



Application for Accreditation of Simulation Activities

Section 3 of the Framework of Continuing Professional Development (CPD) Options of the Maintenance of Certification program (MOC)

Important information before you begin:

- Simulation activities approved under Section 3 must be developed or co-developed by a [physician organization](#).
- MOC section 3 - Accredited Simulation Activities are accredited for a maximum of three years from the start date of the activity.
- Accreditation will not be granted retroactively.
- The organization that developed the activity is responsible for maintaining all records (including attendance records) for a 5-year period.
- The Royal College of Physicians and Surgeons of Canada has created a [CPD activity toolkit](#) to help developers of educational activities who want to create quality programs.

Activity Information			
Title of simulation activity:			
Activity start date: (dd/mm/yyyy)		Activity end date: (dd/mm/yyyy)	
Delivery method of simulation activity:	Web-based	Face-to-face	Both web-based and face-to-face
How many times will this activity be held?		Estimated # of participants:	
Has the program been previously accredited?	Yes	No	If yes, when was it reviewed?
If yes, by which CPD accreditation system?			
How many hours are required to complete the activity?			

PART A: Administrative Standards

Name of physician organization that developed the simulation activity			
1. Name and contact information for organization requesting accreditation:	Name of physician organization:		
	Address:		
	Email:	Telephone #:	
	Website address:		
2. Contact information for main point-of-contact	First Name:	Last Name:	
	Address:		
	Email:	Telephone#:	
3. Name and contact information for Scientific	First Name:	Last Name:	
	Email:	Telephone #:	

Planning Committee Chair: <i>(If different from above)</i>	Address:
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Co-development

4. Are you co-developing this activity with another organization? If yes, complete questions 5 and 6 below.	Yes	No
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5. Name and contact information for organization co-developing the activity	Name of organization:		
	Address:		
	Email:	Telephone #:	

6. Is the co-developing organization a physician organization?	Yes	No
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Content development

7. Was the content developed by the applying physician organization?	Yes	No
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<i>If no, who developed the content?</i>	
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8. Scientific planning committee members (SPC)

Complete the table below, or include the information as an attachment.

Name of SPC member	How does the individual represent target audience?	Is the individual a member of the physician organization responsible for planning the CPD activity?
<i>Example: Jane Smythe, MD</i>	<i>Endocrinologist</i>	Yes

PART B: Educational Standards

1. Describe the intended target audience for this activity:

2. What needs assessment strategies were used to identify the learning needs (*perceived and/or unperceived*) of the target audience?

Examples might include: surveys of potential participants, literature reviews, healthcare data, and assessment of knowledge, competence or performance of potential participants.

Required supporting documentation: Summary of needs assessment results

3. What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the scientific planning committee identify for this activity?

4. Provide the learning objectives developed for:

The overall event:

Specific sessions:

Please consult the Royal College's [guide for creating learning objectives](#) to ensure your objectives are properly composed.

5. How were the identified needs of the target audience used to develop the overall and session-specific learning objectives?
For example:

- *Did the scientific planning committee share the needs assessment results with the speakers who are responsible for developing the learning objectives?*
- *Did the scientific planning committee use the needs assessment results to define the learning objectives for the speakers?*

Required supporting documentation:

- Final program, including overall and session learning objectives
- Promotional material that includes the overall learning objectives

6. [CanMEDS](#) Role(s) relevant to this activity?
Check all that apply

Medical Expert
Communicator
Collaborator

Leader
Health Advocate
Professional

Scholar

7. Describe the key knowledge areas or themes assessed by this simulation activity.
8. State the sources of information selected by the planning committee to develop the content of this activity (e.g. scientific literature, clinical practice guidelines, etc.)
9. What simulation methods were selected to enable participants to demonstrate their abilities, skills, clinical judgement or attitudes? (e.g., Role playing, theatre-based simulation, task trainers, virtual patients, etc.)
10. How will learners participate in the simulation?
11. <i>(if applicable)</i> How will learners receive feedback (debrief) after the completion of a live simulation? Required supporting documentation: A copy of the answer sheet for the assessment tool that shows how feedback will be provided to the participants (if applicable).
12. <i>(If applicable)</i> How will learners provide responses to an online simulation and receive feedback after completion of the simulation? Required supporting documentation: A copy of the answer sheet for the assessment tool that shows how feedback will be provided to the participants.
13. How will feedback be provided to learners on their performance, enabling learners to identify any areas requiring improvement and develop a future learning plan?

14. How will the overall simulation activity and each individual module (if applicable) be evaluated by participants?
- Do you provide an opportunity for participants to identify if the individual session and overall learning objectives were achieved?
 - Do you ask participants to identify whether the content was balanced and free of commercial bias?
 - Are there opportunities for participants to identify the potential impact of the activity on their practice?
 - Does the evaluation include a question on which CanMEDS roles were addressed during the activity?

Required supporting documentation: Copy of the evaluation form(s) developed for this activity

15. (Optional) If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:

16. (Optional) If the evaluation strategy intends to measure improved health care outcomes, please describe.

PART C: Ethical Standards

All activities accredited after January 1, 2018 must comply with the [National Standard for support of Accredited CPD Activities](#). The National Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities.

1. Has the CPD activity been sponsored by one or more sponsors?	Yes	No
2. If sponsorship has been received, please check all sources of sponsorship that apply:		
Required supporting documentation: Sponsorship/exhibitor prospectus developed to solicit sponsors/exhibitors for the activity		
Government agency	Medical device company	
Health care facility	Pharmaceutical company	
Not-for-profit organization	Education or communications company	
Other, please specify		
Please list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support (should you require more space, attach a new page).		
Sponsor name	Type of support	
	<u>Financial support</u> Amount received or anticipated to receive:	<u>In-kind support</u> Amount received or anticipated to receive:
		For-profit sponsor or Non-profit sponsor

	<u>Financial support</u> Amount received or anticipated to receive:	<u>In-kind support</u> Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor
	<u>Financial support</u> Amount received or anticipated to receive:	<u>In-kind support</u> Amount received or anticipated to receive:	For-profit sponsor or Non-profit sponsor

Required supporting documentation: Activity budget showing receipt and expenditure of all sources of revenue, including:

- A list of funding sources, including an indication of whether sponsorship was received in an educational grant or in-kind support
- A list of expenditures
- The expected number of registrants

3. How is financial and in-kind support received from sponsors disclosed to participants?		
4. Describe the process by which the SPC maintained control over the CPD program elements including: <ul style="list-style-type: none"> • the identification of the educational needs of the intended target audience; development of learning objectives; • selection of educational methods; • selection of speakers, moderators, facilitators and authors; • development and delivery of content; and • evaluation of outcomes 		
5. Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic options.		
6. Were those responsible for developing or delivering content informed that any description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding?		
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> </table>	Yes	No
Yes	No	
7. All accredited CPD activities must comply with the National Standard for support of accredited CPD activities. If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed?		

8. All members of the SPC, speakers, moderators, facilitators and authors must provide a written description of all relationships with for-profit and not-for-profit organizations over the previous 2 years. How is this conflict of interest information collected and disclosed to:
- The scientific planning committee?
 - The learners attending the CPD activity?

Required supporting documentation: Sample conflict of interest disclosure form

9. If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential of real conflicts of interests?

10. How are payments of travel, lodging, out-of-pocket expenses, and honoraria made to members of the scientific planning committee, speakers, moderators, facilitators and/or authors?

If the responsibility for these payments is delegated to a third party, please describe how the CPD provider organization or SPC retains overall accountability for these payments.

11. How has the physician organization ensured that their interactions with sponsors have met professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?

Required supporting documentation: Written agreement outlining the terms, conditions and purposes for which sponsorship is provided, signed by the physician organization and the sponsor.

12. Product specific advertising, promotional materials or other branding strategies cannot not been included on, appear within, or adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material. Please describe how the CPD activity adheres to this standard.

13. Commercial exhibits or advertisements must be arranged in a location that is clearly and completely separated from the accredited CPD activity. Please describe how the CPD activity adheres to this standard.

14. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?
15. Unaccredited activities cannot be scheduled at times and locations that interfere or compete with accredited CPD activities, and cannot be included within activity agendas, programs or calendars of events. Please describe how the CPD activity adheres to this standard.

PART D: Declaration

As the chair of the scientific planning committee (or equivalent), 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: Guidelines for Physicians in Interactions with Industry \(2007\)](#), and National Standard for Support of Accredited CPD Activities have been met in preparing for this event.

I Agree By clicking "I agree" you are agreeing to the declaration stated above

Name:	
Date: (dd/mm/yyyy)	

PART E: CPD accreditation agreements

The Royal College has several international CPD accreditation agreements. These agreements allow physicians and/or other health professionals to claim or convert select Royal College MOC credits to other CPD system credits. Details about the specific agreements are available on our [website](#).

Should you wish for this CPD activity to eligible for credit within any of these systems, please check all that apply:

<input type="checkbox"/> <u>American Medical Association (AMA) PRA Category 1 Credit™</u>
<input type="checkbox"/> <u>European Union of Medical Specialists (UEMS)</u>
<input type="checkbox"/> <u>Qatar Council for Healthcare Practitioners (QCHP)</u>
<input type="checkbox"/> <u>European Board for Accreditation in Cardiology (EBAC)</u>

PART F: Payment

Please refer to our [fee schedule](#). All prices are subject to 13% Harmonized Sales Tax (HST).
HST Registration #: 106842727RT0001

Payment by invoice	Payment by credit card	
Address:	Card number:	
	Expiry date:	CVV:
	Name on card:	

Attach the following documentation to the application form:

Attachment 1	The (summarized) needs assessment results
Attachment 2	The preliminary program/brochure
Attachment 3	The final program
Attachment 4	Any other materials to promote or advertise the activity (for example, invitations, email announcements) (if applicable).
Attachment 5	A copy of the answer sheet or assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes and shows how feedback will be provided to the participants (See Part B, questions 11 and 12)
Attachment 6	The template evaluation form(s) developed for this activity.
Attachment 7	Sample conflict of interest disclosure form
Attachment 8	The template certificate of attendance that will be provided to participants.
Attachment 9	The budget for this activity that details the receipt and expenditure of all sources of revenue
If applicable	
Attachment 10	The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity.
Attachment 11	Written agreement outlining the terms, conditions and purposes for which sponsorship is provided, signed by the physician organization and the sponsor.

Completed forms can be emailed to CAGS at cags@cags-accg.ca.

Please allow up to 4 weeks for review of your application.