



Canadian Society for Vascular Surgery
Société canadienne de chirurgie vasculaire
P.O. Box 58062, Ottawa ON K1C 7H4
Tel : (613) 286-7583 Email : info@canadianvascular.ca
Website : www.canadianvascular.ca

Self-Assessment Program (SAP) Application Form

Approval of Accredited Self-Assessment Programs

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

The standards contained within this sample application must be met and supporting documentation provided in order for a self-assessment program to be approved under Section 3 of the MOC program. CSVS as a Royal College accredited CPD provider 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. This application is to be submitted to the CSVS.

1. Self-assessment activity title: _____
2. Name of developing organization: _____

Self-Assessment Programs approved under Section 3 must be developed or co-developed 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 co-developed 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 (e.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



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

Physician Organization(s):	Non-Physician Organization(s):
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3. Date the program was completed: _____
DD MM YY

4. Has the program been previously accredited? Yes No

5. 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)

_____ DD MM YY

6. The number of hours required to complete the program is _____ hours.

Date of the application: _____

Chair of the Development Committee: _____

Fax Number: _____

Phone Number: _____

E-mail address: _____

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 (SAP) 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 Self-Assessment Program. If applicable, please indicate if this program is also intended to include other health professionals.
2. List all members of the SAP development committee, including their medical specialty or health profession.

Name	Specialty/health profession



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

3. How was the need for the development of this Self-Assessment Program established?
4. 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 Self-Assessment Program.

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 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 self-assessment program.
2. Please explain the scientific evidence base (clinical practice guideline, meta-analysis or systematic review) selected to develop the self-assessment program.
3. 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.



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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
2. 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?
3. 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:

4. How do participants receive feedback on their performance?
5. Do you include a reflective tool that provides participants with an opportunity to document:
 - a) Knowledge or skills that are up-to-date or consistent with current evidence
 - b) Any deficiencies or opportunities they identified for further learning
 - c) What learning strategies will be pursued to address these deficiencies; and
 - d) An action plan or commitment to change to address any anticipated barriersYes No

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

6. 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).

7. 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.



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All accredited self-assessment programs (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 a 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

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

2. 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

3. 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.

4. 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.

5. 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.



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Checklist: Supporting Documentation to be included with this application form:

Copy of needs assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning objectives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scoring sheet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evaluation form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of the budget	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of the promotional materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of the program	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 CMA's policy, entitled, 'Guidelines for Physicians in Interactions with Industry' have been met in preparing this program. 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 Education](#).

Signature (print physician's name) _____

(Must be Chair of Planning Committee)

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 the Canadian Society for Vascular Surgery on **dd/mm/yy**. Program expires **mm/yy**.*

*Remember to visit [MAINPORT](#) to record your learning and outcomes. You may claim a maximum of **# hours** (credits are automatically calculated).*

Click here for general [MOC information](#) from the Royal College of Physicians and Surgeons of Canada website. Click here for the [Royal College Accreditation Tool Kit](#).



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Applications will not be reviewed until all information and the MOC application fee is received (\$600.00 + tax). Section 3 approval is valid for up to three (3) years as long as there are no changes to the content.

Please submit one copy of the completed application to the CSVS by email info@canadianvascular.ca . The applicant should keep a copy of the application for their records.

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This section to be completed by the accredited provider

This application is:

- a) Approved
- b) Not approved

Rationale:

- c) Requires revisions prior to approval

Describe the specific areas that require revision: