**GUIDELINES FOR CONTINUING MEDICAL EDUCATION**



Bhutan Medical and Health Council

Autonomous Government Agency

Thimphu Bhutan

**Edition:**

1st Edition: Guidelines on Continuing Medical Education 2009

2nd Edition: Guidelines on Continuing Medical Education 2018

3rd Edition: Guidelines on Continuing Medical Education 2022

**ACKNOWLEDGEMENT**

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# INTRODUCTION

Continuing Medical Education (CME) also known as Continuing Professional Development (CPD), extends throughout the professional career. CPD is the process by which health professionals keep their knowledge and skills updated to meet the needs of patients, the health service, and their own professional development. CME is imperative for every professional and a prerequisite for enhancing the quality of healthcare. CME consists of educational activities to maintain, develop and/or increase the knowledge, skills, and professional performance of medical and health professionals.

In exercise of the powers conferred under Chapter VI, Section (i) of the Medical and Health Council Act, 2002, Kingdom of Bhutan, General Body of the Council during its…General Body meeting held on….approved this document. There is a need for proper guidelines for effective implementation. This document is developed to be used as a guiding tool by the professionals while processing for the CME and this document should be titled Guidelines for Continuing Medical Education 2022.

# APPLICATION AND SCOPE OF GUIDELINE

The guideline defines the procedures for the application and approval of CME. This guideline is expected to help medical and health professionals in understanding the CME system. The guideline must be read in conjunction with the Standard for CME 2021 for a complete and comprehensive understanding. The guidelines and standards are designed to offer CME activities based on identified learners’ needs and deficiencies; design CME activities to meet the stated learning objectives and promote CME activities that enhance the interdisciplinary synergy between professionals. The guideline shall be used by all stakeholders engaged in planning, approval, and implementation of CME.

The guideline shall come into force from ………... 2022.

# PURPOSE OF CME

The CME is for keeping healthcare providers up-to-date in the clinical, research and management fields relevant to their professional practices to improve the safety, quality and effectiveness of clinical services and patient care.

The CME activities help professionals to :

1. enhance clinical competencies and performance.
2. promote self-assessment and lifelong learning.
3. develop professional and career opportunities.

# DEFINITIONS

CME is a process of continuous learning by the medical and health professionals throughout their career to retain, upgrade and develop their professional competencies to practise safely, effectively and legally within their scope of practice for effective patient care management. CME aims to maintain and develop competencies (knowledge, skills, and attitudes) of the individual professional to be aligned with the changing needs of patients and the healthcare delivery system; responding to the new challenges resulting from the scientific development; and meeting the evolving requirements of regulatory bodies and society. CME mainly implies self-directed and practice-based learning activities. The responsibility for CME rests mainly with the professional and the individual person.

# STANDARDS FOR CME

The CME activities should be planned, designed, and implemented properly to meet the professional and practice-related needs of each category of medical and health professionals and improve the clinical outcomes thereby enhancing the quality of service delivery. The contents of the CME activities shall be as per the Standard for Continuing Medical Education 2021. Anything that is not in concurrence with the standard shall be discussed in the CME Sub-Committee for recommendations.

While applying for approval of CME activities, the proponent/applicant should meet the Standard of Continuing Medical Education 2021 and respective Quality Indicators set by the Council.

1. [Standard I: Objectives and Expected Outcome](https://docs.google.com/document/d/1UmR41yyJn1kjeKvBBGqrWHjMGZTiEqoU/edit#heading=h.b63gmyezwnj5)
2. [Standard II: Content](https://docs.google.com/document/d/1UmR41yyJn1kjeKvBBGqrWHjMGZTiEqoU/edit#heading=h.up6fyw3z0hq8)
3. [Standard III: Learning Methods](https://docs.google.com/document/d/1UmR41yyJn1kjeKvBBGqrWHjMGZTiEqoU/edit#heading=h.imdyyzcxa8lp)
4. [Standard IV: Planning, Approval, and Documentation](https://docs.google.com/document/d/1UmR41yyJn1kjeKvBBGqrWHjMGZTiEqoU/edit#heading=h.v9tplussg0ly)
5. [Standard V: Self-learning](https://docs.google.com/document/d/1UmR41yyJn1kjeKvBBGqrWHjMGZTiEqoU/edit#heading=h.fr4e1bhafnhn)
6. [Standard VI: CME Proponent/Providers and Resource Persons](https://docs.google.com/document/d/1UmR41yyJn1kjeKvBBGqrWHjMGZTiEqoU/edit#heading=h.t0altl5xbv86)
7. [Standard VII: Educational Context and Resources](https://docs.google.com/document/d/1UmR41yyJn1kjeKvBBGqrWHjMGZTiEqoU/edit#heading=h.e61ov5g2ndoj)
8. [Standard VIII: Monitoring & Evaluation](https://docs.google.com/document/d/1UmR41yyJn1kjeKvBBGqrWHjMGZTiEqoU/edit#heading=h.9ngpbe9d4yr6)
9. [Standard lX: Continuous Quality Improvement](https://docs.google.com/document/d/1UmR41yyJn1kjeKvBBGqrWHjMGZTiEqoU/edit#heading=h.kbpnecq0yojz)

**6. COMPETENCY AREA**

The CME content should enhance the expected competencies of the medical and health professionals. The competency areas are as defined in the RCSC Competency Based Framework and in the scope of practice for the relevant categories of professional.

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# CME CREDIT REQUIREMENT AND CREDIT CALCULATION

Section 16.2 of the Bhutan Medical and Health Council Regulations 2005 specifies that all registered medical and health professionals must accrue a minimum of 30 credit hours in five years for the renewal of their registration.

1. The CME credit requirements shall be defined by the Council from time to time.
2. Credit shall be as per the Annexure II CME Accreditation Table.
3. An individual who wishes to remain in active clinical practice shall have to accrue a minimum of 30 credits in 5 years.
4. Individuals who are not in active clinical practice but wishing to keep their registration valid shall have to obtain a minimum of 30 credits in 5 years. Individuals must sign the Declaration Form Annexure IV.

\*The MOH will be notified in such cases.

1. Two credits shall be awarded to 3 (three) hours for CME in clinical subjects conducted in-house in the respective departments/wards for the relevant medical and health professionals.
2. When registered medical and health professionals are not able to achieve the required CME credits as per Part III, Clause 16.2 of Bhutan Medical and Health Council Regulations 2005, such cases will be discussed in the CME sub-committee.

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# PROCEDURE FOR APPLICATION AND APPROVAL OF CME

* 1. The individual/organization proposing or attending CME shall submit the proposal online ([www.bmhc.gov.bt](http://www.bmhc.gov.bt)) in the prescribed format (Annexure-I*)* for approval.
	2. The Council Secretariat will review the proposal based on the list of creditable CME and the Standard for CME, 2021.
	3. The proposal may be approved or rejected based on the fulfillment of the requirements.
	4. The CME sub-committee will be consulted for the approval of special cases where the proposal has major deviations from the CME content annexed in the CME guideline.
	5. Once the CME proposal is approved, the Council Secretariat will create a CME ID and notify credits by email or telephone accordingly.
	6. In cases where individuals have already attended CME online, they should submit the certificate of participation and/or programme agenda or brochure together with any supporting documents for post-approval and award of credits.
	7. If the CME proposal is rejected, the Council Secretariat will communicate to the proponent via email or telephone citing the reasons for rejection or asking for more information.

*Figure showing the process flow for application and approval of CME*



# **AWARD AND UPDATING OF CME CREDITS**

1. Upon completion of the CME activity, the proponent (individual/organization) shall report the completion to the Council Secretariat and submit the list of the participants and Resource Persons as per Annexure III.
2. The participants should log in to their respective personal profiles in the Health Personnel Management System (HPMS) to send a request for the CME credit award.
3. After receiving the request, the Council Secretariat will check the attendance list and update CME credits to the medical and health professionals based on approved CME credits.
4. The CME credits will be awarded to the professionals who seek post-approval after fulfilling the conditions in Section 6.5.
5. The Council Secretariat shall notify the relevant agency annually of the medical and health professionals not fulfilling the CME credits during their renewal.

*Figure showing the process flow for updating and awarding CME credits*

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# CME SUB-COMMITTEE AND TERMS OF REFERENCE

The Council shall constitute a CME Sub-Committee as per section 33 of BHMCR 2005 to discuss and provide recommendations on the CME system. The CME Sub-Committee shall be nominated by the Executive Committee Members.

1. **Composition**

The CME Sub-Committee shall be composed of members which are balanced in terms of technical knowledge and experiences:

1. One representative from the medical group
2. One representative from the nursing and midwifery group
3. One representative from the health sciences group
4. One representative from the traditional medicines group
5. One representative from the Department of Medical Services, Ministry of Health
6. **Membership Tenure**

The members of the CME Sub-committee shall serve for a period of 3 years and the tenure of the members may be either reviewed or replaced based on their contribution and needs.

1. A member may serve consecutively for a maximum of 2 terms only.
2. A member may choose to resign from the Committee in which case a new member may be nominated for replacement.
3. A member may also be replaced if he or she is absent for 3 consecutive meetings or fails to complete three tasks without proper and prior information to the Council Secretariat or Chairperson.
4. **Responsibilities**

The CME Sub-Committee shall review the CME standards, guidelines, and procedures and provide recommendations to strengthen the system.

The Sub-Committee shall:

1. Review standards from time to time and provide recommendations on improving the CME system for a credible and quality CME system.
2. Propose new CME activities to be added in the list of creditable CME (Annexure V).
3. Evaluate the CME modules submitted by the teaching hospitals/universities for approval/validation.
4. Recommend the total credit requirements for the various professionals.
5. Carry out any other functions as recommended by the Executive Committee or General Body.
6. **Proceedings**
7. Chairperson

 The members will elect a Chairperson among themselves based on consensus and shall serve for 1 year term only. Then it will be elected among the members in rotation.

1. Quorum
2. The meeting will be convened if 50% of the members are present.
3. The members can participate in person or virtually.
4. Frequency
5. The Committee will meet as and when required but at least once a year.
6. **Secretariat**

The Council Secretariat shall serve as the Secretariat to the Committee.

**ANNEXURE I: CME ONLINE APPLICATION FORMAT**

| 1. ***Type of CME Activity [put ‘√’ in appropriate boxes (s)]***
 |
| --- |
| ***a. Workshop □ b. Conference □ c. Congress □ d. Seminar □******e. Symposium □ f. Clinical Meeting □ g.Research □ h. Attachment □******i. Training □ j. Publications k. Assignments □ l. Online CME □ m. Others(specify): .………………***  |
| ***2. Agenda, Venue and Date Details (Submit CME brochure along with name of resource person against topics & time allocated. Download the sample agenda document for submission of an online proposal.***  |
| 1. ***Venue***
 |  |
| 1. ***Duration of CME Activity:***
 |  |
| 1. ***Date:***
 |  |
| ***3. Title of CME/ Objectives་of Proposed CME Activity:*** |
|  |
| ***5. Methodologies [put ‘√’ in appropriate box(s)]:*** |
| ***a. Lectures □ b. Practical □ c. Demonstrations □ d. Tutorial □******e. Case-Conference □ f. Role play □ g. Peer review □*** ***h. Problem-based learning □ i. Others (specify) ……………………..***  |
| ***6. Pre-test and Post-test assessment***  |
| * ***Upload***
 |
| ***6. Participants:*** |
| ***Total Number:*** |  |
| ***Category/Levels:*** |  |
| ***7. CME Organizer/Applicant:*** |
| ***Applicant name:*** |  |
| ***Applicant’s email:*** |  |
| ***Do you have any conflict of interest :*** |
| * ***Yes No***
 |

**ANNEXURE-II: Type of CME Activity and Accreditation**

The CME credits shall be assigned to the various CME creditable activities as outlined in Table 1 below.

| **Sl #**  | **Type of CME Activity**  | **CME Credits awarded** | **Basis or evidence** |
| --- | --- | --- | --- |
| 1. | 1. Clinical meeting (including case presentation and discussion)
2. Workshop
 | 1 credit for 3 hours participation1 credit for 2 hours participation ( in house) | As determined from the agenda |
| 2. | 1. On-the-job Training (attachment upto 30 days) (same credits applicable for preceptors and attached trainees)
 | 0.2 credits per day (6 credits in 1 month) | Proposal Provide documentation |
| 3. | 1. Conference
2. Congress
3. Seminar
4. Symposium
5. Journal Club
 | 1 credit for 4 hours for participation3 credits per paper/poster for presentation  | As determined from the agenda. If credit is awarded by the organizer, the Council Secretariat will compare and give whichever is higher.  |
| 4. | 1. Publications: Research papers and articles
 |  5 credits for Principal Investigator. 3 credits for Co-author |  |
|  5.  | 1. Publications – books, chapters in book, articles
 | 3 credits per chapter (upto 15 credits)  |  |
|  6. | 1. Formal courses in a recognized teaching institution/structured training courses or structured clinical training, Attachment more than 1 month (same credits applicable for preceptors and attached trainees)
 | <1 month = 6 credits>1 ≤ 6 months =10 credits> 6 ≤ 12 months =12 credits>12 < 24 months = 15 credits≥24 months = 30 credits | Evidence to be attached  |
|
|
|
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|
|  |  |  |  |
|  7. | 1. Modular web-based/online CME

b.Self directed non-modular CME (eg- medscape, WHO) | Same as other face-to-face relevant CMEs As per the Certificate | As per online accreditation and with prior approval from the BMHCNo need for prior approval |
|
|  8. | 1. Resource/Trainers/Facilitators in their professional practice for non-formal CME activities
 | 1 credit for 2 hours0.2 credit per day for Sl. No. 2  | As determined from the agenda and/or registered as a resource with the BMHC.  |
|  9. | 1. Others (not included above)
 | Credits will be decided by CME Sub-committee on case by case basis | Proposal |

**ANNEXURE III: ATTENDANCE SHEET**

| **Name of Resource Person:** |
| --- |
| **CME activity title:** |
| **Date of commencement:** |
| **Venue:** |
| **No. of hours/days:** |
| **Target Group:** |
| **Sl. No.** | **Name of participant** | **BMHC Reg. No** | **Contact Number/Email address**  | **Signature** |
|  |  |  |  |  |
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**Declaration by proponent**

I, the undersigned hereby declare that the participants listed above have successfully attended the CME

activity and I shall upload the attendance sheet on the HPMS.

Name and Signature

**ANNEXURE IV: DECLARATION FORM**

**(To be used by medical & health professionals not in full time clinical practice)**

To

The Registrar

Bhutan Medical and Health Council

Thimphu.

 Dear Sir/Madam,

I hereby declare that:

1. I am currently not in active clinical practice and have no regular patient contact
2. I undertake to fulfill the following requirement of the Council:

**□**(i) Lowered CME requirement of 15 credits in 5 years for renewal of registration; or

**□**(ii) A supervised clinical attachment for a minimum of 3 months to be eligible for active clinical practice.

Thanking you,

Yours sincerely,

Dated signature: …………………………………………

Name: …………………………………………BMHC Reg. No: ……………

Tel No. : ……………………… Email: ……………………………………

(**For official use only)**

**Decision of Council:**

1. Approved: **□**

2. Not approved: **□** Reasons:………………………………………………

Verified by: ………………………………………… Date: …………….…………………

**ANNEXURE V: CME CONTENT**

| **Professional category** | **Competency Area** | **CME Activity/Broad domain** | **Frequency of CME activity** | **Nature of Requirement** |
| --- | --- | --- | --- | --- |
| 1. **Dental Hygienist**
 |
| Dental Hygienist  | Patient and care provider safety | 1. Infection control  | Once in 5 year | Mandatory core |
| Legal and Ethical aspects of care | 1. Medical ethics and Professionalism in dentistry | Once in 5 years | Mandatory Core |
| Clinical Competency | 1. Basic Life Support & First Aid | Once in 5 years | Mandatory Core |
| Clinical Competencies | 1. Oro-facial pain | Once in 2-3 years | Core |
| 2. Management of medical emergencies | Once in 2-3 years | Core |
| 3. Oral care for patients with special health care needs | Once in 2-3 years | Core |
| 4. Preventive and management of periodontal diseases | Once in 2-3 years | Core |
|  | 5. Preventive and community dentistry(Early detection of caries, oral cancer, prenatal dental care, etc) | Once in 2-3 years | Core |
| Patient and care provider safety  | 1. Behavior management | Once in 2-3 years | Non-core |
| Professional development  | 1. Good clinical practice  | Once in 2-3 years | non-core |
| 2. Emotional Intelligence  | Once in 5 year | Non-core |
| 3. Record Keeping | Once in 2-3 years | Non-core |
| **2. Dental  Surgeon** |
| Dental Surgeons | Patient and care provider safety  | 1. Infection control & waste management | Once in 5 years | Mandatory core |
| Professional development | 1. Good clinical practice  | Once in 5 years | Mandatory Core |
| Legal and Ethical aspects of care | 1. Proficiency in medico legal guidelines | Once in 5 years | Mandatory Core |
| Clinical Competency | 1. Basic life support & First Aid | Once in 5 years | Mandatory Core |
| Clinical Competency | 1. Oro-facial pain | Once in 2-3 years | Core |
| 2. Oral Mucosal Lesions | Once in 2-3 years | Core |
| 3. Prevention and management of periodontal diseases | Once in 2-3 years | Core |
| 4. Antibiotics in Dentistry | Once in 2-3 years | Core |
| 5. TMD | Once in 2-3 years | core |
| 6. Management of medical emergencies | Once in 2-3 years | Core |
| 7. Oral care for patients with special health care needs  | Once in 2- 3 years | Core |
| Professional development  | 1. Leadership | Once in 5 years | Non-core |
| 2. Research methodology | Once in 5 years | Non-core |
| 3. Clinical mentoring and supervision | Once in 5 years | Non-core |
| Legal and Ethical aspects of care | 1. Basics in forensic Dentistry | Once in 5 years | Non-Core |
|  | Clinical competency | 1. Advances in Dentistry( AI, Tele dentistry, Computer assisted design, etc) | Once in 2-3 years | Non-core |
| **3. Dental Technician** |
|  | Legal and ethical aspects of care | 1. Ethics in dentistry
 | Once in 5 years | Mandatory Core |
| Clinical competency | 1. Good clinical practice
 | Once in 5 years | Mandatory core |
| Professional development | 1. Basic Life support & First Aid
 | Once in 5 years | Mandatory core |
| Clinical Competencies | 1. Dental anatomy | Once in 2-3 year | Core |
| 2. Occlusion and function | Once in 2-3 year | Core |
| 3. Complete denture  | Once in 2-3 year | Core |
| 4. Removable partial denture | Once in 2-3  years | Core |
| 5. Dental impression | Once in 2-3 years | Core |
| 6. Dental Material | Once in 2-3 years | core |
| Professional development  | 1. Good clinical practice  | Once in 5 years | Mandatory core |
| 2. Record Keeping | Once in 5 years | Non-core |
| 3. Clinical mentoring and supervision | Once in 5 years | Non-core |
| 4. Digital Dentistry  | Once in 5 years | Non-core |
| **4. General  Duty Medical Officer** |
| Medical Doctors | Patient and care provider safety  | 1. Good clinical practice | Once in 3 years | Mandatory core |
| 2. Leadership | Once in 5 years | Mandatory core |
| 3. Proficiency in medico legal guidelines | Once in 5 years | Mandatory Core |
| 4. BLS & First Aid | Once in 5 years | Mandatory Core |
| Clinical Competencies | 1. Common protocol for medical emergencies/issues  | Once in 2  years | Core |
| 2. PEN HEART | Once in 5 years | Core |
| 3. ACLS | Once in 5 yrs | Core |
| 4. Covid management | Situational  | Core |
| 5. Basic forensic service | Once in 5 years | Core |
| Patient and care provider safety  | 1. Evidenced based practice | Once in 3 years | Non-core |
| Professional development  | 1. Hospital Management | Once in 5 years | Non-core |
| 2. Emotional Intelligence | Once in 5 years | Non-core |
| **5. Laboratory Professionals** |
| Laboratory technician/ Laboratory technologist | Professional development | 1. Professionalism and Ethics | 5 yearly | Mandatory |
| Laboratory Technician  | Technical and clinical competency  | 1. LeprosyMalarial parasite and tuberculosis | 5 yearly  | Mandatory |
| All laboratory professional | Staffs and patients safety  | 1. Infection control including waste management | Once 2- 3 years | Mandatory |
| Laboratory technician/ lab technologist | Patient care and safety. | 1. Basic life support skills and first aid | 5 yearly | Mandatory  |
| Laboratory technologist/laboratory technician(laboratory incharges) | Professional development | 1. Quality management and monitoring skills. | 5 yearly | Core |
| Laboratory professional | Technical and professional development  | 1. Record keeping, reporting and documentation | Once in 5 years | Core |
| Laboratory professionals | Professional development  | 1. Laboratory medicine best practices (GCLP) | Once a  year | Core |
| Laboratory professionals | Technical competency  | 1. Laboratory information system | Once in every 5 years | Core |
| Laboratory professionals | Clinical competency | 1. NEQAS in BGS and TTI screening | Once a year | Core |
| Laboratory professionals | Technical and clinical competency | 1. Surveillance  and post investigation outbreak. | Whenever there is a need to do surveillance (new cases)once | Core |
| Laboratory incharges | Technical competency | 1. Lab inventory and stock keeping | Once every two years | Non-core |
| Laboratory technologist | Technical competency and professional development  | 1. Basic teaching skills | Once | Non-core |
| Technical competency and professional development | 1. Research methodology | Once | Non-core |
| **6. Nursing Professionals** |
| All Nursing Professionals | Nursing Ethics and Professionalism | 1. Refresher courses on nursing ethics, conducts, etiquettes and  professionalism  | Once in 5 years | Mandatory Core |
| All Nursing Professionals | Infection Control and Medical Waste Management | 1.  Infection control2. Medical waste management | Once in 5 years | Mandatory Core |
| All Nursing Professionals | BLS | 1. Basic life support  & First Aid | Once in 5 years | Mandatory Core |
| Staff Nurse/Clinical Nurse | General  and Specialized Nursing Care Process \* | 1. North American Nursing Diagnostic Association (NANDA) tools and methods2. Patient assessment and management3. Standards nursing care process documentation  | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | General and Specialized Nursing Procedure and Patient Management\* | 1.  Nursing management in general disease patterns2.  Advanced nursing management in specialized field of nursing | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | Nursing Leadership and Management\* | 1. Concepts and value of leadership and teamwork for effective and efficient patient care.2. Nursing Administration, Management and Leadership | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | Critical Thinking and Clinical Decision Making | 1. Critical Thinking, problem solving and clinical decision making for clinical crisis and emergencies2. Critical and emergency patient management  | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | Patient Centered and Holistic Care | 1. Holistic care (Physical, Mental, Emotional & Social factor)2. Support and Welfare (stress management & emotional wellbeing) | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | Clinical Handing taking of patient | 1. Effective handover of nursing implementation for continuity of safe patient care2. Effective Patient Handover (ISBAR tool) | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | Store Management  | 1. Inventory management2. Storage of medical item3. Store management tools and quality assurance | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | Health Informatics | 1. Principal of Information technology and Nursing & Healthcare Application2. Technology based systems to identify and review the nursing practices3. Electronic Patient Information System (EPIS) | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | National guidelines & Standard-based Nursing Care | 1. National guidelines and standards for care service.2. Key performance indicators for continual quality improvement and Incident Reporting | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | Health Education | 1. Health education for effective delivery of health care services.2. Apply principles of learning and teaching in health promotion and education for individuals, groups, and communities | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | Research Methodology |  1. Research Methodology | Once in 5 years | Core |
| Staff Nurse/Clinical Nurse | Therapeutic Communication and Counselling \* | 1. Effective therapeutic communication and interpersonal relation2. Conflict management and negotiation for better work relationships.3. Counseling techniques and mental health education | Once in 5 years | Noncore |
| Staff Nurse/Clinical Nurse | Clinical Mentoring and Preceptorship  | 1. Clinical mentorship and coaching for professional development.2. Mentorship, Preceptorship, teaching, facilitation and professional supervisory skills for nurses  | Once in 5 years | Noncore |
| Staff Nurse/Clinical Nurse | Patient Safety   | 1. Safe medication2. Dressing & Pressure ulcer4. Fall prevention5. Safe Blood transfusion6. Incident reporting and documentation7. Patient safety checklist implementation | Once in 5 years | Noncore |
| Staff Nurse/Clinical Nurse | Quality Improvement Projects | 1. Point of care quality improvement project (POCQI)2. Quality improvement, clinical audit for nurses | Once in 5 years | Noncore |
| Staff Nurse/Clinical Nurse | Health Disaster and Risk Management  | 1. Disaster management2. Emergency response team | Once in 5 years | Noncore |
| **7. Ophthalmic Professional** |
| All category of ophthalmic personnel | Professional development | 1. Professionalism and medical ethics | Once in 5 years | Mandatory Core |
| 1. Basic life support Care & First Aid | Once in 5 years  | Mandatory Core |
| 1. Infection control and waste management | Once in 5 years | Mandatory Core |
| Optometry  | Clinical Competencies  | 1. Advancement in refractive error management  | Once in 2-3 years | Core  |
| 2. Diagnosis, treatment and management of ocular disease (Non strabismic binocular disorders And Vision etc. | Once in 2-3 years | Core  |
| 3. Advancement in refractive error management  | Once in 2-3 years | Core  |
| 4. Diagnosis, treatment and management of ocular disease (Non strabismic binocular disorders and Vision etc.) | Once 2-3 years | Core |
| 5. Effective communication skills to provide quality Care to the patients  | Once in 5 years | Core  |
| 6. Low Vision and Rehabilitation and counselling | Once in 2-3 years | Core  |
| 7. Pedagogy and Research Methodology  | One time  | Noncore  |
| Leadership & Management | 1. Strategic Leadership skills and Management skills  | Once in 5 years | Noncore  |
| Ophthalmic Technician | Clinical Competencies  | 1. Basic refraction and management of simple refractive error  | Once in 2-3 years | Core |
| 1. Early detection and referral of Ocular emergency cases  | Once 2-3 year | Core  |
| Patient’s Advocacy  | 1. Effective communication skills to provide quality Care  | Once in 5 years | Noncore |
| **8. Pharmacy Professionals** |
| Pharmacist/Pharmacy Technicians | Professional development | 1. Professionalism and medical ethics | Once in 5 years | Mandatory Core |
| Professional development | 1. Basic Life Support & First Aid | Once in 5 years | Mandatory Core |
| Care provider and patient safety  | 1. Infection Control and Waste Management | Once in 5 years | Mandatory Core |
| Pharmacist | Clinical Competence | 1. Therapeutic Drug Monitoring  | Once in 2-3 year | Core |
| Pharmacist/ Pharmacy Technician | 1. PharmacovigilanceNovel antimicrobial and AMR stewardship | Once in 2-3 year | Core |
| Pharmacist/ Pharmacy technician | 1. Pharmaceutical waste management | Once in 2-3 year | Core |
| Pharmacist/ Pharmacy technician | Professional development | 1. Research and Development | Once in 5 years | Non-core |
| 1. Leadership/Communication skills/Emotional Intelligence | Once in 5 years | Non-core |
| Pharmacist | 1. Pedagogy  | Once in 5 years | Non-core  |
| Pharmacist | 1. Telepharmacy | Once in two-3 years | Non-core |
| **9. Physiotherapy Professionals** |
| Physiotherapist Professionals  | Clinical Competency | 1. First Aid and BLS | 5 yearly  | Mandatory Core |
| Continuous Professional Development | 1. Professionalism and Ethics | 5 yearly | Mandatory Core |
| Care provider and patient safety | 1. Infection Control | 5 yearly | Mandatory Core |
| Clinical competency | 1. Rehabilitation during emergencies | Every 5 years  | Mandatory Core  |
| 1. Rehabilitative and MSK imaging  | 2-3 years | Core  |
| 1. Acupuncture: electro-acupuncture; trigger points and dry needling therapy. | 5 years | Core |
| 1. Early recovery after surgery (ERAS) protocols. | 2-3 years | Core  |
| 1. Early mobilization of patients in the ICU and Fundamentals in the critical care settings. | 2-3 years | Core  |
| 1. Pediatric assessment: general movement; Rapid-Neurodevelopmental Assessment (RNDA); Gross motor functional measures; Hammersmith Infant Neurological Assessment (HINE); Hammersmith Functional Motor Scale for Spinal muscular atrophy. | 2-3 years | Core  |
| 1. Cardiac Rehabilitation | 2-3 years | Core |
| 1. Stroke Rehabilitation: assessment tools; patient outcome measures; clinical practice guidelines.  | 2-3 years | Core  |
| 1. Amputee rehabilitation: pre-operative; early post-operative; pre-prosthetic; and prosthetic rehabilitation   | 2-3 years | Core |
| 1. Basic movement sciences: biomechanics; kinesiology  | 5 years | Core |
| 1. WHO WSTP-basic and intermediate level  | 5 years | Core  |
| 1. Manual handling techniques  | Every 2 – 3 years  | Core  |
| 1. Hand and upper limb rehabilitation: assessment; evaluation and management of patients with range of upper limb and hand disorders; design and fabrication of upper limb orthoses; CPGs and use of outcome measures.  | Every 2-3 years | Core  |
| 1. Neurological approaches for common neurological conditions (Neurodynamic solutions and Neurokinetic therapy) | Every 2-3 years | Core |
| 1. Manipulative therapy  | Every 2-3 years | Core |
| 1. LASER therapy: for wound healing and pain management | Every 5 years | Core  |
| 1. Palliative care: pain management and mobility health improvement | Every 2-3 years | Core  |
| 1. Store/inventory keeping and management  | Every 3-5  years  | Non-core |
| 1. Quality initiative projects  | Every 5 years | Non-core |
| 1. Monitoring and evaluation tools; auditing tools | Every 5 years | Non-core |
| Continuous Professional Development | 1. Pedagogy  | Once  | Non-core  |
| Continuous Professional Development | 1. Research and EBM | Once | Non-core |
| **10. Public Health** |
|  | **Clinical Management and Care** | 1. Emergency and Trauma care (First aid, Basic Life Support, Post Trauma Counselling, Triaging) | Every 5/ as and when required  | Mandatory |
|  | 2. Infection control and waste management | Every 5 years | Every 5 years Mandatory |
|  | 3. Medico-legal, and medical ethics, patient rights | Every 5 years | Mandatory |
|  | 1. **Social and behavior change communication (SBCC**)
 | 1. Interpersonal communication (IPC),  counselling, community health development, gender responsive planning, budgeting and project implementation, health facility branding, social marketing, etc | Every 3 years or as and when situation demands | Mandatory |
|  | 1. **Preventive and Promotive Health Care**
 | 1. Expanded Program on Immunization (EPI, vaccine, AEFI management, Cold chain management | Once in 3 years/as and when new vaccines are introduced | Core |
|  | 2. Reproductive and childhealth (family planning, Antenatal clinic, Normal delivery, Post-natal Clinic, Care for child development, growth monitoring) | Every 3 years | Core  |
|  | 3. NCD including the PEN HEARTs protocols  | Every 3 years  | Core |
|  | 4. Management and surveillance of communicable disease  | Every 3 years  | Core |
|  | 5. Public health nutrition | Every 3 years | Core |
|  | 6. Mental health and wellbeing including suicide prevention, alcohol and substance abuse | Every 3 years | Core |
|  | 7. Elderly and disability care | Every 3 years | Core |
|  |  | 8. Environmental health, occupational health and safety, water and sanitation including climate change | Every 3 years | Core |
|  | 1. **Clinical Management and Care**
 | 1. Management of common disorders and clinical diagnosis including th dental, eye and ENT care | Every 3 years | Core |
|  | 2. Basic nursing care | Every three years | Core |
|  | 3. Basic laboratoryinvestigations | Every three years | Core |
|  | 4. Pharmacology and pharmacovigilance  | Every three years | Core |
|  | 5. Quality control and assurance (BHSQA) | Every three years | Core |
|  | 1. **Research, Data Management and Health informatics**
 | 1. Research methodology, basic analyticalskills, interpretation | Every 3 years | Core |
|  | 2. Monitoring, evaluation and Reporting(DHIS2) | Three years | Core |
|  | 3. DataManagement, digital health, Health Informatics including the ePIS | Three years | Core |
|  | 1. **Public health emergency and disaster management, and IHR**
 | 1. Contingency planning vulnerability assessment, risk assessment, simulation, drill, risk communication - Public Health and Emergency Management in Asia and the Pacific (PHEMAP) course available | 3-5 years | Core |
|  | 1. **Leadership and**

**Management** | **1. Leadership  in Primary health care** Administration and management, strategic planning, critical thinking, sectoral/stakeholders coordination, design thinking, budget management, sustainable health financing and health system strengthening, RBM, coaching and mentoring | *Every 5 years (recommended for Incharge of the PHC/units)* | Noncore |
| **11. Radiography and Imaging Professionals** |
| Radiologist, Radio Technologist, Sonographer and X-ray/CT/MRI/Mammography technician | Clinical competency | 1. Medical ethics and professionalism in Radiology  | Once in 5 years | Mandatory Core |
| 2. Infection Control and Waste Management | Once in 5 years | Mandatory Core |
| 3. Basic Life Support | Once in 5 years | MandatoryCore |
| Positioning skills | 1. Radiography positioning/sonographer. | Once in 2-3 years | Core |
| Radiation Safety  following ALARA (As Low As Reasonably Achievable) Principle  | 1. Radiation safety and imaging | Once in 2-3 years | Core |
| 2. Pediatric radiography and challenges | Once in 2-3 years | Core |
| Technical skills | 1. Recent advances in CT, MRI and Mammography  | Once in 2-3 years | Core |
|  | 2. Attachment for field staffs in Doppler Sonography | Once in 5   years | Core |
| 3. Emergency and Trauma imaging including | Once in 2-3 years | Core |
| **12. Traditional Medicine Professionals**  |
| **12.1 Dungtsho** |
| Drungtsho | Legal and ethical aspects of care  | 1. Law and Ethics | Once in 5 years | Mandatory |
| Professional Development | 1. GCP | Once in 5 years | Mandatory |
| Patient and care provider safety | 1. Infection control | Once in 5 years | Mandatory |
| Clinical competency | 1. Basic life support | Once in 5 years | Mandatory |
| Clinical competency | 1. Non-invasive Therapy  | Once in 2-3 years | Core |
| 2. Invasive Therapy | Once in 2-3 years | Core |
| 3. Laynga Procedures | Once in 2-3 years | Core |
| 4. Tagched Rigpa | Once in 2-3 years | Core |
| 5. Practice of Kamkhap | Once in 2-3 years | Core |
| 6. gTar Procedures | Once in 2-3 years | Core |
| 7. Palliative Care | Once in 2-3 years | Core |
| 8. Training/Documentation of Traditional Medicinal resources | Once in 2-3 years | Core |
| 9. Clinical case presentation | Once in 2-3 years | Core |
| 10. Training on Quality Inspection methods and parameters of Essential Traditional Medicines | Once in 2-3 years | Core |
| 11. Development and Training on the rational usage/prescription of Essential Traditional Medicines/Formularies | Once in 2-3 years | Core |
| Professional development  | 1. Leadership | Once in 5 years | Non-core |
| 2. Hospital Management  | Once in 5 years | Non-core |
| 3. Research Methodology | Once in 5 years | Non-core |
| Clinical Competency | 1. Zhiney Luejong | Once in 5 years | Non-core |
| 2. Geriatric Care | Once in 5 years | Non-core |
| **12.2 Menpa**  |
| Menpa | Legal and ethical aspects of care | 1. Law and Ethics | Once in 5 years | Mandatory  |
| Patient and care provider safety | 1. Infection control | Once in 5 years | Mandatory |
| Professional development | 1. GCP and GDP | Once in 5 years | Mandatory |
| Clinical competency | 1. BLS | Once in 5 years | Mandatory |
| Clinical competency | 1. Jugpa Procedures | Once in 2-3 years | Core  |
| 2. Jamched including Serkhap | Once in 2-3 years | Core |
| 3. Numtsug Procedure | Once in 2-3 years | Core |
| 4. Mebum Procedure | Once in 2-3 years | Core |
|  |  | 5. Thruelkhor Procedure | Once in 2-3 years | Core |
| 6. Tshugrig Procedure | Once in 2-3 years | Core |
| 7. Dugrig Procedure | Once in 2-3 years | Core |
| 8. Basic Nursing Care | Once in 2-3 years | Core |
| 9. Tagthap Rigpa | Once in 2-3 years | Core |
| 10. Zhiney luejong | Once in 2-3 years | Core |
| 11. Training/Documentation of Traditional Medicinal resources | Once in 2-3 years | Core |
| 12. Clinical case presentation | Once in 2-3 years | Core |
| 13. Training on Quality Inspection methods and parameters of Essential Traditional Medicines | Once in 2-3 years | Core |
|  | 14. Development and Training on the rational usage/prescription of Essential Traditional Medicines/Formularies | Once in 2-3 years | Core |
| Clinical competency and Professional development | 1. Palliative care
 | Once in 5 years | Non-core |
| 1. Laynga procedure
 | Once in 5 years | Non-core |
| 1. Basic community health
 | Once in 5 years | Non-core |
| 1. Research and methodology
 | Once in 5 years | Non-core |
| 1. General health counselling
 | Once in 5 years | Non-core |