



## **Application for Accreditation of Simulation Activities (Section 3)**

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

Simulation activities are designed to reflect real life situations to enable participants to demonstrate and receive feedback on their clinical reasoning, communication, situational awareness, problem solving and (where applicable) their ability to collaborate and work effectively within a healthcare team. Simulation activities reflect a range of options including role playing, use of standardized patients, task trainers, virtual simulation, haptic simulation, theatre simulation or hybrids of any of these examples.

#### **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 SAP program. For more information on the letter of Intent approval process, please contact us at [CPD@ccs.ca](mailto:CPD@ccs.ca)
- Simulation Activities approved under Section 3 must be developed or co-developed by a [physician organization](#), if you have questions please contact us.

#### **Application steps:**

- Refer to the [Royal College CPD Accredited Activity Standards for Simulation Activities](#) (Section 3) 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 3 – Assessment accredited Simulation Activities are approved for a maximum of three years from the start date of the activity.
- Accreditation will not be granted retroactively.
- The physician organization that developed the activity is responsible for maintaining all records (including attendance records) for a 5-year period.

## Activity Information

Date of application: (dd/mm/yyyy)	Click here to enter a date.		
Title of simulation 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 simulation activity:	<input type="checkbox"/> Web-based <input type="checkbox"/> Face-to-face <input type="checkbox"/> Both web-based and face-to-face		
How many times will this activity be held?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Estimated # of participants:	Click here to enter text.
Has the activity been previously accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.		
What is the maximum number of hours required to complete the simulation activity?	Click here to enter text.		

## PART A: Administrative Standards

Name of physician organization that developed the simulation activity			
1. Name and contact information for <a href="#">physician organization</a> 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.		
2. Contact information for main <b>point-of-contact</b>	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.	
3. Name and contact information for <b>Scientific Planning Committee Chair:</b> (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.		

4. Name and contact information for organization <b>co-developing the activity</b> – <i>only applicable if activity was co-developed:</i>	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.

5. Is the co-developing organization a physician organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Will the physician organization maintain attendance records for 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Content development**

7. Was the content developed by the applying physician organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If no, who developed the content?</i>	Click here to enter text.
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**8. Scientific planning committee members (SPC)**

*Complete the table below. Include it as an attachment if you have this information already available electronically.*

<b>Name of SPC member</b>	<b>How does the individual represent target audience?</b>	<b>Is the individual a member of the physician organization responsible for planning the CPD activity?</b>
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

1. What is the intended target audience of the simulation activity?

Click here to enter text.

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.*

Click here to enter text.

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?

Click here to enter text.

4. How were the identified needs of the target audience used to develop the learning objectives for the simulation activity

*For example:*

- *Did the scientific planning committee share the needs assessment results with the individual(s) 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 activity?*

Click here to enter text.

5. [CanMEDS](#)

Role(s) relevant to this activity?

*Check all that apply*

Medical Expert

Leader

Health Advocate

Scholar

Communicator

Collaborator

Professional

6. What opportunity do learners have to identify and evaluate the [CanMEDS](#) Role(s)

Click here to enter text.

7. Describe the key knowledge areas or themes assessed by this simulation activity

Click here to enter text.

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.*

Click here to enter text.

9. What simulation methods were selected to enable participants to demonstrate their abilities, skills, clinical judgment or attitudes?

*e.g. Role playing, standardized patients, theatre-based simulation, task trainers, virtual patients etc.*

Click here to enter text.

<b>10.How will learners participate in the simulation?</b>
Click here to enter text.
<b>11.How will learners provide responses to on-line simulation? (e.g. through an online response sheet or web based assessment tools) <i>Attach a copy of the answer sheet of assessment tool.</i></b>
Click here to enter text.
<b>12.How will learners receive feedback after the completion of an online simulation?</b>
Click here to enter text.
<b>13.How will learners receive feedback (debrief) after the completion of a live simulation? <i>Attach a copy of the answer sheet if applicable.</i></b>
Click here to enter text.
<b>14.How will feedback (debrief) be provided to learners on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan?</b>
Click here to enter text.
<b>15.How will the simulation activity be evaluated by the learners?</b>
Click here to enter text.
<b>16.(Optional) If the program evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:</b>
Click here to enter text.
<b>17.(Optional) If the program evaluation strategy intends to measure improved health care outcomes, please describe.</b>
Click here to enter text.

## 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 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? \(Attach a sample\)](#)

3. If sponsorship has been received, please check all sources of sponsorship that apply

<input type="checkbox"/> Government agency	<input type="checkbox"/> Health care facility	<input type="checkbox"/> Not-for-profit organization	<input type="checkbox"/> Medical device company	<input type="checkbox"/> Pharmaceutical company	<input type="checkbox"/> Education or communications company
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Other  Click here to enter text.  
Please specify

4. [If yes, 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		
<input type="text"/> Click here to enter text.	<input type="checkbox"/> Financial support Amount received or anticipated to receive: <input type="text"/> Click here to enter text.	<input type="checkbox"/> In-kind support Amount received or anticipated to receive: <input type="text"/> Click here to enter text.	<input type="checkbox"/> For-profit sponsor or <input type="checkbox"/> Non-profit sponsor
<input type="text"/> Click here to enter text.	<input type="checkbox"/> Financial support Amount received or anticipated to receive: <input type="text"/> Click here to enter text.	<input type="checkbox"/> In-kind support Amount received or anticipated to receive: <input type="text"/> Click here to enter text.	<input type="checkbox"/> For-profit sponsor or <input type="checkbox"/> Non-profit sponsor
<input type="text"/> Click here to enter text.	<input type="checkbox"/> Financial support Amount received or anticipated to receive: <input type="text"/> Click here to enter text.	<input type="checkbox"/> In-kind support Amount received or anticipated to receive: <input type="text"/> Click here to enter text.	<input type="checkbox"/> For-profit sponsor or <input type="checkbox"/> Non-profit sponsor
<input type="text"/> Click here to enter text.	<input type="checkbox"/> Financial support Amount received or anticipated to receive: <input type="text"/> Click here to enter text.	<input type="checkbox"/> In-kind support Amount received or anticipated to receive: <input type="text"/> Click here to enter text.	<input type="checkbox"/> For-profit sponsor or <input type="checkbox"/> Non-profit sponsor

5. If funding has been received, please check all sources of funding that apply

<input type="checkbox"/> Government agency	<input type="checkbox"/> Health care facility	<input type="checkbox"/> Not-for-profit organization	<input type="checkbox"/> Medical device company	<input type="checkbox"/> Pharmaceutical company	<input type="checkbox"/> Education or communications company
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Other  Click here to enter text.  
Please specify

6. <a href="#">Describe how sponsorship funds will be used including whom is responsible for paying the speaker and scientific planning committee honoraria, travel and out of pocket expenses (as applicable)</a>
Click here to enter text.
7. <a href="#">Describe the process by which the SPC maintained control over the CPD program elements including:</a>
<ul style="list-style-type: none"> <li>• the identification of the educational needs of the intended target audience; development of learning objectives;</li> <li>• selection of educational methods;</li> <li>• selection of speakers, moderators, facilitators and authors;</li> <li>• development and delivery of content; and</li> <li>• evaluation of outcomes</li> </ul>
Click here to enter text.
8. <a href="#">Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic options.</a>
Click here to enter text.
9. <a href="#">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?</a>
Click here to enter text.
10. <a href="#">How are the scientific planning committee members' conflicts of interest declarations collected and disclosed to</a>
<ul style="list-style-type: none"> <li>• The physician organization?</li> <li>• To the learners attending the CPD activity?</li> </ul>
Click here to enter text.
11. <a href="#">How are the speakers', authors', moderators', facilitators' and or/authors' conflicts of interest information collected and disclosed to:</a>
<ul style="list-style-type: none"> <li>• The scientific planning committee?</li> <li>• To the learners attending the CPD activity?</li> </ul>
Click here to enter text.
12. <a href="#">If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential of real conflicts of interests</a>
Click here to enter text.
13. <a href="#">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?</a>
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.
14. <a href="#">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?</a>
Click here to enter text.
15. <a href="#">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?</a>

Click here to enter text.

16. [What arrangements were used to separate commercial exhibits or advertisements in a location that is clearly and completely separated from the accredited CPD activity?](#)

Click here to enter text.

17. [If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?](#)

Click here to enter text.

18. [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?](#)

Click here to enter text.



## PART D: Declaration

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 developing this CPD activity:

- [Royal College CPD Accredited Activity Standards for Simulation Activities](#)
- 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 activity.](#)

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

<b>Name:</b>	Click here to enter text.
<b>Date:</b> (dd/mm/yyyy)	Click here to enter a date.

## 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:

[American Medical Association \(AMA\) PRA Category 1 Credit™](#)

[European Union of Medical Specialists \(UEMS\)](#)

[Qatar Council for Healthcare Practitioners \(QCHP\)](#)

[European Board for Accreditation in Cardiology \(EBAC\)](#)

**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	A copy of the answer sheet or assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes
Attachment 11	If sponsorship has been received for this activity, attach the written agreement that is signed by the Physician organization and the sponsor