Self-Assessment Program (SAP) Application Form

Approval of Accredited Self-Assessment Programs

Section 3 of the Maintenance of Certification program (MOC)

Forward this completed application form, along with all supporting documentation and payment at least six weeks prior to the start of the activity. Incomplete applications will not be accepted. Please keep a copy of the completed application form for your records.

1. Self-assessment activity title:

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1. Name of developing organization:

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SAPs approved under Section 3 must be developed or codeveloped by a development committee consisting of members of a physician organization (see definition below).

3. Please select the option that applies to your organization.

Option 1:  The self-assessment program was developed by or in collaboration with members of a physician organization.

Option 2:  The self-assessment program was developed in collaboration with a non-physician organization. We accept responsibility for the entire program.

Option 3:  This is an ACCME accredited activity where the program was developed or codeveloped by a physician organization meeting the Royal College definition below.

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

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

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

* Faculties of medicine
* Hospital departments or divisions
* Medical (specialty) societies
* Medical associations
* Medical academies
* Physician research organizations
* Health authorities not linked to government agencies

Types of organizations that are not considered physician organizations:

* Disease-oriented patient advocacy organizations (e.g., Canadian Diabetes Association)
* Government departments or agencies (e.g., Health Canada, Public Health Agency of Canada)
* Industry 9e.g. pharmaceutical companies, medical device companies, etc.)
* Medical education or communications (MEC) companies (e.g., CME Inc.)
* For-profit online educators, publishing companies or simulation companies (e.g., Medscape, CAE)
* Small number of physicians working together to develop educational programming

Please list below all of the organizations developing or codeveloping this educational program.

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| --- | --- |
| Physician Organization(s): | Non-Physician Organization(s): |

1. Date the program was completed:

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| DD MM YY |

1. Has the program been previously accredited? Yes  No

If yes, which organization approved the program?

1. If the answer to question four above was yes, when was the program content and format last reviewed? (Contents of SAPs must be reviewed every three years)

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| --- |
| DD MM YY |

1. The number of hours required to complete the program is       hours.

Date of the application:

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Chair of the Development Committee:

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Fax Number:

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Phone Number:

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E-mail address:

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Criteria 1: Self-assessment activities must be planned to address the identified needs of the target audience with a specific subject area, topic or problem.

SAPs must be based on an assessment of need including but not limited to changes to the 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 supporting documentation where required for each of the following:

1. Describe the identified target audience for this SAP. If applicable, please indicate if this program is also intended to include other health professionals.

1. List all members of the SAP development committee, including their medical specialty or health profession.

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| --- | --- |
| Name | Specialty/health profession |
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Please provide an explanation and/or supporting documentation where required for each of the following:

1. How was the need for the development of this SAP established?

1. Learning objectives that address identified needs must be communicated to the participants of the program. The learning objectives must express what the participants will be able to know or achieve by completing the program. Please list the learning objectives established for this SAP.

**Criteria 2: Self-assessment programs must describe the methods that enable participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes.**

SAPs provide participants with a strategy to assess their knowledge, skills, clinical judgment and attitudes in comparison to established evidence (scientific or tacit). All self-assessment programs must use methods that enable participants to demonstrate these abilities across the key areas of the subject area, topic or problem(s).

1. Please describe the key knowledge areas or themes assessed by this SAP.

1. Please explain the scientific evidence base (clinical practice guideline, meta-analysis or systematic review) selected to develop the SAP.

1. Please describe the rationale for the selected format (for example, simulation, multiple-choice questions (MCQ), short answer questions (SAQ) or true/false statements) to enable participants to review their current knowledge or skills in relation to current scientific evidence.

**Criteria 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.

Written/online 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

1. 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?

1. Does the program provide participants with references justifying the appropriate answer?

Yes  No

If yes, please describe how the references are provided to participants.

All activities:

1. How do participants receive feedback on their performance?

1. Do you include a reflective tool that provides participants with an opportunity to document:
2. Knowledge or skills that are up-to-date or consistent with current evidence
3. Any deficiencies or opportunities they identified for further learning
4. What learning strategies will be pursued to address these deficiencies; and
5. An action plan or commitment to change to address any anticipated barriers

Yes  No

Provide a sample of the reflective tool or describe the process.

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

* Whether the stated learning objectives were achieved? Yes  No
* 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
* Ability to identify CanMEDS competencies or roles Yes  No
* Identification of bias? Yes  No

Please provide a copy of the evaluation form (s).

1. Does the program direct participants to document their learning in MAINPORT?

Yes  No

**Criteria 4: The content of self-assessment programs must be developed independent of the influence of any commercial or other conflicts of interest.**

All accredited SAPs 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 an 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

Please explain how this was accomplished:

1. No representative from industry, either directly or indirectly participated on the SAP development committee that selected the authors or content

We comply with this standard: Yes  No

1. The SAP development 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

Please explain how this was accomplished:

1. All funds received in support of the development of this SAP were provided in the form of an educational grant. Funding must be payable to the physician organization and they are responsible for distribution of these funds, including the payment of honoraria.

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.

1. 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.

1. Generic names should be used rather than trade names 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**

The following supporting documentation must be included with this application form:

Copy of needs assessment Yes  No

Learning objectives Yes  No

Scoring sheet Yes  No

Evaluation form Yes  No

Copy of the budget Yes  No

Copy of the promotional materials Yes  No

Copy of the program Yes  No

Application fee Yes  No

**Application Fee**

The CPA charges a $565.00 (HST included) processing fee to review all SAP applications developed by physician organizations (Option 1), which covers the administrative costs associated with reviewing the program. Applications received without payment will not be processed, and payment of the processing fee does not guarantee program approval.

Cheque  made payable to the *Canadian Psychiatric Association*

Visa  or Mastercard

Card number (16 digits):

Expiry date (mm/yy):

Name on card:

Authorized signature:

Please consult the CPA for fee schedules for other application types (i.e., Options 2 and 3).

**Declaration**

As Chair of the SAP Development 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 Canadian Medical Association’s policy, [*Guidelines for Physicians in Interactions with Industry*](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf), has been met in preparing this program. If this event is held in Québec, I am aware that it is also mandatory to adhere to the Conseil de l’ÉMC du Québec’s [*Code of Ethics for Parties Involved in Continuing Medical E*](http://ccs.ca/professional_development/accreditation_e.aspx)*ducation.*

Signature (physician’s name)

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| (Must be a Fellow of the Royal College) |

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| This section to be completed by the accredited provider  This application is:   1. Approved  Number of hours: 2. Not approved   Rationale:   1. Requires revisions prior to approval   Describe the specific areas that require revision: |