ROYAL COLLEGE OF PHYSICIANS & SURGEONS OF CANADA (RCPSC) MOC SECTION 1
APPLICATION FORM

If requesting RCPSC MOC Section 1 credits for specialists, please complete the following three (3) pages. Activity organizers’ must visit the RCPSC website to ensure that their activity complies with CPD accreditation criteria.

ACTIVITY NAME:

PART #1: Physician Organization Requesting Review

Indicate which option applies to your organization:

Activities eligible for approval under MOC Section 1 must meet one of the following requirements.

- Option 1 - We are a physician organization – we planned this educational activity unaided 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 had substantial input into the planning, organization, development and implementation of this activity and accept accountability for its entire content.

1. **Physician Organization**: A not-for-profit group of health professionals with a formal governance structure. These include (but not limited to):
   - Faculties of Medicine
   - Hospital Departments/Units
   - Medical Societies
   - Medical Associations

2. **Non-physician organization**: A pharmaceutical/communication company, medical/surgical supply company or other for-profit or not-for-profit organizations

Complete the section below:

Physician organization name:

**NOTE**: Hospitals are not considered Physician Organizations

Mandatory to answer the questions below

Does the physician organization (PO) affiliated to this program comply with the PO definitions found on pages 3-4?

Please check Yes or No

1. Is the PO a not-for-profit organization? □ Yes □ No

   (For activities only being held in QC and requesting MOC credits, for-profit organization may be acceptable)

2. Is the PO made up of a group of health professionals accountable to specialists? □ Yes □ No

3. Does the PO have a formal governance structure with official member bylaws? □ Yes □ No

4. Does the PO serve its members? □ Yes □ No

If you have answered yes, to the four above-mentioned questions, the PO may be acceptable.

We comply with the four above mentioned questions - Yes □ No □

Name of Contact Person:

Telephone: Facsimile: Email:

Non-physician co-developing organization name:

Name of Contact Person:

Telephone: Facsimile: Email:

PART #2: Mandatory Educational Requirements

Criteria #1: The activity must be planned to address the identified needs of the target audience. Please provide an explanation or supporting documentation for the following questions:

1. Describe the identified target audience for this activity. Indicate area of expertise.
2. What sources of information were selected by the Scientific Planning Committee to develop the content of this activity? Examples can include reviews of scientific or education literature, clinical practice guidelines, and surveys or focus groups conducted by the organization planning the event.

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

1. Do the learning objectives express what the participants will be able to know or achieve by participating in the activity? Yes □ No □
2. How are the learning objectives linked to the evaluation strategies for this activity? For example, does the evaluation form list the learning objectives.

The activity must include an evaluation of the event’s established learning objectives and the learning outcomes identified by participants.

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 □

If yes, describe the opportunity utilized by participants to identify what they have learned.

Please identify the CanMEDS roles addressed in the needs assessment process: Check ☑ all that apply:

- Collaborator □
- Medical Expert □
- Manager □
- Scholar □
- Communicator □
- Health Advocate □
- Professional □

PART #3: Ethical Standards

Each of the following Ethical Standards must be met for CPD accreditation approval.

1. The physician organization(s) and/or SPC must have control over the topics, content and speakers selected for this activity. We comply with this standard: Yes □ No □

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

2. The physician organization(s) and/or SPC must assume responsibility for ensuring the scientific validity and objectivity of the content of this activity. We comply with this standard: Yes □ No □

Describe the process to ensure validity and objectivity of the content for this activity.
3. The physician organization(s) and/or SPC must disclose to participants all industry financial relationships of faculty, moderators or members of the scientific planning and organizing committees for the past 2 year period. Not just those relevant to this activity. We comply with this standard: Yes  □  No  □

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

4. All funds received in support of this activity were provided in the form of an unrestricted educational grant payable to the physician organization(s) for management and disbursement. Ensure to complete page 14 of the general application form. We comply with this standard: Yes  □  No  □

Please confirm who will be paying for expenditures and describe how the funds will be distributed, including the payment of honoraria and resource persons expenses. Under the current CPD National Standards, the physician organization is responsible for the management and disbursement of funds, including honoraria payments to all resource persons.

Is the physician organization responsible for paying speakers and SPC member’s honoraria and travel expenses? Yes  □  No  □

Are written agreements with sponsors outlining the terms, conditions, and purposes by which sponsorship is provided available? Yes  □  No  □  (If yes, provide copies of the agreements. If no, the funding arrangements for this program do not comply with the National Standards for Support of Accredited CPD Activities and this application cannot proceed)

5. No drugs, products, logos, sponsor colors, etc... appear on any written, promotional materials (preliminary or final programs, brochures, or advanced notifications) for this activity. We comply with this standard: Yes  □  No  □

A preliminary schedule, including a general description of the activities, timing, specific topics and speakers, is attached to this application form. Yes  □  No  □

6. Generic names should be used rather than trade names on all presentation slide sets 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. Provide communication templates submitted to speakers.

We comply with the 6 above mentioned standards: Yes  □  No  □

As the Chair of the Scientific Planning Committee, I accept responsibility for the accuracy of the information provided in response to the questions listed on this application form. Also, to the best of my knowledge, I certify that the CMA’s guidelines entitled CMA Policy: Guidelines for Physicians in Interactions with Industry (2007), have been met in preparing for this activity. CMA Guidelines - Physicians in Interactions with Industry

Date: (yyyy/mmm/dd)  SCIENTIFIC PLANNING COMMITTEE CHAIR (SIGNATURE)
Checklist

Ensure to enclose the following documents when submitting this completed application form:
This RCPSC MOC Section 1 completed application form and the completed general accreditation application form, including all supporting documents, must be submitted 8 weeks prior to the start date of the activity. Late fees will apply if the application form and/or supporting documents are received less than 8 weeks prior to the start date of the activity.

☐ Signed and completed RCPSC MOC Section 1 application form (signature pg. 3)

As per the general accreditation application form checklist:

☐ Invitations / promotional materials disseminated to participants: hardcopy, website, blogs, etc...
☐ Speaker invitation template and communication stating CPD criteria
☐ Signed agreement letter stating that funds received by the sponsor were in the form of an educational grant
☐ If funding received via Pharma, provide the organization branding: logos, colors, symbols, etc...
☐ If the SPC/PO chooses to delegate to a third party payment of expenses, submit signed agreements
☐ Copy of the schedule (preliminary if not finalized)
☐ Signed copy of the Financial Support / Content Development Disclosure Form (Scientific Planning Committee Chair, pg.14)
☐ Signed copy of the Financial Competing Interests Form (Scientific Planning Committee Chair, pg.15)
☐ Signed copies of the Declaration of Potential Conflict of Interest Form (Scientific Planning Committee Chair, Organizing Committee and all resource persons, pg.16)
☐ Declaration of Potential Conflict of Interest (COI) - Resource Person Listing (pg.17) – Mandatory to complete
☐ Provide Scientific Planning Committee (SPC) meeting minutes, e-mail correspondence, etc... linked to activity development
☐ Needs Assessment: Summary
☐ Evaluation form
☐ PowerPoint Slide Set — mandatory, in particular if the activity is funded by one for-profit or not-for-profit organization - not required for live single delivery large conferences featuring many speakers. However, the reviewer may request the PPT(s) for review. If the activity is presented in English and French, submit PPT(s) in both languages
☐ Slides that will be presented to participants with scientific planning committee conflicts of interest disclosure statements
☐ Slides that will be presented to participants with speaker conflicts of interest disclosure statements
☐ Signed Ethical review form and promotional materials for (Scientific Planning Committee Chair, pg. 19)

PLEASE READ: The content and all required supporting documents (final versions) are to be submitted at the same time as all application forms. Should the CPD office receive supporting documents less than 8 weeks prior to the start date of the activity, late fees will apply.

Submit your completed application forms and supporting documents via email: cpd.med@mcgill.ca

Submitting via Drop Box or another file hosting service: ensure to provide access for at least a 6-week duration and admission to multiple users.

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