

# STANDARD FOR CONTINUING MEDICAL EDUCATION



**KINGDOM OF BHUTAN**

Bhutan Medical and Health Council  
Royal Government of Bhutan  
2022

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# 1. Acknowledgement

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## **2. Abbreviations**

BMHC	Bhutan Medical and Health Council
CBF	Competency Based Framework
CME	Continuing Medical Education
CPD	Continuing Professional Development
ICT	Information and Communication Technology
MoH	Ministry of Health
KGUMSB	Khesar Gyalpo University of Medical Sciences of Bhutan



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.

## **6. Rationale**

Each year a large number of CME activities are conducted at various levels of healthcare facilities for different categories of professionals. However, there are wide variations in the quality of CME. There is room for improvement of content, method of delivery, organization and monitoring and evaluation system.

There is a need to develop measurement tools to be used for assessment and evaluation. The standards will help to standardize the different kinds of CME to ensure a CME system which enhances the competencies and skills of professionals promoting quality healthcare services.

## **7. Mission of the Standard**

The mission is to ensure a comprehensive CME system for the purpose of maintaining competent medical and health professionals who are regularly updated on the developments in their professional practice in clinical or research areas (relevant to their clinical practice) for efficient and safe patient care.

## **8. Guiding Policies and Principles**

- All the registered medical and health professionals who wish to engage in active clinical practice should accrue a minimum of 30 credits in five years in order to be eligible for the renewal of their registration;
- Out of the 30 credits, 15 credits should be in the area of core professional practice;
- Any medical or health professionals who are not engaged in active clinical practice but wish to remain registered with the Council should also obtain a minimum of 30 credits of CME in 5 years;

- It is the responsibility of the professionals to identify their own development needs to ensure they have the right competencies and skills in line with the technological changes and practices in their professional fields;
- The CMEs must be planned, designed and implemented as per the standards to ensure quality;
- The CMEs must be identified and prioritized through a systematic process based on the priority needs to ensure the effective utilization of limited resources.
- There should be proper coordination of CMEs to prevent disruption to service delivery and ensure cost effectiveness.

## 9. Standard I: Objectives and Expected Outcome

This standard defines the requirement of objectives and expected outcome for the CME. Every medical and health professional must identify their own objective and expected outcome for the CME to guide in self-learning and continual professional development. There should be a clear objective and expected outcome for the CME.

**Objectives:** To ensure all objectives and outcomes of CME activities are aligned with the identified needs to enhance the knowledge and skills of healthcare professionals.

### **Quality Indicators:**

- There is a clearly defined objective and expected outcome of the CME;
- The objective of the CME is in congruence with the competencies as defined in the Competency Based Framework (CBF)/Service Standards of MoH/Scope of Practice of BMHC and advancement of health technologies/healthcare needs;
- The CME objective(s) are need-based (both core and non-core) competencies for clinical practice;
- There is a link between the expected outcome of the CME and the competencies and skills to conduct their day-to-day activities

within the scope of practice to be achieved through the CME;

- The objective and expected outcomes are defined in consultation with the relevant stakeholders such as hospital management and relevant departments in the Ministry of Health.

### **Annexure 1 - CHECKLIST FOR STANDARD I: OBJECTIVES AND EXPECTED OUTCOMES**

**Direction:** *Assess if CME/CPD has clearly defined Objectives and Outcomes, put tick (✓) in the appropriate column.*

<b>Sl. No</b>	<b>Items</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
1	Is there a clearly defined objective and expected outcome of the CME?			
2	Is the objective of the CME in congruence with the competencies as defined in the Competency Based Framework (CBF) and advancement of health technologies/ healthcare needs?			
3	Are the CME objective(s) need-based (both core and non-core) and related to competencies for clinical practice?			
4	Is there a link between the expected outcome of the CME and the competencies and skills to conduct their day-to-day activities within their scope of practice to be achieved through the conduct of CME?			
5	Are the objective and expected outcomes defined in consultation with the relevant stakeholders such as hospital management and relevant Department in the Ministry of Health?			



## 10. Standard II: Content

This standard defines the requirements of the contents of the CME. The CME content must help in addressing the needs and improving the clinical outcomes. CME contents must aim to enhance the roles and competencies and organization of work, communication, medical ethics, teaching, research and administration.

**Objectives:** To ensure the contents of the CME are relevant to the needs of the health professionals and address the knowledge and skills gaps.

### ***Quality Indicators:***

- The contents are designed through a consultative process engaging relevant stakeholders;
- The contents are based on scientific evidence and best practice;
- The contents address the identified gaps and needs, and matches with the intended learners' current or potential scope of practice;
- The contents of the CME modules are designed in a way to address the current and emerging advances in medical and health sciences, technology, medical education and research in their professional practice;
- The CME are structured as per the defined requirements under Annexure V-CME Contents under CME Guideline 2022;
- The contents of the CME which are not included in the Annexure V shall be decided based on the priority and needs of the specified fields of clinical practices.
- The CME activities also integrate, wherever appropriate, practice management and leadership educational programmes;
- The CME contents will be reviewed and revised annually by the CME Subcommittee in consultation with the relevant stakeholders;
- The contents are linked with the training need analysis of the competency-based framework;

- The contents are delivered using formats appropriate for the setting, objectives and desired results.

## Annexure 2 - CHECKLIST FOR STANDARD II: CONTENT

**Direction:** *Assess if CME/CPD has clearly defined content, put tick (✓) in the appropriate column.*

Sl. No.	Items	Yes	No	Remarks
1	Are the contents designed through a consultative process engaging relevant stakeholders?			
2	Are the contents based on scientific evidence and best practice?			
3	Do the contents address the identified gaps and needs, and match with the intended learners' current or potential scope of practice?			
4	Are the contents of the CME designed to address the current and emerging advances in medical and health sciences, technology, medical education and research in their professional practice?			
5	Are the CME structured as per the defined requirements under Annexure V-CME Contents under CME Guideline 2022?			
6	Does the CME activity integrate, wherever appropriate, practice management and leadership educational programmes?			
7	Are the CME contents reviewed for relevance and updated from time to time?			
8	Are the contents linked with the training needs of the competency-based framework?			
9	Are the contents delivered using formats appropriate for the setting, objectives and desired results?			

## 11. Standard III: Learning Methods

This standard is to ensure the quality of learning methods. The learning methods used in the CME should be relevant to the education/training provided. CME should take advantage of a variety of learning modalities.

CME can be delivered considering the following domains: (a) *Cognitive domain*: lectures, group work, presentation and self-learning; (b) *Psychomotor domain*: role play, demonstration, field visits and hands on practice; and (c) *Affective domain*: role play and communication exercise.

**Objectives:** To ensure learning methods are appropriately tailored to the needs of the participants to optimize learning outcomes.

### **Quality Indicators:**

- The learning method(s) of the CME is appropriately selected to suit the various categories of the medical and health professionals;
- The learning methods are tailored to the needs of participants to optimize the learning;
- The learning method(s) encompass integrated practical and theoretical components in order to enhance competencies;
- The learning method(s) are firmly based on science and evidence-based;
- The learning methods include courses, lectures, seminars, conferences, self-learning, self-assessment, research publications, study visits, clinical training attachment, and clinical experiences;
- The medical and health professionals develop linkages with other professional colleagues/bodies;
- The learning methods integrate supervised patient care experiences as well as through self-directed and active learning;
- The CME learning methods comprise both face-to-face and virtual, as appropriate.

**Annexure 3 - CHECKLIST FOR STANDARD III: Learning Methods**

**Direction:** *Assess if CME/CPD has appropriate learning methods, put tick (√) in the appropriate column.*

Sl. No.	Items	Yes	No	Remarks
1	Are the learning method(s) of the CME appropriately selected based on the various categories of the medical and health professional?			
2	Are learning methods tailored to the needs of participants to optimize the learning?			
3	Do the learning method(s) encompass integrated practical and theoretical components in order to enhance competencies?			
4	Are the learning method(s) firmly based on science and evidence-based?			
5	Do the learning methods encompass both practical and theoretical approaches?			
6	Are there facilities to deliver the CME as per the proposed methodology (CME application annexure) ?			
7	Are the methods used for CME delivery appropriate to the participants?			
8	Are the learning methods appropriate to the objectives of the CME?			
9	Do the learning methods integrate both theoretical and practical learning sessions, when deemed necessary?			
10	Does the Virtual Clinical CME include a certain percentage of non-virtual sessions?			

## 12. Standard IV: Planning, Approval and Documentation

This standard defines the requirements for planning and coordination including approval process and documentation for CME activities. The CME shall be an evidence-based or need-based learning activity to enhance the knowledge and skills required for the delivery of quality healthcare services. Needs assessment is an integral component of successful CME and the assessment methods can range from complex and detailed methods such as research to simple methods such as reflecting on practice, receiving complaints and feedback, interacting with the team, etc.

**Objective:** To ensure a systematic planning, approval and documentation system for CME credits.

### **Quality Indicators:**

- 4.2.1. The list of CME activities will be screened and reviewed annually by the CME subcommittee in consultation with relevant agencies or as and when deemed necessary;
- The applicants follow the application process provided in Annexure 1 (CME Online Application Format) of Guidelines on Continuing Medical Education, 2022 and submit all necessary documents required as per the checklist (Annexure 4);
  - If all documents required are submitted, the Council gives the final approval for the proposed CME activities/programs within 3 working days from the date of receipt of the application from the Department;
  - The Council awards the credits for the proposed CME as per the CME credit system (Annexure 2 of Guidelines of CME, 2022);
  - The CME credits are also awarded to individuals who have attended the CME individually including online learning from the accredited institutions;
  - There is a digitalized system for documentation of CME activities/programs for research and monitoring purposes;

- The CME is properly planned and well coordinated to avoid disruption of services without compromising the quality of learning;
- The Council allows healthcare facilities to provide CMEs;
- The CMEs are conducted by the certified/competent resource personnel with adequate knowledge and skills of the topic;
- The CMEs are well documented by the Council in an IT-enabled system and at health facility level for proper monitoring and feedback;
- The CMEs are well planned and conducted in appropriate settings.

## Annexure 4 - CHECKLIST FOR STANDARD IV: PLANNING, APPROVAL AND DOCUMENTATION

**Direction:** *Assess if CME/CPD has clearly defined planning, approval and documentation standards, put tick (✓) in the appropriate column.*

Sl. No.	Items	Yes	No	Remarks
1	Are all CME activities/programs revised/ reviewed annually by the CME sub committee in consultation with relevant agencies?			
2	Did the applicant follow the application process provided in Annexure 1 in Guidelines on the CME, 2022 and submit all necessary documents required as per the checklist ?			
3	Did the Council award the credits for the proposed CME as per the CME credit system (Annexure 2 of the Guidelines on the CME, 2022)?			
4	Are the CME activities/programs documented for research and monitoring purposes?			
5	Are the CME activities properly planned and well coordinated to avoid disruption of services without compromising the quality of learning?			
6	Are the CME activities/programs conducted by certified resource personnel with adequate knowledge and skills of the topic?			
7	Are the CME activities/ programs well documented by the Council in an IT-enabled system and health facility level for proper monitoring and feedback?			
8	Are the CME activities/programs well planned and conducted in appropriate settings?			

## CALCULATION OF CME CREDIT

Refer Guidelines for Continuing Medical Education 2022 section 8 and annexure II: CME creditable activities.

### 13. Standard V: Self-learning

This standard defines the requirements for self-learning as a part of the CME activities. The professional should inculcate a life-long learning habit and possess an attitude to learn and relearn. Individuals shall bear the responsibility for their learning and professional development.

**Objectives:** To encourage and foster the practice of self-learning amongst healthcare professionals through the provision of a conducive environment.

**Quality Indicators:**

- The Council shall assess and evaluate the authentic source for the online CME;
- There is an enabling environment to encourage and motivate self-directed learning;
- There is access to resources for self-learning in the health facilities;
- There is a process for engagement of the professionals in identifying the CME needs and implementation;
- The sources of the CME availed by individuals are from those assessed and evaluated by the Council;
- The content of self-learning is relevant to the background and the qualification of the individual;
- There is access to ICT facilities and professionals are competent to use for self-directed learning, communication, information search, and patient and practice management;
- Professionals identify their educational needs and plan CME properly in advance;
- Professionals are encouraged to undertake CME activities that are relevant to their field of practice and professional development;



- Professionals attend CME activities that have been approved/recommended by the Council.

### Annexure 7 - CHECKLIST FOR STANDARD V: SELF LEARNING

**Direction:** *Assess if CME/CPD has clearly defined standards on self-learning, put tick (✓) in the appropriate column.*

Sl. No.	Items	Yes	No	Remarks
1	Is there an enabling environment to encourage and motivate self-directed learning?			
2	Is there access to resources for self learning in Health facilities?			
3	Is there a process for engagement of the professionals in identifying the CME needs and implementation?			
4	Is the CME received from an authentic source? (link)			
5	Is the content of self learning relevant to the background and the qualification of the individual?			
6	Are professionals competent to use information and communication technology for self-directed learning, for communication, information searching, and practice management?			
7	Do the professionals identify their educational needs and properly plan the CME activities in advance?			
8	Are professionals encouraged to undertake CME activities that are relevant to their field of practice and professional development?			
9	Do the professionals attend CME activities that have been approved/recommended by the Council?			

## 14. Standard VI: CME Proponent/ Providers and Resource Persons

This standard defines the requirements for the CME providers and resource persons. CME providers can include the Ministry of Health, professional organizations, training institutes, pharmaceutical companies, regulatory bodies and international institutes. The resource persons must be competent with relevant knowledge, skills and attitude for the effective delivery of CME.

**Objectives:** To ensure CME proponents/providers and resource persons are relevant and competent to deliver CME in the related fields.

### ***Quality Indicators:***

- The Resource Persons meet the set criteria (Annexure 8);
- There is a system for recognition of CME providers and/or the Resource Persons by the Council;
- There is a system for the CME providers to receive feedback for improvement;
- The CME providers are able to describe the educational basis of their activities including access to educational expertise;
- The CME providers use the appropriate methods and tools;
- The CME providers promote CME by developing standard training modules;
- The CME providers actively engage in research/need analysis/ review on the proposed CME;
- The CME providers demonstrate use of appropriate educational methods and technology while planning and conducting their activities;
- The CME providers declare conflict of interest,if any;
- The CME providers adhere to the Standard IV: Planning, Approval and Documentation.

## Annexure 8 - CHECKLIST FOR STANDARD VI: CME Providers and Resource Persons

**Direction:** *Assess the eligibility of CME Providers and Resource Person, put tick (√) in the appropriate column.*

Sl. No.	Items	Yes	No	Remarks
1	Does the resource person have knowledge/experience and qualification relevant to the CME activity?			
2	Does the CME provider have a proper feedback mechanism/tools for the proposed CME activity?			
3	Does the CME provider have/use appropriate methods/tools for mode of delivery for the proposed CME activity?			
4	Has the CME provider declared conflict of interest, if any?			
5	Has the CME provider adhered to the Standard IV?			

## 15. Standard VII: Educational Context and Resources

This standard defines the educational context and resource requirements for the CME. There should be adequate and appropriate resources and materials for the CME.

**Objectives:** To ensure that the minimum requirement in terms of resources and infrastructure are met.

### **Quality Indicators:**

- There is a system for CME for capacity development of professionals aligned with the needs of the healthcare system;
- For effective learning, the CME activities are provided in appropriate settings depending upon the level of CME and

settings are equipped with the resources including physical space, information communication technology, simulation laboratories, skill laboratories or clinical sites, field training facilities, etc;

- There is a system to allow the CMEs virtually or through an online platforms;
- There is a system to create a pool of resources required for the CMEs.

### **Annexure 9 - CHECKLIST FOR STANDARD VII: Educational Context and Resources**

**Direction:** Assess the available resources, put tick (√) in the appropriate column

<b>Sl. No.</b>	<b>Items</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
1	Is there a system for capacity development of professionals in line with the needs of the healthcare system?			
2	Is there appropriate healthcare settings and resources in line with the level of CME activity I. Appropriate physical space II. IT-enabled environment III. Simulation laboratories IV. Skill laboratories/Clinical Sites V. Field Training facilities			
3	Is there a system/policy in place for the provision of an online platform to avail CME?			
4	Is there a pool of resources to conduct CME: I. Financial Resources II. Human Resources			

## 16. Standard VIII: Monitoring & Evaluation

This standard defines the requirements of the system for the evaluation and monitoring of the CME activities. The CME should be continuously monitored and evaluated with appropriate methods and tools. There should be adequate and appropriate methods to review CME delivery and the impact of CME.

**Objectives:** To ensure the CME activities have a meaningful impact on the knowledge and competence of healthcare professionals and the quality of the health system through a robust monitoring and evaluation system.

### **Quality Indicators:**

8.2.1. CME evaluation is done by the Council Secretariat and CME Subcommittee referring to standards and regulations.

- There is a system for evaluation and monitoring of the CME activities for continuous improvement;
- There is a system for assessment of the impact of the CME activity; (*develop a system of impact assessment*)
- The evaluation involves a review of the structure, contents, mode of delivery, and outcomes;
- The results of the evaluation are shared with relevant stakeholders for necessary actions;
- There is a system for recognition, certification, and approval of CME activities/programs;

**Annexure 10 - CHECKLIST FOR STANDARD VIII:  
MONITORING AND EVALUATION**

**Direction:** *Assess if CME/CPD has a clearly defined standard on monitoring and evaluation, put tick (✓) in the appropriate column.*

Sl. No.	Items	Yes	No	Remarks
1	Is there a system for evaluation and monitoring of the CME activities appropriate assessment of the ensuing learning?			
2	Does the evaluation involve review of structure and content; mode of delivery; and outcomes post CME?			
3	Are feedbacks from the participants systematically sought, analyzed and acted upon?			
4	Are the results of the evaluation shared with relevant stakeholders?			
5	Is there is a system for recognition, certification and approval of CME			
6	Is there a system for assessment of impact after the completion of CME activity?			
7	Does CME evaluation involve experts and address the context of the learning process, the structure and specific components of the CME and the learning outcome?			

## 17. Standard IX: Continuous Quality Improvement

This standard defines the requirements to review and assess the CME for continuous quality improvement. The review and assessment should be carried out using standard tools and systems. This standard recognizes that the CME system should be dynamic and must continuously improve to address healthcare needs and development.

**Objectives:** To continually review and evaluate the quality of CME and implement the improvements for continuous quality improvement.

### ***Quality Indicators:***

- The CME system is continuously reviewed and revised to adapt to the changing needs of healthcare system;
- There is a system for collecting feedbacks from the participants and resource persons;
- The findings from the feedback are reviewed for the continuous quality improvement;
- The CME system is evaluated regularly to study the CME process and outcome.

**Annexure 11 - CHECKLIST FOR STANDARD IX: Continuous Quality Improvement**

**Direction:** *Assess the available resources, put tick (√) in the appropriate column*

Sl. No.	Items	Yes	No	Remarks
1	Is there provision to review and revise CME to meet the changing healthcare system needs?			
2	There is a central feedback system developed for timely feedback after each CME is conducted.			
3	Is there a mechanism to incorporate changes to the CME system after the receipt of feedback?			
4	Timely evaluation and study of CME system to ensure quality of patient care			



## 18. References

- a. Continuing Professional Development (CPD) of Medical Doctors WFME Global Standards for Quality Improvement, WFME Office: University of Copenhagen, Denmark, 2003
- b. Continuing Medical Education (Debusk College of Osteopathic Medicine) Policies and Procedures Manual, 2013-201
- c. Guidelines on Continuing Medical Education-2018, Bhutan Medical and Health Council, 2018
- d. Regional Guidelines for Continuing Medical Education/ Continuing Professional Development(CPD) activities, WHO, 2010
- e. Policy for Developing & Conducting Continuing Medical Education Activities, Aerospace Medical Association
- f. Policy on Content Validation, Aerospace Medical Association

# Annexures

## CME APPROVAL NOTICE

Dear Sir/Madam,

The following CME has been approved by the Council:

- 1. CME ID: .....
- 2. Total CME credit for participants: .....
- 3. Total CME credit for resource person: .....

**NOTE:**

*Please submit a signed list of participants along with BMHC Registration No. and CME ID at the end of activity to facilitate the awarding of CME credits to the account of the respective professionals. You may email the participant list to: [bmhc@bmhc.gov.bt](mailto:bmhc@bmhc.gov.bt)*