

मध्य प्रदेश आयुर्विज्ञान परिषद्

# MADHYA PRADESH MEDICAL COUNCIL: BHOPAL

(Estb. on 1-4-1996 U/s 3 of the Madhya Pradesh Ayurvigyan Parishad Adhiniyam 1987)  
(M. P. Act No. 11 of 1990)

Tele: (0755) 2767786  
(0755) 2551568

Email: registrar.mpmc@mp.gov.in



F-7, Sanchi Complex,  
Opp. Board Office,  
Bhopal (MP) 462 016

Web: www.mpmcouncil.net

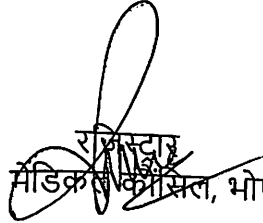
क्रमांक एमपीएमसी/ सीएमई/ 2022/ 1184

भोपाल, दिनांक...28/6/2022

## कार्यालय आदेश

परिषद् की वार्षिक बैठक दिनांक 21.06.2022 के प्रस्ताव क्रमांक 13 में पारित निर्णय अनुसार सीएमई गाइडलाईन में संशोधन कर नवीन गाइडलाईन तैयार की गई है।

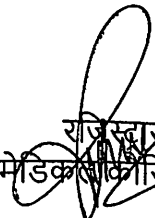
अतः पारित निर्णय के अनुक्रम में उक्त नवीन संलग्न सीएमई गाइडलाईन जारी की जाती है। गाइडलाईन तत्काल प्रभाव से लागू होगी।

  
रजिस्ट्रार  
म.प्र. मेडिकल कौंसिल, भोपाल

क्रमांक एमपीएमसी/ सीएमई/ 2022/ 1185  
प्रतिलिपि-

भोपाल, दिनांक 28/6/2022

1. आयुक्त चिकित्सा शिक्षा, मध्यप्रदेश, सतपुड़ा भवन, भोपाल।
2. संचालक चिकित्सा शिक्षा, मध्यप्रदेश, सतपुड़ा भवन, भोपाल।
3. संचालक, स्वास्थ्य सेवाएँ मध्यप्रदेश, सतपुड़ा भवन, भोपाल।
4. सचिव, राष्ट्रीय आयुर्विज्ञान आयोग, नई दिल्ली।
5. समस्त राज्य चिकित्सा परिषद्।
6. अध्यक्ष, इंडियन मेडिकल एशोसिएशन (म.प्र. चेप्टर)।
7. समस्त अधिष्ठाता, चिकित्सा महाविद्यालय मध्यप्रदेश।
8. समस्त शाखा प्रभारी, मध्यप्रदेश मेडिकल कौंसिल, भोपाल।
9. श्री शैलेश धोटे - मैनेजमेंट एक्सपर्ट, मध्यप्रदेश मेडिकल कौंसिल की ओर परिषद् की वेबसाइट पर अपलोड किये जाने हेतु।

  
रजिस्ट्रार  
म.प्र. मेडिकल कौंसिल, भोपाल

**MADHYA PRADESH MEDICAL  
COUNCIL**

**GUIDELINES FOR  
CONTINUING MEDICAL  
EDUCATION (CME)**

*dk*  
14/7/2020

## MADHYA PRADESH RULES FOR CONTINUING MEDICAL EDUCATION (CME)

Medical Science is Dynamic and there is no end of learning for a doctor. This is in essence the Concept of continuing medical education (CME).

### **Following rules of CME and modalities for accreditation:-**

All National/State level organizations conducting CME programmes in Madhya Pradesh at present should approach the M.P. Medical Council for accrediting these organizations.

On the receipt of such request M.P. Medical Council shall consider the following factors for being granted accreditation for conducting CME programmes and shall award credit hours:

1. CME programmes meant for graduate should have a brief session on National Health Programs on relevant subject along with adequate exposure to recent advances, changing modalities of treatment, adequate exposure of consumer protection and medical insurance laws, record keeping and medical audit.
2. The organization should have all the requisite and demonstrated ability to plan and implement CME programs to cover the targeted group (General practitioners & specialists' medical teachers (and Vertical National Health program officials) etc.
3. The organizations should provide the schedule and transcripts of each C.M.E. activity.
4. Organizations should make arrangements for advance publicity to the targeted group of participants.
5. The methodology of feedback evaluation program should be intimated in advance.
6. The organization should undertake to publish handouts, bring out a brief of each CME and also prepare a list of participants and sent it to M.P. Medical Council immediately after the CME program.
7. The transcript of each CME program will be considered relevant to updating the knowledge of the medical practitioners by way of latest medical advances, National Health Program, and the local needs of the Area/Zone/State.
8. The resource personnel should be experienced enough in providing the CME programs.
9. The organization should evaluate CME to indicate the benefits accrued to participants by way of updating of knowledge, upgrading their ability and benefit to the patients.
10. **Accreditation shall be for a period of five years.** After 5 year renewal will be done for a further five year. Accreditation may be cancelled for valid reasons at any time.

### **Registers to be maintained by the Medical Councils**

M.P. Medical Council shall maintain a register (Computer data based) showing the names of accredited organizations conducting CME programs.

Keeping in view large volume of work to be handled by the Council in regard to approval of organizations conducting the CME course, keeping record of CME programs attended each year by registered medical practitioners and coordinating with State Medical Councils etc. a separate section is created for the purpose.

#### GUIDELINES FOR C.M.E. ACCREDITATION

1. Accreditation/Credit hours to be awarded will be the sole discretion of the M.P. Medical Council and will depend upon the subject matter. Status of the speaker, Quality of the papers is presented in the C.M.E./Conference.
2. Any professional organization or body or institution making to hold CME's should apply for accreditation to the M.P. Medical Council. The council on verifying the credentials of the organization will give certificate of accreditations to those bodies to hold CME's.
3. The office bearers to the Association/Organization will apply to the M.P. Medical Council on a designed application form. The application should be accompanied by the complete programme of the C.M.E./Conference including the names, designation and Country of the Speakers and the subject of speech, along with fees applicable.
4. Accredited bodies like I.M.A./professional bodies which hold regular CME's will have to inform the M.P. Medical Council, the date & time of the CME, preferably at least 15 days in advance, so that the M.P. Medical Council can send observer for the CME to avoid additional charges.
5. In the application sent to the M.P. Medical Council, duration given to each speaker should also be mentioned along with the topic while applying for the credit hours.
6. Credit hours will be based on the composition of the speaker faculty participation, quality and the contents of the subject matter.
7. Associations/Organizations should strictly issue the certificate to the delegate who has attended the CME. No certificates should be distributed on the first day at the time of Registration for the CME/Conference. The certificates should be distributed/ awarded only after signature of registrar or any competent authority.
8. Associations/Organizations will be duty bound to send the feedback of the delegates and the list of the delegates who have attended the CME/Conference. A separate list for the delegates belonging to State of Madhya Pradesh and delegates of the other states is submitted to the M.P. Medical Council.
9. In case it is found by the council that the certificate is false then the accreditation certificate of issuing Association/Organization will be cancelled.

  
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### Guidelines for credit hours

1. Guest Lecture (of 60 minutes duration) by foreign faculty of international repute shall be eligible for one credit hour.
2. CME /Workshop of minimum three hours duration shall be eligible for one credit hour.
3. CME /Workshop of six hours duration shall be eligible for two credit hours.
4. Presently many associations of doctors are organizing international conferences/ CME/ Workshop in Madhya Pradesh.

M.P. Medical Council will recognize international status or conference, if ten or more faculty members from abroad are participating as faculty in such conferences.

The credit hours for delegates for attending international Conferences/CME/Workshop will be as below.

Sr. No.	Activity	Credit Hours
1)	One day C.M.E./Workshop/Conferences (6 hours or above)	4 Hours
2)	Half day C.M.E./Workshop/Conferences (minimum 3 hours to less than 6 hours)	2 Hours

Faculty members of international conferences will get one additional Credit Hours.

5. Speakers at any conference/CME/Workshop/Training program will be given one credit hour in addition to the credit hours allotted to delegates for that particular academic activity.
6. Director, Joint director medical education, Deputy Director medical education & research /Director, Director Medical Services Madhya Pradesh, Joint director health services, Deputy Director health services, Deans and superintendent of Medical Colleges/ Associate Hospital will be awarded 4 credit hours per year. They will have to produce certificate to M.P. Medical Council regarding their job status at the time of Renewal of Registration.
7. Doctors working as medical teachers can claim 4 credit hours per year after producing certificate from their head of institution indicating that. They are taking undergraduate/postgraduate classes & are engaged in postgraduate, research work.
8. Doctors doing Post Graduate courses e.g. Diploma (University/C.P.S. Mumbai), M.D., M.S., D.N.B., M.Ch., D.M., (and other PG courses in abroad) etc. from recognized/reputed institution will get 4 credit hour per year completed for the duration of the courses.
9. The doctors may attend the international CME's/Conferences held overseas as delegates. On the production of the certificates of attendance.CME credit hours will be given.
10. Any paper published in indexed National/International Medical Journal will entitle the author/co-author (as perv MCI/NMC Guidelines) for credit hours. (As mentioned below)
11. Any chapter published in a text book or update book published by professional bodies will entitle the author/co-authors for credit hours. (As mentioned below)
12. Participation in online medical education module/ NHM Module M.P. Medical Council will grant:

Sr. No.	Activity	Credit Hours
i.	Minimum 3 Hours to Below 6 Hours	1 Hours
ii.	6 Hours and above for full day	2 Hours

13. Credit hour certificate of CME/Workshop/National/International Conference will be signed by registrar/competent authority Madhya Pradesh Medical Council

**GUIDLINES FOR ISSUING CREDIT HOURS FOR CME/CONFERENCE**

Sr. No.	Activity	Credit Hours
i.	Guest Lecture of 60 minutes duration by foreign faculty of international repute	1 Hour
ii.	CME/Workshop/State/National conference of minimum 3 hours Duration	1 Hour
iii.	CME/Workshop/State/National conference of minimum 6 hours duration.	2 Hours
iv.	International CME/Workshop/Conference of 3 hours Duration	2 Hours
v.	International CME/Workshop/Conference of 6 hours Duration	4 Hours
vi.	Certificates obtained after studying Online Medical Education Module of minimum 3 Hours to below 6 Hours	1 Hour
vii.	Certificates obtained after studying Online Medical Education Module of 6 Hours and Above	2 Hours
viii.	One NHM Module	1 Hour
ix.	Additional Credit Hour (Faculty, Observer Co-Chairperson, Co-Secretary) (Additional accredited hour of the respective CME	1 Hour
x.	Additional Credit Hour (Organiser – Chairperson /Secretary) (Additional accredited hour of the respective CME	2 Hour

Guidelines for issuing credit hours for Published Medical text book/chapter in text book/Research Papers in International & National Index Medical Journals and Participation in International Conference/CME's/Workshops.

Sr. No.	Publication of Medical Text Book	Credit Hours
1.	Author/Editor of Published Medical Text Book	12 Hours
2.	Author of Chapter Published Medical Text Book	4 Hours

Sr. No.	Paper Published in International Indexed Journal	Credit Hours
1)	Original Article	12 Hours
2)	Case Report	8 Hours
3)	Letter to Editor	4 Hours

Sr. No.	Papers Published in National Indexed Journals	Credit Hours
1)	Original Article	10 Hours
2)	Case Report	6 Hours
3)	Letter to Editor	4 Hours

Sr. No.	Participation in International Conferences	Credit Hours
1)	Guest Speaker /Resource Person in international Conference	10 Hours

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2)	Paper Presentation (Oral/Poster) in International Conferences.	6 Hours
3)	Participation in International Conference as Delegate for half day CME/Workshop/Conferences	2 Hours
4)	Participation in International Conference as Delegate for full day CME/Workshop/Conferences	4 Hours

14. Those RMP'S (serving in defense services working in border area, living in remote rural areas – Medical Officers & those who are unable to participate in CME / Workshop/ conference are encouraged to obtain credit hours from online medical education module.
15. There is no age exemption for attending CME/Workshop/Conference.
16. RMP'S (MBBS. LCPS. DMS & R (Rural) etc) Registered with M.P. Medical Council should participate in CME and produce credit hour Certificates at the time of renewal of their registration.

**Continued Medical Education (C.M.E.) which will not be accredited:**

1. The C.M.E's organized by a drug/equipment company for promotion of the drug/equipment will not be entertained/ considered.
2. CME's organized by the individual nursing homes/Hospitals persons for marketing purposes shall not be credited.
3. CME organized for self-promotion advertisement will not be credited.
4. Credit hours will not be given to live operative workshop performed by foreign faculties unless they obtain provisional registration from Medical Council of India.

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Application for obtaining Accreditation by M.P. Medical Council

To,

M.P. Medical Council,  
F-7, Sanchi Complex,  
Opp. Board Office,  
Bhopal (MP) 462016.

Sub: Issue of Certificate of accreditation

Sir,

Our organization regularly conducts CME programs/ workshops/ seminars for updating knowledge of doctors and we have demonstrated ability to plan & implement above programs to cover the targeted doctors. Brief details of our organization are as below.

1. Name of organization \_\_\_\_\_  
\_\_\_\_\_
2. Recognition Number of MCI (applicable for Medical Colleges) \_\_\_\_\_
3. Name of Associations \_\_\_\_\_
4. Registration Number of Association \_\_\_\_\_
5. E-mail Address \_\_\_\_\_ Contact Information \_\_\_\_\_
6. Consent for providing recording for CME Repository created by Council  
Yes  No

In case of Yes please mention the organization's account details in the below mentioned format for their share of subscription fee from the CME Repository

Name of Organization with registered with Bank	
Account No.	
Bank Name	
Branch Name	
IFSC Code	

CME Repository Link: [www.mpmc.in](http://www.mpmc.in)

I request to issue certificate of accreditation to our institute / association.

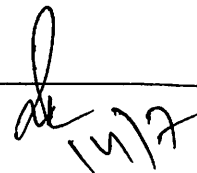
Thanking you.

With warm regards

Yours Truly, Signature

Name \_\_\_\_\_  
Official Stamp

Note: 1) Application should be made on official letter head of organization association





To,  
The Registrar,  
M.P. Medical Council,  
F-7, Sanchi Complex,  
Opp. Board Office,  
Bhopal (MP) 462016.

**Subject:** Regarding requirement of digital signature for e-certificates of \_\_\_\_\_ (Mention Organising Institutes Name) event held on \_\_\_\_\_ (Mention event date).

**Reference:** \_\_\_\_\_ (Mention accreditation letter no. issued by MPMC)

Respected Sir,

\_\_\_\_\_ (Mention Organising Institutes Name) organised a Seminar/Workshop/CME (mention one) on \_\_\_\_\_ (mention Topic of CME) from \_\_\_\_\_ (mention date of the event) which was attended by \_\_\_\_\_ (mention no. of participants of the event). Credit points were provided by MPMC for this event. The certificates of the said event are yet to be distributed to the participants and faculty/HOD/Observer of the institution and the digital signature of the registrar are required for the same. This is to request you to kindly provide your digital signature for the same. The signature shall be strictly used for the purpose of e-certification of the above-mentioned event only. If there is any misuse of the signature, I shall be responsible for the same.

Thanking you.

With warm regards

Yours Truly,

Signature

Name \_\_\_\_\_

Organising Secretary

Official Stamp

Note: 1) Application should be made on official letter head of organization association

## Guideline and Instructions for Observer

1. Observer will have to authenticate the attendance sheet, Feedback Form and Observer Summary Report (in the prescribed format issued by the MPMC) and mail it to the registered E-Mail Id of MPMC ([registrarmPMC@gmail.com](mailto:registrarmPMC@gmail.com)) within 3 days from the conclusion of the CME.
2. Council will provide TA/DA to the observer as per rules. Local observer will only be provided conveyance charges as per rules.
3. Observers will have to maintain highest standards of decorum and they will have to ensure that the CME is conducted properly and as per prescribed norms and there is no false attendance and that excess fees are not charged.
4. Observer will be entitled for 1 extra credit hour plus the concerned credit hours allotted to that particular CME.

मध्य प्रदेश आयुर्विज्ञान परिषद्

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**Specimen of front page (requirement for Online/Offline/Hybrid for CME/Conf/Workshop)  
applicable on other than Government Medical College/ Associations**

Sr. No.	Requirement
1.	Prescribed Application (as per format Annexure -I)
2.	Application form for Scanned Signature of Registrar for issuing digital certificate if required (as per format Annexure – II)
3.	Registration Certificate of the Organization
4.	The Certificate of Eligibility for conducting CME
5.	The Copy of Schedule Subject, Branches & Transcripts of each CME activity
5.	Methodology of Feedback evaluation programme may be intimated
7.	Previous experience in providing CME programme
8.	Original Brochure
9.	Demand Draft in favour of Registrar M P. Medical Council, Bhopal as per the fees applicable
10.	Approximate no. of Delegates/ Participants/ Faculties (No Partial Attendance should be included and list of participants should be submitted before commencement of CME). Complete list of Delegates/ Participants/ Faculties should be provided post CME/ Conference/ Workshop.
11.	Clarity Source of Fund
12.	Whether Live Demonstrations of a surgical operations have included in curriculum of CME or not, if yes please attach the List & copy of registration certificate of Surgeons
13.	Specimen of Certificate Format (as per the prescribed format)

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मध्य प्रदेश आयुर्विज्ञान परिषद्

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Email: [registrarmPMC@gmail.com](mailto:registrarmPMC@gmail.com)  
[registrar.mPMC@mp.gov.in](mailto:registrar.mPMC@mp.gov.in)

F-7, Sanchi Complex,  
Opp. Board Office,  
Bhopal (MP) 462 016  
Web: [www.mPmedicalcouncil.net](http://www.mPmedicalcouncil.net)

**Specimen of front page (requirement for Online/Offline/Hybrid for CME/Conf/Workshop)  
applicable only on Government Medical College/ Associations**

Sr. No.	Requirement
1.	Prescribed Application (as per format Annexure -I)
2.	Application form for Scanned Signature of Registrar for issuing digital certificate if required (as per format Annexure – II)
3.	The Copy of Schedule Subject, Branches & Transcripts of each CME activity
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10.	Specimen of Certificate Format (as per the prescribed format)

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**FORMAT OF CERTIFICATE**

Name of organization

(Organizing CME/ Workshops/ Seminars/ Conferences)

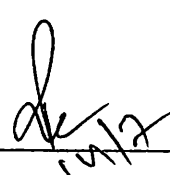
*This is to certify that*

Dr. \_\_\_\_\_  
has participated as Delegate in \_\_\_\_\_

(CME Programmes/ Workshops/ Seminars/ Conferences)

Held on the Date/Month/Year.

Madhya Pradesh Medical Council has granted \_\_\_\_\_ Credit hours.

  
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Signature & Name of  
Organising Secretary

Signature & Name of  
Organising Chairperson

Registrar  
M.P. Medical Council

**FORMAT OF CERTIFICATE FOR PG STUDENTS**

*This is to certify that*

Dr. \_\_\_\_\_

Is First/ Second/ Third Year resident in department of \_\_\_\_\_ at \_\_\_\_\_

Medical College \_\_\_\_\_

He/ She has joined as PG Students on \_\_\_\_\_

He/ She is eligible for getting \_\_\_\_\_ credit hours.

Signature & Name of  
HOD

Signature & Name of  
Dean

Registrar  
M.P. Medical Council

  
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**FORMAT OF CERTIFICATE FOR MEDICAL TEACHERS**

*This is to certify that*

Dr. \_\_\_\_\_

Is working as Lecturer/ Associate Professor/ Professor in department of \_\_\_\_\_ at \_\_\_\_\_

Medical College \_\_\_\_\_

He/ She is eligible for getting \_\_\_\_\_ credit hours.

Signature & Name of  
HOD



Signature & Name of  
Dean

Registrar  
M.P. Medical Council

FORMAT OF CERTIFICATE

Name of organization

(Organizing CME/ Workshops/ Seminars/ Conferences)

*This is to certify that*

Dr. \_\_\_\_\_

has participated as Faculty member in \_\_\_\_\_

(CME Programmes/ Workshops/ Seminars/ Conferences)

Held on the Date/Month/Year.

Madhya Pradesh Medical Council has granted \_\_\_\_\_ Credit hours.

Signature & Name of  
Organising Secretary

Signature & Name of  
Organising Chairperson

Registrar  
M.P. Medical Council

  
14/12



**FORMAT OF CERTIFICATE**

Name of organization

(Organizing CME/ Workshops/ Seminars/ Conferences)

*This is to certify that*

Dr. \_\_\_\_\_

has participated as Observer in \_\_\_\_\_

(CME Programmes/ Workshops/ Seminars/ Conferences)

Held on the Date/Month/Year.

Madhya Pradesh Medical Council has granted \_\_\_\_\_ Credit hours.

Signature & Name of  
Organising Secretary

Signature & Name of  
Organising Chairperson

Registrar  
M.P. Medical Council

