ROYAL COLLEGE OF PHYSICIANS & SURGEONS OF CANADA (RCPSC)
MOC SECTION 3
SELF-ASSESSMENT PROGRAM (SAP) - APPLICATION FORM

To obtain accreditation approval, compliance with the standards contained within this application form must be fulfilled and supporting documentation must be submitted. Organizers, of this self-assessment MOC Section 3 activity must visit the [RCPSC website](#) to ensure that their activity complies with CPD accreditation criteria.

**SELF-ASSESSMENT PROGRAM (SAP) NAME:**

**Physician Organization Requesting Review:**

Indicate which option applies to your organization:

*Activities eligible for approval under MOC Section 3 must meet one of the following requirements.*

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<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>The self-assessment activity was developed by or in collaboration with members of a physician organization.</td>
</tr>
<tr>
<td>2</td>
<td>The self-assessment activity was developed in collaboration with a non-physician organization. We accept responsibility for the entire program.</td>
</tr>
<tr>
<td>3</td>
<td>This is an ACCME accredited activity where the program was developed or co-developed by a physician organization.</td>
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</table>

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 profit organization

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?*

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:**

1. **Date the Self-Assessment Program (SAP) was completed:** ____________________________ (yyyy/mmm/dd)

2. **Was this program previously accredited?** ☑ Yes ☑ No ☐ No ☑ Yes
3. If previously accredited, when was the activity content and format last reviewed (contents of SAPs must be reviewed every three (3) years) ____________________ (yyyy/mmm/dd)

4. If previously accredited, the maximum number of hours required to complete the program is _________ hours.

5. If previously accredited:

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<tr>
<th>Date of the Application:</th>
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<tr>
<td>Chair of the Scientific Planning Committee:</td>
</tr>
<tr>
<td>Fax Number:</td>
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<tr>
<td>Telephone Phone Number:</td>
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<tr>
<td>E-mail Address:</td>
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Mandatory Educational Requirements

Criteria # 1: Self-Assessment program (SAP) must be planned to address the identified needs of the target audience within a specific subject area, topic or problem.

Self-Assessment Program (SAP) must be based on an assessment of need including but not limited to changes to the scientific evidence base, established variation in the management or application of knowledge or skills by physicians or teams, variation in the quality of care or health care outcomes experienced by patients.

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

1. Describe the identified target audience for this Self-Assessment Program (SAP). If applicable, indicate if this activity is intended for other health professionals. Indicate areas of expertise.

2. List all members of the Self-Assessment Program (SAP) Scientific Planning Committee (SPC), including their medical specialty.

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<thead>
<tr>
<th>Name</th>
<th>Area of Specialty and University/Hospital Affiliation</th>
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3. How was the need for the development of this Self-Assessment Program (SAP) established?

4. Learning objectives that address identified needs must be communicated to the participants of the activity. The learning objectives must express what the participants will be able to know or achieve by completing the program. Please list the learning objectives established for this Self-Assessment Program.

   •
   •
   •
**Criteria # 2: Self-Assessment Programs must describe the methods that enable participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes.**

Self-Assessment Programs provide participants with a strategy to assess their knowledge, skills, clinical judgment and attitudes in comparison to established evidence (scientific or tacit). All Self-Assessment Programs must use methods that enable participants to demonstrate these abilities across the key areas of the subject area, topic or problem(s).

1. **Describe the key knowledge areas or themes assessed by this Self-Assessment Program.**

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2. **Explain the scientific evidence base (clinical practice guideline, meta-analysis or systematic review) selected to develop the Self-Assessment Program.**

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3. **Describe the rationale for the selected format (for example, multiple-choice questions (MCQ), short answer questions (SAQ) or true/false statements) to enable participants to review their current knowledge or skills in relation to current scientific evidence.**

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**Criteria # 3: The Self-Assessment Program must provide detailed feedback to participants on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan.**

Providing specific feedback on which answers were correct and incorrect with references enables specialists to determine if there are important aspects of their knowledge, skills, clinical judgment or attitudes that need to be addressed through engaging in further learning activities.

**Written/On-Line Activities:**

1. **Describe the process by which participants will provide answers to individual questions. For example through the creation of answer sheet and scoring key or web based assessment tools. Please provide a copy of the answer or assessment tool.**

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2. **Describe how participants will receive feedback on the answers they provided. Will participants be able to know which answers were answered correctly or incorrectly, etc...? Provide a template of the report**

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3. **Does the program provide participants with references justifying the appropriate answer?**

   - Yes □  No □

   If yes, please describe how the references are provided to participants. **Provide a sample.**

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**All Activities:**

4. How will the participants receive feedback on their performance? **Provide a template of the tool used.**

5. Do you include a reflective tool that provides participants with an opportunity to document:
   a) Knowledge or skills that are up-to-date or consistent with current evidence
   b) Any deficiencies or opportunities they identified for further learning
   c) What learning strategies will be pursued to address the deficiencies; and
   d) An action plan or commitment to change to address any anticipated barriers
   
   Yes □ No □

   **Provide a samples and templates of the reflective tool and describe the process.**

6. Does the program provide participants with an evaluation form that assesses:
   - Whether the stated learning objectives were achieved? Yes □ No □
   - Relevance of the SAP to the participant’s practice? Yes □ No □
   - The thoroughness of the content reviewed? Yes □ No □
   - The ability of the program to assess knowledge? Yes □ No □
   - Ability to identify CanMEDS competencies or roles Yes □ No □
   - Identification of bias? Yes □ No □

   **Provide a sample of the evaluation form(s).**

7. Does the program direct participants to document their learning in MAINPORT? Yes □ No □

**Criteria # 4: The content of self-assessment programs must be developed independent of the influence of any commercial or other conflicts of interest.**

All accredited Self-Assessment Programs (SAPs) must meet the ethical standards established for all learning activities included within the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. For example, the developing organization must ensure the validity and scientific objectivity of the content.

**Each of the following ethical standards must be met for a SAP to be approved under Section 3.**

1. The scientific committee was in complete control over the selection of the subject or topic and authors recruited to develop this SAP.
   
   We comply with this standard: Yes □ No □

2. The SAP scientific committee and authors will disclose to participants all financial affiliations with any commercial organization(s) regardless of their connection to the subject or topic of the SAP.
   
   We comply with this standard: Yes □ No □
3. All funds received in support of the development of this SAP were provided in the form of an educational grant. Funding must be payable to the physician organization and they are responsible for distribution of these funds, including the payment of honoraria.

   We comply with this standard: Yes □ No □

Provide a copy of the budget that identifies each source of revenue and expenditure for the development of this SAP.

4. No drug or product advertisements appear on any of the SAP written materials.

   We comply with this standard: Yes □ No □

Provide a copy of program and any advertisements providing advance notification.

5. Generic names should be used rather than trade names consistently and fairly throughout the written materials.

   We comply with this standard: Yes □ No □

Identify all organizations that are providing funding for the development of this program.

ALL FUNDING SUPPORT – FOR-PROFIT OR NOT-FOR-PROFIT:

<table>
<thead>
<tr>
<th>Organization or Commercial Entity</th>
<th>Amount in dollars (CDN)</th>
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We comply with the 5 above mentioned standards: Yes □ No □

Please indicate which CanMEDS roles you felt were addressed during this educational activity:
Check □ all that apply:

<table>
<thead>
<tr>
<th>Collaborator</th>
<th>Professional</th>
<th>Manager</th>
<th>Scholar</th>
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<tbody>
<tr>
<td>Communicator</td>
<td>Health Advocate</td>
<td>Medical Expert</td>
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As Chair the Scientific Planning Committee for this self-assessment activity, 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 Canadian Medical Association’s (CMA) Guidelines for Physicians in Interactions with Industry CMA Guidelines - Physicians in Interactions with Industry have been met in developing this program. If this activity will held in Québec, we are aware that it is mandatory to adhere to the Conseil Québécois de développement professionnel continu des médecins (CQDPCM): 2016 Code of Ethics for parties involved in Continuing Professional Development CQDPCM - 2016 Code of Ethics

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

Ensure to enclose the following supporting documentation when submitting this completed application form:
This RCPSC MOC Section 3 (SAP) 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 3 SAP application form (pg. 5)
☐ Copy of Budget
☐ Learning objectives and scoring sheet
☐ Participant’s reflection tools
☐ Participant’s feedback strategies
☐ Sample participant’s correct and incorrect answers report

As per general 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 with the general application form. 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 form 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.

Continuing Professional Development (CPD)
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Montreal, QC H3A 1G1
CPD URL: http://cpd.mcgill.ca/php