



# QUICK TIPS

## RCPSC MAINTENANCE OF CERTIFICATION: SECTION 3 CREDITS

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**Quick tips:**

The Royal College of Physicians and Surgeons of Canada (RCPSC) maintenance of certification is divided into three sections. **Section 3, practice assessment**, includes learning processes that provide **data and feedback** to help health professionals identify and address unperceived professional practice needs. University of Toronto CPD, as an accredited provider, is able to approve credits for Royal College Section 3.

There are 2 categories to consider in the context of development of CPD activities to qualify for section 3 credits:

## Knowledge Assessment

### Self-assessment programs

E.g. Multiple choice questions with feedback on correct and incorrect answers.

*Questions should include material inclusive of all program topic areas.*

**3 Credits per hour of learning\***

## Performance Assessment

### Simulation-based programs

E.g. Hi-fidelity, task trainers, virtual, standardized patients

### Direct observation of skills

**3 Credits per hour of learning\***

\* Number of hours of participation and learning outcomes should be recorded by the participating physicians on the Royal College MAINPORT site (each 1 hour reported will be automatically converted to 3.0 Section 3 credits).

**Quick tips:**

## KNOWLEDGE ASSESSMENT

Self-assessment programs are tools to enable physicians to assess aspects of their knowledge or practice to identify opportunities to enhance their competence through further learning activities. Assessment items, such as multiple-choice questions and short answer questions can be used during a live group event or online programs.

The following features must be included for all self-assessment programs:

1. A thorough review of key knowledge areas.
2. Assessment items that allow participants to review their current knowledge in relation to current scientific evidence.
3. A process by which the assessment item(s) are recorded by participants and submitted to program organizers.
4. Participants must receive individual feedback on which answers are correct or incorrect.
5. References to facilitate review of the evidence for each assessment item answered incorrectly.

For more information, please visit [Royal College website](#).

## PERFORMANCE ASSESSMENT

Organizers of these activities must include strategies to provide **feedback to participants on their performance** to enable them to develop a learning plan to address areas of improvement. Feedback is based on assessment of performance as measured against learning objectives, competencies, and practice standards supported by evidence. Tools to help structure participants' reflection on their performance as well as time for personal reflection is encouraged

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**Simulation** (e.g. hi-fidelity, task trainers, standardized patients) reflects or approximates real life situations to enable participants to demonstrate and receive feedback related to their application of knowledge, clinical reasoning, communication, problem solving and or ability to collaborate and work effectively within a health care team. It can be a stand-alone program or embedded within a broader educational program. Observers of simulation do not qualify for MOC Section 3, but can record their participation under section 1, group learning.

### For live simulation-based activities

1. There must be an established process for how participants will receive feedback on their performance. For example verbally or through the evaluation sheet, etc.
2. Participants must be able to receive feedback after the completion of the scenario. This feedback must include references justifying the appropriate answer.

### For online simulation-based activities

1. There must be an established process for how participants will provide responses to online scenarios. For example through the creation of an online response sheet or other web based assessment tools.
2. Participants must be able to receive written feedback after the completion of the scenario. This feedback must include references justifying the appropriate answer.

**Feedback for direct observation of skills** should include a written performance analysis from the program organizers with the following features:

1. An overall score.
2. Identification of appropriate alternative responses.
3. A detailed breakdown by tested areas.
4. Comparison of the score to established norms or the aggregated score for the peer group (optional).

**Quick tips:**

## Assessing and Reporting Section 3 Activities

An accredited provider, such as Continuing Professional Development at the University of Toronto, would consider the following activities as part of the learning hours assigned to the program.

- Briefing learners about what they are about to experience and what is expected of them
- Explaining what the simulator can and cannot do (if a simulation-based activity)
- Providing rationale and instructions for the activity
- Active participation in the activity (simulation and/or self-assessment)
- Debrief time

Each 1 hour of learning will qualify as **3.0 Section 3 credits**.

Once the participant (Royal College member/fellow) logs the total time spent in these sessions into MAINPORT (Royal College's physician portal), each 1 hour reported will automatically be converted into 3.0 Section 3 credits. The accredited provider or the course organizers **must not** calculate by converting 1 hour of time spent in the above activities into **3.0 Section 3 credits**.

For more information please visit the [Royal College Website](#).

## Examples of Performance Evaluation:

[Team Training Performance assessment](#)

[Canadian Anaesthesia Society skills feedback form](#)



**This quicktip is part of the quicktips for program design series.  
Review all of the tips to help you create your best program.**

## **ACCREDITATION**

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