

## 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 three 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 \(Section 3\)](#) as you complete this application and prepare the supporting documentation.
- 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.

## Before you submit your application – have you completed and attached the following?

- 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 (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 sponsorship/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.*
- 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 (See question Part B – 9)
- 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 Conflict of Interest Form [Sample Certificate of Attendance](#)
- <http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-activity-toolkit-e>

## Activity Information

Date of application: (dd/mm/yyyy)	Click here to enter a date.		
Title of self-assessment program:	Click here to enter text.		
Activity start date: (dd/mm/yyyy)	Click here to enter a	Activity end date: (dd/mm/yyyy)	Click here to enter a date.
Delivery method of self-assessment program:	<input type="checkbox"/> Web-based <input type="checkbox"/> Face-to-face <input type="checkbox"/> Both web-based and face-to-face		
How many times will this activity be held?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Estimated # of participants:	Click here to enter text.
Has the program been previously accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when was it reviewed?	Click here to enter a date.
If yes, by which CPD accreditation system?	Click here to enter text.		
How many hours are required to complete the program?	Click here to enter text.		

## PART A: Administrative Standards

Name of physician organization that developed the self-assessment program			
1. Name and contact information for <b>physician organization</b> requesting accreditation:	Name of physician organization: Click here to enter text.		
	Address: Click here to enter text.		
	Email: Click here to enter text.	Telephone #: Click here to enter text.	
	Website address: Click here to enter text.		
2. Contact information for main <b>point-of-contact</b>	First Name: Click here to enter text.	Last Name: Click here to enter text.	
	Address: Click here to enter text.		
	Email: Click here to enter text.	Telephone#: Click here to enter text.	
3. Name and contact information for <b>Scientific Planning Committee Chair:</b> (If different from above)	First Name: Click here to enter text.	Last Name: Click here to enter text.	
	Email: Click here to enter text.	Telephone #: Click here to enter text.	
	Address: Click here to enter text.		

4. Name and contact information for organization <b>co-developing the activity</b> – only applicable if activity was co-developed:	Name of organization: Click here to enter text.	
	Address: Click here to enter text.	
	Email: Click here to enter text.	Telephone #: Click here to enter text.

5. Is the co-developing organization a physician organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Will the physician organization maintain attendance records for 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Content development**

7. Was the content developed by the applying physician organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, who developed the content?	Click here to enter text.
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**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
Click here to enter text.	Click here to enter text.	Click here to enter text.
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## PART B: Educational Standards

1. What is the intended target audience of the activity:

Click here to enter text.

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.*

Click here to enter text.

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?

Click here to enter text.

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?*

Click here to enter text.

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

Medical Expert

Collaborator

Health Advocate

Scholar

Communicator

Leader

Professional

6. Describe the key knowledge areas or themes assessed by this self-assessment program

Click here to enter text.

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.)

Click here to enter text.

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

Click here to enter text.

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?  <i>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</i>	
Click here to enter text.	
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?	
Click here to enter text.	
11. Does the program provide participants with references justifying the appropriate answer	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Describe how the references are provided to participants	
Click here to enter text.	
13. How will the overall learning activity and each individual module (if applicable) be evaluated by participants?	
Click here to enter text.	
14. (Optional) If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:	
Click here to enter text.	
15. (Optional) If the evaluation strategy intends to measure improved health care outcomes, please describe.	
Click here to enter text.	

## 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? \(Attach a sample\)](#)

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

<input type="checkbox"/> Government agency	<input type="checkbox"/> Health care facility	<input type="checkbox"/> Not-for-profit organization	<input type="checkbox"/> Medical device company	<input type="checkbox"/> Pharmaceutical company	<input type="checkbox"/> Education or communications company
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Other Click here to enter text.  
Please specify

4. [If yes, please list the name of the sponsor\(s\) below and indicate whether the sponsor provided financial or in-kind support \(should you require more space, attach a new page\).](#)

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

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

Click here to enter text.

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

Click here to enter text.

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?](#)

Click here to enter text.

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?](#)

Click here to enter text.

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?

Click here to enter text.

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?

Click here to enter text.

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

Click here to enter text.

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, please describe how the CPD provider organization or SPC retains overall accountability for these payments.

Click here to enter text.

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?](#)

Click here to enter text.

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?](#)

Click here to enter text.

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?](#)

Click here to enter text.



16. [If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?](#)

Click here to enter text.

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?](#)

Click here to enter text.

## 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 \(2021\)](#), and National Standard for Support of Accredited CPD Activities have been met in preparing for this activity.

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

**Name:**

Click here to enter text.

**Date:**  
(dd/mm/yyyy)

Click here to enter a date.

## 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 our [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 \(EBAC\)](#)

**Attach the following documentation to the application form:**

Attachment 1	The preliminary program/brochure
Attachment 2	The final program
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	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 (See question Part B – 9)
Attachment 11	If sponsorship has been received for this activity, attach the written agreement that is signed by the CPD provider organization and the sponsor