**Application for Accreditation of Group Learning CPD activities (Section 1)**

***Section 1*** *of the Framework of Continuing Professional Development (CPD) Options of the Maintenance of Certification program (MOC)*

Group learning is an important development activity for physicians and provides an opportunity to confirm or expand areas of knowledge or practice management, to identify potential new therapies or approaches for practice, and to share practice issues or experiences with peers.

**Important information before submitting this application to CCS:**

* The CCS CPD department must have previously received and approved your **letter of intent** for the development of this Group Learning CPD Activity. For more information on the letter of Intent approval process, please contact us at [CPD@ccs.ca](mailto:CPD@ccs.ca).
* Group Learning Activities approved under Section 1 must be developed or co-developed by a [physician organization,](http://www.royalcollege.ca/rcsite/cpd/accreditation/guidelines/what-is-physician-organization-e) if you have questions please contact us.

**Application steps:**

* Refer to the [Royal College CPD Accredited Standards Group Learning Activities (Section 1)](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/section-1-standards-e.pdf) as you complete this application and prepare the attachments.
* The application form must be completed and submitted to the CCS with all necessary requirements and supporting documentation at least 8 weeks in advance of the intended date to advertise the CPD program.
* CCS will review the application and respond to the physician organization within 10 working days.
* A summary of the review will be emailed to the physician organization/SPC chair including the outcome of the assessment of the CPD activity, the number of accredited hours, and the CPD activity accreditation statement that must appear on all accredited CPD activity program materials and certificates of participation.

**Additional considerations:**

* MOC section 1 – Accredited Group Learning (including conferences, symposia, seminars, and workshops) are approved for a maximum of one year 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.

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| **Before you submit your application – have you completed and attached the following?** |
| * Has a needs assessment been completed? Attach a summary of the completed needs assessment * Have you attached the overall and session-specific learning objectives? * Does the preliminary and final program or brochure include: * The activity schedule, topics, and start and end times of individual sessions? * The activity learning objectives for the overall activity and individual sessions (if applicable)? * Have you attached any other materials that will be used to promote or advertise the activity (for example, invitations, email announcements etc.?) (If applicable) * Have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors for the activity (if applicable)? * If sponsorship has been received for this activity, have you attached the written agreement that is signed by the physician organization and the sponsor? * Does the activity budget show receipt and expenditure of all sources of revenue for this activity 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? * Have you attached the template for the certificate of attendance that will be provided to the participants? *Remember that the physician organization must maintain attendance records for five years.* * Do the evaluation and feedback forms include: * A question on whether the stated learning objectives were met? * A question for participants to identify the potential impact to their practice? * A question for participants to identify if the session was balanced and free from commercial or other inappropriate bias? * A question on which CanMEDS Roles were addressed during the activity? * Have you attached a sample conflict of interest form and an outline of the process for the collection, management, and disclosure of conflicts of interests which includes a description of how this information is collected and disclosed to participants? *Required regardless of how the activity is funded.* * Has the Chair of scientific planning committee attested that he/she agrees with the content provided in the application package? – see section D   The Royal College has created a [CPD activity toolkit](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-activity-toolkit-e) to help developers of educational activities who want to create quality programs. Each topic in the toolkit includes explanations, practical examples and other resources.   * [Needs assessment](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-needs-assessment-e) * [Creating learning objectives](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-creating-learning-objectives-e) * [Educational delivery methods](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-educational-delivery-method-e) * [Evaluations](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-evaluations-e) * [Web-based CPD events](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/requirements-web-based-cpd-activities-e) * [Relationships with speakers and sponsors](http://www.royalcollege.ca/rcsite/cpd/accreditation/toolkit/cpd-activity-toolkit-relationships-with-speakers-financial-sponsors-e) * [Sample Conflict of Interest Form](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/conflict-interest-declaration-e.docx) * [Sample Certificate of Attendance](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/certificate-of-attendance-b.docx)   <http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-activity-toolkit-e> |
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| **Activity Information** | | | |
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| Date of application:  (dd/mm/yyyy) | Click here to enter a date. | | |
| Title of group learning activity: | Click here to enter text. | | |
| Activity start date:  (dd/mm/yyyy) | Click here to enter a date. | Activity end date:  (dd/mm/yyyy) | Click here to enter a date. |
| Delivery method of group learning activity: | Web-based  Face-to-face  Both web-based and face-to-face | | |
| How many times will this activity be held? | 1  2  3  4+ | Estimated # of participants: | Click here to enter text. |
| Has the program been previously  accredited? | Yes  No | If yes, when was it reviewed? | Click here to enter a date. |
| If yes, by which CPD accreditation  system? | Click here to enter text. | | |
| How many hours are required to  complete the program? | Click here to enter text. | | |

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| [**PART A: Administrative Standards**](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-group-learning-activities-conferences-workshops-e) | | | |
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| **Name of physician organization that developed the group learning activity** | | | |
| 1. Name and contact information for [**physician organization**](http://www.royalcollege.ca/rcsite/cpd/accreditation/guidelines/what-is-physician-organization-e) requesting accreditation: | Name of physician organization: Click here to enter text. | | |
| Address: Click here to enter text. | | |
| Email: Click here to enter text. | Telephone #: Click here to enter text. | |
| Website address: Click here to enter text. | | |
| 1. Contact information for main **point-of-contact** | First Name: Click here to enter text. | Last Name: Click here to enter text. | |
| Address: Click here to enter text. | | |
| Email: Click here to enter text. | Telephone#: Click here to enter text. | |
| 1. Name and contact information for **Scientific Planning Committee Chair**:   *(If different from above)* | First Name: Click here to enter text. | Last Name: Click here to enter text. | |
| Email: Click here to enter text. | Telephone #: Click here to enter text. | |
| Address: Click here to enter text. | | |
| 1. Name and contact information for organization ***co-developing* the activity** *– only applicable if activity was co-developed*: | Name of organization: Click here to enter text. | | |
| Address: Click here to enter text. | | |
| Email: Click here to enter text. | Telephone #: Click here to enter text. | |
| 1. Is the co-developing organization a physician organization? | | | Yes  No |

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| 1. Will the physician organization maintain attendance records for 5 years? | | | | Yes No |
| **Content development** | | | | |
| 1. Was the content developed by the applying physician organization? | | | | Yes  No |
| *If no, who developed the content?* | | Click here to enter text. | | |
| 1. **Scientific planning committee members (SPC)** | | | | |
| *Complete the table below. Include it as an attachment if you have this information already available electronically.* | | | | |
| **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?** | |
| Example: Jane Smythe, MD | Endocrinologist | | Yes | |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | |
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| [**PART B: Educational Standards**](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-group-learning-activities-conferences-workshops-e) | | | | |
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| 1. What is the intended target audience of the activity: | | | | |
| Click here to enter text. | | | | |
| 1. 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.* | | | | |
| Click here to enter text. | | | | |
| 1. 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? | | | | |
| Click here to enter text. | | | | |
| 1. 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?* | | | | |
| Click here to enter text. | | | | |
| 1. [CanMEDS](http://canmeds.royalcollege.ca/) Role(s) relevant to this activity?   *Check all that apply* | [Medical Expert](http://canmeds.royalcollege.ca/en/framework#collapse-1)  [Communicator](http://canmeds.royalcollege.ca/en/framework#collapse-2) | [Collaborator](http://canmeds.royalcollege.ca/en/framework#collapse-4)  [Leader](http://canmeds.royalcollege.ca/en/framework#collapse-5) | [Health Advocate](http://canmeds.royalcollege.ca/en/framework#collapse-6)  [Professional](http://canmeds.royalcollege.ca/en/framework#collapse-8) | [Scholar](http://canmeds.royalcollege.ca/en/framework#collapse-7) |
| 1. 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.) | | | | |
| Click here to enter text. | | | | |
| 1. What learning methods were selected to help the CPD activity meet the stated learning objectives? | | | | |
| Click here to enter text. | | | | |
| 1. What learning methods were selected to incorporate a minimum of 25% interactive learning? | | | | |
| Click here to enter text. | | | | |
| 1. How will the overall group learning activity and individual sessions be evaluated by participants? | | | | |
| Click here to enter text. | | | | |
| 1. (Optional) If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of   learners, please describe: | | | | |
| Click here to enter text. | | | | |
| 1. (Optional) If the evaluation strategy intends to measure improved health care outcomes, please describe. | | | | |
| Click here to enter text. | | | | |
| 1. (Optional) If participants will receive feedback related to their learning, please describe the tools or strategies used. | | | | |
| Click here to enter text. | | | | |

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| [**PART C: Ethical Standards**](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | | | | | | | | |
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| All activities accredited after January 1, 2018 must also comply with the [National Standard for support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e). 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?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e" \o "See: Element 4: Receiving Financial and in-kind Support of the National Standard) | | | | | | | | Yes  No | | |
| 1. [If yes, have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the physician organization and the sponsor?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e" \o "See: Element 1: Independence of the National Standard) *(Attach a sample)* | | | | | | | | | | |
| 1. If sponsorship has been received, please check all sources of sponsorship that apply | | | | | | | | | | |
| Government agency | [Health](http://canmeds.royalcollege.ca/en/framework#collapse-2) care facility | | | Not-for-profit organization | Medical device company | | Pharmaceutical company | | | Education *or* communications company |
| Other p*lease specify* | | Click here to enter text. | | | | | | | | |
| 1. [If yes, please list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) (s*hould you require more space, attach a new page). Include it as an attachment if you have this information already available electronically.* | | | | | | | | | | |
| **Sponsor name** | | | **Type of support** | | | | | | | |
| Click here to enter text. | | | Financial support  Amount received or anticipated to receive:  Click here to enter text. | | | In-kind support  Amount received or anticipated to receive:  Click here to enter text. | | | *For-profit sponsor*  *or*  *Non-profit sponsor* | |
| Click here to enter text. | | | Financial support  Amount received or anticipated to receive:  Click here to enter text. | | | In-kind support  Amount received or anticipated to receive:  Click here to enter text. | | | *For-profit sponsor*  *or*  *Non-profit sponsor* | |
| Click here to enter text. | | | Financial support  Amount received or anticipated to receive:  Click here to enter text. | | | In-kind support  Amount received or anticipated to receive:  Click here to enter text. | | | *For-profit sponsor*  *or*  *Non-profit sponsor* | |
| Click here to enter text. | | | Financial support  Amount received or anticipated to receive:  Click here to enter text. | | | In-kind support  Amount received or anticipated to receive:  Click here to enter text. | | | *For-profit sponsor*  *or*  *Non-profit sponsor* | |
| 1. [Describe the process by which the SPC maintained control over the CPD program elements including:](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)  * 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 | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic options.](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [How 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?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [How are the scientific planning committee members’ conflicts of interest declarations collected and disclosed to](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)  * The physician organization? * To the learners attending the CPD activity? | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [How are the speakers’, authors’, moderators’, facilitators’ and or/authors’ conflicts of interest information collected and disclosed to:](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)  * The scientific planning committee? * To the learners attending the CPD activity? | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [If a conflict of interest is identified, what are the scientific planning committee’s methods to manage potential of real conflicts of interests](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [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?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)   If the responsibility for these payments is delegated to a third party, please describe how the physician organization or SPC retains overall accountability for these payments. | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [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?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [How has the physician organization ensured that product specific advertising, promotional materials or other branding strategies have not been included on, appear within, or be adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [What arrangements were used to separate commercial exhibits or advertisements in a location that is clearly and completely separated from the accredited CPD activity?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| 1. [What strategies were used by the scientific planning committee or the physician organization to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities were scheduled](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? | | | | | | | | | | |
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| **PART D: Declaration** | | | |
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| 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, and to the best of my knowledge, I certify that the following standards have been met in preparing for this event:   * [Royal College CPD Accredited Standards Group Learning Activities (Section 1)](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/section-1-standards-e.pdf) * [CMA’s guidelines, entitled, *CMA Policy: Guidelines for Physicians in Interactions with Industry (2007)*](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) * [National Standard for Support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | |
|  | **I Agree** | By clicking “I agree” you are agreeing to the declaration stated above. | |
| **Name:** | | | Click here to enter text. |
| **Date:**  (dd/mm/yyyy) | | | Click here to enter a date. |

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| **PART E: CPD Accreditation Agreements** | |
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| 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 Royal College [website](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#accme).  Should you wish for this CPD activity to be eligible for credit within any of these systems, please check all that apply: | |
|  | [American Medical Association (AMA)](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#ama) PRA Category 1 Credit™\* |
|  | [European Union of Medical Specialists (UEMS)](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#uems) |
|  | [Qatar Council for Healthcare Practitioners (QCHP)](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#qatar) |
|  | [European Board for Accreditation in Cardiology (EBAC)](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#accme) |

\*fees may apply

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| **Attach the following documentation to the application form:** | | |
|  | Attachment 1 | The preliminary program/brochure. |
|  | Attachment 2 | The final program. |
|  | Attachment 3 | Any other materials to promote or advertise the activity (for example, invitations, email announcements) (if applicable). |
|  | Attachment 4 | Sample form and process for the collection, management, and disclosure of conflicts of interests. |
|  | Attachment 5 | The (summarized) needs assessment results. |
|  | Attachment 6 | The template evaluation form(s) developed for this activity. |
|  | Attachment 7 | The budget for this activity that details the receipt and expenditure of all sources of revenue. |
|  | Attachment 8 | The template certificate of attendance that will be provided to participants. |
|  | Attachment 9 | The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity (if applicable). |
|  | Attachment 10 | If sponsorship has been received for this activity, attach the written agreement that is signed by the physician organization and the sponsor. |