC ensure that their interactions with sponsors meet professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?	<input type="checkbox"/> Yes
11. 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.	
<p>The following CPD elements are under exclusive control of the SPC:</p> <ul style="list-style-type: none"> <input type="checkbox"/> the identification of the educational needs of the intended target audience <input type="checkbox"/> development of learning objectives; providing information to speaker who will develop the learning objectives <input type="checkbox"/> selection of educational methods <input type="checkbox"/> selection of speakers, moderators, facilitators, and authors <input type="checkbox"/> development and delivery of content <input type="checkbox"/> evaluation of outcomes 	
If any areas were not under exclusive control of the SPC, please explain:	
12. Describe the process used to ensure content for this activity is scientifically valid, objective, and balanced across relevant therapeutic options.	
<p>The Scientific Planning Committee reviewed presentation materials to ensure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> addressing any potential conflicts of interest <input type="checkbox"/> incorporation of evidence <input type="checkbox"/> appropriateness of selected educational delivery methods <input type="checkbox"/> copyright adherence 	
If any areas of review were not covered by the SPC, please explain:	
13. In terms of <u>Content Development</u> , the SPC has a process in place to deal with instances where CPD activities are not in compliance with the National Standard, Element 2 (i.e. this is when the content does not meet the learning needs of the intended audience).	
Please describe:	

14. In terms of <u>Conflict of Interest</u> , a process must be in place for gathering, managing, and disclosing Conflicts of Interest (COIs) (See National Standard, Element 3).	
a) How are the Scientific Planning Committee members' COIs being collected and disclosed to both the physician organization and learners attending the CPD activity?	
b) How are speakers, author's, moderators, and facilitator's COIs being collected and disclosed to both physician organization and learners attending the CPD activity?	
Please explain:	
15. Does the <u>Declaration of Conflict of Interest</u> (COI) document provided to SPC and Speakers ask to disclose the following:	
a) Any direct financial payments including receipt of honoraria,	<input type="checkbox"/> Yes
b) Membership on advisory boards or speakers' bureaus,	<input type="checkbox"/> Yes
c) Funded grants or clinical trials,	<input type="checkbox"/> Yes
d) Patents on a drug, product or device,	<input type="checkbox"/> Yes
e) All other investments or relationships that could be seen by a reasonable, wellinformed participant as having the potential to influence the content of the educational activity.	<input type="checkbox"/> Yes
16. What are the Scientific Planning Committee's methods to manage potential or real conflicts of interest? This is when a conflict of interest occurs during the live activity. Please describe the plan. <i>RCPSC Resource: Avoiding conflicts of interest</i>	
Please explain:	
17. Do any participants receive payment for their travel, lodging or other out of pocket expenses? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Has any travel, lodging or other out of pocket expenses of spouses, partners or other family members of: the SPC, speakers, moderators, facilitators, authors or participants been paid for or subsidized by the CPD provider organization, sponsor or any organization hired by a sponsor? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Has the Scientific Planning Committee retained overall accountability for payment of travel, lodging, out-of-pocket expenses, and honoraria made to members of the SPC, speakers, moderators, facilitators, and authors, see National Standard, Element 4.4 .	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>20. Is the responsibility for these payments <u>delegated to a third party</u>? Please describe how the CPD provider organization or SPC retains overall accountability for these payments. See National Standard, Element 4.4</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Not applicable</p>
<p>If yes, please explain:</p>	
<p>21. The Scientific Planning Committee has ensured that product specific advertising, promotional materials, logos 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</p>	<p><input type="checkbox"/> Yes</p>
<p>22. Were incentives or “swag” provided to participants associated with an accredited CPD activity? If yes, describe the incentives or “swag” and how they were reviewed and approved by the physician organization? See National Standard, Element 6</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please explain:</p>	
<p>23. 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 or <input type="checkbox"/> Not Applicable</p>	
<p>24. Are there any unaccredited CPD activities? ➤ If yes, I agree that unaccredited CPD activities will take place at times and locations that do not interfere with 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</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. Are ther any non-CPD activities (e.g., annual general meeting, social activities)? ➤ If yes, I agree to mark them as “unaccredited” within agendas, programs, or calendars of events preliminary and final): I agree</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, please describe:</p>	

PART D: Web-based CPD Activities

Web-based / online group learning activities are assessed against the same organizational, educational, and ethical standards. In addition, there are four additional requirements applicable to all web-based group learning.

Is this a web-based / online delivery method? Yes ☐ No ☐ *If yes, complete questions 1 – 4*

1. Group learning activities delivered via the web must provide an opportunity for interaction between participants and faculty/facilitator(s).

For example: discussion forums and chat groups, teleconferencing and videoconferencing, social media, and email

Describe how interactivity between participants and faculty/facilitators will be incorporated:

2. Group learning activities delivered via the web must enable participants to observe the interaction of other participants with the faculty/facilitator(s)

Describe how observation of other participants interaction with faculty/facilitators will be incorporated:

3. Participants must log on to the interactive component to claim credit under Section 1.

Describe how participants will log on to the interactive component:

4. Certificates of participation should only be given to participants if they have logged on to the interactive component for the course.

Describe how attendance is monitored and how the certificates to participants will be provided after they have logged on:

PART E: 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 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 \(EBAC\)](#)

☐ If this activity was accredited for another system, which one:

PART F: Have you completed and attached the following? All documents are required unless “not applicable”. Please check carefully to ensure your application is complete.

<input type="checkbox"/>	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.
<input type="checkbox"/>	Have you attached the overall and session-specific learning objectives either separately or in the program or brochure?
<input type="checkbox"/>	Have you attached the speaker letter , confirming presentation standards were shared with each speaker
<input type="checkbox"/>	Does the preliminary and final program or brochure include: <ul style="list-style-type: none"> • The activity schedule, topics, and start and end times of individual sessions? • The activity learning objectives for the overall activity and individual sessions?
<input type="checkbox"/>	Have you attached any other materials that will be used to promote or advertise the activity? (for example, invitations, email announcements, website link)
<input type="checkbox"/>	Is the activity budget completed on the CME Budget Template, and does it show receipt and expenditure of all sources of revenue for this activity including: <ul style="list-style-type: none"> • 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 including the CME Accreditation fee?
<input type="checkbox"/>	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. <i>All physician organizations must maintain attendance records for five years.</i>
<input type="checkbox"/>	Have you attached the evaluation and feedback forms ?
<input type="checkbox"/>	Regardless of how the activity is funded, have you: <ul style="list-style-type: none"> • Attached a sample conflict of interest (COI) form? • Described the process for the collection, management, and disclosure of conflicts of interest?
<input type="checkbox"/>	If this is an online course, have you provided a copy of the online modules for review?
<input type="checkbox"/>	Has the Chair of Scientific Planning Committee attested that he/she agrees with the content provided in the application package?
<input type="checkbox"/>	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.
<input type="checkbox"/>	If applicable, Have you described how feedback and references will be provided to the participants for the assessment tools.
SPONSORSHIP REQUIREMENTS	
<input type="checkbox"/>	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?
<input type="checkbox"/>	If applicable, have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors for the activity?
<input type="checkbox"/>	Have you included your sponsorship information in your budget template?

PART G: 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](#) (2021)*, 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 with the Le Conseil québécois de développement professionnel continu des médecins Code of Ethics: (www.cqdpqm.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)	