

Critieria for Section 1 Approval

Approval of Accredited Group Learning Activities

Maintenance of Certification Program

Physician Organizations

**Who can apply**

Physician program planners working on behalf of physician organizations such as provincial psychiatric associations, academies, departments of psychiatry, mental health centres and subspecialty societies. **Programs planned by a pharmaceutical company with physicians affiliated with a physician organization do not qualify as programs of a physician organization for the purpose of Section 1 approval.**

**Eligibility**

Continuing professional development programs intended for psychiatrists.

**Approval Criteria**

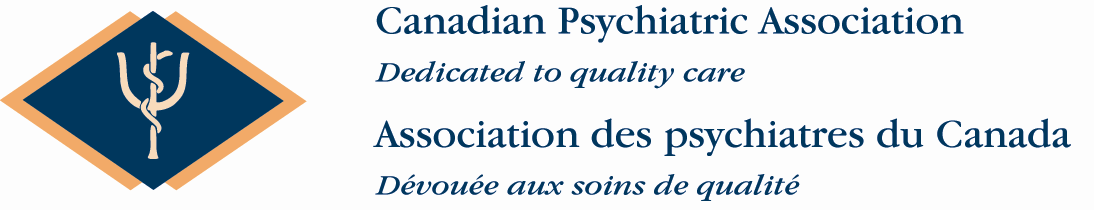
The programs must meet the MOC assessment criteria 1 through 4. The Canadian Medical Association guidelines, *Guidelines for Physicians in Interactions With Industry*, must also be observed. The *Code of Ethics for Parties Involved in Continuing Medical Education* of the Conseil québécois de développement professionnel continu des médecins (CQDPCM) must also be met for events held in the province of Québec.

1. The activity must be planned to address the identified needs of the target audience.
2. The activity must create learning objectives to address identified needs. The learning objectives must be printed on the program brochure and/or hand-out materials.
3. At least 25% of the total education time must be devoted to interactive learning.
4. The activity includes an evaluation of learning for practice.

# Mandatory Documentation and Application Deadline

* A completed application form that has been signed by the physician program planner.
* The names and credentials of the planning committee members (there must be a minimum of two psychiatrists involved in planning the event).
* A program brochure featuring the learning objectives, schedule indicating the specific periods dedicated to interactivity and the sponsoring physician organization’s name and logo.
* The program evaluation form.
* A cheque payable to the Canadian Psychiatric Association for the processing fee (and late application fee, if applicable). Payment of this fee does not guarantee program approval.
* A copy of the correspondence between the planning committee and speakers, any other notes on program development and other documentation related to Part 5: Ethical Standards.
* Detailed budget.

**Send completed applications and payment to the CPA head office at least six weeks in advance of presentation date.** Under no circumstances will applications for approval be considered for events that have already occurred). To avoid delays, ensure that all documents have been completed fully and that all supporting documentation has been enclosed. Applications that do not include a cheque for the application fee will not be processed until such time as the fee is received by the CPA. Late applications are subject to additional fees.



Application Form

For Approval of **Section 1** Accredited Group Learning Activities

Maintenance of Certification Program

Forward this completed application form, along with all supporting documentation and payment to the Canadian Psychiatric Association at least six weeks before the start of the activity. Incomplete applications will not be accepted, and **applications received fewer than six weeks’ prior to the start date of an activity carry a late application charge**. Please keep a copy for your records.

**PART 1 – PROGRAM INFORMATION**

### Program Title:

### Location of Program:

### Program Start Date:

### Program End Date:

This program will be offered:  Once  Multiple times (please include a complete schedule)

Number of CPD credits requested:      (excluding breaks and meals)

Application Date:

## PART 2 – ORGANIZATION REQUESTING APPROVAL

Activities submitted for approval under Section 1 must meet the requirements for either Option 1 or 2.

**Option 1**—**Activities planned by a physician organization may be approved without being codeveloped by an accredited provider.** A physician organization is a not-for-profit group of health professionals with a formal governance structure that serves and is accountable to specialist physicians and others through continuing professional development, provision of health care and/or research. This definition excludes pharmaceutical companies or their advisory groups, medical and surgical supply companies, communication companies, disease-oriented patient advocacy organizations, government departments or agencies, or other for-profit organizations and ventures/activities.

Name(s) of the physician organization(s) planning the event:

**Option 2**—**Activities prospectively codeveloped by a physician organization or an accredited provider with a nonphysician organization.**  Nonphysician organizations are not led by or do not serve physicians, and include programs planned by physicians that are not administered through a medical organization or university department. To have an activity codeveloped by the CPA, the CPA must be involved in planning the event from the very beginning, the planning committee must include a CPA member as designated by the CPA, and the CPA must be recognized as a codeveloper on all program materials.

Name(s) of the nonphysician organization(s):

Name(s) of the codeveloping physician organization(s):

###### PART 3 – PLANNING COMMITTEE CHAIR

The **physician program planning committee chair** must submit this application.

### Planning Committee Chair (must be a physician):

CPA Member?  Yes  No

Phone: (     )

Fax: (     )

E-mail:

# PART 4 – MANDATORY EDUCATIONAL REQUIREMENTS

Criterion 1: 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:

* 1. Who is the target audience for this activity? Please indicate specific specialties and, if applicable,

indicate other health professionals for whom the activity is intended.

* 1. Who are the members of the planning committee and how are they representative of the target audience? Please include each committee member’s degree(s) and specialty or discipline, and identify those who are representing the physician organization(s) or accredited provider (in the case of codeveloped events).

* 1. Are there at least two (2) psychiatrists on the planning committee?  Yes No
  2. What sources of information were selected by the planning committee to define the content of this activity? For example, reviews of the scientific or education literature, clinical practice guidelines, and surveys or focus groups conducted by the organization planning the event.

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

**Criterion 2: 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 hand-out materials.**

Please include a program brochure for this event that includes overall and session-specific learning objectives. The CPA recommends that you review the article, *Writing Learning Objectives*, to ensure your learning objectives are formulated correctly.

1. What learning objectives were developed for:

a) The overall event?

b) Specific sessions?

1. How were the identified needs of the target audience used to create/develop the learning objectives?

1. Do the learning objectives express what the participants will know or achieve after participating in the activity? Yes  No
2. How are the learning objectives linked to the evaluation strategies for the activity? For example, does the evaluation form list the learning objectives or pose questions to participants about whether the learning objectives were met?

**Criterion 3: At least 25% of the total education time must be devoted to interactive learning.**

Please send the proposed course schedule, with times indicating discussion periods, workshops, small group sessions etc., and provide an explanation or supporting documentation for the following:

1. What learning methods have been incorporated to promote interactive learning? Examples may include: discussion periods, small groups (fewer than 16 participants), workshops, seminars, audience response system.

**Criterion 4: The event must include an evaluation of the event’s established learning objectives and the learning outcomes identified by participants.**

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

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

Yes  No

2. Do you provide an opportunity for participants to rate the relevance of the program’s content?

Yes  No

3. Are participants asked to rate the educational effectiveness of the presenter(s)?

Yes  No

4. Does your evaluation ask participants to provide feedback on their perception of any commercial or other inappropriate bias?

Yes  No

5. Are there opportunities for participants to identify and/or reflect on what they have learned and its potential impact on their practice?

Yes  No

6. Are participants asked to rate whether there were opportunities for interaction?

Yes  No

7. Do you provide an opportunity for participants to provide any other written comments?

Yes  No

8. FOR EVENTS HELD IN QUEBEC: Does the evaluation form include the following question: “Did the activity comply with the Code of Ethics for Parties Involved in Continuing Medical Education, available at www.cemcq.qc.ca/en/documents/guide\_ethique.pdf”?

Yes  No

9. OPTIONAL: Does the evaluation strategy intend to measure improved participant performance?

Yes  No

If yes, please describe the tools or strategies used.

10. OPTIONAL: Does the evaluation strategy intend to measure improved health care outcomes?  Yes  No

If yes, please describe the tools or strategies used.

11. OPTIONAL: Will the participants receive feedback related to their learning?

Yes  No

If yes, please describe the tools or strategies used.

**PART 5 – ETHICAL STANDARDS**

Group continuing professional development activities approved under Section 1 must meet the Canadian Medical Association (CMA) guidelines, Guidelines for Physicians in Interactions With Industry. The Code of Ethics for Parties Involved in Continuing Medical Education of the Conseil québécois de développement professionnel continu des médecins (CQDPCM) must also be met in the province of Québec. For more information on this Code, please visit www.cemcq.qc.ca/en/documents/guide\_ethique.pdf.

Any financial assistance offered to defray the travel or accommodation costs incurred by attendees of group learning events or their families will result in the non-approval of this application.

Each of the following ethical standards must be met for this event to be approved under Section 1. All questions must be answered and appropriate documentation/explanation provided regardless of whether the event in question is benefiting from commercial support:

1. Is this program funded by a commercial organization?

Yes  No

If yes, please list all commercial organizations that are funding this activity.

1. The physician organization has complete control over the selection of the topics or content of the activity, and the speakers who will present at the activity.

Yes  No

MANDATORY DOCUMENTATION: Describe the process by which the topics, content and speakers were selected for this event. In addition, please attach a copy of all correspondence with speakers as well as documentation on program development (planning committee minutes, correspondence).

1. The physician organization will assume responsibility for ensuring the scientific validity, objectivity and completeness of the content of the activity.

Yes  No

MANDATORY DOCUMENTATION: Please explain how this will be accomplished.

1. The physician organization will disclose to participants the financial affiliations of faculty, moderators or members of the planning committee (within the past two years) with any commercial organization(s), regardless of its connection to the topics discussed or mentioned during the activity.

Yes  No

MANDATORY DOCUMENTATION: Please explain how this will be accomplished.

1. All funds received in support of this activity are provided in the form of an educational grant payable to the physician organization.

Yes  No  No outside funding received.

MANDATORY DOCUMENTATION: Please attach a copy of the budget for this program that identifies each source of revenue (including anticipated registration revenue) as well as all expenses incurred.

In addition, please describe how the physician organization assumes responsibility for the distribution of these funds, including the payment of honoraria to faculty.

1. No drug and product advertisements may appear on, or with, any of the written materials (preliminary or final programs, brochures or advanced notifications) for this event. We comply with this standard.

Yes  No

MANDATORY DOCUMENTATION: Please enclose a copy of the program brochure and other written materials (hand-outs, invitations, syllabus, etc).

1. Generic, rather than trade names, have been used for all presentations and written materials.

Yes  No  No drugs/devices mentioned

MANDATORY DOCUMENTATION: Describe the process used to advocate speakers’ adherence to using generic rather than trade names of medications and/or devices included within all presentations or written materials (e.g., enclose copies of e-mails to the faculty outlining the policy).

1. If there are additional sources of financial assistance that have not been addressed here, please describe.

**PART 6 - PROCESSING FEE**

The CPA charges a processing fee to review all Section 1 applications. This fee covers the administrative costs associated with reviewing the program. All applications must be accompanied by a cheque made payable to the Canadian Psychiatric Association: applications received without payment will not be processed. Please note that payment of the processing fee does not guarantee program approval.

**Option 1**—Physician organization

Applications received six weeks or more before event $395.50 (13% HST incl.)

**NEW: Applications received fewer than six weeks’ prior to the start date of an activity carry a late application charge. For each week the application is late, an additional $113.00 will be added to the base $395.50 fee.**

For example, an application submitted two weeks’ prior to the start of an event would carry a fee of $395.50 (base fee) + $226 (late fee x two weeks) = $621.50

**Option 2**—Nonphysician organization Contact the CPA

**PART 7 – ENCLOSURES CHECKLIST**

### **PART 7 – APPLICATION CHECKLIST**

**Mandatory documentation:**

Application form completed and **signed by the physician program chair**

Detailed program brochure, which includes:

* Agenda indicating interactivity time
* Learning objectives (see *Writing Learning Objectives* article for guidelines)
* Planning committee members’ names and credentials
* The names and logos of the cosponsoring organizations

Program evaluation form

A cheque made payable to the Canadian Psychiatric Association for the application fee (and late fee, if applicable). Please note that payment of this fee does not guarantee application approval.

A copy of the correspondence between the planning committee and speakers and any other notes on program development

Complete documentation related to Part 5: Ethical Standards

Detailed budget

### **PART 8 – ONLINE MEETING LISTING**

If this application is approved, your event will be listed on the Royal College website.

Please provide contact information for registration or additional information:

Contact person:

Telephone: (     )      Ext

Fax: (     )

E-mail:

Website:

Closed event (open only to a select group) :  Yes  No

Yes, please also post our event on the CPA website. Certain events are also published in *Canadian Psychiatry Aujourd’hui*.

**PART 9 - DECLARATION**

As the **chair of the planning committee**, I accept responsibility for the accuracy of the information provided in response to the questions listed on this form, and, to the best of my knowledge, certify that the CMA’s guidelines, Guidelines for Physicians in Interactions With Industry, have been met in preparing for this CPD event. If this event is held in Québec, we are aware that it is also mandatory to adhere to the CQDPCM’s Code of Ethics for Parties Involved in Continuing Medical Education.

**Note: A list of attendees should be kept for a period of five years following the activity.**

Signature of Planning Committee Chair:

Date:

**PART 10 – CONTACT INFORMATION**

Forward this completed application form, along with the required supporting documentation and payment to the Canadian Psychiatric Association at least six weeks before the start of the program to avoid late application charges. **Incomplete applications will not be accepted.**

MOC Credit Assessor

Canadian Psychiatric Association

701 – 141 Laurier Avenue West, Ottawa, Ontario K1P 5J3

Tel: (613) 234-2815, ext. 229

Fax: (613) 234-9857

E-mail: cpd@cpa-apc.org

**FOR CPA USE ONLY**

This application:

is approved

is not approved

requires revisions prior to approval

is approved following receipt of revisions

Name of accreditor: Signature:

Accredited Provider: Canadian Psychiatric Association

Date of review: Date notification sent to RCPSC: