

*CANADIAN ASSOCIATION OF
GENERAL SURGEONS*



**ACCREDITATION APPLICATION
MANUAL**

**Approval Process, Policy and Procedure for Section 1
and Section 3 program applications**

MAINTENANCE OF
CERTIFICATION PROGRAM

421 Gilmour St. Ottawa, ON K2P 0R5 (613) 882-6510 CAGS@cags-accg.ca .

INDEX

	Page
Introduction	3
Section 1	
Accreditation Requirements	5
Application Documents	7
Application Information	7
Applicants Responsibilities	7
Section 3	
Accreditation Requirements	9
Application Documents	11
Application Information	11
Applicants Responsibilities	11
Quality Assurance/Improvement Activities	12
Application Fees	12
Application Process	
Physician Organizations	14
Co-developed Programs	18
Definitions and Glossary	22
Documents	25

INTRODUCTION

As an Accredited Provider, CAGS adheres to the Canadian Medical Association guidelines on physician interaction with the pharmaceutical industry and other commercial organizations. In order for CAGS to co-develop CPD events, compliance with the “Standards of Continuing Medical Education” set forth by the RCPSC and adherence to the CMA Guidelines must be ensured.

This document details the policies, procedures and processes for submission and review of applications for MOC program educational credit activities, including those submitted on behalf of CAGS. A definitions and glossary section is provided to clarify various activities and/or statements.

CAGS reserves the right to accept or reject a proposed program based on an assessment process related to the Accreditation requirements listed in this document.

APPLICATION OPTIONS

Applications for approval for CAGS MOC Program Accreditation shall fall into one of two groups:

Group A

Physician organizations seeking approval for programs that meet Section 1 or Section 3 MOC Framework criteria.

Group B

Non-Physician organizations, including for-profit physician organizations, seeking to co-develop a program with a physician organization.

Section 1
(Group Learning Activities)

ACCREDITATION REQUIREMENTS FOR PROGRAM APPROVAL OF SECTION 1 ACTIVITIES

GENERAL

1. The primary focus of all educational activities must be learner focused and centered.
2. The program or course **must** be developed by a Physician organization. Non-physician organizations are required to Co-develop their programs with a Physician organization. For Co-developed programs, the Physician organization assumes full responsibility for the program and must be prospectively involved in its planning.

PLANNING

3. The Physician organization must be involved in the planning process of both their own program and any programs they Co-develop from inception and must retain control over the topics, content and speakers selected for the event.
4. The target audience must be identified/defined.
5. The Planning committee must include members of the target audience.
6. The Physician organization must assume responsibility for ensuring the scientific validity and objectivity of the content of the event.
7. The program shall be based on a needs assessment that identifies the perceived and unperceived needs of the target audience.
8. Based on the needs assessment, learning objectives must be developed for the program as a whole, and for each individual session. The learning objectives must be printed on the program brochure and/or handout materials. Learning objectives should state what a learner will know or be able to do after attending a session.

CONTENT & DELIVERY

9. Generic names should be used rather than trade names on all presentations and written materials.
10. Faculty must declare any off-label use of medications discussed in presentations as part of the conflict of interest process. It is noted that most medications provided to infants and children are technically "off-label."
Note: Discretion should be used by the Accreditor in assessing off-label usage in those instances where presentations, workshops, etc relate to infants and/or children.
11. A minimum of three different learning methods should be used for the delivery of the program and its individual events.
Note: This principle shall apply primarily to Section 1 approved meetings and/or programs that are longer than 4 hours in duration.
12. For all Section 1 approved programs, at least 25 per cent of the TOTAL education time must be devoted to interactive learning.

EVALUATION

13. A program evaluation form must be developed and used for each program. The form must include the opportunity for participants to document and reflect upon the following:
 - The relevance of the program's content to the learner
 - The educational effectiveness of the presenter(s)
 - The achievement of the stated learning objectives
 - The perception of any commercial or other inappropriate bias

- What the participant has learned, become aware of and/or is planning to change
- The opportunities for interaction
- A space should also be provided for written comments.

ETHICAL AND FUNDING ISSUES

14. All educational activities must comply with the *Code of Ethics* of the Canadian Medical Association (CMA) and the CMA policy statement *Guideline for Physicians in Interactions with Industry (2007)*. (Note: If CAGS has its own ethical guidelines this should be stated here)
15. The Physician organization must disclose to participants all financial affiliations of faculty, moderators and 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 (disclosure of interest declarations).
16. All funds received in support of the event must be provided in the form of an educational grant (previously referred to as an `unrestricted educational grant`) payable to the Physician organization. The Physician organization must assume responsibility for the distribution of these funds.
17. 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.
18. Sponsor recognition, including logos, on program materials must be modest and secondary to program information. They should not be placed in proximity of the accreditation statement.

ADMINISTRATION

19. The accreditation statement must appear in the program book and must include
 - Section under which the event is accredited (Section 1)
 - Maximum number of hours/credits eligible
 - Information stating the program was reviewed and approved by CAGS.
 - Accreditation period
 - Signature of Scientific Planning Committee Chair or CPD Chair.
20. The following is the recommended Accreditation statement: *"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 the Canadian Association of General Surgeons"*
21. If the application is for accreditation of a co-developed program, the following additional Accreditation statement must be included: *"This [program, workshop or seminar] was co-developed with the Canadian Association of General Surgeons and was planned to achieve scientific integrity, objectivity and balance."*
22. It is not permitted to include a statement on brochures/programs indicating that an application for accreditation is pending.
23. Participants must be able to record, on their certificates of attendance, what they actually learned as a *reflective* exercise. As such the following should be included on the certificate, together with enough space for comments *"This program allowed me to reflect on the following key message(s)."*

APPLICATION DOCUMENTS

The following forms and documents must be submitted by the CPD program applicant to the CAGS office on application.

- Completed and signed *CAGS* Section 1 Application Form
- Signed declaration of agreement to adhere to *CAGS/CMA* Guidelines on interactions with industry
- Summary of Needs Assessment results
- Program Agenda and/or Draft program brochure
- Completed and signed faculty/planning committee disclosure forms
- Program budget
- A copy of the proposed Evaluation form
- A copy of the proposed "Certificate of Attendance."
- Application fee.

APPLICATION INFORMATION REQUIRED

In addition to the above listed document requirements, applicants must provide information about

- the activity/event they wish to have approved and the targeted audience.
- membership of the planning committee.
- the identified needs and the supporting data
- proposed learning objectives for the overall program and each individual educational activity within the program.
- the interactive learning methods to be used.
- time allocation for individual events within the program with a separate listing of time allocated for interactive discussion.
- method of evaluation.
- compliance with ethical guidelines.
- proposed budget which must include sufficient information to identify all expected income and expenditures for the educational event.
- frequency of event.

APPLICANT'S RESPONSIBILITIES

1. Submit application with all required information and documentation (see above).
2. Provide copy of program to *CAGS*.
3. Ensure Accreditation Requirements (listed above) are adhered to.
4. Collate list of attendees and their professions.
5. Collate evaluation results.
6. Ensure accreditation statement included on all certificates of attendance.
7. Keep all records and correspondence relating to the event for a minimum of 5 years.
8. Following completion of the educational event(s), documentation of the following must be sent to *CAGS*.
 - a. list of attendees and their professions.
 - b. summary evaluation of results

Section 3
(Self-Assessment Programs)

ACCREDITATION REQUIREMENTS FOR SECTION 3 ACTIVITIES

GENERAL

1. The primary focus of all educational activities must be learner focused and centered.
2. The Self Assessment Program (SAP) **must** be developed by a Physician organization. Non-physician organizations are required to Co-develop their programs with a Physician organization. For Co-developed SAP programs the Physician organization assumes full responsibility for the program and must be prospectively involved in its planning.

PLANNING, CONTENT & DELIVERY

1. The Physician organization must be involved in the planning process of both their own SAP program and any programs they Co-develop, from inception and must retain control over the topics, content and faculty/authors selected for the SAP activity.
2. The Physician organization must assume responsibility for ensuring the scientific validity and objectivity of the content of the SAP.
3. The target audience must be identified/defined.
4. The Planning committee must include members of the target audience.
5. The developed SAP must address a defined need within a specific subject area, topic or problem.
6. The program shall be based on a needs assessment that identifies the perceived and unperceived needs of the target audience.
7. Based on the needs assessment, learning objectives must be developed for the SAP program. The learning objectives must be printed on the program brochure and/or handout materials. Learning objectives should state what a learner will know or be able to do after undertaking a SAP.
8. The SAP must include a thorough review of all key areas in the knowledge area or theme.
9. References must be provided to support the correct responses.
10. The SAP must describe methods/strategies that will enable the participants to demonstrate their knowledge, skills, clinical judgement and/or attitudes
11. Trade names of drugs and/or devices, where applicable, must be used consistently and fairly throughout the SAP written materials
12. Faculty must declare any off-label use of medications discussed in self assessment programs as part of the conflict of interest process. It is noted that most medications provided to infants and children are technically "off-label". **Note:** Discretion should be used by the Accreditor in assessing off-label usage in those instances where self-assessment programs relate to infants and/or children

FEEDBACK AND EVALUATION

13. There must be a process by which participants are provided answers to individual questions.
14. The feedback to participants must include identification of correct and incorrect responses.
15. Participants must be provided detailed feedback on their performance to enable identification of any areas requiring improvement through development of a future learning plan.
16. Evaluation of the SAP must include an opportunity for participants to document and reflect upon the following:
 - The relevance of the material to the learner's practice

- The thoroughness of the content of the provided material
- The achievement of the stated learning objectives
- The perception by the learner of the SAP to adequately assess their knowledge.
- The perception of any commercial or other inappropriate bias
- What the participant has learned, become aware of and/or is planning to change
- A space should also be provided for written comments.

ETHICAL AND FUNDING ISSUES

17. All SAP educational activities must comply with the *Code of Ethics* of the Canadian Medical Association (CMA) and the CMA policy statement *Guideline for Physicians in Interactions with Industry (2007)*.
18. The Physician organization must disclose to participants all financial affiliations of faculty/author(s) and members of the planning committee (within the past two years) with any commercial organization(s), regardless of its connection to the SAP topics (disclosure of interest declarations).
19. All funds received in support of the event must be provided in the form of an educational grant (previously referred to as an `unrestricted educational grant`) payable to the Physician organization. The Physician organization must assume responsibility for the distribution of these funds.
20. No drug or product advertisements may appear on, or with, any of the written materials associated with the SAP or advertising of the SAP Program.

ADMINISTRATION

21. The SAP shall be valid for a period of three (3) years. The SAP can be renewed by application with identification of areas of content that have been changed to ensure the information provided is up to date and current in knowledge and practice.
22. The accreditation statement must appear in the SAP program book and must include
 - Section under which the event is accredited (Section 3)
 - Maximum number of hours/credits eligible
 - Information stating the program was reviewed and approved by CAGS
 - Accreditation period
 - Signature of SAP Planning Committee Chair.

The following is the recommended Accreditation statement: *"This Self-Assessment Program is an Accredited Learning Activity (Section 3) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada and approved by the Canadian Association of General Surgeons on dd/mm/yy. Program expiry date is dd/mm/yy.*

Royal College of Physicians and Surgeons of Canada participants are reminded to visit MAINPORT <https://mainport.royalcollege.ca/default.aspx> to record their learning and outcomes. A maximum of # hours of credit may be claimed for this Self -Assessment Program (credits are automatically calculated)."

23. It is not permitted to include a statement on brochures/programs indicating that an application for accreditation is pending
24. The physician organization shall provide, on an annual basis the following information to the [CAGS].
 - list of participants who have completed the SAP and their professions.

- summary evaluation of results
- summary of evaluation feedback on SAP

APPLICATION DOCUMENTS

The following forms and documents must be submitted by the applicant to the *CAGS* office.

- Completed and signed *CAGS* Section 3 Application Form
- Signed declaration of agreement to adhere to *CAGS/CMA* Guidelines on interactions with industry
- Summary of Needs Assessment results
- A copy of the Self-Assessment program (SAP) and together with any advertising/advance notification of the SAP
- Completed and signed faculty/planning committee disclosure forms
- Program budget
- A copy of the scoring or assessment sheet
- A copy of the Evaluation Form
- A copy of the proposed "Certificate of Completion of the Self Assessment Program."
- Application fee.

APPLICATION INFORMATION REQUIRED

In addition to the above listed document requirements, applicants must provide information about

- the SAP they wish to have approved and the targeted audience.
- membership of the planning committee.
- the identified needs and the supporting data.
- proposed learning objectives for the Self Assessment program.
- key knowledge areas/themes to be assessed.
- techniques and sources of evidence based information used to identify content and development of the SAP.
- the primary delivery and learning methods to be used.
- time allocation for individual events within the program with a separate listing of time allocated for interactive discussion.
- method of evaluation and feedback.
- compliance with ethical guidelines.
- proposed budget which must include sufficient information to identify all expected income and expenditures for the educational event.

APPLICANT'S RESPONSIBILITIES

- Submit application with all required information and documentation (see above).
- Provide copy of SAP to *CAGS*.
- Ensure Accreditation Requirements (listed above) are adhered to.
- Collate list of attendees and their professions.
- Collate evaluation results.
- Ensure accreditation statement included on all certificates of attendance.
- Keep all records and correspondence relating to the event for a minimum of 5 years.
- Annually, documentation of the following must be sent to *CAGS*.

- a. list of participants who have completed the SAP and their professions.
- b. summary evaluation of results
- c. summary of evaluation feedback on SAP program

QUALITY ASSURANCE/IMPROVEMENT

1. All Program Application and Approval Assessors (a.k.a. Accreditors) will be trained to a standard that will allow them to adequately assess program applications for MOC credits.
2. All CPD program applicants shall be provided with an application by CAGS. It shall include:
 - Application Form (Including CAGS/CMA Guidelines on interactions with industry)
 - Application form information guide
 - Examples of budget and evaluation forms
 - Faculty/Planning Committee disclosure forms
 - Guide to writing learning objectives.
3. A CAGS Accreditation Assessor shall review all applications, assigning each application a unique ID number, and shall complete the Accreditation Assessor Form. This information shall be entered in to a database for quality assurance/improvement purposes.
4. Completed applications will be archived at CAGS Head Office together with all related correspondence and the Accreditation Assessor Form.
5. There shall be electronic data entry of
 - i. name of event, date of event, submission, review, date result sent out and status.
 - ii. summary of evaluation results
 - iii. participants and specialties and/or professions
6. All Accreditors will be reviewed every two years to ensure their assessment and MOC program knowledge is current and appropriate.
7. The Accreditation Application Approval documents, including standards, policies, procedures, application process and forms shall be reviewed every three years.

FEES FOR PROGRAM APPLICATION SUBMISSIONS

Provider	Section 1	Section 3	Non-Refundable Fee
Physician Organization, less than 30 participants, no industry funding	\$113	\$ variable	\$113
Physician Organization, less than 200 participants, no industry funding	\$339	\$ variable	\$113
Physician Organization with industry funding	\$1500	\$ variable	\$339
Co-developed Program	\$7500	\$ variable	\$ 1500

Note: HST is included in all applications.

***Application Process
(Physician Organizations)***

APPLICATION PROCESS SECTIONS 1 & 3 ACTIVITIES (PHYSICIAN ORGANIZATIONS)

Step 1

The submitting organization contacts the [CAGS] Central Office to begin the accreditation process (Mailing address: xxxxxxx, Canada.

Phone: (xxx) xxx-xxxx Fax: (xxx) xxx-xxx e-mail: aaa@bbbb.ccc).

Step 2

The CAGS Office identifies the appropriate application documents and provides these to the submitting organization.

Step 3

The physician organization completes the application form and ALL the required accompanying documentation and returns these to CAGS, together with the application fee. The application MUST be signed off by a physician on the Planning Committee, preferably the Chair of the Planning Committee. The application forms and documentation must be submitted at 6 (six) weeks before the proposed program. Note: Section 3 program applications should be submitted 12 (twelve) weeks before the program. Applications submitted less than the above prescribed times before the proposed program will only be considered at the discretion of the CPD Committee.

Step 4

The CAGS office will review the submitted application to ensure completeness of the documentation.

Step 5

The application and documentation will be forwarded to the CAGS Accreditor who will review the application.

Step 6

Based on the application the Accreditor will

- a) Grant MOC Section 1 or Section 3 approval based on a successful application
- b) Grant MOC Section 1 or Section 3 approval conditional to changes required for the program and application to meet necessary standards
- c) Require re-submission of the application if there are major changes required to the program and application to meet the required standards
- d) Reject the application if it does not meet the necessary standards. In this situation the Accreditor shall provide the submitting organization the reasons for the rejection as well as providing advice on developing future program applications so they may meet the CAGS and MOC Section 1 and 3 standards.

Step 7

The submitting organization will indicate RCPSC and CAGS MOC approval through the following Accreditation Statement:

For Section 1 Programs: *"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 the Canadian Association of General Surgeons"*

For Section 3 Programs: *"This Self-Assessment Program is an Accredited Learning Activity (Section 3) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada and approved by the Canadian Association of General Surgeons on dd/mm/yy. Program expiry date is dd/mm/yy.*

Royal College of Physicians and Surgeons of Canada participants are reminded to visit MAINPORT <https://mainport.royalcollege.ca/default.aspx> to record their learning and outcomes. A maximum of # hours of credit may be claimed for this Self -Assessment Program (credits are automatically calculated)."

Note: The RCPSC has suggested that participants should record, on their certificates of attendance, what they actually learned as a *reflective exercise*. As such, please ensure that all certificates of attendance for the event include the following:

This program allowed me to reflect on the following key message:

Step 8

Within 45 days of completion of the program the submitting organization submits a list of participants and summary of program evaluations by participants to CAGS.

Step 9

All documentation relating to the application to be filed and electronic data stored for future quality assurance/improvement activities by CAGS.

Step 10

Within one calendar year of the program, the application shall be independently reviewed by a member of the CAGS CPD committee as part of an MOC audit and a summary report provided to the CPD Committee and Accreditor together with any recommendations.

These are also summarised in the illustrations on the following page

**CAGS APPLICATION AND APPROVAL PROCESS (SECTIONS 1 & 3):
GROUP A (PHYSICIAN ORGANIZATIONS - see definitions)**

Program Chair contacts CAGS requesting Accreditation application form



CAGS provides Program Chair with CAGS Application Package



Program Planner returns all required forms and fee with Application Documents at least six (6) weeks in advance of date of intended program plus application fee to CAGS



CAGS reviews application.
Notifies Program Planner of application outcome



(Program approved credits)
Program Planner maintains all planning documents, Speaker and Planning Committee Disclosure forms, Registration, Evaluation and attendance information

(Program approved pending revisions)
Program Planner amends application and returns it to [CAGS] for review.
Program Planner maintains all planning Documents, Speaker and Planning Committee Disclosure forms, Registration, Evaluation and attendance information

(Program not approved)
Program Planner receives documentation stating why approval cannot be granted to the program as outlined in application.



CAGS Office receives all documentation. Maintains files on documents received.
Program planner submits list of participants and summary of the program evaluations.

***Application Process
(Co-Developed Programs)***

APPLICATION PROCESS SECTIONS 1 & 3 CO-DEVELOPED ACTIVITIES

Note: Generally Co-developed programs involve a Physician Organization and a non-Physician Organization. On occasion a Physician Organization may seek to co-develop a program with another Physician Organization. The process listed below deals with the more common scenario of a Physician and non-Physician organization, but it is equally applicable to two physician organizations.

Step 1

The non-physician organization approaches the physician organization requesting they become involved in a co-developed program/activity. A synopsis of the proposed CPD should be provided. The synopsis should include the ***proposed topic, date of proposed activity and proposed target audience***. It is recommended that this step occur at least 12 (twelve) months before the proposed program date.

Step 2

The Physician Organization reviews the synopsis of the proposed CPD activity (If the Physician Organization is *CAGS*, then the review shall be undertaken by the *CAGS* CPD Committee).

Step 3

If the proposal is accepted by the Physician Organization (PO), it shall assume all future responsibility for the needs assessment, design, content, delivery, management of funds and evaluation of the program. The Physician Organization shall also appoint the Program Planning Chair, members of the Planning Committee (this must include a member from the target audience) and an independent observer who shall be responsible for confirming the program planning process adhered to all the guidelines relating to co-developed programs.

Step 4

The PO contacts the *CAGS* Central Office (Mailing address: P.O. Box 1428 Ottawa, ON K1P 5R4. Phone: (613) 882-6510 e-mail: CAGS@cags-accg.ca).

Step 5

The *CAGS* Office identifies the appropriate application documents and provides these to the PO.

Step 6

The PO completes the application form and ALL the required accompanying documentation and returns these to *CAGS*, together with the application fee. The application **MUST** be signed off by a physician on the Planning Committee, preferably the Chair of the Planning Committee. The PO appointed independent observer shall provide a covering letter indicating that the planning process has been in compliance with the CMA and *CAGS* ethical guidelines and accreditation requirements for co-developed programs. The application forms and documentation must be submitted no later than 12 (twelve) weeks before the proposed program. Note: All applications less than 12 weeks before the proposed program will only be considered at the discretion of the CPD Committee.

Step 7

The CAGS office will review the submitted application to ensure completeness of the documentation.

Step 8

The application and documentation will be forwarded to the CAGS Accreditor who will review the application.

Step 9

Based on the application the Accreditor will

- a) Grant MOC Section 1 or Section 3 approval based on a successful application
- b) Grant MOC Section 1 or Section 3 approval conditional to changes required for the program and application to meet necessary standards
- c) Require re-submission of the application if there are major changes required to the program and application to meet the required standards
- d) Reject the application if it does not meet the necessary standards. In this situation the Accreditor shall provide the submitting organization the reasons for the rejection as well as providing advice on developing future program applications so they may meet the CAGS and MOC Section 1 and 3 standards.

Step 10

The PO will indicate RCPSC and CAGS MOC approval through the following Accreditation Statement:

For Section 1 Programs: *"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 the Canadian Association of General Surgeons. This [program, workshop or seminar] was co-developed with the Canadian Association of General Surgeons and was planned to achieve scientific integrity, objectivity and balance."*

For Section 3 Programs: *"This Self-Assessment Program is an Accredited Learning Activity (Section 3) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada and approved by the Canadian Association of General Surgeons on dd/mm/yy. Program expiry date is dd/mm/yy. This Self-Assessment Program was co-developed with Canadian Association of General Surgeons and was planned to achieve scientific integrity, objectivity and balance."*

Royal College of Physicians and Surgeons of Canada participants are reminded to visit MAINPORT <https://mainport.royalcollege.ca/default.aspx> to record their learning and outcomes. A maximum of # hours of credit may be claimed for this Self -Assessment Program (credits are automatically calculated)."

Note: The RCPSC has suggested that participants should record, on their certificates of attendance, what they actually learned as a *reflective exercise*. As such, please ensure that all certificates of attendance for the event include the following:

This program allowed me to reflect on the following key message:

Step 11

Within 45 days of completion of the program the submitting organization submits a list of participants and summary of program evaluations by participants to the CAGS.

Step 12

All documentation relating to the application to be filed and electronic data stored for future quality assurance/improvement activities by the CAGS

Step 13

Within one calendar year of the program, the application shall be independently reviewed by a member of the CAGS CPD committee as part of an MOC audit and a summary report provided to the CPD Committee and Accreditor together with any recommendations.

These are also summarised in the illustrations on the following page

**CAGS APPLICATION AND APPROVAL PROCESS:
GROUP B (NON-PHYSICIAN ORGANIZATIONS - see definitions)**

Non-Physician Organization(NPO) contacts Physician Organization (PO) requesting co- development for a CPD Activity. It is recommended this occur at least 12 months prior to planned event.
NPO provides synopsis (Proposed topic, date, target audience)

Proposal accepted by PO. Assumes full control of program planning process.
Appoints Program Planning chair, Planning Committee members, Independent Observer.

Program Chair contacts CAGS requesting Application Form

CAGS provides Program Chair with CAGS Application Package

Program Planner returns all required forms with Application Documents within six (6) weeks of date of intended program plus application fee.

CAGS reviews application and notifies Program Planner of application outcome.

(Program approved for credits)
Program Planner maintains all planning Documents, Speaker and Planning Committee Disclosure forms, Registration, Evaluation and attendance information

(Program approved pending revisions)
Program Planner amends application and returns it to CAGS for review.
Program Planner maintains all planning Documents, Speaker and Planning Committee Disclosure forms, Registration, Evaluation and attendance information

(Program not approved)
Program Planner receives documentation stating why approval cannot be granted to the program as outlined in application.

CAGS Office receives all documentation. Maintains files on documents received

DEFINITIONS AND GLOSSARY

Accredited Provider of CPD Activities

A National Specialty Society or University Office of Continuing Medical Education/Professional Development that has been deemed by the Royal College of Physicians and Surgeons of Canada Continuing Professional Development Accreditation Committee to meet the requirements of an Accreditor Organization. An Accredited Provider can approve Section 1 and 3 programs submitted by either Physician (Group A) or Non-Physician (Group B) organizations.

Accreditor

An individual appointed by the Society to review all MOC section 1 and Section 3 program applications. This person shall have expertise and familiarity with the MOC program and will have received appropriate training in the assessment of program applications.

Application Package

Documents to be provided to the applicant.

Approval of a CPD Activity

An accredited CPD provider approves a CPD activity for either Section 1 and/or 3 of the RCPSC Maintenance of Certification program.

Co-Development

The process by which two or more organizations, at least one of whom must be a physician organization, prospectively collaborate to develop and implement an accredited educational activity, learning resource or tool.

Co-development may or may not include the provision of funding (i.e. sponsorship) as a component of the development of an event. In a co-development relationship the physician organization or accredited CPD provider must assume prospective control over all aspects of the planning process (needs assessment, learning objectives, content, evaluation, speaker selection) as if they were planning the event independently.

If the co-development relationship is with a non-physician organization such as a pharmaceutical company, there are several additional important restrictions. Members of the pharmaceutical company cannot participate as members of the planning committee that determines the content, speakers, educational format etc. Non-physician organizations can contribute their expertise to needs assessment strategies, the evaluation strategies and logistical support for the activity or event. The responsibility for the final design and implementation of any of these activities or strategies shall rest with the physician organization.

Conflict of interest

The situation in which financial or other personal considerations or associations have the potential to compromise or bias professional judgment and objectivity. An apparent conflict of interest is one in which a reasonable person would think that the professional's judgment is likely to be compromised.

Continuing professional development (CPD)

CPD extends beyond traditional continuing medical education, which is perceived to focus on updating medical knowledge. In CPD, practitioners define competencies that they see as relevant to their individual practice needs. CPD covers subject matter such as doctor-patient communication, interdisciplinary team skills and risk management, as well as other competencies defined by the Royal College's CanMEDS 2005 Framework. (<http://rcpsc.medical.org/canmeds/index.php>). CPD activities utilize a wide variety of education and content delivery formats.

Continuing Professional Development Activity

An educational event for specialists, which is based upon identified needs, has a purpose or objectives, and is evaluated to ensure that the learning needs identified have been met.

Disclosure

The transparent process by which Planning Committee and Faculty members of an educational activity provide information on matters relating to actual, apparent or potential conflicts of interest.

Educational Grants (Previously identified as unrestricted educational grants)

Educational grants are mechanisms by which support (either financial or in-kind contributions) are provided to physician organizations to support the development of a CPD event, specific educational activity, learning resource or tool without any expectations, obligations or influence regarding the design, content or development of the event.

Endorsement

The approval of a product by a person or organization, with the purpose of promoting the product to other people or organizations that may be more cautious in adopting it.

For CAGS purposes, endorsement is understood to be the support for an initiative based on a thorough review by the CAGS CPD Committee with final approval through the CAGS Board of Directors. In the case of programs or educational resources, a CAGS endorsement implies that the CAGS agrees with the information being communicated.

MAINPORT

A web-based Royal College of Physicians and Surgeons of Canada Maintenance of Competence integrated learning space. It permits the documentation of learning activities, outcomes, and practice enhancements and the entering of MOC credits obtained from these learning activities (<https://mainport.royalcollege.ca/default.aspx>).

Maintenance of Competence (MOC) Program

The MOC Program is a Royal College educational initiative to support, enhance, and promote the lifelong learning of its Fellows and other MOC Program Participants. The goal of the MOC Program is to ensure that participants engage in a continuing professional development program based on their practice-specific learning needs, allowing them to build evidence-informed practices that enhance the quality of specialty care. The documentation of learning activities, outcomes, and practice enhancements stimulate reflection and provide satisfactory

evidence for our commitment to continued competence in practice for the purposes of licensure or privileges to practice.

Non-Accredited Physician Organization

A physician organization that is not accredited by the Maintenance of Certification Program as an Accredited Provider

Non-Physician Organization

Organizations that do not meet the definition of a physician organization. Examples of Non-physician organizations include pharmaceutical companies or their advisory groups, medical supply and surgical supply companies, communication companies, disease-oriented patient advocacy groups, Government agencies/departments such as Health Canada, small numbers of physicians working together to develop educational programming, for-profit physician led and other for profit organizations and ventures/activities. Educational activities by these organizations must be co-developed by an accredited provider if they wish to obtain Section 1 or 3 Maintenance of Certification credits for their educational activity.

Physician Organization

A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physicians members through continuing professional development, clinical standards and / or research activities. Examples include, but are not restricted to, faculties of medicine, hospital departments or divisions, medical (specialty) societies, medical associations, medical academies, Health authorities not linked to government agencies and health branches of the Canadian forces.

Policy:

The operational framework within which an organization functions.

Procedures:

The operational processes required to implement organizational policy.

Sponsor

A sponsor is an individual, group, corporation or organization who contributes funds, goods or services to support accredited educational events, learning resources or tools.

Sponsorship

Sponsorship is the process by which individuals, groups, corporations or organizations provide support (financial or in-kind contributions) to a CPD organizer to support the development of an accredited activity, learning resources or tools.

Transparency

To clearly disclose, divulge or make known.