

**REVISED GUIDELINES FOR CONDUCTING AND APPROVING CONTINUING  
MEDICAL EDUCATION IN MODERN MEDICINE IN THE STATE OF KERALA**

**Preamble**

As per clause 1.2.3 of IMC (Professional Conduct, Etiquette & Ethics) Regulations, 2002, a Physician should participate in professional meeting as part of Continuing Medical Education Programmes, for at least 30 hours every five years, organized by reputed professional academic bodies or any other authorized organizations and compliance of this requirement shall be informed regularly to Medical Council of India or the State Medical Councils as the case may be.

The State Council has resolved to ensure strict compliance of the above regulation and consequently issue these guidelines namely:-

**1. Duration of Continuing Medical Education Programme**

All registered Modern Medicine doctors should attend 30 accredited hours of Continuing Medical Education Programme within every 5 years ie, at least six hours per year.

**2. Organizations/Institutions competent to conduct Continuing Medical Education Programme**

To regulate and standardize the programmes and to avoid exploitation by non-accredited agencies, it is decided that the programmes organized/sponsored/funded by the following organizations/institutions are approved by the Kerala State Medical Councils for CME accreditation.

*(a) Academic Departments of all Government and recognized private Medical Colleges in the State.*

*(b) Department of Health Services*

*(c) Indian Medical Association- (National/State/Branch) and Doctors Service Organizations*

*(d) Any organization/institution of Modern Medicine accredited for this purpose by Kerala-State Medical Council of Modern Medicine.*

*(e) Multi-Speciality Hospitals with accreditation and presently conducting Dip NB courses.*

**3. Procedures to be followed for getting credit hours**

1) Request by the Organizing Secretary along with Programme notice, details of faculties/speakers involved including their credentials, actual time schedule for each speaker, subject, venue, registration amount and number of participants expected, shall be forwarded to the Registrar, Kerala State Medical Councils at least two weeks before the commencement of the Programme:

Provided that late submission made upto 5 days prior to the programme shall be considered subject to remitting a late fee of Rs. 1000/-per application.

Provided also that no applications received after the above time frame shall be considered.

2) CME accreditation shall be at the rate of 40% of actual CME hours on the first day and 30% for subsequent days for CME exceeding 2 hours duration and 25% for CME of less than 2 hours duration subject to maximum of 3 accredited hours per day. Minimum duration of CME programme should not be less than 1 hour. Maximum of 3 hours only can be accumulated in a year from programme of less than 2 hours duration.

3) Certificates with the accredited hours shall be issued only at the closure of the final session. The certificate shall mention the credit hours allotted to the participant, the Registration number assigned by Kerala State Medical Councils and the number and date of the letter from Kerala State Medical Councils allotting credit hours.

4) The delegates shall enter time of report, their Registration Number assigned by Kerala State Medical Councils and affix signature at the entry on a register kept for the purpose at the venue. Attendance shall be marked in person on all days. (If it extends to a full day, attendance be marked both on the F.N and A.N.) The registration has to be completed before the commencement of the CME Programme.

5) After the end of the programme, a report of the programme along with the list of participants specifying their Registration Number assigned by Kerala State Medical Councils with signature affixed shall be forwarded to the Registrar, Kerala State Medical Councils within ten days of the programme. A specimen copy of the certificate issued shall also be furnished by the Organizers

along with the report. Any failure to furnish the report within the specified time limit will entail cancellation of the accreditation granted for the CME and the credit hours accrued thereof, shall not be counted.

6) Duly filled up application for seeking accreditation shall be mailed to the registrar at his/her mail ID, "[registrar.ksmc@kerala.gov.in](mailto:registrar.ksmc@kerala.gov.in)". Hardcopy shall also be forwarded to the registrar. Applicants without softcopy (e-mail) shall not be considered.

7) Registration of the observer shall be done by the organization conducting the CME free of cost.

8) Organizing secretary shall comply with the IMC Act, 1956 and the regulations issued there under while involving foreign faculty in the CME programmes.

9) **No changes shall be allowed in the programme already submitted**

10) **In the brochure of CME programme and in the premises of the auditorium where the programme is being conducted, advertisements if any of hospitals or Pharma companies or any stall should be avoided.**

11) **Advertisement, Emblem etc of Pharma Company should be avoided in the gift articles issued in the CME programme**

4. **Funding for the Continuing Medical Education Programme.-** If any financial assistance is required for the CME programme conducted by a National/State/Zonal professional association, a request thereof shall also be made to the Registrar, Kerala State Medical Councils. Each such request may be considered by the council and sanction the amount not exceeding **Rs 20,000/- (rupees twenty thousand)**. The amount, if any sanctioned shall be disbursed only upon production of original bills/vouchers for the expenses claimed. No funding from the Kerala State Medical Councils shall be allowed if financial assistance is received for the programme from any other Government source. The accredited professional association shall file a declaration to the effect that they have not received any fund or sponsorship from any other source for the expenses claimed by them from the Kerala State Medical Councils. Private Medical Colleges conducting CME without association with any National/State/Zonal, Professional bodies are not eligible for any financial assistance from the Council;

5. **Fee for processing application seeking credit hours,-** The fee for processing application for CME credit hours is as follows:-

1. Where the number of delegates is 200 or below, irrespective of duration, the application fee shall be Rs.500/-

2. Where the number of delegates exceeds 200,-

(a) for credit hours upto 2 hours – Rs 1000

(b) for credit hours exceeding 2 hours – Rs. 2000

6. **Observer:** (1) An Observer for CME programme shall be nominated by the Kerala State Medical Councils form a panel of observers nominated by from among the registered medical practitioners of Kerala State Medical Councils maintained by the Kerala State Medical Councils for the purpose.

(2) **Duties of Observer:-** It shall be duty of the observer to ensure that,-

(i) The programme is conducted as per the schedule submitted before the Registrar, Kerala State Medical Councils.

(ii) 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)

(iii) Certificate is issued only after the closure of final scientific session

(3) **Report of the CME Programme:-** The observe shall submit his report including list of participants attended the programme along with his Registration Number & Signature affixed to the Registrar within 2 weeks.

7. **Honorarium/Travelling Allowance:-** (1) The observer shall be eligible for Honorarium not exceeding Rs. 2000/- from the institution or agency conducting CME.

(2) The Observer shall be provided accommodation facilities by the organization conducting the CME;

(3) The observer shall be extended with local hospitality during his visit and stay.

8. **Accreditation Fee:-** The fee for accreditation of organizations/institutions shall be Rs.5000/- for one yeat and Rs.15,000/- for 3 years. This fee shall be paid via SBI Collect link provided in official website of Kerala State Medical Councils and enclosed along with the application.

9. **Application for accreditation:** (1) Any professional organization or body or institution desirous of conducting CME programme shall apply for accreditation to the KSMC in the specified format. The Kerala State Medical Councils shall consider only applications submitted in specified format annexed to these guidelines. The Council may after verifying the credentials of the organization give certificate of accreditation to such bodies to conduct CME programmes for one year or such period not exceeding 3 years at a time.

(2) The accreditation granted shall be liable to be terminated at any time, if the information furnished by the association/organization is found false and the association/organization shall be debarred from future accreditation.

(3) The doctors any attend the international CME's/Overseas Conference as delegates/faculty and on production of the certificates of attendance, CME credit hour may be allotted by the Council.

(4) Doctors doing postgraduate medical course recognized by Medical Council of India eg. Diploma, M.D, M.S, D.N.B, M.Ch, D.M, Fellowships, Memberships etc at recognized/reputed institutions in India or abroad shall be eligible to get four credit hours per year for the duration of the course. All medial teachers of MCI recognized institutions/national institution wherein teaching programme are undertaken on a regular basis shall be eligible to get 4 credit hours per year. They shall have to produce a certificate to that effect from the Institution head before 31<sup>st</sup> December of every year.

(5) Speakers at any conference/CME/workshop/training programme shall be eligible to get one credit hour per talk in addition to the credit hours allotted for the particular academic activity.

(6) All doctors/medical practitioners are required to accumulate minimum 6 credit hours/year.

(7) All doctors/medical practitioners are required to participate in CME programmes for atleast 30 hours in every 5 years (maximum 6 credit hours per year). After 70 years of age accumulation of CME Credit Hours shall be at the option of the registered medical practitioner.

10. **Penalty for violation of the guidelines** - Penalty for non compliance of the guidelines by the accredited agency/institution shall be Rs. 10,000/-. The Organization Secretary shall also be liable for disciplinary action for noncompliance/false information furnished by him, if any.

**11. Registers to be maintained by the Kerala State Medical Councils.-** The Kerala State Medical Councils shall maintain a database in computer showing the names of accredited organizations conducting CME programmes indicating the year for which the accreditation is valid and the names of registered medical practitioners with their registration numbers, number of hours of CME attended by them (indicating the date/month/year) and ensure that each medical practitioner fulfils the criteria of 30 hours in a period of 5 years from CME programme accredited by the Council. The data shall be compiled from the reports furnished by organizing secretary of CME programme concerned. Notice shall be sent to those who fail to accumulate 30 hours in every 5 years (6 hours per year). Registered Medical Practitioner should procure the CME certificates and submit for verification on obtaining such notice.

**12. Continued Medical Education (C.M.E.) not eligible for accreditation.-** The CME programme organized by the following bodies or agencies shall not be accredited,-

(1) The CME's organized by a drug or equipment company for promotion of drug or equipment will not be entertained/considered.

(2) The CME's organized by the individual nursing homes/hospitals/persons for marketing purposes shall not be considered or accredited.

(3) CME organized by any institution/body for self promotion or advertisement will not be considered.

**(4) Credit hours will not be allotted to CME Programmes sponsored by Pharma Companies**

Sd/-

REGISTRAR



Phone : 0471-2557227 (Office)  
e-mail : [registrar.ksmc@kerala.gov.in](mailto:registrar.ksmc@kerala.gov.in)  
[www.medicalcouncil.kerala.gov.in](http://www.medicalcouncil.kerala.gov.in)

**KERALA STATE MEDICAL COUNCIL OF MODERN MEDICINE**  
COMBINED COUNCIL BUILDING, RED CROSS ROAD, THIRUVANANTHAPURAM- 695 035, KERALA, INDIA.

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No.

To

The Registrar  
Kerala State Medical Councils,  
Red Cross Road,  
Thiruvananthapuram-35

**APPLICATION FORM FOR CME ACCREDITATIONS**

1. Name of Institution/Organization/Association }  
(with Reg. No. , Place, address/registered  
Address & date of Registration, if any) }
2. Email id, Phone Number & Fax :
3. Organization Secretary :
- (i) Address :
- (ii) K.S.M.C Registration Number :
- (iii) Email id & Phone number :
4. Details of CME Programme :
  - 1) Title/Subject :
  - 2) Venue :
  - 3) Date :
5. Actual Number of CME Hours :
6. Number of Delegates :

7. Details of Fees Paid

- |                        |   |
|------------------------|---|
| 1. SBI Collect Ref No. | : |
| 2. Payment Date        | : |
| 3. Amount              | : |

I .....hereby certify that the facts stated above are correct. I shall submit the completion report within 10 days of conducting the programme, failing which I understand that the accreditation for the CME shall stand cancelled and credit hours, if any, granted for the CME programme shall be forfeited.

Signature

Place:

Date:

Instructions.-

1. Programme Brochure with Venue, Time Schedule, Topics, Faculty shall be enclosed with the application.
2. Copy of K.S.M.C Registration Certificate of Organizing Secretary shall also be enclosed.
3. Fee shall be paid via SBI Collect link provided in KSMC official website and printout of SBI Collect payment receipt to be enclosed with the application.
4. **Copy of Institution Accreditation should also be furnished**





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e-mail : [registrar.ksmc@kerala.gov.in](mailto:registrar.ksmc@kerala.gov.in)  
[www.medicalcouncil.kerala.gov.in](http://www.medicalcouncil.kerala.gov.in)

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No.

Dated:

**CME REPORT**

(To be submitted within 10 days of conduction of CME Programmes)

1. Name of Organization/Institution :
2. Name of Organizing Secretary :
3. K.S.M.C. Accreditation Letter No :..... Date.....
4. CME
  - (a) Title:
  - (b) Date:
  - (c) Venue:
  - (d) Number of delegates attended:
5. CME Accreditation for : ..... Hours
6. Name of Observer :
7. Any Remarks from Observer :
8. Whether list of participants with  
K.S.M.C. Reg. No. and signature  
has been attached }
9. Whether list of faculty with K.S.M.C.  
Reg.No.has been attached }
10. Whether foreign faculty involved: if so  
the name & address of the person &  
MCI registration particulars }

Place:

Date:

Signature



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[www.medicalcouncil.kerala.gov.in](http://www.medicalcouncil.kerala.gov.in)

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No.

Dated:

**FORM FOR ACCREDITATION OF INSTITUTION/ORGANIZATION FOR  
CONDUCTING CME**

1. Name of Institution/Organization/Association  
(with Reg.No., Place, address/registered  
Address & date of Registration, if any) }
2. Name, designation & address of Head/President  
of the institution/Organization/Association and  
its office bearers (with K.S.M.C. Reg. No.  
& Date, if any) }
3. Tenure of the office Bearers :
4. Academic credentials of the institution/organization  
including experience in the field of conducting  
CME programme }
5. Period of Accreditation applied for 1year/3years
6. Details of fees paid  
1. SBI Collect Ref No  
2. Payment Date  
3. Amount }

Place:

Date:

Signature



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No.

Dated:

**CME OBSERVER FEEDBACK FORM**

1. Name of organization/Institution :
2. CME/Work hours/Conference : Date.....
3. Credit Hours attended..... KSMC/CME Ref.No.....
4. Details of the Programme (including details of foreign faculty involved)

(Please attach extra sheets if required)

Sl No.	Name of the Speaker (with Reg. No. if any)	Topic covered	Time/Duration	Remarks

5. Attendance :
  - a. No. of Registered Delegates :
  - b. Spot Registration :
6. Time of distribution of Certificates :
7. Hospitality of the observer :
  - a. T.A./D.A. : Arranged / not arranged
  - b. Accommodation : Arranged / not arranged
  - c. Place provided on Dias/Stage : Yes / No
  - d. Honorarium paid :
8. Any other Remarks :
  - 1.
  - 2.
  - 3.

9. Name, address, K.S.M.C. Reg.No.  
and phone No. of the observer

Signature of the observer