**POLICIES & PROCEDURES – GROUP LEARNING ACTIVITIES: MOC SECTION 1**

The Canadian Association of Medical Oncologists strives to meet the highest standards in continuing professional development for medical oncologists in Canada.

The Canadian Association of Medical Oncologists, a national specialty society of the Royal College of Physicians and Surgeons of Canada, will contribute to cancer control, through education and promotion of research in areas of clinical practice in prevention, screening, diagnosis, treatment, supportive care, palliative care and rehabilitation.

**APPLICATION PROCESS FOR ACCREDITATION**

Activities submitted for approval under Section 1 must meet the requirements for either **Option A** or **Option B**.

**Option A**: Activities planned by a physician organization or medical organization may be approved without being co-developed.

**Option B**: Activities planned by a non-physician or non-medical organizations must be co-developed by a physician organization, medical organization or an accredited provider.

**Physician organizations**: 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.

**Non-physician organizations**: Non-physician organizations will need to begin the process for co-development. Co-development is defined by the Royal College as the process by which two or more organizations — at least one of which must be a physician organization — prospectively collaborate to develop and implement an accredited educational activity, learning resource or tool.

Please refer to the [Royal College definition of a physician organization](http://www.royalcollege.ca/rcsite/cpd/accreditation/guidelines/what-is-physician-organization-e) to determine whether or not you qualify as physician organization.

The information contained in the application shall be the product of the Planning Chair, who shall be responsible and accountable for compliance with the requirements for approval. Please ensure that the application is complete and contains all the information and approvals required. Incomplete applications may lead to a delay in the accreditation process.

Please refer to the [CAMO website](https://camo-acom.ca/Maintenance-of-Certification) for required forms and resources.

**APPLICATION PROCEDURES: HOW TO APPLY FOR ACCREDITATION**

**Physician Organizations**

Submit a CPD Section 1 Accreditation 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 event is an accredited group learning activity under Section 1 as defined by the Royal College of Physicians & Surgeons of Canada for the Maintenance of Certification program. Approved by the Canadian Association of Medical Oncologists for a maximum of << >> credits."***

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The physician organization is responsible for payment of honoraria to faculty and providing certificates of attendance to all participants.

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



One month following the CPD activity, the following documentation must be submitted to the CAMO:

* A list of participants (excel format)
* A summary of evaluation forms provided
* A copy of all finalized conference materials provided to participants.

**Non-Physician Organizations**

Submit a Co-Development Application Form.

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CAMO will assign a representative to the Planning Committee who will participate fully in the activities of the Planning Committee including the needs assessment, program design, implementation, ethics and evaluation. The CAMO representative will decide if the education program can be approved for MOC Section 1 credits.



Submit a CPD Section 1 Accreditation 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 event is an accredited group learning activity under Section 1 as defined by the Royal College of Physicians & Surgeons of Canada for the Maintenance of Certification program. It is approved by the Canadian Association of Medical Oncologists for a maximum of << >> credits. This {name of program} was co-developed with the Canadian Association of Medical Oncologists {name of co-developing organization} and was planned to ensure the evidence presented is valid, objective and balanced."***

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The CAMO will issue all honoraria payments to recipients.

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One month following the CPD activity, the following documentation must be submitted to the CAMO:

* A list of participants (excel format)
* A summary of evaluation forms provided
* A copy of all finalized conference materials provided to participants.

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The CAMO will keep all records of attendance.

**PROCEDURES AFTER THE COMPLETION OF THE EDUCATIONAL PROGRAM**

One month following the CPD activity, the following documentation must be submitted to the CAMO:

* A list of participants (excel format)
* A summary of evaluation forms provided
* A copy of all finalized conference materials provided to participants.

**Honoraria Payment Process**

Programs that are co-developed with non-physician organization must have the honoraria payments come from the CAMO Office.

All honoraria recipients must complete the CAMO Honorarium Form and follow the steps.

**ACCREDITATION FEES**

Accreditation fees must be submitted along with the application form (an invoice can be sent from the CAMO office, please inform us). Accreditation fees are non-refundable.

**Fees**

Physician Organization Accreditation Fee: $2,000.00 + HST (member rate available, please contact the CAMO Office).

Non-Physician Organization Accreditation Fee: $9,000.00 + HST (excluding speaker honorarium).

**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 shows 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](http://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-activity-toolkit-e) to help developers of educational activities who want to create quality programs. Each topic in the toolkit includes explanations, practical examples and other resources.

**GROUP LEARNING APPLICATION FORM**

Approval of Accredited Group Learning Activities:

**Section 1** of the Framework of Continuing Professional Development (CPD) Options of

the Maintenance of Certification program (MOC)

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

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| **PART A: Administrative Standards** | | | |
| **Name of physician organization that developed the group learning activity** | | | |
| 1. Name and contact information for [physician organization](http://www.royalcollege.ca/rcsite/cpd/accreditation/guidelines/what-is-physician-organization-e) requesting accreditation: | Name of physician organization: | | |
| Address: | | |
| Email: | | Telephone #: |
| Website address: | | |
| 2. Contact information for main **point-of-contact**: | First name: | | Last name: |
| Address: | | |
| Email: | | Telephone #: |
| 3. Name and contact information for **Scientific Planning Committee Chair:** *(if different from above)* | First name: | | Last name: |
| Address: | | |
| Email: | | Telephone #: |
| 4. Name and contact information for organization **co-developing the activity** *(only applicable if activity was co-developed):* | Name of physician organization: | | |
| Address: | | |
| Email: | | Telephone #: |
| 5. Is the co-developing organization a physician organization? | | | Yes  No |
| 6. Will the physician organization maintain attendance records for 5 years? | | | Yes  No |
| **Name of physician organization that developed the group learning activity** | | | |
| 7. Was the content developed by the applying physician organization? | | | Yes  No |
| If no, who developed the content? | | |  |
| **Scientific planning committee members** | | | |
| *Complete the table below. Include it as an attachment if you have this information already available electronically.* | | | |
| **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** |
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| **PART B: Educational Standards** | | | | |
| 1. What is the intended target audience of the activity: | | | | |
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| 2. What needs assessment strategies were used to identify the learning needs (perceived and/or unperceived) of the target audience? *Examples might include: surveys of potential participants, literature reviews, healthcare data, and assessment of knowledge, competence or performance of potential participants.* | | | | |
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| 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? | | | | |
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| 4. How were the identified needs of the target audience used to develop the overall and session-specific learning objectives?  *For example:*   * *Did the scientific planning committee share the needs assessment results with the speakers who are responsible for developing the learning objectives?* * *Did the scientific planning committee use the needs assessment results to define the learning objectives for the speakers?* | | | | |
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| 5. [CanMEDS](http://canmeds.royalcollege.ca) Role(s) relevant to this activity *(check all that apply)* | Medical Expert  Communicator | Collaborator  Leader | Health Advocate  Professional | Scholar |
| 6. 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.) | | | | |
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| 7. What learning methods were selected to help the CPD activity meet the stated learning objectives? |
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| 8. What learning methods were selected to incorporate a minimum of 25% interactive learning? |
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| 9. How will the overall group learning activity and individual sessions be evaluated by participants? |
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| 10. (Optional) If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe: |
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| 11. (Optional) If the evaluation strategy intends to measure improved health care outcomes, please describe. |
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| 12. (Optional) If participants will receive feedback related to their learning, please describe the tools or strategies used. |
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| **PART C: Ethical Standards** | | | | | | | | |
| All activities accredited after January 1, 2018 must comply with the [National Standard for support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e). 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. [Has the CPD activity been sponsored by one or more sponsors?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | | | | Yes  No | | |
| 2. [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?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) *(Attach a sample)* | | | | | | | | |
| 3. If sponsorship has been received, please check all sources of sponsorship that apply | | | | | | | | |
| Government agency | Health care facility | Not-for-profit organization | Medical device company | | Pharmaceutical company | | | Education or communications company |
| 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](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) (s*hould you require more space, attach a new page).* | | | | | | | | |
| **Sponsor name** | | **Type of support** | | | | | | |
|  | | Financial support Amount received anticipated to receive: | | In-kind support Amount received anticipated to receive: | | | For-profit sponsor  or  Non-profit sponsor | |
|  | | Financial support Amount received anticipated to receive: | | In-kind support Amount received anticipated to receive: | | | For-profit sponsor  or  Non-profit sponsor | |

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|  | Financial support Amount received anticipated to receive: | In-kind support Amount received anticipated to receive: | For-profit sponsor  or  Non-profit sponsor |
|  | Financial support Amount received anticipated to receive: | In-kind support Amount received anticipated to receive: | For-profit sponsor  or  Non-profit sponsor |
| 5. [Describe the process by which the SPC maintained control over the CPD program elements including:](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)   * 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 | | | |
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| 6. [Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic option](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)s. | | | |
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| 7. [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](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? | | | |
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| 8. [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](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? | | | |
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| 9. [How are the scientific planning committee members’ conflicts of interest declarations collected and disclosed to](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)   * The physician organization? * To the learners attending the CPD activity? | | | |
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| 10. [How are the speakers’, authors’, moderators’, facilitators’ and or/authors’ conflicts of interest information collected and disclosed to:](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)   * The scientific planning committee? * To the learners attending the CPD activity? | | | |
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| 11. [If a conflict of interest is identified, what are the scientific planning committee’s methods to manage potential of real conflicts of interests](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) | | | |
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| 12. [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?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)  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. |
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| 13. [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?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) |
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| 14. [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](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? |
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| 15. [What arrangements were used to separate commercial exhibits or advertisements in a location that is clearly and completely separated from the accredited CPD activity?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) |
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| 16. [If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e) |
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| 17. [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](http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e)? |
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| **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) |  |

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| **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](http://www.royalcollege.ca/rcsite/cpd/providers/international-accreditation-agreements-e#accme)  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 CreditTM |
| European Union of Medical Specialists (UEMS) |
| Qatar Council for Healthcare Practitioners (QCHP) |
| European Board for Accreditation in Cardiology (EBAC) |

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| **ATTACH the following documentation to the application form:** |

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| Attachment 1 | The preliminary program/brochure |
| Attachment 2 | The final program |
| 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. \*All completed COI forms. |
| 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 |
| 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 | If sponsorship has been received for this activity, attach the written agreement that is signed by the CPD provider organization and the sponsor |
| Attachment 11 | Sample letter sent to speakers. |