



المجلس الطبي السوداني  
Sudan Medical Council

**Sudan Doctors' Advancement Committee**

**Continuing Medical Education  
Guidelines, Procedures &  
Regulation**

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## Acronyms and Abbreviations

CPD	Continuing Professional Development
CME	Continuing Medical Education
SMC	Sudan Medical Council
EACCME	European Accreditation Council for Continuing Medical Education
SDAC	Sudan Doctors' Advancement Committee
ACCME	Accreditation Council for Continuing Medical Education in USA
CARO	Central Administration and Registration Office
CE	Continuing Education
APICs	Activity Providing Institutions and Centres
CPDA	Continuing Professional Development Activities



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## Preface

This document outlines the Doctors' Advancement Regulations issued by SMC. The document describes the ways and means for the proper documentation of CME/CPD activities by doctors registered in SMC so that these activities are considered when a doctor applies for a change of status according to the Doctors' Advancement Regulations.

The document also contains the guidelines to be followed by the organizations and bodies (governmental and non-governmental) which provide CME/CPD activities to prepare for recognition as providers and for the accreditation of the activities they provide. The document also provides details about the categories of activities and the credit point system that is going to be used. The procedures to be followed and the rules and regulations that are going to be followed are also part of this document.

This document also describes and introduces the annexed portfolio (Logbook) that will enable the health professional registered in the CME/CPD programme to conveniently keep all his/her activities in one booklet for later verification by DAC.

The SMC acknowledge with gratitude the effort of Prof. Abdelmoniem Sahal (Chairperson), Elsheikh Ali Elobeid (Rapporteur), and committee members namely: Prof. Ahmad Al Safi, Prof. Omer Z. Baraka, Dr. Aamir Abdalla Hamza, Dr. Isam Mohamed Abdalla, Dr. Elfadil El Faki, Dr. Mohamed Elbaghir Ali, Dr. Sara Ahmed Hashim, Dr. Nimat Abu Bakr, Dr. Salah Abdulrahman Gowher, Dr. Ghada Omer Shouna, Dr. Adil Elmubarak and Dr. Dhia Eldin El Gaili who painstakingly authored these guidelines and the logbook.

The gratitude also extends to the current members of the standing committee:

Ahmad Al Safi	Chairperson
Sara Mohammed Osman	Rapporteur
Aamir Abdalla Hamza	Member
Adil Elmubarak	Member
Abubakr Eltom	Member
Isam Mohamed Abdalla	Member
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Nimat Abu Bakr	Member
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## Part 1: Criteria for the Accreditation of CME providers and activities

### *Definitions*

Continuing medical education (CME) can be defined as educational activities which serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that a doctor uses to provide services for patients, the public, or the profession. Therefore all continuing educational activities which assist doctors in carrying out their professional responsibilities more effectively and efficiently are considered as falling into the scope of this definition. Activities are two types:

1. Continuing Professional Development activities (CPDA) These are activities in which the professional is engaged whether in his/her place of work or in another venue, location or setting and which contribute to his/her professional development. These will carry 40% of the accredited points acceptable for promotion. For each subcategory of activities a minimum and a maximum number of accredited points are determined. Regulations and provisions by employers should allow the professional to be engaged in such activities.
2. On-the-job activities. These are the usual routine activities carried by the professional while he is carrying out his duties. These need to be documented to ensure that the doctor has done the minimal acceptable load to enable him to be promoted to a higher status. These will carry 60% of the accredited points acceptable for promotion.

For each subcategory of activities a minimum and a maximum number of accredited points are determined.

Before activities are submitted a provider should be accepted. All prospective providers must apply first for accreditation following the procedures outlined in this document using the appropriate forms.

## *Criteria for accreditation*

### **Categories of authorized providers**

The authorized organizations shall be divided into three categories:

**First Category:** includes the organizations that are allowed to provide all types of activities and obtain the maximum limit of accreditation, which should not exceed 40 credit points. These organizations can organize major conferences and symposia according to the rules and regulations of the DAC, and they include the following:

1. Scientific medical societies.
2. Medical and health colleges at governmental and private universities.
3. Governmental and private hospitals whose capacity is not less than 300 beds.
4. Specialist hospitals and centres.

**Second Category:** includes the general hospitals whose capacity ranges from 100 to 299 beds that can offer lectures, symposia and workshops in a manner that should not exceed 15 credit points for a single activity besides the internal activities. These hospitals should also have the opportunity to participate in organizing activities to gain a higher number of hours such as major conferences and symposia in conjunction with scientific medical societies, health colleges at universities and specialist hospitals in accordance with DAC's rules and regulations.

**Third Category:** includes other organizations in the health field represented in the following governmental health institutes, private health institutes recognized by the DAC, governmental health centres, the centres licensed by the Government authorities to provide continuing medical education and professional development and others. These organizations should also have the ability to offer lectures, symposia and general workshops provided that single activity shall not exceed 10 credit points according to the DAC's rules and regulations.

## *General directions for APICs*

### **Providers must:**

- ensure that all participants are involved in a range of continuing educational activities directed at enhancing clinical standards throughout their professional careers so that clinical practice and patient care of the highest quality will continue to be provided;
- demonstrate to patients, peers, government bodies and the community at large that doctors are committed to programmes of continuing medical education and quality assurance;
- develop an approach which supports improvement of the performance of all participants by encouraging them to review, reflect, evaluate and plan ongoing CPD activities
- provide a formalized procedure for participants to demonstrate their participation in professional development activities for purposes such as registration and employment.

## *Minimum criteria for accreditation of APICs*

For an institution or a centre to be accredited it must comply with the following minimal requirements:

### **1. A license to practice**

An APIC - especially a training centre- must have a license from the relevant government authority.

### **2. Requirement for the APIC**

The APIC must have written:

- a. Aims and objectives of practice that are relevant and suitable for CME/CPD for doctors.
- b. Mission including the purpose or reason for providing CPD, the content areas, the target group of professionals, the type of activities planned and the expected outcomes. It must also



provide evidence that the CPD mission is congruent with the mission of the parent organization or CPD provider if such an organization exists.

3. **Detailed description of the individual activities provided by the APIC**

The provider must have detailed description of the activity it provides and evidence that these descriptions are developed by experts in the field and based on and complying with educational standards.

4. **Assessment and evaluation system**

An APIC applying for accreditation must have a clearly described system for evaluation and assessment of its activities, facilitators and participants.

5. **Training Resources (material and human)**

For an APIC to be accredited as a CME/CPD provider it must have the material resources suitable for the provision of the activities. Healthcare providing institutions will be categorized according to the criteria stated above for classification of authorized providers. Other training centres must have the minimum required resources such as lecture and seminar rooms, computer laboratories with internet accessibility, skills laboratories with the appropriate training materials. The minimum technical staffing required by the licensing authorities must be ensured.

6. **Governance and administration system (including quality management system)**

The APIC have the necessary administrative structure and personnel to organize and conduct the activities.

7. **Teachers, trainers and facilitators**

An APIC must have qualified professionals with the appropriate qualifications to organize and conduct the activities.

## ***Criteria for the accreditation of CME/CPD activities***

Before submitting an activity for accreditation, providers need to make sure that:

1. The programme should be kept as simple as possible to minimize the administrative burden for participants.
2. CPD should be aimed at maintaining professional competence, not just CPD for its own sake.
3. The CPD programme must recognize the CPD activities that members already engage in as part of their daily work.
4. The CPD programme should use electronic lodgment and monitoring of CPD activities in order to simplify administration of the scheme and reduce costs.

When activity providers apply for accreditation of a new activity, they must ensure that the following criteria and standards are satisfied.

### **(1) Design Criteria**

#### **a. Planning Processes**

Attach example of the planning process as used in a completed CE activity.

- i. Describe the educational and experiential qualifications of the planner.
- ii. Describe all aspects of the planning process(es) used by the CE Programme. (If the programme includes several types of activities, describe the planning process for each type of activity and provide an example.)
- iii. Describe the strengths and weaknesses of the process used for each type of activity.
- iv. Explain how you plan to improve the planning process

for each type of activity in the next four years. What are the expected results?

b. Needs Assessment

Attach documentation demonstrating use of needs assessment data in the planning of a specific CE activity.

- i. List sources/data used to identify your learners' educational needs for the types of activities?
- ii. How do you incorporate these data into the planning of each type of CE activity?
- iii. Explain how you plan to improve your needs assessment practices for each type of activity during your next accreditation cycle. What are the expected results?

Data about needs can be obtained by conducting a survey of the target group of professionals; asking the opinion of past CPD participants; conducting key informant interviews with experts, such as employers and Ministry of Health (MOH) officials; and assessing available health statistics such as mortality and morbidity data.

c. Purpose and Objectives of Activities

Attach promotional material for each type of activity highlighting the purpose/objectives and the appropriate accreditation statements.

- i. Describe methods that are used to communicate purposes and/or objectives to the learner. Provide an example for each type of activity.
- ii. What level of result (knowledge, skills, attitudes, performance/practice desired, or health outcome) is reflected in the purposes/objectives of the activity?
- iii. Describe the relationship of the teaching and learning

strategies to the learning objectives.

- iv. Provide your self-assessment of this area. Include your assessment of your own compliance as well as any improvements you have implemented or have planned.

## (2) **Content Criteria**

Description of the content, which is acceptable for activities that are certified for credit:

- Continuing professional education consists of educational activities, which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a healthcare professional staff uses to provide services for patients, the public, or the profession. The content of CE is that body of knowledge and skills generally recognized and accepted by the profession/professional regulatory bodies in the provision of health care to the public.
- A broad definition of CE recognizes that all continuing educational activities, which assist healthcare providers (doctors, nurses and allied healthcare professionals) in carrying out their responsibilities more effectively and efficiently, are considered as CE activities. For example, a course in management would be appropriate CE for doctors responsible for managing a health care facility.

## **Content Validation**

The validation of the clinical content of CE activities will specifically include:

- (1) All the recommendations involving healthcare provision in a CE activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- (2) All scientific research referred to, reported or used in CE in support or justification of a patient care recommendation must conform to the

generally accepted standards of experimental design, data collection and analysis.

### **Enduring Materials**

An enduring material is a non-live CE activity that “endures” over time. It is most typically a videotape, monograph, or CD Rom. Enduring materials can also be delivered via the Internet. The learning experience by the doctor can take place at any time in any place, rather than only at one time, and one place, like a live CE activity.

The provider must communicate the following information about enduring material to participants so that they are aware of this information prior to starting the educational activity:

- (1) Principal faculty and their credentials;
- (2) Medium or combination of media used;
- (3) Method of doctor participation in the learning process;
- (4) Estimated time to complete the educational activity (same as number of designated credit hours);
- (5) Dates of original release and most recent review or update; and
- (6) Termination date (date after which enduring material is no longer certified for credit).

### **Internet CE**

Live or enduring material activities that are provided via the Internet are considered to be “Internet CE.” Internet CE must comply with all Essential Areas and Elements and Accreditation Policies. However, there are special requirements for Internet CE because of the nature of the activities:

*Activity Location:* units may not place their CE activities on a pharmaceutical or device manufacturers’ product website.

*Links to product websites:* with clear notification that the learner is leaving the educational website.

*Advertising:* advertising of any type is prohibited within the educational content of CE activities on the Internet including:

- *Provider Contact Information:* the unit must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CME activity.
- *Policy on Privacy and Confidentiality:* the accredited unit must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CE activities it provides on the Internet.
- *Copyright:* the unit must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CME activity on the Internet.

## **Journal CE**

A journal-based CE activity includes the reading of an article, a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

The educational content of journal CE must be within the Definition of CE. Journal CE activities must meet the following requirements:

- (1) The DAC does not consider a journal-based CE activity to have been completed until the learner documents participation in that activity to the provider.
- (2) The learner should not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

## **Regularly Scheduled Conferences**

The “regularly scheduled conferences” are defined as weekly, monthly or annually scheduled CE activities that are primarily planned by and presented to the provider’s professional staff of members of a professional organization. Providers that furnish these types of activities must describe and verify that they have a system in place to monitor these activities. The monitoring system must be based on real performance data and information derived from the conferences that describes compliance.

### **(1) Outcomes Evaluation Criteria**

Activity

Evaluation

Attach for each type of activity an evaluation instrument and a summarized data set from a specific activity.

- (1) What methods or processes do you employ to determine if your CE activities are effective in meeting the needs from which the activity was designed?
- (2) In what ways have evaluation results been used for each type of activity?
- (3) How can your evaluation process be improved for each type of activity?
- (4) How can you improve your effectiveness in meeting educational needs for each type of activity?

## **Documentation of Learners’ Participation**

A sample of certificate, statement of credit or verification of attendance awarded to participants should be attached. The methods, systems and/or tools used to record the learners’ participation at an activity need to be described.

## Part 2: Categories, Credit Point Allocation and Requirements

### Categorization of CME activities

With regards to CME points allocation, a number of factors influence the decision to categorize any CME activity and to determine the amount of credit allotted to it. These factors include:

- Type of CME provider;
- Extent to which the activity is structured;
- Organizational resources required for planning and conducting the programme;
- Degree of involvement of the participants in the learning opportunities;
- Choice of scheduling and the venue. On average,
  - activities considered as Category 1 activities allow the participants to claim 1 credit point for every hour of participation,
  - while Category 2 events give 0.5 point for the same period. Some events in either group receive different credit ratings.

Credits can be accrued through two types of activities: Continuing Professional Development activities, and on-the-job activities.

### Category 1: Educational development, teaching and research

#### Teaching e.g. supervision, mentoring

The medical education community values supervision, an activity that supports the facilitation of learning in others, as an important means of developing high quality future doctors. The observation that it is not 'being taught', but is learning that leads doctors to change their practice, has resulted in a shift in perspective. Rather than education being regarded as instruction, it is regarded as facilitation of learning.



It is important for teachers and supervisors to incorporate 'reflective teaching' to be able to consider this activity as a scholarly activity, and to ensure their teaching methods can be altered so students continue to learn better than they used to. The CME programme facilitates this process by encouraging participants to reflect on their teaching as a means of enhancing the learning experience.

Teaching is usually considered to be part of an ongoing planned sequence of teacher-student interactions. Included in this category are:

- supervision and mentoring of trainees
- the teaching of undergraduate or postgraduate students in medicine, nursing or allied health disciplines
- public education activities involving patient or community groups (but does not include individual patient education as part of a doctor's usual clinical practice)
- tutoring, teaching ward rounds or ambulatory care
- involvement in medical student or postgraduate doctors assessment.
- Activities that support the preparation of teaching such as background reading, research, etc. provide valuable learning experience and should be claimed in **Category 6: Other Learning Activities**.

### Research - grant proposal and trials

The focus of this Category is on how the doctor's expertise as a researcher is enhanced through the development and submission of grant proposals and trials for publication. Doctors should only submit specific activities that expand their expertise or their ability to practice their expertise.

### Publication

All publications of scientific or educational content may be claimed within this Category. This credit allocation will be allowed regardless of the number of

authors and does not require that the publication be subject to peer review.

### Presentation

The first presentation of a paper or poster on issues of medical or educational significance at conferences, seminars, workshops, grand rounds, QA meetings, scientific or educational meetings are included within this Category.

### Involvement in standards development

Activities that include holding positions in advisory committees that develop standards (best practices), policies, benchmarks, credentialing and audit criteria, e.g., membership of a unit or hospital quality assurance, peer review committee, hospital accreditation, reviewers of practice and clinical audit.

### Writing examination questions

- As a member of a committee preparing for written or clinical exams or writing self-assessment modules.

## **Category 2: Group learning activities**

This Category promotes the concept of learning as a group experience. Group learning provides an opportunity to confirm or expand categories of knowledge or practice management, identify potential new therapies or approaches for practice and share practice issues or experiences with peers. These can include formal learning activities where there is a clear intention to learn about a specific problem, issue, or topic and there should be clear learning outcomes or objectives established. These educational sessions are often provided by continuing professional development (CPD) providers such as universities, medical colleges, specialty societies and employers.

Systematic review of the impact of formal continuing professional development concludes that interactive sessions, with active clinician participation, can affect change in professional practice. These interactive sessions include workshops, small group sessions and individualized training. However didactic sessions are generally not effective in changing doctor performance, in spite of their popularity and frequent adoption of

a case-based rather than theoretical format. It has been said that didactic interventions should receive less credit than more effective methods.

It is not uncommon for pharmaceutical companies to sponsor medical meetings with an educational intent. As such, when assessing whether to claim credits for attending such meetings, please be aware that meetings that promote the following would not be considered acceptable or appropriate for participants in this programme.

Promotion of:

- Product brand names, particular products or modes of treatment out of proportion with their contribution to good quality patient management
- Particular products or modes of treatment in areas of practice where accepted management standards are lacking and a balanced argument is not provided
- Experimental treatments and methods that have not been fully evaluated by interventional research
- Theories and techniques which are not supported by scientific evidence or generally accepted by the medical profession.

This Category does not include grand rounds as they are classified as Category 6 - Other Learning Activities.

### Conferences

Conferences may be organized under the auspices of professional medical colleges or their affiliated specialty societies and other educational bodies. They normally run for a few days and usually involve minimal participation e.g. address, orations, plenary sessions and symposia of state, national and international meetings.

### Seminars

These are normally a single short session, often half day meetings

devoted to presentations and discussion on a specialized topic.

### Workshops

Workshops place emphasis on problem solving, hands-on training and require the active involvement of participants. Workshops are good learning activities as research has shown that the interaction between members of groups may influence individuals' learning and behaviour change, perhaps by producing a level of cognitive dissonance between what peers know and do compared with what the individual does.

In order to be considered appropriate for credit, workshops are considered to have a number of characteristics. They are generally small in group size and sessions are interactive, i.e. questions, discussion and feedback. Appropriate workshops will provide a clear statement of the objective(s) which should be sufficiently explicit to allow participant to identify the intended knowledge, skill and attitude outcomes of the workshop. Any formal presentations from workshop leaders should not be longer than 20 minutes and should not take up majority of the workshop's time. In addition, an evaluation of the workshop should be undertaken. The evaluation should not solely be on the quality of the workshop but should encourage participants to consider the relevance of the workshop for their own clinical practice and patient care.

### **Category 3: Self-assessment programmes**

Self-assessment remains an essential tool for enabling doctors to discover performance gaps, which may lead to change in practice. Learning activities in this section promote the development of knowledge and skills (through medical simulations) as a doctor through self-assessment. Self-assessment programmes also assist doctors to identify strengths, uncover gaps in knowledge or skills that were not apparent and identify professional needs that can be addressed. This section would include programmes produced by medical institutions/colleges that are designed to assist doctors to identify their educational needs.

Examples include:

- Adult Medicine Self-Assessment Programme (AMSAP)
- Paediatric Self-Assessment Programme (PSAP)

- Medical Knowledge Self-Assessment Programme (MKSAP).

Self-assessment programmes with interactive techniques such as case discussion, role play, or hands-on practice session have been shown to change a doctor's performance or improve patient care. This finding matches closely with the principle promoted by adult educators who describe successful adult education as: learner-centred, active rather than passive, relevant to the learners' needs, engaging and reinforcing.

#### **Category 4: Structured learning projects**

Structured learning projects are learning activities planned and developed individually or in collaboration with other members of a group or community to address a question, issue or need relevant to professional practice, have clearly specified educational objectives and are formally evaluated. These projects allow the doctor to pursue an area of interest in a structured and systematic manner. The project should be evaluated externally. However, if this is not feasible as may be the case in some instances, self-evaluation would be acceptable. If this is done, it should be in writing and made available for audit, if selected.

Formal courses of study are included in this Category as well as refresher courses or attachments to specialist units. Regional and rural doctors in particular may wish to undertake attachments at teaching hospitals and can claim the activity under this Category, and vice-versa.

Other activities may include learning a new technique (e.g., endoscopy), or producing a formally structured clinical education video.

#### **PhD studies/ Formal postgraduate studies**

These are courses, fellowships and higher education programmes developed and offered by a university, college or institute. Each course must have clear objectives and a defined beginning and end date.

#### **The Health Professions Educators programme run by Educational Development Centres**

These programmes involve a comprehensive range of workshops, resources, reflective activities and interactive e-learning materials for use by all doctors involved in the educational supervision, teaching, learning and/or assessment of Basic and Advanced Trainees. It will complement the professional knowledge, expertise and range of practical experiences that supervisors bring to the clinical education and supervision role.

#### Refresher attachments to hospitals

These are attachments to other hospitals for a specified period of time to experience the different settings and systems put in place. This exposure provides valuable experience and may assist in maintaining skills and confidence in practice, as well as indicating educational needs. Doctors may be able to observe new techniques and develop new skills, thus deepening and/or broadening their knowledge and experience.

#### Courses teaching new techniques

These are courses aimed at updating one's skills and knowledge and may include learning a new technique (e.g. endoscopy) or demonstrating skills by completing Advanced Life Support (ALS), Advanced Paediatric Life Support (APLS) courses, for example.

#### Learner initiated and planned projects

This type of activity is a self-initiated learning activity that is launched by a question, issue or dilemma stimulated by one's professional practice or self-assessment activity. The questions provide the learning focus and enable the development of a learning strategy that includes documentation of the stimulus for learning, the resources selected and the outcomes or conclusions reached for practice. Learner initiated and planned projects can be stimulated by any aspect of their professional practice and are flexible and adaptable within any learning context.

#### **Category 5: Practice review and appraisal**

This section focuses on a particular aspect of a doctor's professional practice. By selecting a specific disease, disorder or aspect of the practice, the individual can assess and compare their current practice with an ideal practice or standard to identify if there are any gaps in performance that could be improved or

enhanced. This can also include activities that assist the individual to review their personal performance in practice in relation to a defined standard. It should assist the individual to assess and identify learning needs, receive constructive feedback, reflect on and adapt their activities, and apply these to their interactions with patients, students, colleagues and others. This section also includes activities that indirectly affect the doctor's practice, such as an institution audit (accreditation) and incident reporting/monitoring.

#### Practice audits/Clinical audits

Practice (or self) audits are an active process of looking systematically at the product of the doctor's work or clinical judgments, in contrast to the potentially passive process of self-rating performance on a clinical examination or solution of a clinical problem.

Practice audits focus on a particular aspect of a doctor's professional practice. The purpose of these activities is to assess one's current performance in practice against an ideal practice to identify areas for potential improvement. These reviews may be developed and implemented by the individual or others.

It requires making judgments about aspects of clinical performance according to predetermined criteria. Criteria may be derived from respected clinical guidelines or from protocols and clinical indicators.

A reviewer should not claim time spent reviewing another doctor's practice in this Category. Credits should be claimed in the Education Development, Teaching and Research Category.

Practice audits should be strategically used in continuing professional development as they have been shown to be useful for learning and improvement

#### Patient satisfaction studies

Patients, as the primary recipients of services, have a variety of needs and expectations concerning the interactions they have with doctors, particularly in areas such as the availability, continuity, accessibility and conduct of care. While analysis of complaints may provide a crude index of satisfaction, as well

as opportunities for improvement, the sensitivity of studies of satisfaction is increased by more formal approaches. There are evolving techniques for designing surveys which must clearly consider issues such as patient anonymity and fear of service withdrawal as a consequence of critical comments.

Patient satisfaction surveys can be designed by doctors to measure specific items relevant to their office or hospital practice, e.g. communication, waiting times for appointments and for consultations, waiting times for obtaining the results of investigations, patient involvement in decision making, informed consent and continuity of care. It has been shown that when the data for measurement is collected personally by the doctor, the gaps in performance for individual patients are clearly apparent and this exercise provides powerful and credible feedback to the doctor.

#### Institution audits

Institution audits aim to provide a comprehensive approach to improving performance and quality in health services by identifying issues to be considered when providing those services, including quality improvement and service delivery. Clinical indicator data can be used to identify trends in the quality of care in individual healthcare organizations, and compare performance across organizations. Benchmarking is considered an essential approach for achieving continuous improvement, and focuses on comparing one organization's current performance with the performance of similar organizations, identifying variation and implementing identified improvements in the process of care. Variations in outcomes between different health care organizations or professionals providing the same interventions create opportunities to learn how to improve the quality of service. The justification for benchmarking is that identifying and establishing best practice in structures and processes will lead to a reduction in unnecessary variation and improve care.

#### Incident reporting/monitoring

This usually involves the collection and review of data concerning the occurrence and nature of adverse or critical incidents in clinical practice, e.g., morbidity and mortality meetings. Reporting and monitoring of defined



incidents are useful techniques to identify 'system' problems when clinical care is shared between many providers.

### **Category 6: Other learning activities**

This section includes those individual or group learning activities that occur on a regular basis. Credits may be claimed on an event-by-event basis. This section may also include activities in which clinicians are involved during their day-to-day practice which contribute to their maintenance of professional standards.

- Grand rounds
- Journal clubs
- Ward rounds (when significant learning occurs)
- Hospital and other medical meetings
- Reading journals and texts
- Information searches (Medline)
- Audio/videotapes
- Internet CME programmes/ Podcasts

Preparation for teaching, publication and presentation learning activities such as grand rounds, journal clubs, ward rounds or small group learning sessions are educational activities that enhance awareness of new ideas and assist in confirming knowledge. These activities are also known to contribute to better performance and health outcomes.

Peer reviewed journals are another main source of quality information that health professionals rely on to keep up with new developments. Web-based continuing medical education is viewed as a supplement to traditional methods of formal and informal CPD; in particular for rural and remote doctors as it provides professional development that otherwise is not available. This includes online journals, internet CME programmes and podcasts.

Other activities that provide valuable learning experiences are: background reading and research as a means for preparation towards teaching, publication and presentation.

## Credit Points system

### Credit points allocation for CME categories:

The activities are classified into six subcategories with credit points allocated for every hour of educational activity as follows:

#### Category 1: Educational development, teaching & research

10% = 20 per year (minimum 12 points per year)

Activity	No of points	Maximum points
Supervision of research	10 Per project	<b>30</b>
Refereed publication (I)	05 Per publication	25
Refereed publication (A)	10 Per publication	50
Non-refereed publication	01 Per publication	05
Book	50 Per book	100
Book chapter	10 Per chapter	30
Solicited Report	05 Per report	25
submitted report	05 Per report	25
Intern t&t	05 Per shift	20
Undergraduate t&t	05 Per semester	20
Postgraduate t&t	10 Per shift	30
Undergraduate examination (I)	05 Per exam	25
Undergraduate examination (A)	10 Per exam	30
Postgraduate examination (I)	05 Per exam	25
Postgraduate examination (A)	10 Per exam	30
Nurse/Midwife/Technician t&t	03 Per semester	15

t&t = teaching & training I = Internal A = Abroad

## Category 2: Group learning activities

10% = 20 per year (minimum 12 points per year)

### Conference

<b>Activity</b>	<b>No of points</b>
Organizing event (chairman of organizing committee)	20 Per event
Participation (paper)	10 Per event
Audience (Local)	02 Per event
Audience (Abroad)	04 Per event
Lecture	05 Per lecture
Chairperson/moderator/facilitator/Instructor/Tutor	05 Per session/workshop
Co-chairperson	03 Per session
Candidate for workshop	03 Per workshop

### Seminar

<b>Activity</b>	<b>No of points</b>
Organizing event (chairman of organizing committee)	10 Per event
Participation (paper)	05 Per event
Audience	01 Per event
Lecture	05 Per lecture
Moderator/facilitator/Instructor/Tutor	03 Per session

### Training Course/Workshop

<b>Activity</b>	<b>No of points/one day</b>	<b>No of points &gt;1 day</b>	<b>Maximum points</b>
Organizer	10 Per event	10 Per event	20
Candidate	03 Per event	06 Per event	12
Facilitator	05 Per event	10 Per session	20

## Category 3: Self-assessment programmes

5% = 10 points per year (minimum 6 points per year)

<b>Activity</b>	<b>No of points</b>	<b>Maximum points</b>
Digital literacy	05 Per skill	20

#### Category 4: Structured learning projects

10% = 20 per year (minimum 12 points per year)

Activity	No of points	Maximum points
Degrees & diplomas	30 Per Degree/Dip	30
New skills	05 Per skill	20
Specialty/Sub-specialty	10 Per sub-specialty	20
Audit	10 Per audit	30

#### Category 5: Practice review & appraisal

5% = 10 points per year (minimum 6 points per year)

Activity	No of points	Maximum points
Establishing institution	15 Per job	15
Setting up service	15 Per service	30
Writing protocol	05 Per protocol	20
Writing procedure	05 Per procedure	20
Writing manual	05 Per manual	20
Writing guideline	05 Per guideline	20
Discovered procedure	01 Per procedure	100
Developed product	01 Per product	100

#### Category 6: Other learning activities

60% = 120 points per year (minimum 72 points per year)

Activity	Point per unit	Maximum points
Teaching ward round	01 Per Round	20
Outpatient clinic	01 Per clinic	20
Theatre session	01 Per session	20
Procedure session	01 Per session	20
Discharge clinic	02 Per clinic	40
Morbidity/mortality clinic	02 Per clinic	30
Joint clinic	03 Per clinic	30
Joint club	02 Per club	40
Patient counseling	10 Per service	10
Consultation on allergies/poisons	10 Per consultation	10
Imaging report	01 Per report	10
Lab. Report	01 Per specimen	10
Autopsy report	01 Per 10 reports	10
Years of hardship service	01 Per year	01
Years of service	01 Per year	01
Executive office	05 Per year	05
Standing committee	05 Per year	05
Ad hoc committee	05 Per year	05
Consultant job	05 Per year	05

## **Exclusion from Credit**

Non-educational activities such as service on a medical society may not be cited for claiming CME credit.

## **Credit Allocation**

### **CREDIT POINTS FOR CME ORGANIZERS**

The resource persons who play a major role in the planning and organization of CME activities are entitled to claim CME credit for their contribution. Purely administrative functions such as attending to correspondence needed for communication with speakers or funding agencies, or secretarial duties are not classified as CME. In addition to the speakers or demonstrators in CME activities, chairpersons, moderators and rapporteurs who make an important academic or scientific contribution are included under resource persons. The organizer of the CME activity and the resource persons responsible for the individual sessions would decide on who is eligible to claim CME credit.

The quantum of CME credit that could be claimed depends on the category under which the activity was registered by the DAC. The resource person may claim twice the amount of credit that the session participants are entitled to claim. If a session has been allocated 1 credit point, giving the participants the opportunity of claiming 1 credit point, the resource person responsible for it, therefore, may claim 2 points.

## **Documentation of Credit Points**

All health professionals in the CME Program are required to maintain a record of their participation in CPE activities in a portfolio (Logbook). The portfolio will enable the health professional registered in the CME program to conveniently keep all the documentation related to educational activities as per the following:

### **1. Conference and Symposium:**

- Copy of receipt of conference fees
- Attendance certificate
- Article or poster presented in conference (for provider)

## **2. Hospital Grand Rounds and Training Workshops:**

- Application for accreditation of CME activity for providers
- Attendance form for participants

## **3. Departmental Educational activities:**

- Monthly departmental educational activities planned and approved by the CME coordinator.

## **Credit Point Requirements**

### **1. Specialist:**

- The total number of credit points to be acquired in the three-year cycle will have to be established (600 credit points – 200 per year). This may be reached by combining the credits accumulated based on activities not falling within Category 1 and Category 2. However, Category 2 activities may be cited for credit only up to a maximum of 40% of the total requirement e.g. 240 credit points.
- Doctors are required to obtain a minimum of 120 credit points per year. However, if only 120 credits were obtained each year, one will not be able to fulfill the 3-year cycle requirement.
- Applications that report credit points gained based on Category 2 activities need to be accompanied by a signed statement from the CME organizer authenticating the validity of the information.

### **2. Senior Specialist:**

- The total number of credit points to be acquired in the five-year cycle will have to be established (1000 credit points – 200 per year). This may be reached by combining the credits accumulated based on activities under Category 1 and Category 2. However, Category 2 activities may be cited for credit only up to a maximum of 40% of the total requirement e.g. 400 credit points.
- Doctors are required to obtain a minimum of 120 credit points per year. However, if only 120 credits were obtained each year, one will

not be able to fulfill the 3-year cycle requirement.

- Applications that report credit points gained based on Category 2 activities need to be accompanied by a signed statement from the CME organizer authenticating the validity of the information.

## **Part 3: Processes and Procedures**

### **(1) Application for accreditation as an APIC**

1. A provider should collect guidelines for application, requirements for accreditation and an application form from DAC.
2. The provider should fill the application and hand it to the CARO with a copy of the license to practice CPD from the relevant government authority
3. The provider should wait for a site visit by an accreditation team
4. The application will be processed by DAC
5. The applying provider will be notified with the result of the accreditation process

### **(2) Application for accreditation**

#### **CME/CPD activities**

#### **Accreditation process**

In order to guarantee an independent assessment of the content of the CME programme, CME activities are evaluated by DAC in accordance with the outlined criteria. DAC accreditation assures the medical community and the public that such activities provide doctors with independent quality information that can assist them in maintaining or improving their medical practice.

#### **The process in practice**

The provider of an event completes the application form with all the relevant and required information and documents. The DAC requires applications to be submitted no later than 3 to 4 weeks before the start of the event.

The application form is immediately distributed to the two members and the appropriate referees. These are requested to give, in a well determined time scale (1 week), an approval or a refusal for accreditation plus the suggested number of credits to be applied.



The number of CME Credits will be calculated on the basis described in this document.

When the members and referees approve an event, the committee convenes to approve the event and the provider receives a letter confirming the approval of DAC. The accreditation statement thus identifies which CME event is in compliance with all the DAC requirements for accreditation. The accreditation statement must appear on all CME activity materials and brochures distributed by providers of an DAC accredited event. All providers of approved events are required:

- To keep an attendance record of their meetings. The provider is free to choose whatever registration method works best for its own organization and attendees. It is not necessary to send this record to the DAC.
- To hand out attendance certificates to participants in order for them to have their credits recognized by the CARO. Certificates of attendance will be provided by the DAC upon completion of the accreditation process.
- To provide evaluation forms to the delegates, a means by which they can easily record their rating of the relevance, quality and effectiveness of the event.
- To provide the DAC with a feedback report of the event.

### **Logo**

- The DAC logo is a service mark of the Sudan Doctors' Advancement Committee.
- This service mark may be used publicly only with the permission of the DAC. The logo may only be used in conjunction with, and in proximity to, the DAC accreditation statement.
- The logo cannot be used in notices, advertising, or promotion of activities other than in association with the DAC accreditation statement.

## **Database of DAC accredited events**

All DAC accredited events are listed on the DAC homepage. For the providers of CME activities this is a way to advertise their event through the recognition of its quality at the national and international level.

### **Accreditation Procedure**

#### **Organization of CE activities**

#### **CE activities and CE Authorities**

CE activities would fall into one of two major groups: formal CE activities organized and presented by an accredited CE Provider and its CE organizer, or CE activities in topic areas identified and undertaken by individual doctors.

### **Accreditation**

Accreditation is the system used by the DAC to ensure that CE activities meet the accepted standards of education and scientific merit. Accreditation constitutes registering the proposed CE activity by the DAC, based on the information received regarding the aims and objectives, content covered, scheduling of sessions, expertise of the resource persons, target audience, and the intended approach to evaluation.

CE authorities, in general, require that the proposed programme satisfy the following requirements:

- Presents clear aims to potential participants;
- Demonstrates the relevance of the aims to educational needs of doctors;
- Is structured and includes varied learning approaches;
- Is able to cater to the varying needs of participants, and provide individual feedback;
- Gives details of the evaluation of the programme. For a CPD activity to be accredited, the organizer will have to provide the following information, classified under three essential areas:

## ACCREDITATION OF CE ACTIVITIES BY DAC

The DAC adopts an approach essentially similar to that listed previously in accrediting CME activities that are conducted locally. The criteria it uses are that:

- The participants receive an opportunity to evaluate the activity at its conclusion;
- The activity, if funded by an external body, is organized adhering to an approved code of ethics and responsibilities with regard to sponsorship of CME activities. For a CME activity to be accredited, the organizer of the program has to submit all the relevant documents to the DAC. On receipt of the information requested, the activity is assigned a Registration Number, and is classified into one of two groups: Category 1 or Category 2. Taking the duration of contact hours of education into consideration, a credit point value, too, is allotted. These details are then conveyed to the organizer, who is expected to indicate the category to which the CME activity belongs and the number of credits assigned to it in all announcements and in the certificates that would be issued to participants. It is essential that formal and structured CME events such as conferences, symposia, seminars and workshops receive prior CME accreditation, if participants are to claim CME credits under the CME Program.

### **Activity Providing Institutions and Centres (APICs)**

Health care providing institutions, universities and government licensed centres are eligible as CME/CPD activity providers.

### **CME/CPD ORGANIZER**

Depending on the subject area of a given CME activity, an appropriate content specialist would function as the CME organizer on behalf of the CME Providing unit. He or she takes immediate responsibility for the different aspects of the CME activity, which include:

- Initiating, planning, and developing the programme;

- Identifying overall goals and specific objectives, subject content, target group, resource persons, financial resources and logistical support, plan of programme evaluation, venue, scheduling etc.
- Applying to the DAC to get the activity registered and, after registration, announcing it among the prospective participants;
- Coordinating the presentation of the activity, carrying out an evaluation, maintaining the participant list, and providing certificates of attendance.

Scientific or educational events that CME Providers organize for enhancing professional competencies qualify to be registered under the CME Programme. Pharmaceutical firms and other private establishments could contribute to the CME Programme by way of providing resources for conducting activities. The scientific and educational content included in those events, though, comes within the purview of the accredited CME Provider and its CME organizer.

### **REGISTRATION OF CME ACTIVITIES UNDER THE CME PROGRAMME**

All CME activities such as symposia, conferences, workshops and other similar events conducted within Sudan need to be registered with the DAC, if the participants who would attend them are to claim CME credits.

### **APPLICATION PROCEDURE**

Organizers of CME programmes and CME Providers who wish to obtain accreditation of the proposed activities are required to apply to the DAC, well in advance of the scheduled events, for them to be registered. It is essential that the organizer indicate the duration (in hours) of each session, as this information is used in calculating credit points. When sessions last for periods of time that cannot be converted to credit points on this basis, a rough approximation is used by the DAC.

### **ADVANCE NOTICE OF APPLICATION**

The application for registration of proposed activities needs to reach the DAC well in advance of the scheduled starting date. This period of advance notice will be decided by DAC.

## APPLICATION FORMS

Application forms should be made available at the DAC website (after its design), for online registration. They can also be printed from the site, completed and sent to the DAC by fax or other means. Online registration, though, is the preferred option. Information is called for under the following headings:

- CME Provider
- Title of programme
- Frequency of conducting programme
- Aims and objectives
- Content outline
- Scheduling of sessions
- Target audience - number and background
- Resource persons (lecturers, demonstrators, instructors, tutors etc.)
- Plans for assessment of outcome and for follow-up
- Plans for programme evaluation

For activities classified under Category 1, the above information is needed in nearly all the situations. With respect to ongoing scientific meetings and other frequent activities that come under Category 2, some of this information may not be applicable.

The organizer is not expected to calculate the credit points for the CME event. The DAC would undertake this task based on the information supplied by the organizer and the criteria that have been announced.

Once the DAC receives the application, it classifies the proposed activity under either Category 1 or Category 2. It then assigns a credit value to the programme considering the information available on objectives, content covered, educational contact hours of the activity, target audience, resource persons, venue and scheduling of sessions. The maximum number of CME points that would be allotted to a single CME activity (e.g., symposium, workshop, seminar, training programme etc.) is 25 CME credits. When the information supplied regarding a prospective activity is incomplete, there

is bound to be delay in registration. If the DAC does not receive all the information requested, it may not register the programme as an accredited CME activity. Therefore, it remains the responsibility of the CME organizer to ensure that all relevant information is included when the application is submitted.

### **PRELIMINARY REGISTRATION**

Some CME activities such as major international conferences often involve communication between the organizer and a number of different parties. Therefore the organizers may need a considerable amount of time before complete schedules and programmes can be prepared. While the DAC is unable to allocate credit points to an activity until scheduling details are received, the sponsors or the administrative authority may want to ensure that the programme would be an accredited CME activity before an offer of funds, etc., is confirmed. To deal with this situation, the DAC provides a scheme of *preliminary registration*. The organizer may forward the available information to the DAC although planning is not complete, and the activity could be considered for registration on a preliminary basis. With details received in due course, registration is confirmed and credit points are assigned. Preliminary registration also enables the organizer to announce “CME accreditation applied for” even in a First Announcement of a seminar or a conference.

### **REGISTRATION OF ONGOING ACTIVITIES**

Ongoing educational activities at health care institutions such as patient care review meetings, journal clubs, and morbidity/mortality meetings are accepted for credit under Category 2. For this, the institution has to appoint a suitable doctor to function as the organizer. He or she would submit an application in advance to the DAC for registration. The application could cover events that are to be conducted over an extended period (to be decided by DAC).

### **RENEWAL OF REGISTRATION OF ONGOING ACTIVITIES**

Ongoing educational activities that have already been registered under the CME Programme need renewal of registration if they are to be repeated beyond the period of initial registration. A written request by the organizer,

before the activities are held, would be sufficient for this unless there is a major change in the format of the activity.

### **ANNOUNCEMENT AND PUBLICITY**

Preparing the announcements and brochures, and taking steps to circulate them among the potential participants remains the responsibility of the organizer. It is essential that the Registration Number and the Category of CME and credit points be clearly stated in all announcements. A programme should not be announced as a CME activity, with details of CME credits accredited by the DAC, until the organizer has received a letter of registration from the DAC.

### **COMPLETION OF CME ACTIVITY**

When a CME activity is completed, the organizer is expected to maintain relevant documentation, and to issue each participant a certificate of attendance. The documentation required is:

- I. A list of the participants who completed the activity satisfactorily;
- II. An evaluation report.

The 'certificate' that the organizer of the CME activity is required to issue is only an official document, which may be printed on office stationery using standard office equipment. Professional artwork and page designs, and printing at a commercial establishment are not needed to satisfy the requirements of the CME Programme. The CME Registration Number, the Category of CME and the number of CME credit points the participant may claim should clearly be stated in the document issued. Each doctor or dentist is entitled to claim only those hours of credit that he or she actually spent in the educational activity.

In the case of some Category 2 activities, a number of events conducted over a specified period may be included in the same certificate. The organizer would decide where such an approach is appropriate after considering the practicality issues.

## **EVALUATION OF CME ACTIVITIES**

The main purpose of the evaluation is to give feedback to the course organizer and the instructors on the strengths and weaknesses of the activity. This would help to introduce appropriate modifications, if similar programmes are to be conducted in the future.

When preparing an evaluation report a series of comparable events that are held routinely and frequently may be grouped. Thus journal clubs, morbidity/mortality meeting or patient care review meetings conducted over a specified period may be included in a single report.

## **VERIFICATION OF DOCUMENTATION BY DAC**

The documentation maintained by the organizers of CME activities will be reviewed on a regular basis to ensure that the implementation of the programme proceeds satisfactorily. The organizers would be contacted by the DAC for this purpose. The organizers are then expected to forward copies of the Attendance Lists and of the Evaluation Reports to the DAC or to the CME coordinators, as requested. The CME coordinators would also assist the DAC in the verification of the documentation.

## **SPONSORSHIP**

Most major CME activities need financial and other forms of sponsorship. Prior to the commencement of planning activities, the organizer would estimate the expenses likely to be incurred and identify the potential sponsors. When an application for registration of a CME activity is received by the DAC, it is taken for granted that the organizer had already dealt with the issue of resources, and has received the necessary assurances from the concerned parties, if relevant. Organizers of CME activities are welcome to use the resources offered by private commercial establishments in organizing CME activities.

## **SPONSORSHIPS OF CME PROGRAMMES BY PRIVATE COMMERCIAL ESTABLISHMENTS**

Sponsorship by pharmaceutical firms and other private establishments could be used to support CME activities organized under the CME Programme. CME Providers and organizers are requested to ensure that CME activities that receive financial or other forms of sponsorship from such institutions meet the following guidelines:



## **Academic and Scientific Content**

The CME Provider is responsible for the scientific and academic merit of the CME activities approved under the CME Programme. Therefore, the course director, course organizer or the planning committee of the activity would take the overall responsibility for the subject content and the choice of speakers for conferences, symposia, workshops and other similar events.

Activities that are primarily of a promotional nature such as displays of medical or dental equipment and materials are not considered as CME.

## **Choice of Topics**

The activities should focus on topics that would assist in the development of expertise in one or more areas of professional competence. Even if a formal needs analysis may not be possible prior to planning, the organizers should consider at least the perceived needs of the participants when defining the objectives and identifying the content for the proposed activity. This would help to ensure relevance to professional practice, promoting interest and involvement of the participants in the sessions.

## **Generic Names of Drugs**

As a general principle, the use of generic names of drugs is preferred in presentations and discussions.

## **Appropriate Ethical and Professional Standards**

During planning and implementing the programme, issues dealing with ethics and professional standards should receive appropriate consideration. Patients' rights and informed consent need to be given their due place by the organizers and the presenters of the sessions.

## **Evaluation of Activity**

An essential component of the activity is its evaluation by the participants. This may be undertaken at conclusion of the sessions, or within a few days/weeks of completion if some post-programme action was expected. Many workshop evaluation forms are available for this purpose. The DAC has supplied its own formats considering the activities that would be conducted

under the CME Programme. The CME organizer may modify these forms as required for the specific activity.

### **Social Events:**

Social events may be arranged as part of the activity. However, the main emphasis in the programme should be on its academic or scientific aspects.

### **Travel and Accommodation**

Arrangements for travel and accommodation of speakers or participants of the CME activities should be comparable to those that would normally be made if assistance from the sponsor were not available.

### **Acknowledgement of Support**

Support provided by the sponsor may be acknowledged in the course brochures or other documents as appropriate. Identification or endorsement of the products marketed by the sponsor should not appear in the material circulated by the programme organizer. Additionally, promotional displays should not be held in the same room where the educational activity is conducted.

### **Process in DAC**

The DAC will:

1. Receive from the CME coordinator the application for accreditation of CME activity.
2. The application will be reviewed and approved/rejected and CME points awarded.
3. Once approved, the Provider of the activity will be informed
4. The DAC will maintain a database of all CME educational activities
5. The DAC will receive the list of participants and providers of CME activities from the CME coordinator.
6. The DAC will maintain a database of all eligible health professionals.

The database will document the credit points awarded for each employee from the information supplied by the CME coordinator and the portfolio.

## **Departmental Educational activities**

1. Register Book will be maintained by the CME coordinator.
2. The register book will be available in the venue in which the activity takes place.
3. The following information will be documented for each activity.
4. Title of activity, date, provider, list of participants: all participants on entry will record their name in the register book.
5. The CME coordinator will ensure that the Register is kept up to date and will send a monthly copy to the CME office.

## **Hospital based educational activity**

The documentation of attendance will be through the Attendance and Evaluation form.

The Provider of the activity will be responsible to distribute the forms to the participants and collect them and send them to the CME office.

## **Conferences:**

The documentation of attendance is the "certificate of attendance of Conference". The DAC will issue a certificate with number of credit points awarded for the year upon request.

## **Application for registration of CME credit point**

Credit points will be collected using a register (logbook) in addition to an electronic one (an excel sheet) and may be later an online form. Each registered doctor is expected to collect a logbook and an electronic registry worksheet from CARO and use both for the registration of credit points. The logbook and the excel sheet contain a section describing the guidelines for registration and the process of submission.

## **Submission**

The electronic logbook can be submitted by email every three month after which acknowledgement of receipt and entry in the database will be sent to the applicant The paper logbook must be submitted at the end of each

year of the three or five years duration The applicant must also submit letter of acknowledgment of receipt of previous electronic and paper submissions (if any) and evidence of participation in on-the-job activities (endorsement, attestation or letter of confirmation) and evidence of participation on CPD activities (certificates).



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Sudan Medical Council

## Part 4: Rules and Regulations

### General Regulations

(1) **Registration:**

All doctors registered in the SMC will be eligible to register in the programme. Each registered participant will submit proof of participation in approved CME activities at the end of each calendar year. The deadline for submission of proof of participation will be till the end of January following that calendar year.

(2) **Participants will receive a certificate with the number of credit points of CME activities they have earned for that calendar year.**

(3) **Ethical considerations for participants in CME activities:**

A CME activity should be chosen for its educational value and not for activities unrelated to the educational purpose of the activity. Participants should only claim credit according to the actual time spent on the activity.

(4) **CME will be one of the criteria considered when:**

- Applying for promotion
- Applying for participation in International Conferences and Courses.

5. **A Centralized database shall be established at the DAC and the record of participation is maintained by each individual to whom Credit points are awarded.** The institution awarding the Credit points and every individual who participates and successfully complete CME activity/s bears the primary responsibility for the maintenance and availability of permanent records for verification by the accreditation body/Council.

6. **The following Information shall be included in all the records:**

- a. Name and address of the Institution

- b. Name and ID of the individual participant
- c. Title of the programme or activity
- d. Completion date of the programme or activity
- e. Number of Credit hours/points awarded
- f. Report of assessment results or other information
- g. Address and telephone number of individual participant

### **Regulations for the accreditation of APICs**

The following regulations will apply when an APIC applies for approval as a provider:

1. For an APIC to be registered as a provider it must it must have a legal status (either being part of a governmental body or a training centre accredited and registered by the National Centre for Training in the Ministry of Human Resource Development)
2. For an APIC to be registered as a provider it must score at least 75% of the total marks in the application form and provided that it fulfils all the compulsory requirements
3. An applicant who doesn't fulfill the requirements will be notified with the reasons and given the chance to complete them.
4. Registration as a provider needs to be renewed every five years
5. The resources, setting and performance of the APIC will be reviewed before re-registration is done

### **Regulations for the accreditation of CME/CPD activities**

The following regulations will apply when an APIC applies for the accreditation of an activity:

1. For an activity to be accredited and registered it must score at least 75% of the total marks in the application form and provided that it fulfills all the compulsory requirements

2. The applicant will be notified if the application is rejected and given the chance to reapply after the requirements are fulfilled.
3. Registration of an activity needs to be renewed every three years
4. The resources and conduction of the activity will be reviewed before re-registration is done

### **Regulations for the registration and calculation of credits for the purpose of promotion and registration**

1. Credit points registered each year must not be less than 120 and not more than 240 points.
2. Credit points must be submitted to the CARO at the SMC every three months. Evidence of participation in CPD activities must be attached with the submission at the end of the year
3. At the end of each year, the total number of credits registered during that year will be calculated and the registrant notified.
4. If the total number is less than 120, the registrant is given time to complete them to 120 before a new year is started. This is done for each year of the three of five years of the required duration separately.
5. If the total number is more than 240 points, only 240 are considered for that year.
6. A registrant who completes the 240 points before the end of a year, no new points are registered before the year is completed
7. At the end of the three of five years of the required duration, the total number registered is calculated and if the number is less than the required 600 or 1000, the registrant is given the chance to complete the required number of credits before his application for registration and change of status is considered.