

# Application Form

Approval of Accredited Group Learning Activities:

## Section 1 of the Framework of CPD Options of the Maintenance of Certification program

The standards contained within this sample application must be met and supporting documentation provided in order for an educational event to be approved under Section 1 of the MOC program. A Royal College accredited provider will determine if your event meets these standards. Ask the accredited provider if they require the completion of a specific application form and if co-development is a requirement for your organization. Please keep a copy of the completed application form for your records, and do not send this form to the Royal College.

Event Title:

Location of Event (city, province):

Event Dates (start date-end date):

### **Part A: Organization Requesting Approval**

Events submitted for approval under Section 1 must meet the requirements of either option 1 or 2. The application form must be completed by a member of the physician organization\* that developed or co-developed this event, and forwarded to an accredited provider for their review.

Please 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, specialist physicians 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 Societies  
Medical Associations  
Medical Academies  
Health branch of the Canadian forces

This definition excludes pharmaceutical companies or their advisory groups, medical supply and surgical supply companies, communication companies, or other for profit organizations and ventures/activities.

Will this event be held more than once during the following calendar year?      Yes       No

If yes, how many times will it be held?  1     2     3     4     More

Please list below all of the organizations developing or co-developing this educational event.

Physician Organizations:	Non-Physician Organizations:
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Name of the chair of the planning committee requesting approval (physician's name):

Date of application:

Address to send assessment to (c/o the chair of the planning committee):

Fax number:

Phone number:

E-mail address:

## **Part B: Mandatory Educational Requirements**

### **Criteria 1: The event must be planned to address the identified needs of the target audience.**

Please provide an explanation or supporting documentation for each of the following:

1. Describe the identified target audience for this event. If applicable, please indicate if this event is also intended to include other health professionals.
  
2. List all members of the planning committee, including their medical specialty or health profession. In the case of the co-development of this educational event, please indicate which members are representing the physician organization.
  
3. What sources of information were selected by the planning committee to develop the content of this event? Examples can include reviews of the scientific or education literature, clinical practice guidelines, and surveys or focus groups conducted by the organization planning the event.

Optional (4):

4. What gaps in knowledge, attitudes, skills or performance did the planning committee identify for this event? Examples of strategies to assess these needs can include assessment of physician performance from hospitals, provincial or national databases, self-assessment programs, chart reviews, 360 degree assessments, case scenarios, audits of practice and/or quality improvement activities.

### **Criteria 2: Learning objectives that address identified needs must be created for the overall event and individual sessions. The learning objectives must be printed on the program brochure and/or handout materials.**

Please include a program brochure for this event that includes overall and session specific learning objectives.

Please respond to the following questions:

1. What learning objectives were developed for:
  - i. The overall event?
  
  - ii. Specific sessions?
  
2. How were the identified needs of the target audience utilized in the creation/development of the learning objectives?
  
3. Do the learning objectives express what the participants will be able to know or achieve by participating in the event? Yes  No

4. How are the learning objectives linked to the evaluation strategies for this event? For example, does the evaluation form list the learning objectives or pose questions to participants about whether the learning objectives were met?

**Criteria 3: At least 25 per cent of the total education time must be devoted to interactive learning.**

Please include the proposed event schedule, with times indicating discussion periods, workshops, small group sessions, etc., with an explanation and supporting documentation for the following question:

1. What learning methods have been incorporated to promote interactive learning? Examples may include discussion periods, small groups (generally less than 16 participants), workshops, seminars or audience response systems.

**Criteria 4: The event must include an evaluation of the event's established learning objectives and the learning outcomes identified by participants.**

The evaluation strategies for events approved under Section 1 must include an assessment of the achievement of the identified learning objectives and provide opportunities for participants to identify what they have learned and its potential impact for their practice.

Please provide a copy of the evaluation form(s) developed for this event, and respond to the following questions:

1. Do you provide an opportunity for participants to identify if the stated learning objectives were achieved? Yes  No

2. Are there opportunities for participants to identify and/or reflect on what they have learned? One example of this would be a question asking what the participants learned or plan to integrate into their practice). Yes  No

**Optional (3, 4 and 5):**

3. Does the evaluation strategy intend to measure improved participant performance? Yes  No

If yes, please describe the tools or strategies used.

4. Does the evaluation strategy intend to measure improved health care outcomes? Yes  No

If yes, please describe the tools or strategies used.

5. Will the participants receive feedback related to their learning? Yes  No

If yes, please describe the tools or strategies used.

## **Part C: Meeting Ethical Standards for Continuing Professional Development**

Group CPD events approved under Section 1 must meet the CMA Guidelines governing the relationship between physicians and the pharmaceutical industry. The Code of Ethic for parties involved in Continuing Medical Education of the Conseil de l'éducation médicale continue du Québec (CEMCQ)\* must be met in the province of Québec; and the CPD event or program evaluation form must include the following question: "Did the activity comply with the Code of Ethics for parties involved in Continuing Medical Education?" For more information on this Code, please visit the following web site address: [http://www.cemcq.qc.ca/en/documents/guide\\_ethique.pdf](http://www.cemcq.qc.ca/en/documents/guide_ethique.pdf)

\* The CEMCQ has changed its name. While documents still refer to the CEMCQ, future documents will include the new name of the organization: *Conseil québécois de développement professionnel continu des médecins (CQDPCM)*.

**Note: Any financial assistance provided (for travel or accommodation) to reimburse physicians or their families for attending an educational event would result in non-approval of this application. For more information on the CMA guidelines regarding financial support from industry, please see the CMA Policy: Physicians and the Pharmaceutical Industry (Update 2001). To view these guidelines, please visit the following web site address:**

<http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD01-10.pdf>

Each of the following ethical standards MUST be met for this event to be approved under Section 1:

1. The physician organization(s) must have control over the topics, content and speakers selected for this event.

We comply with this standard: Yes  No

Describe the process by which the topics, content and speakers were selected for this event.

2. The physician organization(s) must assume responsibility for ensuring the scientific validity and objectivity of the content of this event.

We comply with this standard: Yes  No

Describe the process to ensure validity and objectivity of the content for this event.

3. The physician organization(s) must disclose to participants all financial affiliations of faculty, moderators or members of the planning committee (within the past two years) with any commercial organization(s), regardless of its connection to the topics discussed or mentioned during this event.

We comply with this standard: Yes  No

Describe how conflict of interest information is collected and disclosed to participants.

4. All funds received in support of this event must be provided in the form of an unrestricted educational grant payable to the physician organization(s).

We comply with this standard: Yes  No

Provide a copy of the budget that identifies each source of revenue and expenditure for this event. In addition, please describe how the physician organization(s) assumes responsibility for the distribution of these funds, including the payment of honoraria to faculty.

5. No drug or product advertisements may appear on, or with, any of the written materials (preliminary or final programs, brochures, or advanced notifications) for this event.

We comply with this standard: Yes  No

Provide a copy of the preliminary program, brochure, or advanced notifications for this event.

6. Generic names should be used rather than trade names on all presentations and written materials.

We comply with this standard: Yes  No

Describe the process to advocate speakers' adherence to using generic rather than trade names of medications and/or devices included within all presentations or written materials.

Please identify all organizations that are providing funding for this event. If necessary, please use an additional page.

Please provide details and names on all funding that has not been addressed above.

**Check-list: Supporting Documentation to be sent in with this application form:**

Detailed Program/Course Schedule	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evaluation Form/Tool	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Budget	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation re: Ethical Standards	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration:

As the chair of the planning committee, 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: Physicians and the Pharmaceutical Industry (Update 2001)*, have been met in preparing for this event. If this event is held in Québec, we are aware that it is mandatory to adhere to the *Conseil de l'ÉMC du Québec's Code of Ethics* entitled, *Code of Ethic for parties involved in Continuing Medical Education*.

**Signature (or equivalent) of the chair of the planning committee requesting approval:**

(physician's name):

***Note: Applicants should keep a list of attendees for record purposes for a period of 5 years.***

Applicants: please complete *Part A* of the following page (notification of review of a group learning activity). This information will be forwarded to the Royal College of Physicians and Surgeons of Canada by your accredited CPD provider upon their final review of your event. In the instance that your event is approved, the information provided on the notification form will be used to list your event on the Royal College web site.

This section is to be completed by the accredited provider and returned to the program planner.

(The accredited provider should keep a copy of the completed application form.)

This application is:

- a) Approved
- b) Not approved
- c) Requires revisions prior to approval
- d) Revision approved

Name of accreditor:

On behalf of (indicate specific accredited organization accreditor is representing):

Date of review:

Accredited provider: When the final decision regarding approval/non-approval is made, please complete *Part B* of the following page (notification of a group learning activity). Upon completion of the notification form, please fax (613-730-2410) or e-mail ([tpiga@rcpsc.edu](mailto:tpiga@rcpsc.edu)) the form to the Royal College. If approved, the event will be posted on the Royal College web site.

Section 1 approval will be recognized by the following statement on event materials: "This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, and approved by [*accredited provider's name*]."



## Notification of Review of a Group Learning Activity (Section 1) Maintenance of Certification Program

**Part A: To be completed by applicant**

Event title:

Location of Event:

Event Date(s) (start and end date):

Physician Organization Requesting Approval:

Co-Developing Organization(s) (if applicable):

Contact Information for Registration or Additional Information:

Closed Event (open only to a select group):    Yes     No

**Part B: To be completed by accredited provider:**

(The accredited provider should keep a copy of the completed application form.)

This application is:

- a) Approved
- b) Not approved

If not approved, reasons for non-approval:

Name of accreditor:

On behalf of (indicate specific accredited organization accreditor is representing):

Date of review:

Upon completion of this form by the accredited provider, please fax (613-730-2410) or e-mail ([tpiga@rcpsc.edu](mailto:tpiga@rcpsc.edu)) it to the Royal College of Physicians and Surgeons of Canada. If approved, this event will be posted on the Royal College web site.