

**Royal College Maintenance of Certification**

**Section 1 Credit Application**

This package must be received by the CPD Medicine Program **at least 6 weeks** prior to the start date of your educational activity. \*\* A late fee of 50% of the accreditation fee will apply to applications received less than 6 weeks before the start of the activity. Applications received **less than 10 business days** prior to the event will not be considered and will be returned to the applicant.

**Organization Requesting Approval**

Events submitted for approval under Section 1 must meet the requirements of either **Option 1** or **2**. The application form must be completed by a member of the **physician organization\*** that developed or co-developed this event, and forwarded to the CPD Medicine Program for review.

**\*Physician Organization:** A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, specialist physicians through:

* Continuing professional development;
* Provision of health care; and/or
* Research

This definition includes (but is not limited to) the following groups:

* + Faculties of medicine ⮚ Hospital departments or divisions
	+ Medical (specialty) societies ⮚ Medical associations
	+ Medical academies ⮚ Health authorities not linked to government

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| Please select the option that applies to your organization:[ ]  **Option 1**We are a physician organization that is planning this educational event alone or in conjunction with another physician organization.[ ]  **Option 2**We are a physician organization that is co-developing this educational event with a non-physician organization. We (the physician organization) have been prospectively involved in planning this event and accept accountability for its entire program. |

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| **Title of the activity** (as it appears on the certificate of completion)      |

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| **Delivery method of group learning activity:**  | *Choose from drop-down menu.* |
| If delivery method is face-to-face, provide the delivery date(s) and location(s):  | City: |       |
| Province: |       |
| Date: *(dd/mm/yyyy)* | *Select start date.* | *Select end date.* |
| *For multiple occurrences, list the locations (city, province) and date(s) for each:*  |       |

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| **Name of physician organization that developed this group learning activity:**       |
| **Telephone:**       | **Fax:**      | **Email:**       |

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| **Was this activity** [**co-developed**](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers-e)**?**  | [ ]  Yes [ ]  No |
| If yes, provide the name of the co-developing physician or medical organization, or |       |
| If applicable, provide the name of co-developing non-physician organization: |       |

# **Mandatory Educational Requirements**

**The activity must be planned to address the identified needs of the target audience**.

Please provide an explanation or supporting documentation for each of the following questions:

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| **Primary target audience/specialty:***Activity will be listed on the* [*Royal College website*](http://www.royalcollege.ca/rcsite/cpd/accreditation/accredited-continuing-professional-development-activities-e) *and MAINPORT ePortfolio under the target audience selected.* | Choose a primary target audience.  |

If applicable, please indicate if this event is also intended to include other health professionals.

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List all members of the planning committee, including their medical specialties or health professions. In the case of the co-development of this educational event, please indicate which members are representing the physician organization. Indicate at least one Royal College Fellow.

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| **Chair Name**      | **Professional Designation**      |
| **Planning Committee Names**      | **Professional Designation**       |

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| **Point-of-contact for participants:**  | Name of contact: |  |
| Email:  |  |
| Link to website: |  |

What sources of information were selected by the planning committee to develop the content of this activity? Examples can include reviews of the scientific or education literature, clinical practice guidelines, and surveys or focus groups conducted by the organization planning the activity.

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**Optional:** What gaps in knowledge, attitudes, skills or performance did the planning committee identify for this event? Examples of strategies to assess these needs can include assessment of physician performance from hospitals, provincial or national databases, self-assessment programs, chart reviews, 360 degree assessments, case scenarios, audits of practice and/or quality improvement activities.

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**Learning objectives that address identified needs must be created for the overall event and individual sessions. The learning objectives must be printed on the program brochure and/or handout materials.**

Please include a program brochure for this event that includes overall and session specific learning objectives. Please respond to the following questions:

What learning objectives were developed for:

i The overall event?

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ii. Specific sessions?

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How were the identified needs of the target audience utilized in the creation/development of the learning objectives?

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Do the learning objectives express what the participants will be able to know or achieve by participating in the event?

 Yes [ ]  No [ ]

How are the learning objectives linked to the evaluation strategies for this event? For example, does the evaluation form list the learning objectives or pose questions to participants about whether the learning objectives were met?

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**At least 25% of the total education time must be devoted to interactive learning.**

Please include the proposed event schedule, with times indicating discussion periods, workshops, small group sessions, etc., with an explanation and supporting documentation for the following question:

What learning methods have been incorporated to promote interactive learning? Examples may include discussion periods, small groups (generally less than 16 participants), workshops, seminars or audience response systems.

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**The event must include an evaluation of the event’s established learning objectives and the learning outcomes identified by participants.**

The evaluation strategies for events approved under Section 1 must include an assessment of the achievement of the identified learning objectives and provide opportunities for participants to identify what they have learned and its potential impact for their practice.

Please provide a copy of the evaluation form(s) developed for this activity, and respond to the following questions:

Do you provide an opportunity for participants to identify if the stated learning objectives were achieved?

 Yes [ ]  No [ ]

Are there opportunities for participants to identify and/or reflect on what they have learned? One example of this would be a question asking what the participants learned or plan to integrate into their practice). Yes [ ]  No [ ]

**Optional** - Does the evaluation strategy intend to measure improved participant performance?

 Yes [ ]  No [ ]

If yes, please describe the tools or strategies used.

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**Optional** - Does the evaluation strategy intend to measure improved healthcare outcomes?

 Yes [ ]  No [ ]

If yes, please describe the tools or strategies used.

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**Optional** - Will the participants receive feedback related to their learning?

 Yes [ ]  No [ ]

If yes, please describe the tools or strategies used.

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**Meeting Ethical Standards for Continuing Professional Development**

Group CPD events approved under Section 1 must meet the CMA Guidelines governing the relationship between physicians and the pharmaceutical industry.

**Note: Any financial assistance provided (for travel or accommodation) to reimburse physicians or their families for attending an educational event would result in non-approval of this application.** For more information on the CMA guidelines regarding financial support from industry, please see the CMA Policy: Physicians and the Pharmaceutical Industry (Update 2007). To view these guidelines, please visit the following web by [clicking here](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf).

**FOR UNIVERSITY OF MANITOBA EVENTS:** Events must also comply with the University of Manitoba Max Rady College of Medicine policy on “**Interactions between the Max Rady College of Medicine and Health Related Industries**” and the CPD Medicine Program’s policy on “[Commercial Support](http://umanitoba.ca/faculties/health_sciences/medicine/media/Final_Policy_with_Intro_Comments_October_2016.pdf).”

Each of the following ethical standards MUST be met for this event to be approved under Section 1:

The physician organization(s) must have control over the topics, content and speakers selected for this event.

We comply with this standard: Yes [ ]  No [ ]

Describe the process by which the topics, content and speakers were selected for this event.

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The physician organization(s) must assume responsibility for ensuring the scientific validity and objectivity of the content of this event.

We comply with this standard: Yes [ ]  No [ ]

Describe the process to ensure validity and objectivity of the content for this event.

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The physician organization(s) must disclose to participants to all participants all financial affiliations of faculty, moderators or members of the planning committee (within the past 2 years) with any commercial organization(s) regardless of its connection to the topics discussed or mentioned during this event.

**FOR UNIVERSITY OF MANITOBA EVENTS:** Events must also comply with the CPD Medicine’s Program **“**[**Conflict of Interest Policy**](http://umanitoba.ca/faculties/health_sciences/medicine/education/cpd/media/Conflict_of_Interest_Policy_April_6_2016.pdf)**.”** Download [sample disclosure forms](http://umanitoba.ca/faculties/health_sciences/cca/forms.html) from the CPD website.

We comply with this standard: Yes [ ]  No [ ]

Describe how conflict of interest information is collected and disclosed to participants

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All funds received in support of this event must be provided in the form of an educational grant payable to the physician organization(s).

We comply with this standard: Yes [ ]  No [ ]

Provide a copy of the budget that identifies each source of revenue, funding and expenditure for this event. In addition, please describe how the physician organization(s) assumes responsibility for the distribution of these funds, including the payment of honoraria to faculty.

FOR UNIVERSITY OF MANITOBA EVENTS: Events must also comply with the CPD Medicine Program’s policies on **“**[**Honoraria**](http://umanitoba.ca/faculties/health_sciences/medicine/education/cpd/media/CPD_Honoraria_Policy_April_6_2016.pdf)**”** and **“**[**Commercial Support**](http://umanitoba.ca/faculties/health_sciences/medicine/media/Final_Policy_with_Intro_Comments_October_2016.pdf)**.”**

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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.

**FOR UNIVERSITY OF MANITOBA EVENTS:** Events must also comply with the CPD Medicine Program’s policies on “CPD brochures, invitations and materials policy.”

We comply with this standard: Yes [ ]  No [ ]

Provide a copy of the preliminary program, brochure, or advanced notification for this event.

Generic names alone, or generic and trade names, should be used rather than trade names alone on all presentations and written materials.

We comply with this standard: Yes [ ]  No [ ]

Describe the process to advocate speakers’ adherence to using generic rather than trade names of medications and/or devices included within all presentations or written materials.

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**Supporting Documentation to be included in with this application form:**

[ ]  Completed application form

[ ]  Detailed Program/Course Schedule

[ ]  Evaluation Form/Tool

[ ]  Budget that includes all expected revenue and expenses

[ ]  Conflict of Interest Disclosure completed and signed by each planning committee member

[ ]  Participation registration form

[ ]  Accreditation Payment

**Incomplete application packages will be returned to the applicant un-assessed.**

**Activity Accreditation Fees (please check one that applies to this application)**

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| **Held once AND 1 day long or less** [ ]  with commercial support – i.e. sponsorship funding, exhibitor fees.[ ]  without commercial support – i.e. sponsorship funding, exhibitor fees.* Late Fee: 50% of Accreditation fee.
 | $500$350 |
| **Held 2-4 times in the year OR 2-3 days long**[ ]  with commercial support – i.e. sponsorship funding, exhibitor fees. [ ]  without commercial support – i.e. sponsorship funding, exhibitor fees.* Late Fee: 50% of Accreditation fee.
 | $700$500 |
| **Held 5 or more times per year OR Longer than 3 days** [ ]  with commercial support – i.e. sponsorship funding, exhibitor fees. [ ]  without commercial support – i.e. sponsorship funding, exhibitor fees.* Late Fee: 50% of Accreditation fee.
 | $1000$750 |

**Please indicate and include method of payment with application:**

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| [ ]  Cheque (payable to the University of Manitoba)  |

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| [ ]  Visa [ ]  MasterCard [ ]  AMEXCard number:       Expiry Date:       Security code on back:      Name on credit card:       |

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| [ ]  Invoice (GST will be added)Department Name:      Attention:      Address:       Postal Code:      Email:      Phone Number:       |

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| [ ]  FOAP for ID charge:       |

**Declaration:**

As the physician requesting approval for this activity, 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: Physicians and the Pharmaceutical Industry (Update 2007)](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf), have been met in preparing for this event.

If this is a University of Manitoba event, I certify that relevant University of Manitoba Max Rady College of Medicine CPD policies have been met in preparing this event.

Signature (or equivalent) of the chair of the planning committee requesting approval:

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| Name of Chair/Applicant |

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| Email address |

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Signature of Chair/Applicant Date

**For CPD Medicine Program Office Use Only**

Title of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date application received for review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Approved for Section 1 Credits

[ ]  Not Approved for the Following Reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Requires Revisions Prior to Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Revisions Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Credit Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reviewer Name

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Reviewer Signature Date



CPD Medicine Program

Max Rady College of Medicine

Rady Faculty of Health Sciences

University of Manitoba