

# **GUIDELINES FOR CONTINUING MEDICAL EDUCATION**



**KINGDOM OF BHUTAN**

Bhutan Medical and Health Council  
Autonomous Government Agency  
Thimphu Bhutan  
2022

**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

# **Table of Contents**

<b>ACKNOWLEDGEMENT</b>	<b>4</b>
<b>INTRODUCTION</b>	<b>5</b>
<b>APPLICATION AND SCOPE OF GUIDELINE</b>	<b>5</b>
<b>PURPOSE OF CME</b>	<b>5</b>
<b>DEFINITIONS</b>	<b>6</b>
<b>STANDARDS FOR CME</b>	<b>6</b>
<b>COMPETENCY AREA</b>	<b>6</b>
<b>CME CREDIT REQUIREMENT AND CREDIT CALCULATION</b>	<b>7</b>
<b>PROCEDURE FOR APPLICATION AND APPROVAL OF CME</b>	<b>7</b>
<b>AWARD AND UPDATING OF CME CREDITS</b>	<b>10</b>
<b>CME SUB-COMMITTEE AND TERMS OF REFERENCE</b>	<b>12</b>
<b>ANNEXURE I</b>	<b>14</b>
<b>ANNEXURE II</b>	<b>15</b>
<b>ANNEXURE III</b>	<b>16</b>
<b>ANNEXURE IV</b>	<b>17</b>

# ACKNOWLEDGEMENT

The following officials participated in developing this document:

1. Mr. Kinga Jamphel, Registrar, BMHC
2. Ms. Gaga Dukpa, Deputy Registrar, BMHC
3. Mr. Pema Dorji, Legal Officer, BMHC
4. Mr. Sonam Dorji, Sr. ICT Technical Associate, BMHC
5. Ms. Leesa Leebang Subba, Asst. Program Officer, BMHC
6. Mr. Sonam Chopel, Regulatory Officer, DRA
7. Mr. Loden Jamtsho, Drug Inspector, DRA
8. Ms. Kunzang Wangmo, Sr. HRO, DRA
9. Mr. Leki Dorji, Program Officer, BMHC

## **1. 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.

The Executive Committee of the Bhutan Medical and Health Council (BMHC) during its 28th Executive Meeting held on 8th June, 2022 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.

## **2. 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 2022 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 1st July, 2022.

## **3. 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 :

- i. enhance clinical competencies and performance.
- ii. promote self-assessment and lifelong learning. develop professional and career opportunities.

## **4. 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.

## **5. 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.

- I. Standard I: Objectives and Expected Outcome
- II. Standard II: Content
- III. Standard III: Learning Methods
- IV. Standard IV: Planning, Approval, and Documentation
- V. Standard V: Self-learning
- VI. Standard VI: CME Proponent/Providers and Resource Persons
- VII. Standard VII: Educational Context and Resources
- VIII. Standard VIII: Monitoring & Evaluation
- IX. Standard IX: Continuous Quality Improvement

## **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.

## **7. 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.

- 7.1 The CME credit requirements shall be defined by the Council from time to time.
- 7.2 Credit shall be as per the Annexure II CME Accreditation Table.
- 7.3 An individual who wishes to remain in active clinical practice shall have to accrue a minimum of 30 credits in 5 years.
- 7.4 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.
- 7.5 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.
- 7.6 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.

## **8. PROCEDURE FOR APPLICATION AND APPROVAL OF CME**

- 7.1. 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.
- 7.2. The Council Secretariat will review the proposal based on the list of creditable CME and the Standard for CME, 2021.
- 7.3. The proposal may be approved or rejected based on the fulfillment of the requirements.
- 7.4. 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.
- 7.5. Once the CME proposal is approved, the Council Secretariat will create a CME ID and notify credits by email or telephone accordingly.
- 7.6. 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.
- 7.7. 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.

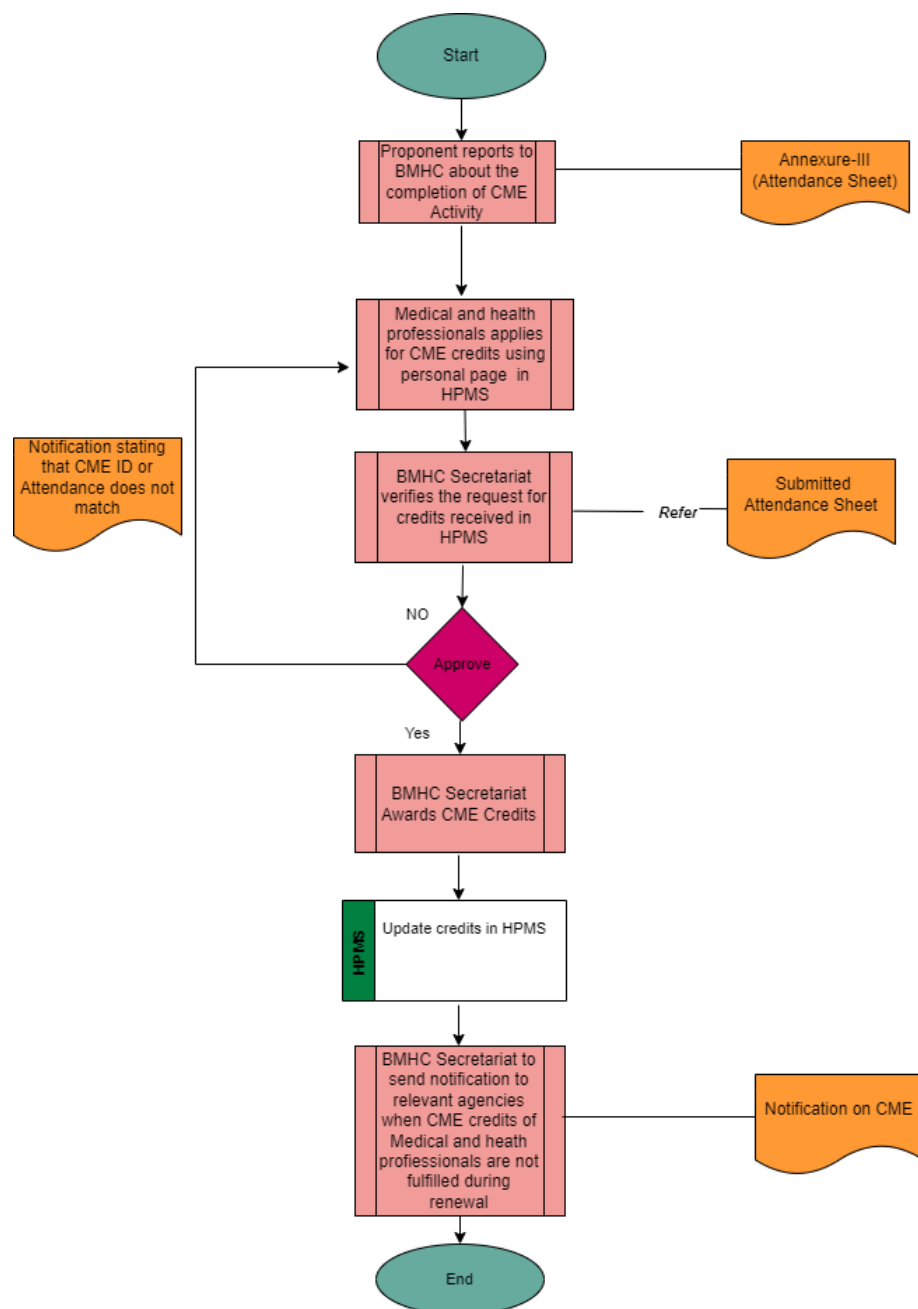




## **9. AWARD AND UPDATING OF CME CREDITS**

- 8.1. 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.
- 8.2. 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.
- 8.3. 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.
- 8.4. The CME credits will be awarded to the professionals who seek post-approval after fulfilling the conditions in Section 6.5.
- 8.5. 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



## **10. 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.

### **10.1. Composition**

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

- a. One representative from the medical group
- b. One representative from the nursing and midwifery group
- c. One representative from the health sciences group
- d. One representative from the traditional medicines group
- e. One representative from the Department of Medical Services, Ministry of Health

### **10.2. 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.

- a. A member may serve consecutively for a maximum of 2 terms only.
- b. A member may choose to resign from the Committee in which case a new member may be nominated for replacement.
- c. 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.

### **10.3. Responsibilities**

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

The Sub-Committee shall:

- a. Review standards from time to time and provide recommendations on improving the CME system for a credible and quality CME system.
- b. Propose new CME activities to be added in the list of creditable CME (Annexure V).
- c. Evaluate the CME modules submitted by the teaching hospitals/ universities for approval/validation.
- d. Recommend the total credit requirements for the various professionals.
- e. Carry out any other functions as recommended by the Executive Committee or General Body.

#### **10.4. Proceedings**

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.

- i. Chairperson
- ii. Quorum
  - a. The meeting will be convened if 50% of the members are present.
  - b. The members can participate in person or virtually.
- iii. Frequency
  - a. The Committee will meet as and when required but at least once a year.

#### **10.5. Secretariat**

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

## ANNEXURE I: CME ONLINE APPLICATION FORMAT

<b>1. Type of CME Activity [put '√' in appropriate boxes (s)]</b>	
a. Workshop <input type="checkbox"/> b. Conference <input type="checkbox"/> c. Congress <input type="checkbox"/> d. Seminar <input type="checkbox"/> e. Symposium <input type="checkbox"/> f. Clinical Meeting <input type="checkbox"/> g. Research <input type="checkbox"/> h. Attachment <input type="checkbox"/> i. Training <input type="checkbox"/> j. Publications <input type="checkbox"/> k. Assignments <input type="checkbox"/> l. Online CME <input type="checkbox"/> m. Others(specify): .....	
<b>2. Agenda, Venue and Date Details (Submit CME brochure along with name of resource person against topics &amp; time allocated. Download the sample agenda document for submission of an online proposal.</b>	
a. Venue	
b. Duration of CME Activity:	
c. Date:	
<b>3. Title of CME/ Objectives of Proposed CME Activity:</b>	
<b>4. Methodologies [put '√' in appropriate box(s)]:</b>	
a. Lectures <input type="checkbox"/> b. Practical <input type="checkbox"/> c. Demonstrations <input type="checkbox"/> d. Tutorial <input type="checkbox"/> e. Case-Conference <input type="checkbox"/> f. Role play <input type="checkbox"/> g. Peer review <input type="checkbox"/> h. Problem-based learning <input type="checkbox"/> i. Others (specify) .....	
<b>5. Pre-test and Post-test assessment</b>	
• Upload	
<b>6. Participants:</b>	
Total Number:	
Category/Levels:	
<b>7. CME Organizer/Applicant:</b>	
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.	a. Clinical meeting (including case presentation and discussion) b. Workshop	1 credit for 3 hours participation 1 credit for 2 hours participation ( in house)	As determined from the agenda
2.	a. 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.	a. Conference b. Congress c. Seminar d. Symposium e. Journal Club	1 credit for 4 hours for participation 2 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.	a. Publications: Research papers and articles	5 credits for Principal Investigator. 3 credits for Co-author	
5.	a. Publications – books, chapters in book, articles	3 credits per chapter (upto 15 credits)	
6.	a. 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
7.	a. 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 BMHC No need for prior approval
8.	a. Resource/Trainers/Facilitators in their professional practice for non-formal CME activities	1 credit for 2 hours 0.2 credit per day for Sl. No. 2	As determined from the agenda and/or registered as a resource with the BMHC.
9.	a. 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

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.



## 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
<b>1. Dental Hygienist</b>				
Dental Hygienist	Patient and care provider safety	1. Infection control	Once in 5 years	Mandatory core
	Legal and Ethical aspects of care	1. Medical ethics and Professionalism in dentistry	Mandatory core	Mandatory core
		Once in 5 years	Mandatory Core	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 5 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. Basic life support & First Aid	Once in 2-3 years	Core
		1. Dental anatomy	Once in 2-3 years	Core
		2. Occlusion and function	Once in 2-3 years	Core
		3. Complete denture	Once in 2-3 years	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. Leprosy Malarial 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	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	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

<b>6. Nursing Professionals</b>				
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 control 2. 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 methods 2. Patient assessment and management 3. 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 patterns 2. 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 emergencies 2. 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 care 2. Effective Patient Handover (ISBAR tool)	Once in 5 years	Core
Staff Nurse/ Clinical Nurse	Store Management	1. Inventory management 2. Storage of medical item 3. 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 Application 2. Technology based systems to identify and review the nursing practices 3. 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 relation 2. 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 medication 2. Dressing & Pressure ulcer 4. Fall prevention 5. Safe Blood transfusion 6. Incident reporting and documentation 7. 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 management 2. 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
Staff Nurse/ Clinical Nurse	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 year	Core
		1. Early detection and referral of Ocular emergency cases	Once in 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 devel- opment	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. Pharmacovigilance	Once in 2-3 year	Core
Pharmacist/ Pharmacy technician		Novel antimicrobial and AMR stewardship	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	Physiotherapist Professionals	1. First Aid and BLS	5 yearly	Mandatory Core
	Physiotherapist Professionals	1. Professionalism and Ethics	5 yearly	Mandatory Core
	Physiotherapist Professionals	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 child health (family planning, Antenatal clinic, Normal delivery, Post-natal Clinic, Care for child development, growth monitoring)	Once in 5 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 dental, eye and ENT care	Every 3 years	Core
		2. Basic nursing care	Every 3 years	Core
		3. Basic laboratory investigations	Every 3 years	Core
		4. Pharmacology and pharmacovigilance	Every 3 years	Core
		5. Quality control and assurance (BHSQA)	Every 3 years	Core
	1. Research, Data Management and Health informatics	1. Research methodology, basic analytical skills, interpretation	Every 3 years	Core
		2. Monitoring, evaluation and Reporting (DHIS2)	3 years	Core
		3. Data Management, digital health, Health Informatics including the ePIS	3 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	<i>Every 5 years (recommended for Incharge of the PHC/ units)</i>	Noncore

11. Radiography and Imaging Professionals				
Radiologist, Radio Technologist, Sonographer and X-ray/CT/ MRI/ Mammography technician	Clinical compe- tency	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	Mandatory Core
	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 Dungshto				
Dungshto	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 5 years	Non-core
		13. Training on Quality Inspection methods and parameters of Essential Traditional Medicines	Once in 5 years	Non-core
		14. Development and Training on the rational usage/ prescription of Essential Traditional Medicines/ Formularies	Once in 5 years	Non-core
	Clinical competency and Professional development	1. Palliative care	Once in 5 years	Non-core
		2. Laynga procedure	Once in 5 years	Non-core
		3. Basic community health	Once in 5 years	Non-core
		4. Research and methodology	Once in 5 years	Non-core
		5. General health counselling	Once in 5 years	Non-core