# Self-Assessment Program (SAP) Renewal Form

Approval of Accredited Self-Assessment Activities within

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

The standards contained within this accreditation renewal must be met and supporting documentation provided in order for a self-assessment activity to be approved under Section 3 of the MOC program.

A Royal College accredited CPD provider (University of Ottawa) will review the documentation provided and determine if your activity meets these standards. Please keep a copy of the completed application form for your records, and do not send this form to the Royal College.

## Submitting your Application

Please submit the completed accreditation application form along with all of the supporting documentation to**:** [CPDaccreditation@toh.ca](mailto:CPDaccreditation@toh.ca) and [rparson@toh.ca](mailto:rparson@toh.ca)

## Accreditation Support

For questions regarding the accreditation application, contact our Education and Professional Development Assistant Roslyn Ahrens. Tel: 613-798-5555 Ext. 10962*; e*mail: [rahrens@toh.ca](mailto:rahrens@toh.ca) or [CPDaccreditation@toh.ca](mailto:CPDaccreditation@toh.ca)

## Accreditation Fee Information

**For Accreditation Fees, please refer to our** [Fee Schedule](http://www.med.uottawa.ca/cpd/assets/documents/Accreditation-Fees-schedule-2016.pdf)**.** After a review of your application by our office, we will send you an invoice.

For questions regarding the accreditation fees, contact our Administrative Assistant Kimberley Beaudry. Tel: 613-798-5555 Ext. 16646; email: [kibeaudry@toh.ca](mailto:kibeaudry@toh.ca) or [CPD@toh.ca](mailto:CPD@toh.ca)

## Program Information

1. Self-assessment activity title:

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| --- |
|  |

1. Name of developing organization:

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| --- |
|  |

| 1. Date the activity was initially accredited: |  |  |  |
| --- | --- | --- | --- |
|  | DD | MM | YY |

***Note that the contents of self-assessment activities must be reviewed every three years.***

1. Name of previous accrediting office:

|  |
| --- |
|  |

1. The number of hours required to complete the activity is \_\_\_\_ hours each.

| 1. Date of the current application: |  |  |  |
| --- | --- | --- | --- |
|  | DD | MM | YY |

Chair of the Planning Committee

| Name: | Tel.: |
| --- | --- |
| Fax: | Email: |

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.

Self-assessment programs 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 or teams of healthcare professionals, variation in the quality of care or health care outcomes experienced by patients.

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

1. Describe any updates completed to the needs assessment strategies initially used to develop the self-assessment activity.

1. Have there been any changes to the learning objectives established for this self-assessment activity?

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

Self-assessment programs 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 activities must use methods that enable participants to demonstrate these abilities across the key areas of the subject area, topic or problem(s).

1. Have the developers revised or added new knowledge areas or themes assessed by this self-assessment activity? Please describe.

1. Please describe any changes to the scientific evidence base (clinical practice guideline, meta-analysis or systematic review) selected to develop the self-assessment activity.

**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.**

1. Please provide a copy of the revised answer sheet or assessment tool.
2. Have any changes been made to the references justifying the appropriate

answer?  Yes  No

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

1. Provide an updated evaluation form and describe if there have been changes to

the evaluation strategies.

**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 self-assessment programs 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.

Please provide an update on any changes to the following:

1. Planning committee membership
2. The roles and responsibilities of the planning committee in ensuring the scientific validity and objectivity for the content for this self-assessment activity
3. The disclosure of all financial affiliations with any commercial organization(s) regardless of their connection to the subject or topic of the self-assessment activity by authors or planning committee members
4. All funds received in support of the development of this self-assessment activity were provided in the form of an educational grant payable to and disbursed by the physician organization
5. No drug or product advertisements appear on any of the self-assessment materials
6. The trade names of drugs (where applicable) are used consistently and fairly throughout the self-assessment activity materials

## Checklist: Supporting Documentation

Please provide an updated copy of:

The budget that identifies each source of revenue and expenditure for the

development of this self-assessment activity

The program (or web link)

Access to:

* Site
* User
* Password

Any advertisement providing advance notification of this activity

Scoring Sheet

Evaluation form/tool

## Declaration

**As Chair of the Self-Assessment Planning 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 CMA’s policy, entitled, *‘***[***Guidelines for Physicians in Interactions with Industry’***](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) **have been met in preparing this activity. If this event is held in Québec, we are aware that it is mandatory to adhere to the Conseil de l’ÉMC du Québec’s Code of Ethics entitled,** [***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) |

Approved self-assessment programs may be active for a maximum of three years.

Section 3 approval will be recognized by the following statement on program materials:

*This program is an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification Program of The Royal College of Physicians & Surgeons of Canada, and approved by [Accredited Providers’ Name] on dd/mm/yy. Program expires mm/yy. Remember to visit* [*MAINPORT*](https://login.royalcollege.ca/oamlogin/login.jsp) *to record your learning and outcomes. You may claim a maximum of # hours (credits are automatically calculated).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **This section to be completed by the accredited provider**  This application is:  Approved   |  |  |  | | --- | --- | --- | | DD | MM | YY |   Date of Approval:  Not approved  Rationale:  Requires revisions prior to approval  Describe the specific areas that require revision: |