



ARUNACHAL PRADESH MEDICAL COUNCIL  
Directorate of Health Services Complex, Room No.161 & 162, 2<sup>nd</sup> Floor.  
Naharlagun-791110.  
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Website: <http://arunapmc.nic.in>

## **GUIDELINES**

**FOR**

**CONDUCTING CME PROGRAMME &  
ACCREDITATION OF CME CREDIT HOURS**

**FRAMED BY**

**THE SUB COMMITTEE ON CME  
ARUNACHAL PRADESH MEDICAL COUNCIL.**

**ARUNACHAL PRADESH MEDICAL COUNCIL  
DIRECTORATE OF HEALTH SERVICES COMPLEX,  
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No. APMC-33/2016

Dated Naharlagun, the 6<sup>th</sup> December, 2016.

**GUIDELINES FOR CONDUCTING CME PROGRAMME AND ACCREDITATION OF  
CME CREDIT HOURS FRAMED BY THE SUB COMMITTEE ON CME,  
ARUNACHAL PRADESH MEDICAL COUNCIL.**

1. State Medical Councils are only empowered to award accreditation to CME's/ Workshop's/ Seminar's/ Conference's/ Training's etc.
2. Arunachal Pradesh Medical Council shall consider the applications for accreditation for holding C.M.E. programmes and convey their approval if the Organization fulfills all requisite requirements.
3. CME/ Workshop/ Seminar/ Conference/ Training etc. would be organized by National Body or International body and other organization or body such as-
  - (i) All recognized Medical Colleges.
  - (ii) Indian Medical Association (IMA) - the State and District Chapters of the Indian Medical Association.
  - (iii) Arunachal Pradesh Doctor's Association (APDA).
  - (iv) National Academy of Medical Sciences.
  - (v) Specialists Associations (only National level Associations or their State Chapters).
  - (vi) All recognized Postgraduate Medical Institutions.
  - (vii) Central Government and State Government Organizations/ Hospitals (including District Hospitals) and training Centre in Health and Family Welfare, Defence and Railways.
  - (viii) International conference of professional bodies.
  - (ix) National conference of professional bodies.
  - (x) State Level Conference of National Organizations.
  - (xi) Professional bodies of repute functioning at District, City, State Level e.g. Physicians Forum / Surgeons Forum / Doctors Forum etc. in their areas / specialties and super specialties.
  - (xii) NGO of good repute & standing.
4. **PROCEDURE**
  - (i) The application should be addressed to the Registrar-cum-Secretary, Arunachal Pradesh Medical Council at least 20 days before the CME's/ Workshop's/ Seminar's/ Conference's/ Training's etc as per the Format annexed at **ANNEXURE-1** with nominal fee of Rs.1000/- (Rupees one thousand) only per day per CME/ Workshop/ Seminar/ Conference/ Training programme in favour of "Arunachal Pradesh Medical Council" payable at "Naharlagun".
  - (ii) The application for the CME accreditation & award of CME Credit hours will be examined by the Sub Committee on CME, Arunachal Pradesh Medical Council (APMC).
  - (iii) If the Sub Committee on CME, APMC found all criteria satisfactorily met by the organization/ association, the credit hours shall be granted as deemed fit which shall be communicated to the organizing President/ Secretary or Head of the Institution as per **ANNEXURE-II**.
  - (iv) The Council may appoint Observer for the approved CME programme who shall act as APMC representative and shall be one of the Signatory of the CME certificate until further amendment. However, the Observer shall sign CME Certificate only when he/she is fully satisfied with the quality of the CME and observed that the CME conducted as per the proposal submitted to the APMC.
  - (v) The CME Observer shall submit in Feed Back Form as per **ANNEXURE-III** duly signed to the APMC and on the basis of which award of CME credit Hours stands or cancelled shall be decided on.
  - (vi) Prior permission of the Medical Council of India in **case of Foreign Faculties** attending the Seminar/ Workshop/Conference/ Training/ CME would be mandatory or as per the directives received from Medical Council of India (MCI) from time to time.
  - (vii) In case, the Sub Committee on CME, Arunachal Pradesh Medical Council not approved the proposal for accreditation of CME, then the nominal fee as paid by the concerned organization/ association shall be returned by the Registrar cum Secretary, APMC.
  - (viii) The decision of the Arunachal Pradesh Medical Council shall be final and binding.



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#### **5. CME/WORKSHOP/ SEMINAR/ CONFERENCE/ TRAINING PROGRAMME WHICH WILL NOT BE ACCREDITED**

- (i) The CMEs/ Workshops/ Seminars/ Conferences/ Trainings organized by a drugs/ equipments companies for promotion of the drugs/ equipments will not be entertained / considered.
- (ii) The CMEs/ Workshops/ Seminars/ Conferences/ Trainings organized by the individual nursing homes/Hospitals/persons for marketing purposes shall not be credited.
- (iii) CMEs/ Workshops/ Seminars/ Conferences/ Trainings programme organized for promotion/ advertisement will not be credited.
- (iv) Foreign faculties attending the Seminars/ Workshops/Conferences/ CMEs without **prior permission** of the Medical Council of India (MCI) shall not be accredited or according to the MCI directives from time to time.
- (v) If fail to fulfills the requisite conditions specified by the Arunachal Pradesh Medical Council

#### **6. MODALITIES FOR ACCREDITATION**

- (i) The Organization should have all the requisites and ability to plan and implement C.M.E. programmes to cover the targeted group (to be specified as general practitioners, specialists, super specialists (disciplines to be specified), teachers (specialists to be specified), Vertical National Health Programme officials etc.
- (ii) The organizations should provide the schedule and transcripts of each C.M.E. activity.
- (iii) The methodology of feed back evaluation programme should be intimated in advance
- (iv) Whether the transcript of each C.M.E. programme is considered to be relevant to the updating of the knowledge of the medical practitioners by way of latest medical advances, National Health Programmes, and the local needs of the area/ zone/State.
- (v) The Organizations should prepare a list of participants and send to the Arunachal Pradesh Medical Council immediately after the C.M.E. programme.
- (vi) The organisers of CME should provide the name, qualification, MCI/ State Medical Council Registration Number, designation of the speakers to the Arunachal Pradesh Medical Council.
- (vii) The organisers of CME should provide the names, MCI/ State Medical Council Registration Number, designation of the delegates to the Arunachal Pradesh Medical Council both hard and soft copy.

#### **7. CME ACCREDITATION**

- (i) The Arunachal Pradesh Medical Council is the only body who is eligible of accrediting CME credit Hours. No other organization, trust or body is eligible to do so in the state of Arunachal Pradesh. Any such accreditation by others will not be considered valid.
- (ii) Credit hours to be awarded will be at the sole discretion of the Arunachal Pradesh Medical Council depending upon the subject matter, Status of the speaker, Quality of the papers to be presented in the C.M.E.
- (iii) Any professional organization or body or Institution planning to hold CME's should apply for accreditation to the Arunachal Pradesh Medical Council, the Council on verifying the credentials of the Organization will communicate the accreditations to those bodies.
- (iv) Observer appointed by the Arunachal Pradesh Medical Council shall be provided a place on the Dias during the inauguration, and his/her TA\DA & accommodation shall be paid by the organization conducting the CME.



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- (v) In the application sent to the Arunachal Pradesh Medical Council, the minimum duration given to each speaker/faculty should also be mentioned along with the topic of the lecture or programme while applying for the credit hours.
- (vi) Credit hours to the C.M.E District/ State/ National/International Workshop/ Seminar/ Conference/ Training programme organized will be awarded on the basis of the quality and content of the subject matter during the C.M.E.
- (vii) Associations/Organizations should strictly issue the certificate to the delegate who have actually attended the C.M.E. Certificates should not be distributed on the first day at the time of Registration for the C.M.E. This practice should be strictly followed. The certificates should be distributed / awarded only on the last day after closure of C.M.E.
- (viii) In case it is found that the certificate issued is false then the issuing Association / Organization will be debarred from future accreditation.
- (ix) Any CME/ Workshop/ Seminar/ Conference/ Training programme of above 4 (four) hours duration will be allotted 1 (one) Credit Hour; and above 8 hours duration will be allotted 2 (Two) Credit Hours. A CME/ Workshop/ Seminar/ Conference/ Training programme with less than 4 hours duration will not be considered for CME accreditation.
- (x) Speakers at any CME/ Workshop/ Seminar/ Conference/ Training programme will be given one credit Hour per talk in addition to the credit hours allotted for that particular academic activity.
- (xi) Time such as Welcome/ inauguration ceremony, tea/ coffee break, lunch break etc which is not purely technical session would not be counted for crediting CME hours.

**(A) PARTICIPATE AS DELEGATES :**

<b>Duration of CME</b>	<b>Credit Hours</b>
Less than 4 Hours	No credit Point
4 Hours duration but less than 8 hours duration	1 Credit Hour
8 Hours duration	2 Credit Hour

**Note : The Sub Committee on CME has every right to decide on number of credit hour(s) allocation as per the quality & credentials which according to the Committee find deemed fit.**

**(B) PARTICIPATE AS FACULTY/ SPEAKER :**

<b>Duration of CME</b>	<b>Credit Hours</b>
Per talk	1 Credit Hour
4 Hours duration but less than 8 hours duration	1 Credit Hour in addition to 1 credit hour per talk
8 Hours duration	2 Credit Hour in addition to 1 credit hour per talk

**Note : The Sub Committee on CME has every right to decide on number of credit hour(s) allocation as per the quality & credentials which according to the Committee find deemed fit.**



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## 8. CME OBSERVER.

- (i) An Observer for CME programme shall be nominated by the Arunachal Pradesh Medical Council nominated from among the registered medical practitioners of the Arunachal Pradesh Medical Council.
- (ii) **Duties of Observer**:- It shall be duty of the observer to ensure that-
- The programme is conducted as per the schedule submitted before the Registrar cum Secretary, Arunachal Pradesh Medical Council.
  - Attendance with Registration Number is marked strictly for those attending the conference. (Attendance should be marked both in the F.N. & A.N. if it extends to a full day).
  - Certificate is issued only after the closure of final scientific session.
- (iii) **Report of the CME Programme**:-The observer shall submit his report including list of participants attended the programme along with his Registration Number & Signature affixed to the Registrar cum Secretary, APMC immediately after completion of the programme.
- (iv) **Honorarium/Traveling Allowance**:- (1). The observer shall be paid honorarium at par with the Faculty attending the Seminar/ Workshop/ Conference/ Training/ CME and TA/DA and accommodation shall be as admissible as per Govt. norms which should be paid by the Organizer.

## 9. CME CERTIFICATE

The Organization/ Association conducting the CME / workshop/seminar/conference/ Training programme shall be responsible for printing of Certificate which must include – (i) Number of credit hours granted by the Arunachal Pradesh Medical Council (ii) Grant letter No. & date (iii) APMC Observer as one of the Signatory of the Certificate, until further amendment. It shall be mandatory for the Organizer to obtain the signature of Observer appointed by the Arunachal Pradesh Medical Council.

(Dr Bombe Tayeng (Toko)  
Member  
Sub Committee on CME  
A.P Medical Council  
Naharlagun

(Dr. R. Doye)  
Chairman  
Sub Committee on CME  
A.P Medical Council  
Naharlagun

(Dr. Nabam Budh)  
Member  
Sub Committee on CME  
A.P Medical Council  
Naharlagun

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**ANNEXURE-1**

**FORMAT FOR APPLICATION FOR GRANT OF CREDIT HOUR(S) BY THE SUB COMMITTEE, CME, ARUNACHAL PRADESH MEDICAL COUNCIL.**

No.....

Date:-.....

To,

**The Registrar cum Secretary**  
 Arunachal Pradesh Medical Council  
 Naharlagun

Sub:- **Grant of Credit Hour(s) for the CME/Workshop/ Seminar/ Conference/ Training programme on .....**(subject).

Sir,

Our Organisation propose to conduct Conference /Workshop/ Seminar/ CME programme on ..... for updating knowledge of medical practitioners and we have the ability to plan & implement above programmes to cover the targeted doctors.

**The details are as below :-**

1	Name of the Organization conducting CME/ Workshop/ Seminar/ Conference/ Training programme.	:	
2	Address.	:	
3	Registration Number of Association/ Organisation with evidence (attach documents).	:	
4	Venue of the CME/ Workshop/ Seminar/ Conference/ Training programme.	:	
5	Date of the CME/ Workshop/ Seminar/ Conference/ Training programme	:	
6	Name of the Faculty with detailed qualification and experience.	:	1..... 2.....
7	Expected number of attending delegates	:	
8	Topics to be discussed in the CME/ Workshop/ Seminar/ Conference/ Training programme.	:	1..... 2.....
9	Detailed programme schedule mentioning time, subject and name of the Speaker.	:	
10	Exercise to be covered in the CME/ Workshop/ Seminar/ Conference/ Training programme.	:	
11	Expected number of hour(s).	:	
12	Name of the Organizing Chairman.	:	
13	Name of the Organizing Secretary.	:	
14	Methodology to be adopted by the Organisation viz. Lecture / workshop / hands – on training / discussion / audio - visual presentation etc.	:	
15	Prior permission of MCI in case of Foreign faculties (if applicable).	:	Permission Letter No..... Date.....
16	Demand Draft No.in favour of “Arunachal Pradesh Medical Council”, payable at Naharlagun.	:	DD No ..... Date ..... Amount .....
17	No. of supporting documents furnished.	:	

I, hereby certify that the facts stated above are correct. I shall submit the completion report immediately after conducting the programme, failing which I understand that the credit hours granted for the CME shall be forfeited.

I therefore, request you to kindly grant credit hour(s) for the said programme.

Yours faithfully,  
 Signature.....  
 Name:.....  
 Official Stamp



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**ANNEXURE-II.**

**FORMAT FOR GRANTING ACCREDITATION BY  
 THE ARUNACHAL PRADESH MEDICAL COUNCIL**



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No..... Dated Naharlagun, the \_\_\_\_\_/20\_\_  
 To  
 The -----  
 -----  
 -----

Sub:- **Grant to award Credit Hour(s).**

Ref.:-Your Application No..... dated .....

Madam/Sir,

With reference to you application cited above, I am to inform you that the Sub Committee on CME, Arunachal Pradesh Medical Council has considered your proposal and grant to award \_\_\_\_\_Credit Hour(s) and 1 (one) credit hour per talk per Speaker/ Faculty for the CME/ Workshop/ Conference/ Seminar/ Training on..... (subject) to be conducted w.e.f ..... to .....

The Arunachal Pradesh Medical Council appoint Dr.\_\_\_\_\_ as the Observer. The Observer shall be provided a place in the Dias during the inauguration and his/her Honorarium,T.A./D.A. & accommodation shall be met by your organization/ association. He shall be one of the signatory of the CME/Workshop/ Conference/ Seminar/ Training Certificate.

However the accreditation granted shall be liable to be terminated at any time, if the information furnished by the association/organization is found false or the Arunachal Pradesh Medical Council appointed Observer find any discrepancy or violation of guidelines. The association/organization could be debarred from future accreditation in such case.

The Organizer shall submit the Report to the undersigned immediately after completion of the programme such as, name of all delegates & faculties/Speakers with their MCI/ State Medical Council Registration Number, telephone number, address and subjects covered by Faculties/ Speaker with duration for record of this office which is mandatory.

Yours faithfully,

Registrar cum Secretary  
 Arunachal Pradesh Medical Council  
 Naharlagun



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**ANNEXURE-III**

**8. CME OBSERVER FEED BACK FORM.**

1	Name of the Organizer/ Association	:	
2	Seminar/Workshop/ Conference/ Training/ CME	:	
3	Date	:	
4	Credit Hours allotted	:	
5	APMC Grant of Credit Hours letter No. & date	:	
6	No of registered delegates as per head count.	:	
7	Time of Distribution of certificate	:	
8	Hospitality provided to Observer	:	(i)TA/DA arranged <input type="checkbox"/> Not arranged <input type="checkbox"/> (ii)Accommodation arranged <input type="checkbox"/> Not arranged <input type="checkbox"/>
9	Name of the Observer	:	
10	Address of the Observer with Phone No.	:	
11	No. of Certificate signed as Observer (applicable if signed by the Observer)	:	
12	<b>Details of the Programme (technical session only):</b>		
Sl	Name of the Speaker	Topic Cover	Time/Duration Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			

# Insert additional page if technical sessions have more topic covered, and put signature #

**13. REMARKS (ACCREDITATION TO BE CONTINUED OR CANCELLED, IF CANCELLED, REASONS THEREOF).**  
 (Remarks to be made by the Observer after obtaining signature of the Organising President/ Secretary)

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**Signature of the Organising President/ Secretary**

**Signature of the Observer**