Continuing Medical Education (CME) is a process of continuous learning by which medical professionals keep themselves updated through acquisition of new knowledge, skills and attitudes to maintain professional competency, in-patient management, health services management (including organizing teaching) and their own professional development. Over the years, the scope of CME has broadened from mere clinical updates to a wide-ranging "continuing professional development" that includes behavioural change, social and managerial skills and the multidisciplinary context of patient care.

Designing good-quality CME and continuing professional development programmes appropriate to the needs of different types and categories of health and allied professionals will, however, remain a big challenge and would need to be addressed through national mechanisms.

There is therefore a need to develop comprehensive guidelines for countries in the South-East Asia Region on CME/CPD activities that would look at (i) processes and operational mechanisms; (ii) identifying accreditation bodies for CME programmes and credit allocation; and (iii) identifying appropriate institutes in developing and conducting need-based CME/CPD programmes. These guidelines, after adaptation, should help countries in the Region in strengthening their CME/CPD activities.

Regional Guidelines for Continuing Medical Education (CME)/Continuing Professional Development (CPD) Activities
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Preamble

The second meeting of the Regional Network of Medical Councils of the South-East Asia Region was held in Chiang Mai, Thailand on 10-12 November 2008. One of the objectives of the meeting was to review the document on continuing medical education (CME). A concept paper on CME system was presented followed by country presentations on CME. The meeting agreed on the concept paper on “Continuing Medical Education” and decided to develop “SEAR Guidelines for CME”.

In the concept paper, CME, a process of continuing learning to retain, upgrade and maintain professional competence, has been viewed as a comprehensive approach towards Continuous Professional Development (CPD) which, beyond clinical update, includes wide-ranging competencies like research and scientific writing, multidisciplinary context of patient care, professionalism and ethical practice, communication, leadership, management and behavioural skills, team building, information technology, audit, and appropriate attitudinal change to ensure improved patient service and research outcomes and attainment of the highest degree of satisfaction by stakeholders. The ultimate goals of the programme are to reassure patients and the public that doctors remain competent, confident and compassionate throughout
their career; and to augment patient care, outcome and satisfaction by setting standards for good medical practice. The increasing speed of innovation in the realm of medicine requires doctors to be prepared for lifelong learning and continuous, autonomous professional development.

Traditional approaches of CME based on voluntary self-learning and self-assessment have proved inadequate and ineffective; they often do not cover the demands of a changing practice. Evidence-based studies suggest that no practitioner can hope to remain competent for more than a few years after graduation without a programme of active learning. As such, a system of lifelong learning has to be followed.

There are wide variations in the systems that conduct and assess professional development activities in different countries and health-care systems. Centralized recertification examinations are often perceived as threatening and are also difficult to tailor to the needs of individual practices. However, most systems are currently based on an hours-related credit system. Despite variations in detail, there are common features of content and process that allow international mutual recognition of activities in CME/CPD. CME is defined as any activity that serves to maintain, develop or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The term CPD includes education methods beyond the didactic, embodies concepts of self-directed learning and personal development and considers organizational and systemic factors. CME and CPD have more or less synonymous application.

Some countries in the South-East Asia Region (SEAR) have systems of mandatory periodic recertification. However, efforts to make CME/CPD programmes mandatory with an hour-based credit system for recertification have not been successful mostly because of lack of motivation, absence of need-based accredited CME/CPD programmes, incentives and legal bindings. Despite these limitations, different professional bodies, academic institutes and even the medical councils in many SEAR countries have been organizing CME/CPD programmes and playing positive roles in motivating doctors to actively participate in CME/CPD programmes.

One response to this challenge has been the development of CME/CPD programmes appropriate to the needs of the practitioners. There is, therefore, justification for innovative strategies for needs assessment in designing CME courses. However, designing good quality CME and CPD courses appropriate
to the needs of the different categories of practitioners remains a big challenge requiring professional, technical and financial support.

Interactive and participatory CME courses in practice settings have proved effective in bringing about a desired change in professional practice promoting continuous service improvement. However, educational events and activities are large and varied and include pre-accredited structured clinical training programmes, teaching sessions, grand teaching ward rounds, hospital care conferences, attendance in local or overseas scientific meetings, conferences/symposia/seminars/workshops, distance learning programmes (DLP), publications or presentations of research, self-study and online education programmes with or without self-assessment including informal modalities.

Parallel to the efforts of different professional organizations, academic bodies and medical councils within SEAR to create awareness among doctors about the need for continually being updated, there are also efforts to develop regional and transnational CME activities and programmes to increase professionalism of CME providers by establishing clear accreditation guidelines, determining and promoting competencies of CME providers and articulating policies on appropriate and ethical conduct of CME activities. Despite expected variation in detail within the countries, there is a felt need to ensure common features of contents and processes that will allow international mutual recognition, cooperation, coordination and collaboration of activities in CME/CPD.

The concept paper on CME adapted at the Second Meeting of the Regional Network of Medical Councils in SEAR recommends formulating comprehensive guidelines for regional countries in SEAR on CME/CPD activities that would look into (i) processes and strategies; (ii) operational mechanisms including motivational activities; (iii) identifying accreditation bodies for CME programmes and credit allocation; and (iv) identifying the needs of the accredited institutes in developing and conducting need-based CME/CPD programmes. These guidelines will be regional, flexible and facilitatory in nature for country-specific accreditation bodies/medical councils for adapting according to their national needs.

The WHO expert group on CME at its meeting on 12-14 October 2009 unanimously concluded that the guidelines proposed are well defined, encompassing all disciplines, including public health, leading to the establishment of formal, relevant and systematic CME/CPD programmes that can be adapted
to country needs. As such the model needs to be worked out by the respective countries through an appropriate national consensus.

**Guidelines**

These guidelines specify minimum standards for CME/CPD activities for registered medical doctors including those who practise public health. It is for the national authorities to adapt the guidelines to their country needs with special emphasis on those working in rural areas.

(A) Scope and coverage

(B) Fundamental requirements of a national CME/CPD system

   (I) Regulatory mandate
   (II) Organizational structure
   (III) Conduct and accreditation processes

(C) Public announcement

(D) Accruable Benefits of CME/CPD.

A. **Scope and coverage**

Continuing medical education (CME), hitherto a process of continued learning in practice, has been viewed as a comprehensive approach towards continuous professional development (CPD), which includes wide-ranging competencies beyond clinical update, research and scientific writing, multidisciplinary context of patient care, ethical practice, communication, management and behavioural skills, team building, information technology, audit, and appropriate attitudinal change to ensure improved patient outcomes and satisfaction. The ultimate goal of the programme will be to assure patients and the public that registered medical doctors including those who practice public health remain competent, confident and compassionate throughout their career, thereby augmenting patient care outcomes and satisfaction and thus good medical practice. The CME/CPD programmes may also extend competencies beyond basic qualifications. Medical practice requires a triple acquisition of attributes: a knowledge (a science), a know-how (an art) and how to do (a behaviour).

The CME/CPD programmes would include a range of structured teaching-learning activities such as training programmes; attending local or overseas scientific updates programmes /online/onsite programmes, conferences/symposia/seminars/workshops; distance learning programmes, presentations
and publications of research. This would also include self-study and online education programmes with or without self-assessment, including informal modalities as well.

The CME/CPD programme should be based on country needs, perceptions and prevailing practices. The organization and delivery of CME/CPD need to be shaped in the context of globalization of health, cross-country migration of medical workforce, evidence-based medicine, changing contents to meet societal, demographic, cost-effective demands; and also varied trends in assessment of professional competence.

B. Fundamental requirements of a national CME/CPD system

There should be a statutory body governing the CME/CPD system. The system should be efficient, fair, transparent, credible and accountable. The different characteristics of the system must be known and accessible to all stakeholders. The system would also ensure recognition, support, cooperation, collaboration, coordination and adherence to the guidelines. It should employ appropriate modalities based on comprehensive needs assessment in order to evaluate areas such as the physician perspective (training needs, career development needs, attitudes and perceptions on CME/CPD), patient perspective (expectations from a doctor), opinions of governing bodies, professional bodies and available logistics.

There should be a mechanism in place to evaluate the impact of CME/CPD.

I. Regulatory mandate

There should be a statutory body regulating the CME/CPD system within the prescribed national framework, which would not be directly involved or associated with the actual conduct of CME/CPD.

The statutory body will prescribe appropriate policies, standards and guidelines towards conduct and accreditation of CME/CPD from time to time.

The statutory body will confer, deny or withdraw accreditation and assign credits and incentives. It shall set up a grievance handling mechanism and such other committees as necessary towards fulfillment of its objectives.
II. Organizational structure

Statutory body

The statutory body may be an appropriate organ of the national medical council, or in the absence of a medical council, any other body constituted by the competent authority with due representation from all the primary stakeholders such as academic institutions/speciality boards, national professional associations, government ministries, public representatives and others.

The statutory body should have a suitable organizational structure as may be appropriate to discharge its obligations mandated by country needs and commitments.

The proposed structure of the statutory body should be:

Executive committee/council

Composition: The medical council/the competent authority of the country would nominate the chairman along with one representative each from the designated group of stakeholders.

Function: It would be the apex decision-making body for governing the CME/CPD system. It would be assisted by:

Academic/education committee

Composition: The committee shall be comprised of such members as nominated by the executive council/committee. The education committee would be assisted by discipline-wise boards/sub-committees nominated by the executive committee in consultation with the education committee.

Function: This committee shall produce guidelines to be followed by CME/CPD providers.

The academic/education committee in consultation with discipline-wise boards/sub-committees shall recommend core outcomes/competencies and content areas based on the national needs. The committee shall recommend modes of assessment and frequency of CMEs, the required amount of credits, the basis for calculation and transfer of credits for the approval of the governing body.
Similarly, the education/academic committee shall recommend strategies to ensure accessibility and availability of CME/CPD activities for all medical practitioners in the country. It shall identify and recommend the use of appropriate technology such as distance learning, IT and online learning and tele-CME.

Likewise, the education/academic committee shall recommend modes of assessment for the approval of the governing body. Such an assessment system shall include a range of methods and tools such as log books, portfolios, online assessment and self-assessment.

The education committee may also constitute sub-committees for the purpose of designing CME/CPD programmes for dissemination and use by the country or overseas on a collaborative, cooperative and reciprocity basis. The committee shall also maintain a register of faculty and participants of CME/CPD programmes for facilitation and improvement of future programmes.

**Evaluation committee**

*Composition:* The committee shall be comprised of such members as nominated by the executive council/committee. The evaluation committee would be assisted by visiting/assessment committees nominated by the executive committee in consultation with the evaluation committee.

*Function:* This committee shall make recommendations in regard to evaluation of CME/CPD programmes, assigning credits and policies related to incentives/disincentives and linkage of CME to renewal of practicing licenses to the executive committee in terms of pre-determined policy guidelines.

**Networking committee**

*Composition:* The committee shall be comprised of such members as nominated by the executive council/committee. The networking committee would be assisted by suitable committees nominated by the executive committee in consultation with the networking committee.

*Function:* This committee shall ensure mutual national, regional and international recognition, collaboration and cooperation based on country-specific best practices and needs. The suggested collaboration will be with professional colleges and associations in the country, national associations in medical education, WHO-SEARO, WFME and SEARAME.
The committee for networking shall recommend strategies on the importance of CME/CPD to medical curriculum to motivate medical doctors on CME/CPD. The committee shall develop strategies to be approved by the executive committee for increasing public awareness regarding the need for CME/CPD for doctors through the mass media.
III. Conduct and accreditation processes

(a) Standards and criteria

The standards and criteria should be predetermined for use as a basis of accreditation processes for CME/CPD providers. These should be generic and country-specific, but may reflect regional and international standards to facilitate mutual recognition, cooperation and collaboration.

(b) Process of accreditation

The process of accreditation of an institution/provider/programme may include:

1. Self-evaluation to describe the institution/provider/programme and analyse them in relation to predetermined standards and criteria.
2. Evaluation by the assessment committee.
3. Site visit by the visiting committee.
4. The authority of the final decision on accreditation of a CME/CPD institution/provider/programme shall be vested with the executive council on the recommendations of the evaluation committee.

(c) Self-evaluation report

A self-evaluation report is the description of the facility for CME/CPD with an institution/provider/programme in relation to the predetermined standards and criteria. The self-evaluation must therefore be comprehensive and cover areas such as:

- Mission and objectives

The institution/provider/programme must define its mission and objectives and make them known to practicing doctors. It must describe the educational processes that will not only update and maintain the practicing doctors’ professional competency (CME) but also help them to acquire wide-ranging competencies such as communication skills and the multidisciplinary context of patient care, ethical practice, management, team building and audit.
• Educational programme and instructional methods
  The CME/CPD providers must define the educational programme (curriculum) and instructional method that will be employed to achieve its objectives. The CME/CPD providers must identify which sections of an academic activity carry CME points and how many.

• Logistics
  Available human resources, learning resources, infrastructure, and financial resources (any conflict of interest in logistics in relation to CME/CPD must be disclosed).

• Selection criterion
  Criterion for selecting participants/human resources must be defined.

• Healthy practices of the institution/provider/programme if any,

• Evaluation of CME/CPD objectives
  The institution/provider/programme must define the methods that will be used to assess the objectives of the CME/CPD programmes.

C. Public announcement of accreditation decisions

The decisions on accreditation of CME/CPD programmes must be publicly notified by the competent authority for the information of all concerned so as to increase the transparency and credibility of the system.

D. Accrual benefits of CME/CPD

• Predetermined guidelines and policies add to the ethical conduct of CME/CPD activities.

• Registered medical doctors including those practicing public health will not only retain, update and maintain professional and other wide-ranging competencies but also ensure improved patient care.
In summary:

Actualization of initiatives of different professional organizations, academic bodies, and medical councils within SEAR will facilitate the development of the desired professionalism of CME/CPD providers and targeted beneficiaries. An inventory of CME/CPD programmes offered, names of resources, record of participants is already framed.
Annex

Credit Accumulation Record (CAR)-Proforma

Name of the Participant / Student:

Address:

Medical Registration Number:

Period:

<table>
<thead>
<tr>
<th>Activity Category</th>
<th>Criteria</th>
<th>Is the activity approved/accredited</th>
<th>Credit point awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pre-approved/ Pre-accreditated Established:</td>
<td>Duration of Activity: Hours/Days/Weeks</td>
<td></td>
<td></td>
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<tr>
<td>– CME / CPD Courses</td>
<td>Speakers/ Resource person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Structured Training Programmes</td>
<td>Participant Coordinator</td>
<td></td>
<td></td>
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<tr>
<td>Others:</td>
<td></td>
<td></td>
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<tr>
<td>B) Distance Learning Programme / On-line CME</td>
<td>Duration of Course: Hours/Days/Weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speaker/ Resource person</td>
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<tr>
<td></td>
<td>Participant Coordinator</td>
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<tr>
<td></td>
<td>DLP (interactive, structured with clinical attachment)</td>
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<tr>
<td>Activity Category</td>
<td>Criteria</td>
<td>Is the activity approved/accredited</td>
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<tr>
<td>C) Attendance in events such as local or overseas scientific update programmes Conferences Symposia Seminars Workshops Short courses</td>
<td>Hours/days: Speaker/Resource person Participant Coordinator:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D) Research and scientific writing</td>
<td>• Authorship of original paper in indexed/peer-reviewed Journal • Editorial work Publication/ Presentation of research Textbook – First author – Subsidiary author – Editorial work/Reviewer Others</td>
<td></td>
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<tr>
<td>E) Self-study</td>
<td>• Reading of scientific articles from indexed/peer reviewed journals • Clinical practice guidelines • Medscape • From audiovisual resources (CD, DVD) • On-line education programmes with/without self assessment • Others (medical education portals etc.)</td>
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<td>F. Others (please specify)</td>
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Regional Guidelines for Continuing Medical Education (CME)/Continuing Professional Development (CPD) Activities
MODEL “Self-Evaluation” Reporting Form

CONTINUING MEDICAL EDUCATION/CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMME (CME/CPD PROGRAMME) (For consideration of statutory body for CME/CPD)

1. Name of the Institute/Provider

[Write/print in capitals leaving a space in between words]

Address:

PIN /ZIP Code

Telephone/Mobile No [Provide country/Local Codes]:

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<th>First No</th>
<th>Alternate No 1</th>
<th>Alternate No 2</th>
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Fax: [Provide country/Local Codes]:

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E-mail id: [Provide e-mail id of Head of Institution/Administrative Head in case a common e-mail id is not available]

Website address:
2. Brief description of the institute/provider:

(Outline mission and goals, affiliations, degree giving authority, courses offered, faculty and other relevant information and credentials that would justify the institution/provider to fulfill necessary standards of conducting CME/CPD programmes as laid by the competent authority. A separate annexure may be enclosed for this purpose)

3. Details of previous assessment of the institution/provider by the statutory body for CME/CPD programmes [if any]

4. Name of the course of CME/CPD offered:

[Name & description of the CME/CPD course/programmes. (for each course/programme a separate application is necessary) and the name and contact details of the course coordinator]

5. Details of the Course Coordinator(s)

[i] Name of First / Only Coordinator

[Write/Print in capitals leaving a space in between words]

[iii] Affiliation/Position/Designation

[ii] Address:

PIN /ZIP Code

[iv] Telephone/Mobile No [Provide country/local codes]:

First No
Alternate No 1
Alternate No 2
[v] Fax: [Provide country/local codes]:

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<td>Alternate No 1</td>
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</table>

[vi] E-mail id:


[vii] Details of previous experience as a Course Coordinator or Faculty of CME/CPD Programmes (if any)


[viii] Details of previous assessment of the Course Coordinator by the Statutory Body for CME/CPD Programmes (if any)


[ix] Name of second Coordinator

(Write/Print in capitals leaving a space in between words)


[x] Affiliation/Position/Designation


[xi] Address:


PIN /ZIP Code
6. Course design

(Course design on the basis of needs assessment indicating objectives, total duration and distribution, content and instructional method)

[i] Category of Programme (Tick whatever is relevant. More than one may be relevant)

- Continuing Medical Education [CME]
- Continuing Professional Development [CPD]

[ii] Assessment of needs

[iii] Course/Programme objectives

[iv] Proposed Total Duration [Indicate the number of hours and days]

- Total Hours
- Total days

(In case this is half a day or less do not fill)

[v] Proposed Content [including schedule]
[vi] Proposed type of instructional methods
(Tick whatever is relevant. More than one may be relevant)

- Lectures
- Seminar
- Symposium
- Conference
- Workshop
- Demonstration
- Others [Please specify]

[vii] Distribution of course over the instructional methods

7. Logistics

A: Human resources (Faculty):
   (Full-time, Part-time, guest teachers and others participating in the course)

B: Learning resources
   (Clinical facilities, library, IT and audiovisual & other aids etc)

C: Infrastructure
   (Classroom, clinical teaching facilities)

D. Financial
   (Source of funding & amount)

E. Declaration of conflict of interest, if any
   (Related to finances, human or other resources. In case there are none, this should also be indicated)

8. Selection criterion
   a) Faculty
   b) Participants

9. Performance evaluation of the participants
   (Proposed methods used for evaluation)

10. Modality of internal evaluation of the CME/CPD course(s)/programme(s):
    (Describe process and evaluators)

11. Suggested/assigned credit points for the course(s):
    The credit should be assignable by the policy guidelines prescribed by the statutory body in line with the existing international standards towards credit accumulation and transfer.
Continuing Medical Education (CME) is a process of continuous learning by which medical professionals keep themselves updated through acquisition of new knowledge, skills and attitudes to maintain professional competency, in-patient management, health services management (including organizing teaching) and their own professional development. Over the years, the scope of CME has broadened from mere clinical updates to a wide-ranging “continuing professional development” that includes behavioural change, social and managerial skills and the multidisciplinary context of patient care.

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