

## **POLICIES & PROCEDURES – ACCREDITED SIMULATION ACTIVITIES**

Simulation activities are designed to reflect real life situations to enable participants to demonstrate and receive feedback on their clinical reasoning, communication, situational awareness, problem solving and (where applicable) their ability to collaborate and work effectively within a healthcare team. Simulation activities reflect a range of options including role playing, use of standardized patients, task trainers, virtual simulation, haptic simulation, theatre simulation or hybrids of any of these examples.

### **Important information before you begin:**

- Simulation activities approved under Section 3 must be developed or co-developed by a [physician organization](#), if you are unsure whether you are one, please visit the Royal College website .

*A physician organization is defined by the Royal College as 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.*

### **Additional considerations:**

- MOC section 3- Assessment accredited Simulation Activities are accredited for a maximum of three years from the start date of the activity.
- Accreditation will not be granted retroactively.
- The physician organization that developed the activity is responsible for maintaining all records (including attendance records) for a 5-year period.

### **Application steps:**

- Refer to the [Royal College CPD Accredited Standards Self-Assessment programs \(Section 3\)](#) as you complete this application and prepare the supporting documentation.
- A summary of the review will be emailed to the physician organization including the outcome of the assessment of the CPD activity, the number of accredited hours, and the CPD activity accreditation statement that must appear on all accredited CPD activity program materials and certificates of participation.



## APPLICATION PROCEDURES: HOW TO APPLY FOR ACCREDITATION

### Physician Organizations

Submit an Accredited Simulation Activities Application Form. Please submit **at least 8 weeks** in advance of the intended date to advertise the approved CPD activity.



Approved CPD activities must include the following statement on all materials, including the certificate of attendance: ***"This is an Accredited Simulation Program (Section 3) as defined by the Maintenance of Certification Program of the Royal College of Physicians & Surgeons of Canada for the Maintenance of Certification program. Approved by the Canadian Society for Vascular Surgery on <date >>. Program expires on <<date >>."***

You may claim a maximum of <<# >> **hours (credits are automatically calculated).**



The physician organization must keep records of attendance for the approved CPD activity for at least 5 years.



When the final decision regarding approval/non-approval is made, please complete a Simulation Program Notification form and submit to our office for inclusion in MAINPORT and for listing on our website. Approved simulation programs may be active for a maximum of three years.

### ACCREDITATION FEES

Accreditation fees must be submitted along with the application form (an invoice can be sent from the CSVS office by request). Accreditation fees are non-refundable.

#### Fees

Physician Organization Accreditation Fee: \$600.00 + HST

## CHECK LIST

### Supporting Documentation to be sent in with this application form:

- ❖ Has a needs assessment been completed? Attach a summary of the completed needs assessment
- ❖ Have you attached the overall and session-specific learning objectives?
- ❖ Does the preliminary and final program or brochure include:
  - The activity schedule, topics, and start and end times of individual sessions?
  - The activity learning objectives for the overall activity and individual sessions (if applicable)?
- ❖ Have you attached any other materials that will be used to promote or advertise the activity (for example, invitations, email announcements etc.?) (If applicable)
- ❖ Have you attached the sponsorship and/or exhibitor prospectus developed to solicit sponsors/exhibitors for the activity (if applicable)?
- ❖ If sponsorship has been received for this activity, have you attached the written agreement that is signed by the CPD provider organization and the sponsor?
- ❖ Does the activity budget show receipt and expenditure of all sources of revenue for this activity including:
  - A list of funding sources, including an indication of whether sponsorship was received in an educational grant or in-kind support?
  - A list of expenditures?
  - The expected number of registrants?
- ❖ Have you attached the template for the certificate of attendance that will be provided to the participants? *Remember that physician organization must maintain attendance records for five years.*
- ❖ Do the evaluation and feedback forms include:
  - A question on whether the stated learning objectives were met?
  - A question for participants to identify the potential impact to their practice?
  - A question for participants to identify if the session was balanced and free from commercial or other inappropriate bias?
  - A question on which CanMEDS Roles were addressed during the activity?
- ❖ Have you attached a sample conflict of interest form and an outline of the process for the collection, management, and disclosure of conflicts of interests which includes a description of how this information is collected and disclosed to participants? *Required regardless of how the activity is funded.*
- ❖ Has the Chair of scientific planning committee attested that he/she agrees with the content provided in the application package?

The Royal College has created a [CPD activity toolkit](#) to help developers of educational activities who want to create quality programs. Each topic in the toolkit includes explanations, practical examples and other resources.

## ACCREDITED SIMULATION ACTIVITIES APPLICATION FORM

Approval of Accredited Simulation Activities

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

Activity Information			
Date of application: (dd/mm/yyyy)			
Title of simulation activity:			
Activity start date: (dd/mm/yyyy)		Activity end date: (dd/mm/yyyy)	
Delivery method of self-assessment program:	<input type="checkbox"/> Web-based <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Both web-based & face-to-face		
How many times will this activity be held?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Estimated # of participants:	
Has the program been previously accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when was it reviewed?	
If yes, by which CPD accreditation system?			
How many hours are required to complete the program?			

PART A: Administrative Standards			
Name of physician organization that developed the simulation activity			
1. Name and contact information for <a href="#">physician organization</a> requesting accreditation:	Name of physician organization:		
	Address:		
	Email:	Telephone #:	
	Website address:		
2. Contact information for main <b>point-of-contact</b> :	First name:	Last name:	
	Address:		
	Email:	Telephone #:	
3. Name and contact information for <b>Scientific Planning Committee Chair</b> : <i>(if different from above)</i>	First name:	Last name:	
	Address:		
	Email:	Telephone #:	
4. Name and contact information for organization <b>co-developing the activity</b> <i>(only applicable if activity was co-developed)</i> :	Name of physician organization:		
	Address:		
	Email:	Telephone #:	
5. Is the co-developing organization a physician organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Will the physician organization maintain attendance records for 5		<input type="checkbox"/> Yes	<input type="checkbox"/> No

years?		
<b>Content development</b>		
7. Was the content developed by the applying physician organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, who developed the content?		
<b>Scientific planning committee members</b>		
<i>Complete the table below. Include it as an attachment if you have this information already available electronically.</i>		
Name of SPC member	How does the individual represent target audience?	Is the individual a member of the physician organization responsible for planning the CPD

<b>PART B: Educational Standards</b>				
1. What is the intended target audience of the simulation activity:				
2. What needs assessment strategies were used to identify the learning needs (perceived and/or unperceived) of the target audience? <i>Examples might include: surveys of potential participants, literature reviews, healthcare data, and assessment of knowledge, competence or performance of potential participants.</i>				
3. What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the scientific planning committee identify for this activity?				
4. How were the identified needs of the target audience used to develop the overall and session-specific learning objectives? <i>For example:</i>				
<ul style="list-style-type: none"> <li>• Did the scientific planning committee share the needs assessment results with the speakers who are responsible for developing the learning objectives?</li> <li>• Did the scientific planning committee use the needs assessment results to define the learning objectives for the speakers?</li> </ul>				
5. <a href="#">CanMEDS</a> Role(s) relevant to this activity (check all that apply)	<input type="checkbox"/> Medical Expert	<input type="checkbox"/> Collaborator	<input type="checkbox"/> Health Advocate	<input type="checkbox"/> Scholar
	<input type="checkbox"/> Communicator	<input type="checkbox"/> Leader	<input type="checkbox"/> Professional	
6. What opportunities do learners have to identify and evaluate CanMEDS Role(s)				

7. Describe the key knowledge areas of themes assessed by this simulation activity
8. State the sources of information selected by the planning committee to develop the content of this activity (e.g. scientific literature, clinical practice guidelines, etc.)
9. What simulation methods were selected to enable participants to demonstrate their abilities, skills, clinical judgment or attitudes? e.g. scientific literature, clinical practice guidelines, etc.
10. How will learners participate in the simulation?
11. How will learners provide responses to on-line simulation? (e.g. through an online response sheet or web based assessment tools) Attach a copy of the answer sheet of assessment tool.
12. How will learners receive feedback after the completion of an online simulation?
13. How will learners receive feedback (debrief) after the completion of a live simulation? Attach a copy of the answer sheet if applicable.
14. How will feedback (debrief) be provided to learners on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan?
15. How will the simulation activity be evaluated by the learners?
16. (Optional) If the program evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:
17. (Optional) If the program evaluation strategy intends to measure improved health care outcomes, please describe:

**PART C: Ethical Standards**

All activities accredited after January 1, 2018 must comply with the [National Standard for support of Accredited CPD Activities](#). The National Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities.

- |   |  |
|---|--|
| 1. <a href="#">Has the CPD activity been sponsored by one or more sponsors?</a>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <a href="#">If yes, have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the CPD provider organization and the sponsor? (Attach a sample)</a> |  |

3. If sponsorship has been received, please check all sources of sponsorship that apply

<input type="checkbox"/> Government agency	<input type="checkbox"/> Health care facility	<input type="checkbox"/> Not-for-profit organization	<input type="checkbox"/> Medical device company	<input type="checkbox"/> Pharmaceutical company	<input type="checkbox"/> Education or communications company
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Other please specify

4. [If yes, please list the name of the sponsor\(s\) below and indicate whether the sponsor provided financial or in-kind support \(should you require more space, attach a new page\).](#)

Sponsor name	Type of support		
	<input type="checkbox"/> Financial support Amount received anticipated to receive:	<input type="checkbox"/> In-kind support Amount received anticipated to receive:	<input type="checkbox"/> For-profit sponsor or Non-profit sponsor
	<input type="checkbox"/> Financial support Amount received anticipated to receive:	<input type="checkbox"/> In-kind support Amount received anticipated to receive:	<input type="checkbox"/> For-profit sponsor or <input type="checkbox"/> Non-profit sponsor
	<input type="checkbox"/> Financial support Amount received anticipated to receive:	<input type="checkbox"/> In-kind support Amount received anticipated to receive:	<input type="checkbox"/> For-profit sponsor or <input type="checkbox"/> Non-profit sponsor
	<input type="checkbox"/> Financial support Amount received anticipated to receive:	<input type="checkbox"/> In-kind support Amount received anticipated to receive:	<input type="checkbox"/> For-profit sponsor or <input type="checkbox"/> Non-profit sponsor

5. If funding has been received, please check all sources of funding that apply:

<input type="checkbox"/> Government agency	<input type="checkbox"/> Health care facility	<input type="checkbox"/> Not-for-profit organization	<input type="checkbox"/> Medical device company	<input type="checkbox"/> Pharmaceutical company	<input type="checkbox"/> Education or communications company
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Other please specify

6. [Describe how sponsorship funds will be used including whom is responsible for paying the sponsor and scientific committee honoraria, travel and out of pocket expenses \(if applicable\)](#)

7. [Describe the process by which the SPC maintained control over the CPD program elements including:](#)

- the identification of the educational needs of the intended target audience; development of learning objectives;
- selection of educational methods;
- selection of speakers, moderators, facilitators and authors;
- development and delivery of content; and
- evaluation of outcomes



<p>8. <a href="#">Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic options:</a></p>
<p>9. <a href="#">How were those responsible for developing or delivering content informed that any description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding?</a></p>
<p>10. <a href="#">All accredited CPD activities must comply with the National Standard for support of accredited CPD activities. If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed?</a></p>
<p>11. <a href="#">How are the scientific planning committee members' conflicts of interest declarations collected and disclosed to</a></p> <ul style="list-style-type: none"> <li>❖ The physician organization?</li> <li>❖ To the learners attending the CPD activity?</li> </ul>
<p>12. <a href="#">How are the speakers', authors', moderators', facilitators' and or/authors' conflicts of interest information collected and disclosed to:</a></p> <ul style="list-style-type: none"> <li>❖ The scientific planning committee?</li> <li>❖ To the learners attending the CPD activity?</li> </ul>
<p>13. <a href="#">If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential of real conflicts of interests</a></p>
<p>14. <a href="#">How are payments of travel, lodging, out-of-pocket expenses, and honoraria made to members of the scientific planning committee, speakers, moderators, facilitators and/or authors?</a></p> <p>If the responsibility for these payments is delegated to a third party, please describe how the CPD provider organization or SPC retains overall accountability for these payments.</p>
<p>15. <a href="#">How has the physician organization ensured that their interactions with sponsors have met professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?</a></p>
<p>16. <a href="#">How has the physician organization ensured that product specific advertising, promotional materials or other branding strategies have not been included on, appear within, or be adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material?</a></p>
<p>17 <a href="#">What arrangements were used to separate commercial exhibits or advertisements in a location that is clearly and completely separated from the accredited CPD activity?</a></p>





18. [If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?](#)

19. [What strategies were used by the scientific planning committee or the physician organization to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities were scheduled?](#)

#### PART D: Declaration

As the chair of the scientific 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 guidelines, entitled, *CMA Policy: Guidelines for Physicians in Interactions with Industry (2007)*, and National Standard for Support of Accredited CPD Activities have been met in preparing for this event.

**I Agree** By clicking 'I agree' you are agreeing to the declaration stated above

**Name:**

**Date:**

(dd/mm/yyyy)

#### PART E: CPD Accreditation Agreements

The Royal College has several international CPD accreditation agreements. These agreements allow physicians and/or other health professionals to claim or convert select Royal College MOC credits to other CPD system credits. Details about the specific agreements are available on our [website](#)

Should you wish for this CPD activity to eligible for credit within any of these systems, please check all that apply:

American Medical Association (AMA) PRA Category 1 Credit™

European Union of Medical Specialists (UEMS)

Qatar Council for Healthcare Practitioners (QCHP)

European Board for Accreditation in Cardiology (EBAC)

#### ATTACH the following documentation to the application form:

<input type="checkbox"/> Attachment 1	The preliminary program/brochure
<input type="checkbox"/> Attachment 2	The final program
<input type="checkbox"/> Attachment 3	Any other materials to promote or advertise the activity (for example, invitations, email announcements) (if applicable).
<input type="checkbox"/> Attachment 4	Sample form and process for the collection, management, and disclosure of conflicts of interests.
<input type="checkbox"/> Attachment 5	The (summarized) needs assessment results.
<input type="checkbox"/> Attachment 6	The template evaluation form(s) developed for this activity.
<input type="checkbox"/> Attachment 7	The budget for this activity that details the receipt and expenditure of all sources of revenue
<input type="checkbox"/> Attachment 8	The template certificate of attendance that will be provided to participants.
<input type="checkbox"/> Attachment 9	The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity (if applicable).
<input type="checkbox"/> Attachment 10	A copy of the answer sheet for the assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes
<input type="checkbox"/> Attachment 11	If sponsorship has been received for this activity, attach the written agreement that is signed by the CPD provider organization and the sponsor