



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS  
CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

**APPLICATION FOR APPROVAL OF A CME ACTIVITY  
(Conferences, Events, Workshops)**

Please complete this application form and send it to:

Department of Professional Standards  
Royal Australasian College of Surgeons  
College of Surgeons Gardens  
250 – 290 Spring Street  
EAST MELBOURNE VIC 3002

Email: [cme.approval@surgeons.org](mailto:cme.approval@surgeons.org)

This form is available from the RACS website and via email ([cme.approval@surgeons.org](mailto:cme.approval@surgeons.org)).  
Computer generated forms are preferred. Applications should be made prospectively.

To assist with completion of this application and to view the College's standards for educational activities, please refer to the Guide to CME available on the College website.  
<http://www.surgeons.org/racs/fellows/cpd-recertification/approved-cme-activities>

**Details of Education Provider**

Organisation Name	
Contact person	
Address	
Phone	
Fax	
Email	

**Details of Educational Activity**

Activity Title	
Venue	
Date(s)	
Duration (in hours or days)	
Target Audience	<input type="checkbox"/> Surgeons Relevant Specialties: <input type="checkbox"/> Other medical practitioners <input type="checkbox"/> Other health professionals
Estimated number of participants	Surgeons / Non-surgeons

This application is for approval in the RACS CPD Program at:

**1 point per hour**

Approved CME activities generally attract 1 point per hour. All applications must include specific learning objectives, an example of the evaluation tool proposed and a program detailing start and finish times.

Please note for activities to be approved at 3 points per hour, demonstration of more rigorous standards are required. These include at least 75% of the activity being hands on skills development conducted in a small group setting and the completion of a needs assessment/survey of actual participants prior to the activity.

For 3 point per hour activities, the activity should be provided by surgical/medical groups that are accountable to the profession and/or are administered through a surgical/medical organisation or university department. Activities organised by industrial/commercial companies will not be eligible for 3 points per hour.

Applications for 3 points per hour can be made by completing the relevant application form.

All approved activities will be listed on the College website at:

<http://www.surgeons.org/racs/fellows/cpd-recertification/approved-cme-activities>

This listing includes the activity and contact details provided in this application. If you wish to list different contact details please provide these as an attachment to this application form.

### Description

Please provide a brief description of your educational activity

Include details of any **commercial interest** or **sponsorship**.

Please detail where sponsorship monies will be directed (e.g. trade displays, sponsored speakers/ sessions, or to defray registration costs). Please also confirm if participants will be supported in any way to participate, including travel and accommodation expenses.

Please refer to the ***Surgeons and Trainees Interactions with the Medical Industry*** statement for further information regarding fiscal arrangements between surgeons and the medical industry. The statement is available at

[http://www.surgeons.org/media/413538/pos\\_2011-02-24\\_surgeons\\_and\\_trainees\\_interactions\\_with\\_the\\_medical\\_industry.pdf](http://www.surgeons.org/media/413538/pos_2011-02-24_surgeons_and_trainees_interactions_with_the_medical_industry.pdf)

Industry sponsorship is permitted subject to the criteria outlined in the *Guide to Continuing Medical Education (CME)*.

### Content



Please **attach a copy of your activity program** outlining:

- Title and topics
- Speakers
- Timetable, including discussion/question time and any additional (non-education) time allocated for commercial promotion

## Planning

Outline **details of the planning committee** for the activity including their names, status, expertise and contribution eg FRACS

## Needs Assessment

What sources have been used to **assess the need** for this activity? (tick all that apply)

Please provide brief details

Summary of previous CME evaluation data	<input type="checkbox"/>
Results of self-assessment or practice audit	<input type="checkbox"/>
Request from Committee/Board etc	<input type="checkbox"/>
Survey of potential participants	<input type="checkbox"/>
Literature review	<input type="checkbox"/>
New medical findings	<input type="checkbox"/>
Health care data	<input type="checkbox"/>
Reports and/or studies	<input type="checkbox"/>
Other	<input type="checkbox"/>

## Learning Objectives

Outline what participants may expect to learn or achieve by attending.

## Learning Environment

### Format

What teaching strategies will be used? (Tick all that apply)

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Small groups (6-12) | <input type="checkbox"/> Case studies | <input type="checkbox"/> Printed material/handouts |
| <input type="checkbox"/> Video/audio tape    | <input type="checkbox"/> Lectures     | <input type="checkbox"/> Quiz                      |
| <input type="checkbox"/> Clinical software   | <input type="checkbox"/> Journals     | <input type="checkbox"/> Practical sessions        |
| <input type="checkbox"/> Live Surgery *      | <input type="checkbox"/> Other        |  |

\* Please refer to the **Live Transmission of Surgery** Position Paper for further information.  
[http://www.surgeons.org/media/14504/POS\\_2010-02-25\\_Live\\_Transmission\\_of\\_Surgery.pdf](http://www.surgeons.org/media/14504/POS_2010-02-25_Live_Transmission_of_Surgery.pdf)

## Resources

In what ways will surgeons be involved as resource people in conducting the activity?  
(E.g. speakers, facilitators, case presenters etc)

## Evaluation



Please **attach a copy of your evaluation questionnaire, survey or quiz**. For online evaluation forms, please provide either a link to the form or a list of sample questions.

## Final Checklist

Before signing the declaration below, please ensure that you have:

- Provided a brief description of the educational activity (page 2)
- Included any details of commercial interest (page 2)
- Attached a copy of the activity program (page 3)
- Outlined the learning objectives (page 3)
- Attached an evaluation form (page 4)

*Please ensure that all questions have been completed and the above documents are attached.*

## Declaration

I declare that:

- The information provided in this application is accurate and complete
- I will provide participants who attend this educational activity with a record of their participation.

Signed \_\_\_\_\_

Date \_\_\_\_\_

I give permission for program information to be shared with researchers and interested surgeons for the purpose of continuing education coordination at the discretion of the RACS Professional Development and Standards Board.

Yes

No