Application for Accreditation of a Self-Assessment Program (SAP)

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

Self-assessment programs are designed to assess knowledge or the application of knowledge in specific areas, topics or domains. Self-assessment programs use structured formats, such as multiple-choice or short-answer questions, that may include a clinical scenario, and require participants to select the appropriate response. Participants receive feedback on the answers they selected to provide opportunities to identify areas for improvement and future learning.

Important information before you begin:

- Self-assessment programs approved under Section 3 must be developed or co-developed by a physician organization, if you are unsure whether you are one, 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- Accredited Self-Assessment Programs are accredited for a maximum of <u>three</u> years from the start date of the activity.
- Accreditation will not be granted retroactively.
- The physician organization that developed the activity is responsible for maintaining all records (including attendance records) for a 5-year period.

Application steps:

- Refer to the Royal College CPD Accredited Standards Self-Assessment programs (Section 3) and the CASL Accreditation (Section 3) Information page as you complete this application and prepare the attachments.

- Submit your completed application and supporting documents by email to casl@hepatology.ca with the subject line *"Application for Accreditation of [Name of your Program]."* The CASL office will confirm receipt of your application within 2 business days, and will advise you as to the fee for your application. Do not submit your application directly to the Royal College.

  - Applications submitted **2-4 weeks** before the program start date will be levied a late fee
  - Applications submitted **less than 2 weeks** before the program start date will <u>not</u> be reviewed
  - The application fee will be assessed based on the length/number of sessions within the program. Additional fees may apply for complex application reviews.

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

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

☐ Have you attached the overall <u>and</u> 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?
- Clearly delineated time for interactive learning, such as Q&A sessions, discussion time, workshops, etc.?
- The learning objectives for the overall activity and individual sessions (if applicable)?

☐ Have you attached any other materials that will be used to promote or advertise the activity (for example, invitations, email announcements etc.?) (If applicable)

☐ Have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors for the activity (if applicable)?

☐ If sponsorship has been received for this activity, have you attached the written agreement that is signed by the CPD provider organization and the sponsor?

☐ Does the activity budget shows 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? *Remember that physician organization must maintain attendance records for five years.*

☐ 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?

☐ 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? *Required regardless of how the activity is funded.*

☐ Has the Chair of scientific planning committee attested that he/she agrees with the content provided in the application package? – see section D

The Royal College has created a CPD activity toolkit to help developers of educational activities who want to create quality programs. Each topic in the toolkit includes explanations, practical examples and other resources.
- [Needs assessment](#)
- [Creating learning objectives](#)
- [Educational delivery methods](#)
- [Evaluations](#)
- [Web-based CPD events](#)
- [Relationships with speakers and sponsors](#)
- [Sample Certificate of Attendance](#)
- Sample Conflict of Interest Form

Activity Information

Date of application: (dd/mm/yyyy)	
Title of self-assessment program:	

Activity start date: (dd/mm/yyyy)		Activity end date: (dd/mm/yyyy)	
Delivery method of self-assessment program:	☐ Web-based ☐ Face-to-face ☐ Both web-based and face-to-face		
How many times will this activity be held?	☐ 1 ☐ 2 ☐ 3 ☐ 4+	Estimated # of participants:	
Has the program been previously accredited?	☐Yes ☐ No	If yes, when was it reviewed?	
If yes, by which CPD accreditation system?			
How many hours are required to complete the program?			

PART A: Administrative Standards

Name of physician organization that developed the self-assessment program

1. Name and contact information for **physician organization** requesting accreditation:	Name of physician organization:	
	Address:	
	Email:	Telephone #:
	Website address:	
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**: *(If different from above)*	First Name:	Last Name:
	Email:	Telephone #:
	Address:	

4. Name and contact information for organization *co-developing* the activity – *only applicable if activity was co-developed*:	Name of organization:		
	Address:		
	Email:	Telephone #:	

5. Is the co-developing organization a physician organization?	☐Yes ☐ No
6. Will the physician organization maintain attendance records for 5 years?	☐Yes ☐No

Content development

7. Was the content developed by the applying physician organization?	☐ Yes ☐ No
If no, who developed the content?	

8. Scientific planning committee members (SPC)

Complete the table below. Include it as an attachment if you have this information already available electronically.

Name of SPC member	How does the individual represent target audience?	Is the individual a member of the physician organization responsible for planning the CPD activity?
Example: Jane Smythe, MD	Endocrinologist	Yes

PART B: Educational Standards
1. What is the intended target audience of the activity:
2. What needs assessment strategies were used to identify the learning needs *(perceived and/or unperceived)* of the target audience?   *Examples might include: surveys of potential participants, literature reviews, healthcare data, and assessment of knowledge, competence or performance of potential participants.*
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?   *For example:*   • *Did the scientific planning committee share the needs assessment results with the speakers who are responsible for developing the learning objectives?*   • *Did the scientific planning committee use the needs assessment results to define the learning objectives for the speakers?*

5. CanMEDS Role(s) relevant to this activity? *Check all that apply*	☐ Medical Expert ☐ Communicator	☐ Collaborator ☐ Leader	☐ Health Advocate ☐ Professional	☐ Scholar

6. Describe the key knowledge areas or themes assessed by this self-assessment program
7. State the sources of information selected by the scientific planning committee to develop the content of this activity (e.g. scientific literature, clinical practice guidelines, etc.)
8. What learning methods were selected to help the CPD activity meet the stated learning objectives? Describe the rationale for the selected format (e.g. multiple-choice questions, short answer questions, etc.) to enable participants to review their current knowledge or skills in relation to current scientific evidence
9. Describe the process that that allows participants to demonstrate or apply knowledge, skills, clinical judgment or

attitudes. (e.g. through the creation of an answer sheet and scoring or web based assessment tools) and record their answers?

Attach 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

10.	How will feedback be provided to participants on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan?

11.	Does the program provide participants with references justifying the appropriate answer.	☐Yes ☐ No
12.	Describe how the references are provided to participants	

13.	How will the overall learning activity and each individual module (if applicable) be evaluated by participants?

14.	(Optional) If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:

15.	(Optional) If the evaluation strategy intends to measure improved health care outcomes, please describe.

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? [Reference: Element 4, Receiving Financial Support]	☐ 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? Attach a sample. [Reference: Element 1, Independence]

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 *Please specify*	Click here to enter text.

4. If yes, please list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support. [Reference: Element 4, Receiving Financial Support]
(*Should you require more space, attach a new page. You may also provide this information in an attachment).*

Sponsor name	Type of support		
	☐ Financial support Amount received or anticipated to receive: Click here to enter text.	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor or* ☐ *Non-profit sponsor*
	☐ Financial support Amount received or anticipated to receive: Click here to enter text.	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor or* ☐ *Non-profit sponsor*
	☐ Financial support Amount received or anticipated to receive: Click here to enter text.	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor or* ☐ *Non-profit sponsor*
	☐ Financial support Amount received or anticipated to receive: Click here to enter text.	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor or* ☐ *Non-profit sponsor*

5. Describe the process by which the SPC maintained control over the CPD program elements [Reference: Element 1, Independence], including:
- the identification of the educational needs of the intended target audience; development of learning objectives;
- selection of educational methods;
- selection of speakers, moderators, facilitators and authors;
- development and delivery of content; and
- evaluation of outcomes

6. Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic options. [Reference: Element 2, 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? [Reference: Element 2, Content Development]

8. All accredited CPD activities must comply with the National Standard 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? [Reference: Element 2, Content Development]

9. How are the scientific planning committee members' conflicts of interest declarations collected and disclosed to:
   - The physician organization?
   - To the learners attending the CPD activity?
   - [Reference: Element 3, Conflicts of Interest]

10. How are the speakers', authors', moderators', facilitators' and or/authors' conflicts of interest information collected and disclosed to:
    - The scientific planning committee?
    - To the learners attending the CPD activity?
    - [Reference: Element 3, Conflicts of Interest]

11. If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential of real conflicts of interests? [Reference: Element 3, Conflicts of Interest]

12. How are the 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, please describe how the CPD provider organization or SPC retains overall accountability for these payments? [Reference: Element 4, Receiving Financial Support]

13. 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? [Reference: Element 4, Receiving Financial Support]

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? [Reference: Element 6, Managing Commercial Promotion]

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? [Reference: Element 6, Managing Commercial Promotion]
16. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization? [Reference: Element 6, Managing Commercial Promotion]
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? [Reference: Element 7, Unaccredited Activities]

PART D: 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:	
Date: (dd/mm/yyyy)	

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 RCPSC website

Should you wish 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)

Attach the following documentation to the application form:	
Attachment 1	The preliminary program/brochure
Attachment 2	The final program (if available)
Attachment 3	Any other materials to promote or advertise the activity (for example, invitations, email announcements) (if applicable).
Attachment 4	Sample form and process for the collection, management, and disclosure of conflicts of interests.
Attachment 5	The (summarized) needs assessment results.
Attachment 6	The template evaluation form(s) developed for this activity.
Attachment 7	The budget for this activity that details the receipt and expenditure of all sources of revenue.
Attachment 8	The template certificate of attendance that will be provided to participants.
Attachment 9	The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity (if applicable).
Attachment 10	If sponsorship has been received for this activity, attach the written agreement that is signed by the CPD provider organization and the sponsor