

New SAP Application Form

Approval of Accredited Self-Assessment Programs

Section 3 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 a Self-Assessment Program to be approved under Section 3 of the MOC program. A Royal College accredited provider will determine if your program meets these standards.

1. Self-Assessment Program Title: _____

2. Name of Developing Organization: _____

Self-Assessment Programs approved under Section 3 must be developed or co-developed by a planning committee consisting of members of a physician organization (see definition below).

Please select the option that applies to your organization.

Option 1:

The planning committee consists of members of a physician organization that developed this Self-Assessment Program alone or in conjunction with another physician organization.

Option 2:

The planning committee consists of members of a physician organization that prospectively developed this Self-Assessment Program in conjunction with another non-physician organization. We accept responsibility for the entire program.

3. Date the program was completed: _____
DD MM YY

4. Has the program been previously accredited? Yes No

5. If the answer to question 4 above was yes, when was the program content and format last reviewed?
_____ DD MM YY

6. The number of hours required to complete the program is _____ hours.

Date of the application: _____

Address to send assessment to: _____

Fax Number: _____

Phone Number: _____

E-mail address: _____

Standard 1: Self-Assessment Programs must be developed to address a defined need within a specific subject area, topic or problem.

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

Please provide an explanation and/or supported documentation where required for each of the following:

1. Please describe the identified target audience for this Self-Assessment Program.
2. How was the need for the development of this Self-Assessment Program established?
3. Please describe the learning objectives established for this Self-Assessment Program.

Standard 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.

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

2. Please describe how participants will receive feedback on the answers they provided. Will participants be able to know which answers were answered correctly or incorrectly?

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.

4. Does the program provide participants with an evaluation form that assesses:
 - 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

Please provide a copy of the evaluation form.

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

Standard 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 (SAP) 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 planning 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 planning committee assumed the responsibility for ensuring the scientific validity and objectivity for the content for this SAP.

We comply with this standard: Yes No

3. The planning 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

4. All funds received in support of the development of this SAP were provided in the form of an educational grant.

We comply with this standard: Yes No

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

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

We comply with this standard: Yes No

Please provide a copy of program and any advertisements providing advance notification.

6. Trade names of drugs (where applicable) are used consistently and fairly throughout the SAP written materials.

We comply with this standard: Yes No

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

Checklist: Supporting Documentation to be included with this application form:

Scoring sheet Yes No

Evaluation form Yes No

Copy of the budget Yes No

Copy of the program Yes No

Declaration:

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.

Signature (physician's name) _____

This section to be completed by the accredited provider

This application is

a) Approved

b) Not approved

Rationale:

c) Requires revisions prior to approval

Describe the specific areas that require revision: