

**CPD Activity Reviewer Form for Accreditation of Simulation Activities (SIM) (section 3 of the MOC Program framework)**

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**Instructions:**

* Review the application against the CPD activity standards and provide your feedback below.

For additional clarity on applying the CPD activity accreditation standards refer to:

* The Accredited Activity Standards
* Guideline for assigning hours for eligible credit

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| **The following documentation is included with the application for the accreditation of a CPD activity.** | |
| **Attachment 1** | The preliminary program/brochure including activity schedule, speakers, and learning objectives for the overall activity and individual sessions. |
| **Attachment 2** | The final program including activity schedule, speakers, and learning objectives for the overall activity and individual sessions. |
| **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 for this activity, including an indication of whether funds were received in an educational grant or in-kind support. |
| **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 |

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| **Activity Information** | | | | | | |
| Activity Title: | Click here to enter text. | | | | | |
| Activity Type: | Click here to enter text. | | | | | |
| Application Date :  (dd/mm/yyyy) | Click here to enter text. | | Activity Dates:  (dd/mm/yyyy) | | | Click here to enter text. |
| Application Review Date:  (dd/mm/yyyy) | Click here to enter text. | | If offered live, how many times will this event be held? | | | 1 2 3 4+ |
| Royal College Reviewer | Click here to enter text. | | 2nd Royal College Reviewer *If applicable* | | | Click here to enter text. |
| **Applicant Information** | | | | | | |
| Name of physician organization requesting accreditation: | | Click here to enter text. | | | | |
| Name of Primary Contact for physician organization applying for accreditation: | | Click here to enter text. | | Email: | Click here to enter text. | |
| Phone number: | | Click here to enter text. | | Address: | Click here to enter text. | |
| Intended target audience of the activity: | | Click here to enter text. | | | | |

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| **Summary of findings and recommendations**  *[Use this section to describe the overall findings of the application and to specify any recommendations for improvement.]* |
| Click here to enter text. |

| **Accreditation Review** | | |
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| * The reviewer has the option to indicate whether the component of a specific standard has been met (“yes”), has not been met (“no”) or whether more information is required to make a decision (“unsure”). * If the reviewer is unsure whether a standard has been met, the reviewer can consult with his/her colleagues, the Royal College CPD Unit, or ask the applicant questions for clarification. | | |
| **PART A: Administrative Standards** | | |
| Source material: | Standard met? | Comments: |
| **Administrative Standard 1**: All accredited group learning activities must be developed or co-developed by a [physician organization](http://www.royalcollege.ca/rcsite/cpd/accreditation/guidelines/what-is-physician-organization-e) as defined by the Royal College.  *A physician organization is 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.* | | |
| * Application form: * Part A - Question 1 | Yes  No  Unsure | Click here to enter text. |
| **Administrative Standard 2:** All accredited simulation activities must have a scientific planning committee (SPC) that is representatives of the target audience. | | |
| Correlation between the SPC list and the identified target audience.  Application form:   * Part A - Question 8 * Part B - Question 1 | Yes  No  Unsure | Click here to enter text. |
| **Administrative Standard 3:** All accredited simulation activities must maintain attendance records and provide participants with a certificate of participation that includes the appropriate accreditation statement.  The certificate must specify the following elements:   1. The title of the activity. 2. The name of the physician organization (and co-developer if applicable) responsible for the activity. 3. The date(s) the activity took place. 4. The location of the activity (i.e. city, country, web-based). 5. The total number of *hours* the activity is accredited for. 6. The number of *hours* the registrant attended the activity (or a blank space for the registrant to complete themselves). 7. All applicable accreditation statements (include co-development statement when necessary). | | |
| Attachments:   * # 8 - Certificate of participation | Yes  No  Unsure | Click here to enter text. |

| **PART B: Educational Standards** | | |
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| Source material: | Standard met? | Comments: |
| **Educational standard 1:** Simulation-based activities must be planned to address the identified needs of the target audience within a specific subject area, topic or problem. This information will assist in identifying learning objectives, selecting appropriate educational content and format and developing evaluation and assessment strategies. | | |
| Application form:   * Part B - Questions 1,2   Attachments:   * # 2 - Final program * # 5 - Summarized needs assessment results | Yes  No  Unsure | Click here to enter text. |
| **Educational standard 2:** Learning objectives that address the identified needs of the target audience must be created for the simulation-based activity. Learning objectives must be printed on the program, brochure and/or handout materials. | | |
| Application form:   * Part B - Question 3, 4   Attachments:   * # 1 - Preliminary program/brochure * # 2 - Final program * # 3 - Other materials used to promote the activity * # 5 - Summarized needs assessment results | Yes  No  Unsure | Click here to enter text. |
| **Educational standard 3:** Simulation-based activities must describe the methods that enable participants to demonstrate or apply their knowledge, skills, clinical judgment or attitudes. | | |
| Application form:   * Part B – Questions 9,10, 11, 12   Attachments:   * # 11 - The reflective tool for participants *(if applicable)* | Yes  No  Unsure | Click here to enter text. |
| **Educational standard 4:** The simulation-based activity must provide detailed feedback to participants on their performance to enable the identification of any area(s) requiring improvement through the development of a future learning plan. | | |
| Application form:   * Online activities: Part B - Question 12,13,14 * Live activities: Part B – Questions 15,16, 17, 20   Attachments:   * # 10 - Answer sheet or assessment tool | Yes  No  Unsure | Click here to enter text. |

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| **Educational standard 5:** The simulation-based activity must include an evaluation of the learning objectives and the learning outcomes identified by participants.  Accredited simulation-based activities must include a system that provides participants with the opportunity to evaluate the following:   * whether the stated learning objectives were achieved * relevance of the simulation to the participant’s practice * the appropriateness or relevance of the scenario * ability to identify CanMEDS professional competencies * identification of bias * program design i.e. sufficient instruction time, sufficient practice time * each participant is provided with individual feedback on their performance * whether instructors evaluate competencies, skills and/or attitudes   The evaluation form should include an open text box where learners may offer further details if content was not balanced, free of commercial or other inappropriate bias. | | |
| Source material: | Standard met? | Comments: |
| Application form:   * Part B - Questions 5, 6,15, 16, 17   Attachments:   * #6 - template of evaluation form(s) | Yes  No  Unsure | Click here to enter text. |

| **PART C: Ethical Standards** | | |
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| **Ethical standard 1:** The self-assessment development or scientific planning committee must have control over the topics, content and/or authors recruited to develop the self-assessment program. | | |
| Source material: | Standard met? | Comments: |
| *Does the physician organization maintain control of the content?*  Application form:   * Part A – Question 7 * Part B – Question 4 * Part C – Question 2   *Does the membership of the scientific planning committee include all members of the intended target audience?*  Application form:   * Part A – Question 8 * Part B - Question 1 | Yes  No  Unsure | Click here to enter text. |
| **Ethical standard 2:** The self-assessment development or scientific planning committee must assume responsibility for ensuring the scientific validity, objectivity and balance of the content of the activity. | | |
| Application form:   * Part B – Question 6 * Part C - Question 3 | Yes  No  Unsure | Click here to enter text. |
| **Ethical standard 3:** The self-assessment development or scientific planning committee must disclose to participants all financial affiliations of faculty, moderators or members of the planning committee (within the past two years) with any commercial organization(s). | | |
| *Are any sponsors represented on the planning committee?*  Application form:   * Part A - Question 8 *compared with* * Part C - Question 1   *Disclosure of conflicts*  Application form:   * Part C - Questions 5 & 6   Attachments:   * # 4 - Sample form and process for the collection, management, and disclosure of conflicts of interests | ☐ Yes  ☐ No  ☐ Unsure |  |
| **Ethical standard 4:** All funds received in support of the self-assessment program must be provided in the form of an educational grant payable to the physician organization. | | |
| Application form:   * Part C - Question 4   Attachments:   * # 7 - The budget for this activity. * # 9 - The sponsorship and/or exhibitor prospectus (if applicable). | Yes  No  Unsure | Click here to enter text. |
| **Ethical standard 5:** No drug or product advertisements may appear on, or with, any of the written or presented materials for the self-assessment program. | | |
| Attachments:   * # 1 – The preliminary program/brochure * # 2 – The final brochure * # 3 – Any other material to promote of advertise the activity * # 9 - The sponsorship and/or exhibitor prospectus (if applicable) | Yes  No  Unsure | Click here to enter text. |
| **Ethical standard 6:** Generic names must be used, or both generic and trade names, on all presentations and written materials. | | |
| Application form:   * Part C - Question 7 | Yes  No  Unsure | Click here to enter text. |

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| **Application Summary** | | | |
| This application for CPD accreditation is: | | | |
| Approved for a maximum of Click here to enter text. hours\*   * \*If approved, calculate the maximum number of hours eligible for CPD credits.   All educational time should be included in this calculation. If partial hours are assigned, please round up to the nearest .25 hour. | | Not approved | Requires more information from the applicant prior to approval |
| Application Review Date: | | Click here to enter a date. | |
| Name of reviewer: | | Click here to enter text. | |
| I agree | By clicking “I agree” you are attesting that you have completed the accreditation review of the CPD activity in accordance with the Royal College CPD accreditation standards. | | |
| **Next steps**   * The results of this review will be communicated to the applicant. * This report must be archived for a period of 6 years. | | | |

**Guideline for assigning hours for eligible credit**

**About this document**

This document intends to provide guidance to the Royal College accredited CPD provider responsible to determine the number of hours for which an accredited CPD activity is approved within the CPD Framework for Section 1–Accredited Group Learning or Section 3–Assessment.

Once a Royal College accredited CPD provider has determined that a CPD activity meets the CPD activity accreditation standards, it is the responsibility of the accredited CPD provider to determine the number of hours for which a participant is eligible to record MOC credit. The total number hours for which the activity is accredited must be included within the CPD activity accreditation statement.

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| **CPD Activity component** | **Counted in the accredited hours?** | | **Section** |
| **Yes** | **No** |
| Group learning educational sessions that have been deemed to meet the CPD activity accreditation standards (for example, workshops, lectures, debates, panel discussions) | • |  | Section 1 – Accredited Group Learning |
| Opening remarks |  | • | None\* |
| Closing remarks |  | • | None\* |
| Health breaks |  | • | None\* |
| Meals (including breakfast, lunch, and dinner) |  | • | None\* |
| Social activities/networking events |  | • | None\* |
| Facilitated poster sessions | • |  | Section 1 – Accredited Group Learning |
| Non-facilitated poster sessions |  | • | None\* |
| Awards presentations (a non-educational session) |  | • | None\* |
| Visiting exhibits in an exhibit hall |  | • | None\* |
| Debrief – at the end of a group learning activity | • |  | Section 1 – Accredited Group Learning |
| Debrief – following a simulation scenario | • |  | Section 3 – Assessment |
| Pre-brief (for example, a didactic session prior to a simulation scenario to prepare learners and explain the process) | • |  | Section 3 – Assessment |
| Reflection – at the end of a group learning activity | • |  | Section 1 – Accredited Group Learning |
| Reflection – at the end of an assessment activity | • |  | Section 3 – Assessment |
| Completing evaluations (could be online or face-to-face) | • |  | Section 1 – Accredited Group Learning |

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| **CPD Activity component** | **Counted in the accredited hours?** | | **Section** |
| **Yes** | **No** |
| Question and answer/discussion sessions following a lecture (could be online or face-to-face) | • |  | Section 1 – Accredited Group Learning |
| Discussing individual or team feedback/assessment data with a mentor/peer/coach | • |  | Section 3 – Assessment |
| Completing knowledge assessment modules | • |  | Section 3 – Assessment |
| Observing others complete a simulation activity without completing the activity oneself | • |  | Section 1 – Accredited Group Learning |
| Topic-based lectures delivered before a simulation activity (that are not pre-brief sessions) | • |  | Section 1 – Accredited Group Learning |
| Pre-reading/Pre-work to be completed before participation in a group learning or assessment activity |  | • | Section 2 – Self-Directed Learning |

*\*While these components are not eligible for credit within Section 1 or Section 3, they may help answer the physician’s self-identified clinical questions. In this case, the physician may choose to record this time in Section 2 - Self-Directed Learning.*