Private Sector Project for Women's Health

Part I Technical Report:
Continuing Medical Education (CME), Role of Jordan Medical Council and the Way Forward

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TABLE OF CONTENTS

ACRONYMS

AAFP	American Academy of Family Physicians
AAMC	Association of American Medical Colleges
ACCME	American Accreditation Council for Continuing Medical Education
ACOG	American Obstetrics and Gynecology
AHA	American Hospital Association
AHME	Association for Hospital Medical Education
AMA	American Medical Association
CCME	The Accreditation Committee for Continuing Medical Education
CME	Continuing Medical Education
CMSS	Council of Medical Specialty Societies
CPD	Continuous Professional Development
EACCME	European Accreditation Council for Continuing Medical Education
EU	European Union
FSMB	Federation of State Medical Board
GAHS	General Authority for Health Services
GP	General Practitioner
HMC	Hamad Medical Corporation
JMC	Jordan Medical Council
HPCSA	Hospital Professions Council of South Africa
KIMS	Kuwait Institute for Medical Specialization
MOH	Ministry of Health
MPD	Maintenance of Professional Development
NHA	The National Health Authority
OCME	Office of Continuing Medical Education
PRA	Physician's Recognition Award and Credit System
RMS	Royal Medical Services
SCHS	Saudi Commission for Health Specialists
UAE	United Arab Emirates
EUMS	European Union for Medical Specialists

TABLES

EXECUTIVE SUMMARY

The Private Sector Project for Women's Health (PSP) is a five-year project 2005 to 2010, funded by the United States Agency for International Development (USAID). The PSP mandate is to improve the health of Jordanian women and families, including increased availability of quality private sector health care services.

Partners Jordan was commissioned by PSP to conduct a legal and technical review of the status of Continuing Medical Education (CME) for physicians in Jordan.
The complete report for the whole review of CME is comprised of 3 parts and each is a stand alone report:

> Part I: Technical Report: *Continuing Medical Education (CME), Role of Jordan Medical Council and the Way Forward*
> Part II: Legal Report: *The Legislative Status of the Jordan Medical Council and Continuing Medical Education*
> Part III: Jordan Medical Council Capacity Building Report: *Organizational Structure, Job Descriptions and Training Needs Assessment*

This executive summary and report will address Part I only, ie, the Technical Report *Continuing Medical Education (CME), Role of Jordan Medical Council and the Way Forward* .

The review and analysis by Partners Jordan of the present situation of CME in Jordan and the current role JMC, when benchmarked against the regional and international standards, revealed the need for change.. It will require ultimately amending or even making significant revisions in the "Modus Operandi" of JMC. Partners-Jordan recommends some viable steps to be undertaken to change the status-quo and to assist JMC fulfills its goals and better serve the objectives of CME in Jordan.

The methodology used was adequately rigorous. External review included scientific desk research, literature review, industry analysis, and review of CME and CME reorganization trends. Internal contributors included interviews with JMC incumbent members and other stakeholders, in addition to a review of the JMC legal mandate versus the reality of implementation.

The consultant selected the following countries to review, analyze and use to benchmark JMC: USA, Europe, Saudi Arabia, Qatar, UAE, Egypt, Syria, and Kuwait.

Current Status of CME

JMC has the basic framework in the form of legal mandate, organizational structure, policies, procedures and guidelines, though rudimentary, to embark on an active role in CME in Jordan. However the JMC legal mandate is not being fully practiced and implemented. JMC notes its mandate concerning CME but yet channels most efforts towards board examination and follow up of students.

The subjects of matter characterizing the present continuum and conundrum for JMC regarding CME are, in brief, as follows:

CME Activities are not being provided by JMC as per their role and mandate and the educational programs in lieu are chiefly addressing preparation for board examination.

CME Requirement fulfillment is not of mandatory status for physicians and dentists, rendering it a luxury rather than a necessity. There are neither awards for fulfilling nor sanctions for not fulfilling the required credit hours. Re-licensing is not linked to CME.

CME Credit System though in place, is of a very general nature and short of the necessary particulars that would allow for both unified and clear interpretation of the nature of accredited CME activities, as well as fair and balanced awarded credits.

Guidelines of the JMC CME are rudimentary with many caveats and grey areas allowing for subjective and alternative interpretations. There is a lack of written rules, procedures and explanations on different matters leading to ambiguity and personal construal rather than undisputed, comprehensive and pristine instructions.

Provider's Accreditation is not offered since accredited activities are limited to a handful of pre-determined providers who do not undergo quality controls, nor conduct need analysis nor outcomes measurement.

Collaboration among the different stakeholders in CME is sub-optimal and reflects a silo approach. Furthermore the collaboration with the private sector is not prominent.

CME in Jordan is provided by numerous medical institutions and takes the form of different activities such as lectures, scientific days, local and regional conferences, seminars, subscription to medical magazines, and internet CME. Most of the activities do not follow any unified plan or standards for accreditation or assessment system.

BENCHMARKING AND GAP ANALYSIS

Jordan is a lower middle income developing country with a population of [1]6.05 million in 2007 and a population growth rate of 2.49%. In spite of its small economy and limited natural resources, Jordan's health care system has gained a good reputation in the Middle East Region. Medical tourism in Jordan attracted more than one hundred thousand foreign patients in 2007. This increased the demand for high quality health care & hospital services and high quality medical care providers.

In order to see where Jordan fits in the international framework of CME related quality of care, benchmarking was carried against USA, European and Arab countries and the gap analysis mainstay outcome revolves around the following:

Provider or Accreditation

The dual role of JMC being a provider of CME activities and an accreditation body is rarely practiced when compared to other countries. The international better practice suggests that there should be a separation between the two roles.

The Accreditation function principally revolves around issues of CME quality and maintaining high standards. This function should be separate and dedicated in one national body that has the mandate to organize, develop and oversee the accreditation of the CME activity providers as in North America, Europe, Saudi Arabia, Kuwait and Qatar. Currently JMC does not offer accreditation for CME providers.

CME activity accreditation usually lies in the hands of a Non Provider of CME courses to again ensure quality and avoid conflict of interest; however a national

[1] Sources: http:// worldfacts.us/Jordan.htm and http://encarta.msn.com/facts.htm

body can be a provider, or better, a sponsor of activity, while offering accreditation. However there should be monitoring by the CME provider accreditation body.

The accreditation should also be extended by a national activity accreditation body to any activity offered by any provider fulfilling the accreditation requirement. The American Medical Association and American Council for Continuing Medical Education are a typical representation for this model.

Guidelines

Policies, processes and procedures adopted and in use at international standards level are usually comprehensive and exhaustive and continuously updated and revised to ensure quality in development of the CME chronicles. Most guidelines include:

a. A CME list of activities that are eligible for credits are very detailed, covering every potential activity, even in different settings.

b. Clear and fair point/credit system that reflect the quality and the value of an activity

c. Accreditation processes for activities and providers that are thorough, clear and easy to understand and implement.

Saudi Arabia, Kuwait, and UAE and to lesser extent Qatar follow and build their guidelines from the USA guidelines of American Medical Association and the American Council for Continuing Medical Education

Rewards and Recognition

Rewards and recognition are linked to fulfilling CME requirements by endowing CME requirement fulfillment a mandatory status that is further fortified by linking completion of CME credits to re-licensing and even recertification; as in USA, Europe, Saudi Arabia, Qatar and UAE.

RECOMMENDATIONS AND NEXT STEP

Based on the analysis of this report; a number of recommendations are critical to CME advancement in Jordan:

- Make CME requirements completion legally mandatory for all specialties including GPs and link to re-licensing.
- Introduce the mandatory CME in phases, allowing a grace period of 1 or 2 years to build the acceptance of mandatory CME among physicians and allow time to develop the CME accreditation system.
- JMC should consider adopting the accreditation and supervisory role and relinquish the provider role from its mandate.
- JMC should review current regulations and guidelines and develop new comprehensive guidelines and rules for accreditation of CME activities and CME providers that are similar to the international best practices (AMA, ACCME, EACCME) or at least at par with that of Kuwait, Saudi Arabia or UAE
- Change current Organizational structure and stakeholder collaboration model in favor of a new structure and model similar to that of ACCME.

- Detailed conclusions and recommendations are given in full report.

METHODOLOGY of CME Research:

For the Technical Report, Partners- Jordan was requested to conduct a research study to review the status of CME in Jordan, the current role of Jordan Medical Council (JMC) regarding CME, and whether change is required to achieve the objectives JMC has for CME.

To achieve these objectives, the following methodology was undertaken:

- Literature research on published resources on CME.
- Review of recent literature on the current thinking and practice in Continuing Medical Education.
- Review of the different available CME guidelines in the Arab world and internationally, where internationally refers to USA and European guidelines
- Interviews with key stakeholders in Jordan Medical council representing different factions involved in CME process as well as other stakeholders (See *Annex I: List of doctors*)**.**
- Review of the organizational and regulatory roles of different CME accreditation bodies, internationally and in the Arab world
- Review of the current rules and regulations on CME
- Conducting Gap analysis by benchmarking current CME practice in Jordan with the Arab world, USA and Europe
- Formulation of objective recommendations built on the due diligence and analysis phases

DEFINITIONS AND DESCRIPTIONS

Below are some fundamental definitions, terms and descriptions with explanatory addendums that are necessary to formulate a shared understanding for the content of this report. These definitions, terms and descriptions are to be classified as global definitions where most countries in the world, pertinently used in the course of referring to Continuing Medical Education;

Table 1: Definitions and Descriptions:

Term	Definition
CME	Educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public[2]
CPD	Continuing educational activities which respond to a physician's non-professional educational need or interest
CME accreditation	The identification, development, and promotion of standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities[3] The purpose of accreditation is to ensure the recognition of high-quality continuing education for specialists across national boundaries. Strict criteria for the recognition of such activities are established.[4]
Committee Learning	is A CME activity that involves a physician learner's participation in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of CME
Enduring Materials	An enduring material is a non-live CME 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 physician can take place at any time in any place, rather than only at one time, and one place, like a live CME activity.
Internet CME	Live or enduring material activities that are provided via the Internet are considered to be "Internet CME"
Journal CME	A journal-based CME activity includes the reading of an article (or adapted formats for special needs), 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.
CME Cycle/ Duration	The time period that a medical professional is requested to accumulate CME credits to maintain his/her license to practice.

[2] Definition by ACCME and AMA, 2007
[3] Definition by ACCME
[4] Definition by EACCME

See Annex II: Full list of CME activities' definition and explanations

DESCRIPTION OF JMC CME ACTIVITIES

JMC BACKGROUND

Physicians in Jordan are either graduates of domestic universities; whereby there are four public universities in Jordan that include a medical school; Jordan University of Science and Technology in Irbid, University of Jordan in Amman, Hashemite University in Zarqa and Mutah University in Al Karak, or have studied abroad[5]. Until 1982 all Doctors had to be registered at the Jordan Medical Association and then licensed by the Ministry of Health in order to practice medicine in Jordan.

In 1982 Jordan Medical Council[6] (JMC) was formally established, according to the temporary law No. (12) for the year 1982, effective since 16th of December 1982 to certify doctors who fulfilled the necessary requirements as general practitioners and specialists. Specialty associations affiliated with the Jordan Medical Association provide voluntary certification to their members.

Continuing Medical Education (CME) which consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationship that a physician uses to provide services to patients, comes also under JMC mandate as part of continuous professional development.

See Annex III: JMC current Organizational Structure

See Annex IV: JMC CME Organizational Relationship with other Stakeholders

JMC ROLE

Based on the legal frame of the JMC and in the light of meetings with different JMC stakeholders, JMC role can be summarized in the following:

1) Accreditation/ certification of physicians through examination
2) Guide and facilitate Medical Students in their endeavor to obtain certification and subsequently get licensed to practice as physicians
3) Continuing Medical Education (CME) as part of continuous Professional Development (CPD)

However JMC resources are mainly directed towards the first two mandates which correspond with JMC being the certification and accreditation body for Practicing Medicine. There is less focus on JMC role as CME provider or CME accreditation body.

See Annex V: CME Platform in JMC

[5] According to Ministry of Higher Education and Scientific Research annual reports for Jordanian students studied outside Jordan 2005-2006, 3479 Jordanian students studied medicine, dentistry and pharmacy abroad.

[6] Source: Jordanian Medical Council Act No. (12) for the year1982 published in the Official Gazette number (3054) Dated 16/2/1982 page (262)

CME LEGAL FRAMEWORK AT JMC

According to Continuing Medical Education (CME) instructions[7] in Jordan, JMC role in providing CME was clearly identified and a National Committee for CME was established to:

1. Set guidelines to develop medical education process.
2. Set guidelines for accreditation of CME activities and equivalent points calculation.
3. Provide JMC with recommendations on formulation of sub-committees, and supervision of committees' activities.

The sub-committees are actually the body which implements the national committee's policies for CME, coordinates with different institutions and stakeholders for CME programs, and supervise and monitor these programs. In 2005, JMC Law was amended in such a way that the national committee was no longer active and specialty subcommittees were formed that addressed CME for specialists.

See Annex VI: unofficial translation of JMC CME Instructions.

CME ACTIVITIES IN JORDAN

Almost all medical institutions in Jordan provide some sort of Medical Education; however, these activities do not necessarily fall under the official definition of CME. Neither the activity nor the provider follow standards in terms of quality , measurable outcomes, needs assessment , etc. that are usually part of the international standards for accrediting an educational activity.

No institution has a written annual and formal plan for its educational activities. The different activities conducted are sporadic in nature and do not follow an official guideline. Some institutions do consult with JMC to determine the equivalent credit hours of their intended activities but most providers do not consult with JMC.

The only exception is the Royal Medical Services (RMS) where they have their own internal system for CME that is linked to internal promotion and occasionally they involve JMC for accreditation

Following is a table illustrating CME status of main stakeholder in Jordan:

Table 2: CME Status of Main Stakeholders in Jordan

Institution	CME activities	CME plan	Content and provider assessment	Accreditation
University of Jordan	No CME activities	No CME plan	No clear assessment guidelines	No accreditation

[7] Continuing Medical Education (CME) instructions issued under articles 5/b and 6/h of the JMC amended law; year 2002

Physicians Syndicate	-Hour and a half Lectures - 3 days conferences every 2-3 yrs	The committee meets once a month to plan for CME activities	No assessment for content however lecturers are required to provide resumes and have experience and good reputation.	No accreditation has been done, but recently negotiating the accreditation with JMC
Royal Medical Services	-research -lectures -conferences inside and outside Jordan -lecturing -subscription of medical magazines -Internet CME	They have an annual CME plan	Assessment of content and provider	Accreditation for CME providers has to be evaluated by RMS committee unless it is provided by RMS itself or a well known source such USA and Britain
National Center for Human Resource Development	- lectures	No clear, rigid CME plan	Has the copyright to use the content of Thomas Jefferson University Hospital and American Institute for Ultra Sound	No accreditation system; however, certificates are provided for attendees.
General Physician Association	- lectures every 1-2 months - conference every 1-2 yrs	They have a monthly CME plan	There is a content and provider assessment based on reputation, availability,	CME accreditation hours are equivalent to the actual length of the activity

			personal contacts or upon doctors demand	
Private Hospitals Association	- lectures - seminars - scientific days	No clear CME Plan	Content and provider are assessed by JMC	Prior approval and hour accreditation from JMC

Even though different stakeholders in Jordan provide a considerable number of CME activities; the following are lacking:

- A strategic plan or even an annual plan for CME activities by the different institutions that is based on needs analysis
- Lack of national coordination for providing activities though there are cooperation between different institution, but not designed in a strategic and complementary framework
- Lack of proper and widespread promotion and information on activities that can reach every physician (poor dissemination of information)
- Commercial interest driven CME activities organized by Pharmaceutical industry and medical equipment vendors.
- Very few providers declare how many CME credits an activity is worth
- Non compliance and/or no guidelines for quality of speaker, facilities, logistics, proof of attendance, pre and post evaluation, etc.. This is linked to lack of accreditation process for providers and activities.
- Lack of financial resources is cited as a reason for not having enough CME activities as desired particularly for GPs who work in low income areas or Ministry of Health facilities

STAKEHOLDER INPUT ON CME INSTRUCTIONS IN JORDAN

Table 3: Stakeholders Input of CME Instructions in Jordan

Angle	Input
Mandatory Angle	o GPs are not included under JMC criteria and hence outside the equation. o Royal Medical services have some sort of mandatory status for their own physicians as it is linked to promotion (Internal System). o There is an unanimous agreement on having fulfillment of CME mandatory to all physicians and Dentists including GPs should be linked to a reward /sanction system with physician relicensing o Stakeholders who showed reservation towards relicensing have their reasons rooted in the following points : • Physicians resistance, especially GPs who work in remote areas or been practicing for decades and have no will or means to fulfill CME requirements. • Lack of Infrastructure in terms of providers and activities to reach and be affordable to everyone in the country (Geographical and Financial limitations). • Lack of awareness among GPs for the value of CME and hence belief in gradual introduction and slow but steady change of mindset that should be coupled by having the right and sound infrastructure. But not willing to commit to a timeline for phased-plan • General refusal for the concept of sanctions and preference for having a reward system instead. This has roots in seeing it as unpopular among physicians. • The need to change the General Health law that GPs are currently covered by to allow them to be under the umbrella of JMC
Legal Angle	o A few Stakeholders believe that the mandatory status of CME and re-licensing should be in the form of Law that should be passed by the parliament; Others believe it should be in a form of Regulations to facilitate its approval and implementation. o The pro- Re-licensing stakeholders prefers averting involving the parliament as this will be a lengthy procedure and a law might not be approved .
CME Providers Angle	o There is no accreditation system of any kind for CME providers; accordingly CME providers usually do not seek JMC accreditation for their activities. Only a few cooperate with JMC in this regard o That might compromise the quality of CME activities offered by any

	provider due to lack of sturdy accreditation system in place (Quality monitoring and control) o Providers are numerous but do not follow any specific procedure and some do not follow any procedure at all o Currently JMC sub committees do not provide CME activities as per their legal mandate.
CME Activities Angle	o Current JMC guidelines for calculating points equivalent to CME activities (CME credit point system) are not detailed enough to cover all what is defined as CME activity o There is no guideline in place to guarantee quality of CME whether CME is obtained locally or from other countries .This is materialized in the absence of guideline for accrediting CME activity. Current guideline only addresses the exchange of CME hours into CME credit points
JMC Role	o The role of JMC in CME as an activity provider and activity accreditation is seen by some stakeholders as hard to carry on. o Few stakeholders including members in JMC board believes the JMC should confine its role in accreditation only, as resources required to function as a provider are too complex and big for JMC to handle

See Annex VII: The full input of stakeholders on CME instructions in Jordan

INTERNATIONAL STANDARDS IN THE FIELD OF CME

Two CME systems are mainly revised as models for international standards; the American model (ACCME, AMA) and the European model (EACCME), albeit they have much in common.

Accreditation Council for Continuing Medical Education (ACCME)

Based in Chicago; ACCME is a not-for-profit corporation under the laws of the State of Illinois. The ACCME is the successor to the Accreditation Council for Continuing Medical Education, the Liaison Committee on Continuing Medical Education and the Committee on Accreditation of Continuing Medical Education of the American Medical Association.

See Annex VIII: ACCME accreditation Elements

American Medical Association (AMA)

The American Medical Association (AMA), the largest physician group in the United States established in 1968. AMA sponsors many different CME activities and accredit activities provided by others as long as they comply by the AMA criteria for CME activities The AMA has The Physician's Recognition Award and credit system (PRA).

See Annex IX: AMA Provider Information and Physician Information.
See Annex X: AMA Structure and Relationship between ACCME and AMA

European Accreditation Council for Continuing Medical Education (EACCME)

EACCME became operational in January 2000 as part of UEMS (European Union for Medical Specialists) to facilitate access to quality CME for European doctors, contribute to the quality of CME in Europe and make exchange of CME credits in Europe possible.

See Annex XI: Structure and Mandate of the EACCME

Except for a few countries; it is rare to find the two roles confined in one official Body. Usually it's a supreme national body which supervises the accreditation of both CME activities (points) such as AMA and CME providers who offer these activities like ACCME and EACCME

The purpose of having a national body for CME is to:

- Guarantee unified policies and procedures for CME activities, their providers and the accreditation process.
- Monitor the quality of CME activities
- Organize and coordinate among the different national and international providers of CME activities.

Table 4: CME benchmarking for JMC against international standards

	ACCME	AMA	EACCME	JMC
Role and mandate	Accreditation body for CME providers	Owner of CME regulations and accreditation of CME activities	Accreditation body for CME providers	Accreditation body for CME activities and provide CME activities *
CME Requirements	Follows AMA criteria as well as AAFP, and ACOG 3 years CME cycle for re licensing and 7-10 years for recertification depending on the specialty	3 years of CME requirements is mandatory and linked to relicensing Recertification is mandatory every 7-10 years depending on the specialty	Follows the approved national requirements in every European country Usually 3 years CME cycle linked to relicensing No re certification exams required	5 years of CME is NOT mandatory and NOT linked to relicensing No recertification is requirement
Accreditation Requirements	Provides a list of requirement for any educational activity and educational activity provider and CME credit points/hours	To comply to the ACCME detailed criteria for approved CME providers	Provides a list of requirement for any educational activity and educational activity provider and CME credit points/hours	JMC doesn't posses a complete and detailed clear requirements list for CME accredited activities and providers
Accreditation policies	Possess clear and detailed verification of compliance to ensure physicians predication in CME activities	Possess clear and detailed verification of compliance to ensure quality of activity and equivalent credit points	Possess clear and detailed verification of compliance to ensure physicians predication in CME activities	Has no policies in place for verification of compliance of physicians or providers
Commercial interest	Exhibits guidelines to ensure independency of CME activities sponsored by commercial organizations	Exhibits guidelines to ensure independency of CME activities sponsored by commercial organizations	Exhibits guidelines to ensure independency of CME activities sponsored by commercial organizations	No Such guidelines to address the commercial support and ensure absence of conflict of interest
Quality Assurance	Have strict quality assurance guidelines for availability of personal data, qualifications of staff for CME activities, non biased education attendance, reporting by provides and feedback.	Have strict quality assurance guidelines for availability of personal data, qualifications of staff for CME activities, non biased education attendance, reporting by provides and feedback.	Have strict quality assurance guidelines for availability of personal data, qualifications of staff for CME activities, non biased education attendance, reporting by provides and feedback	Have no such guidelines that address the quality issues for its own activist or that of any other CME provider.

The following table reflects where JMC stands within the international standards regarding requirements for as a CME provider entity:

Table 5: JMC conformity to International Standards

Requirement	JMC conformity	Expalnation (Need to be done by JMC or any other CME activity Provider
I. Mission Statement	YES	CME mission statement. Identify and highlight each required compnent
	NO	(1) purpose, (2) content areas, (3) target audience , (4) type of activity, and (5) expected results of the program.
II. Parent Organization (if applicable)	YES	Describe organization's relationship to parent organization.
		1) parent organization's mission statement,
	NO	2) Support from parent with respect to financial, facility or human resources, and/or
	NO	3) Evidence that your organization's CME mission statement is reviewed
		and approved by the governing body of your parent organization on a regular basis
III. Planning Process	NO	A. Describe your planning process(es) for each type of CME activity you provide
		specifically addressing the link between identified educational needs and desired results
	NO	B. Provide evidence of your planning process(es) and the steps that demonstrate how the identified educational needs were linked to desired results
IV. Needs Assessment	NO	A. Describe how needs assessment data are used in planning your CME activities
	NO	B. Provideevidence demonstrating use of needs assessment data in the planning of the CME activity.
V. Purpose & Objectives	NO	A. Describe how the purpose and/or objectives for your CME activities are made known to participants before participating in the activity.
	NO	B. Provide promotional material for the activity.
	NO	Highlight the purpose/objectives and the appropriate accreditation statement.
VI. Activity Evaluation	NO	A. Describe how your CME activities are evaluated in terms of meeting the identified educational need.
	NO	B. For one specific activity, attach an evaluation instrument and a summarized data set
VII .Program Evaluation	NO	A. Describe how your organization evaluates the effectiveness of its overall CME Program.
	NO	B. Provide evidence of the use of a mechanism(s) for evaluating the effectiveness of the over all CME Program, as well as evidence that improvements were made as a result of this process. (PROGRAM NOT ACTIVITY)
VIII. Organizational Framework	YES	A. Describe your organization's structure, process(es), and system(s).
	YES	B. organizational chart.
	NO	C. copy of annual audited financial statements if avilable
	NO	D. If not , then an income and expense statement* for your CME Program
	NO	E. Income and expense statement* for a specific CME activity. example should demonstrate the recei
	NO	(If your organization accepts commercial support, include salaries, meeting costs ,honoraria,tarvel, etc
	NO	income from commercial support, advertising ,exhibit fees, tuition ,registration fees, ET C.
IX. Business & Management Practices	NO	A. Attest (to your organization's compliance with its business/management policies.
	NO	B. Table of Contents of organization's Human Resources , Financial Policies or Procedures Manual.
X. Program Summary (Self Assessment & Improvement Plans)	NO	A. Describe your CME Program's Areas for Improvements and Specific Plans for Improvements.
	NO	B. Describe your CME Program's Future Direction.

BENCHMARKING FOR JMC AGAINST REGIONAL STANDARDS IN THE FIELD OF CME

CME initiatives and programs in some Arab countries in the region where highlighted for further benchmarking, notably that of:

- United Arab Emirates UAE
- Saudi Arabia
- Egypt
- Kuwait
- Qatar

Table 6: CME Benchmarking against regional countries

Country / criteria	United Arab Emirates	Saudi Arabia	Egypt	Kuwait	Qatar	Jordan
CME responsible body	Accreditation Committee for Continuing Medical Education CCME	Saudi commission for Health Specialties SCHS	National Committee at the Egyptian medical Syndicate and Faculties of medicines	Kuwait Institute for medical specialization (KIMS)	National health authority and Hammad medical Corporation (HMC)	JMC
Role	Accreditation of all CME activities and CME providers	Supervisory and strategic development	Provides CME activities and Provides CME accreditation	Organize all aspects of CME training, and accreditation body for CME and Maintenance professional Development (MPD) for activities and providers	Regulates the medical marketplace HMC is the main CME /CPD provider	Provider and accreditation body
CME requirement	CME is a prerequisite for relicensing	CME is a prerequisite for relicensing every 3-5 years depending of the specialty	CME is not mandatory and not required	Certificate of CME cycle completion is required but not linked to re licensing	CME is not mandatory generally but Mandatory for employees of HMC	5 years of CME is NOT mandatory and NOT linked to relicensing No recertificatio n is required

Accreditation requirement	Provides a list of requirement for any educational activity and provider and CME credit points/hours	Provides a list of requirement for any educational activity and provider and CME credit points/hour	No clear accreditation requirements	Provide International detailed guidelines called "Guide lines to CME organizers" similar to ACCME	Provide clear requirements for all doctors registered in HMC CME program	JMC doesn't possess a complete and detailed clear requirements list for CME accredited activities and providers
Accreditation policies	Possess a clear detailed guideline on policies and procedures for CME activities and the accreditation process	Possess a clear detailed guideline on policies and procedures for CME activities and the accreditation process which conforms to the ACCME and AMA standards.	No clear CME accreditation guidelines and policies	Possess clear and derailed system for CME which follows the AMA credit system.	Possess a well detailed yet simple guidelines for CME process, policies and procedures for accreditation and point systems which match international standards	Has very general guidelines and procedure

See Annex XII: CME Credit System –ACCME/UAE
See Annex XIII (a): Application for Accreditation -UAE
See Annex XIIII (b): Application for Accreditation Guidelines- UAE
See Annex XIIII: CME requirements-Saudi Arabia
See Annex XV: KIMS administrative Structure and Credit System
See Annex XVI: CME Worldwide

CONCLUDING REMARKS AND RECOMMENDATIONS

CONCLUSIONS:

- Different medical Institutes in Jordan provide a considerable number of CME activities, yet CME is still not linked to relicensing nor organized under one national unified policy.
- CME activities and CME providers in Jordan lack clear procedures and an accreditation system.
- JMC is more equipped and more suited to act as a CME accreditation body rather than CME provider.
- Regionally, countries like S. Arabia, Kuwait and UAE have adopted international standards and are now improving in the field of CME.
- Insufficient coordination, cooperation and planning exist among medical institutions and bodies regarding CME in Jordan.

RECOMMENDATIONS

Legal frame

- CME should become mandatory in Jordan for all physicians including GPs, with clear sanctions related to re licensing for practicing medicine. It is advised to allow a grace period of 1-2 years before enforcing the law to ensure there is enough time for preparation of the CME accreditation systems and to create an acceptance among all physicians to link relicensing with CME.
- CME to include all Medical Professions (Physicians and dentists as a first step and then include Pharmacists, dieticians , nurses and health technicians)
- Change the current Organizational structure of JMC to integrate CME new role and mandate.

Accreditation

- JMC to become an accreditation body only for CME Providers and develop an accreditation system similar to ACCME.
- JMC to cooperate with Academia and Physician Syndicate to develop a detailed and well defined accreditation system that conforms to international standards for CME activities, and CME providers. (the AMA/ACCME could be a good reference for minimal adaptation)
- Ensure that all CME activities have a clear and measurable outcome that is actually verified to ensure compliance of attendees and providers by instilling the sturdy ACCME and AMA model.
- Devise a funding plan to assist physicians, particularly GPs to have access to affordable or even free CME activities.

REFERENCES AND BIBLIOGRAPHY

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- The Learning and Teaching Guide, Royal College of General Pracitioners, 2007
- The Office of Continuing Medical Education at the Arizona Health Sciences Center at the University of Arizona

Useful Contacts

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ANNEX I: List of doctors that Partners-Jordan met with to collect information on CME in Jordan

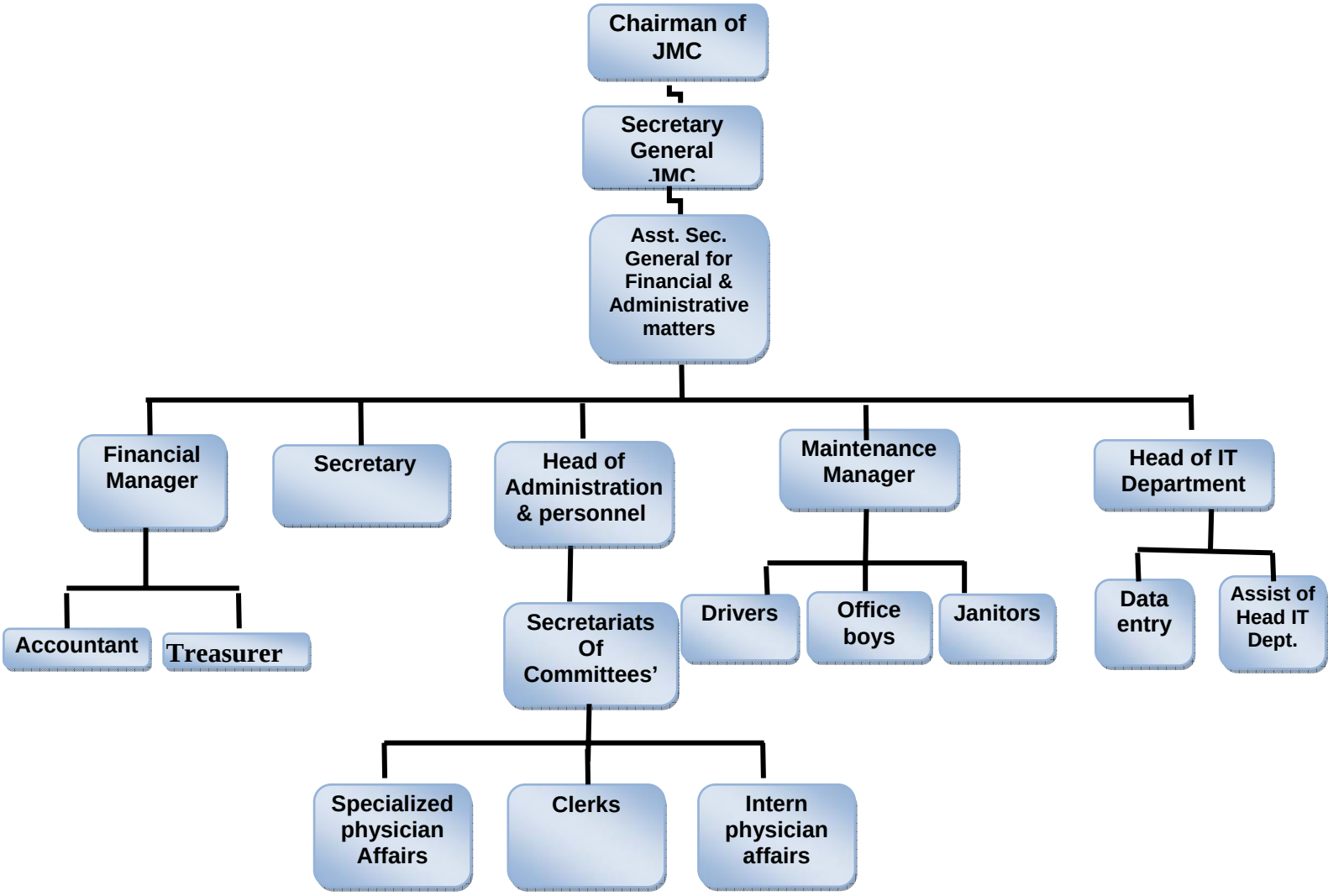
#	Name	Institution
1	Dr. Abdel Kareem Al-Khawaldeh	Head of Royal Medical City / National CME Committee
2	Dr. Ammar Mbeideen	Royal Medical City - Technical Manager
3	Dr. Issam Hiyari	Royal Medical City
4	Dr. Muneer Abu Al-Samen	General Practitioner Association
5	Dr. Munther Al-Khateeb	General Practitioner Association
6	Dr. Samer Kamal	General Practitioner Association
7	Dr. Ali Attiyeh	Jordan Doctors Syndicate
8	Dr. Khaled Huniety	Jordan Doctors Syndicate – Secretary of CME Committee
9	Dr. Muneer Al-Gharaibeh	JMC Head of National CME Committee
10	Dr. Yousef Mo'asher	JMC Head of CME subcommittee
11	Dr. Hasan Hawamdeh	JMC CME subcommittee
12	Dr. Ashraf Abu Karaky	Head of CME dentistry subcommittee
13	Dr. Lina Obiedat	JMC CME dentistry subcommittee
14	Dr. Abdel Kader Battah	Faculty of Medicine at the University of Jordan
15	Dr. Taher Abu Al-Samen	Head of Higher Health Council
16	Dr. Fawzi Hamouri	Private Hospital Association
17	Dr. Yaseen Husban	Head of Higher Committee for Dentistry / Private Dentist
18	Dr. Muneer Hawamdeh	Head of CME at National Center for Human Resources Development

ANNEX II: Full list of CME activities' definitions and explanations

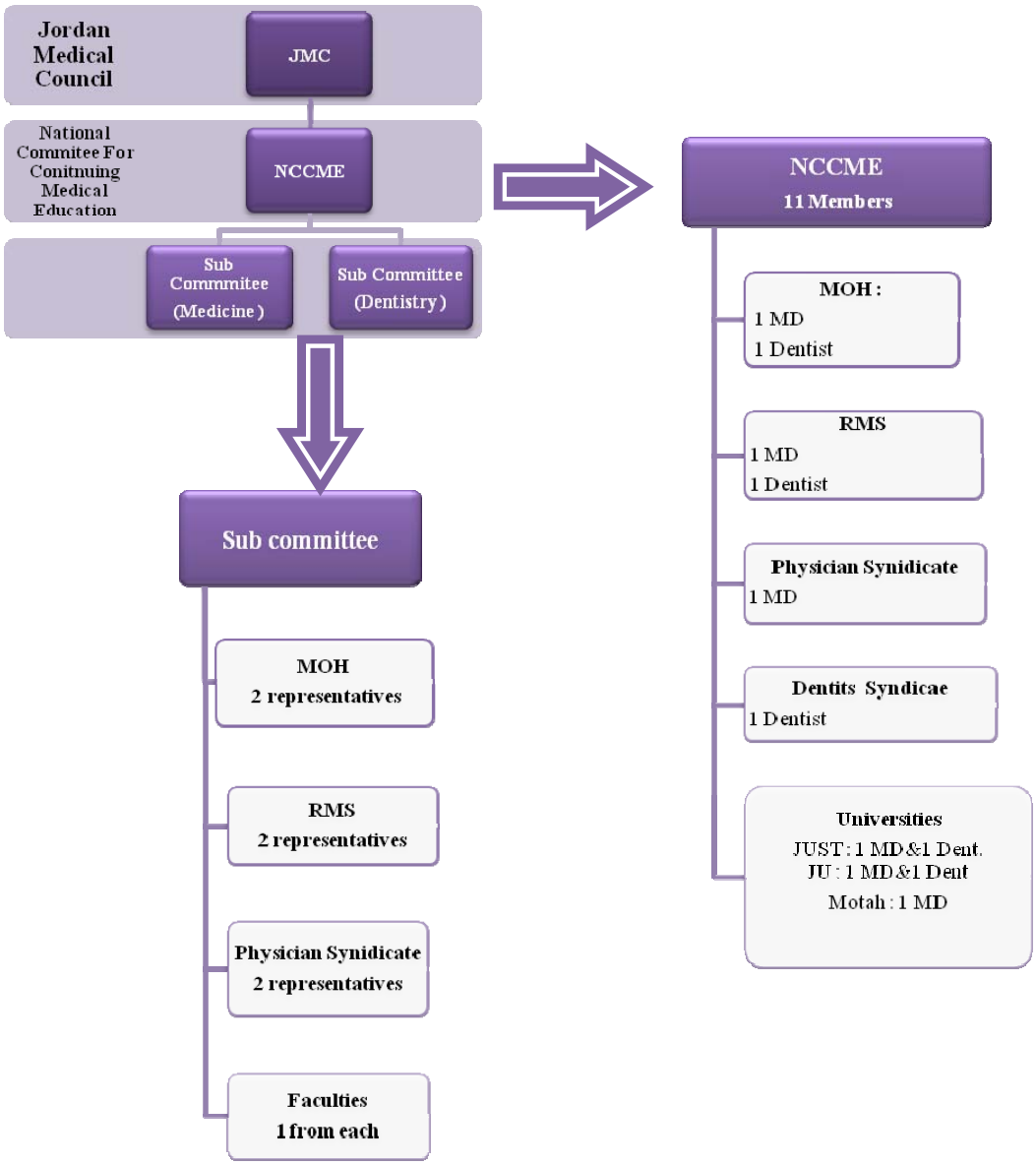
Terms, Definitions and Descriptors	
CME Activity	Educational offering that is planned, implemented and evaluated in accordance with the ACCME® Essential Areas and their Elements, and Accreditation Policies.
Committee Learning	A CME activity that involves a physician learner's participation in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of CME.
Course	A live CME activity where the learner participates in person and which is planned on a one-by-one basis and designated for credit as a single activity. (Examples: annual meeting, conference, seminar)
Enduring Material	Printed, recorded, or computer-presented CME activity that may be used over time at various locations and which, in itself, constitutes a planned activity. In an enduring material the provider creates the content.
Internet Activity, Live	A live Internet activity is an online course available at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity. (Example: web cast)
Internet Activity, Enduring Material	An Enduring Material Internet Activity is available when the physician participant chooses to complete it. It is "enduring," meaning that there is not just one time on one day to participate in it. Rather, the participant determines when he/she participates. (Examples: online interactive educational module, recorded presentation, pod cast)
Internet Searching and Learning	A CME activity in which a learner accesses the content of the activity directly from the internet. This is differentiated from a 'course' and an 'enduring material' because the provider does not create the content but rather the learner chooses content based on what (s)he feels meets their needs or answers their questions.
Journal-based CME	A journal-based CME activity includes the reading of an article (or adapted formats for special needs), 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.
Learning from Teaching	A CME activity based on the physician learner's preparation to teach in a live CME activity.
Manuscript Review	A CME activity based on a learner's participation in the pre-publication review process of a journal article.
Performance Improvement	It is a CME activity in which a provider has established a process by which a physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then re-evaluates his/her performance.

Regularly Scheduled Conference	A course is identified as an RSC when it is planned to have **1)** a series with multiple sessions that **2)** occur on an ongoing basis (offered weekly, monthly, or quarterly) and **3)** are primarily planned by and presented to the accredited organization's professional staff. Examples of activities that are planned and presented as a regularly scheduled conference are Grand Rounds, Tumor Boards, and M&M Conferences. When reporting on RSC activities, each series equals one activity. The cumulative number of hours for all sessions within a series equals the number of hours for that activity. Each physician is counted as a learner for each session he/she attends in the series. (Example: Internal Medicine Grand Rounds is one activity that meets for one hour each week. That series is counted as one activity with 52 hours of instruction; if 20 physicians participated in each session, total physician participants would be 1,040 for that activity.
Test Item Writing	A CME activity based on a learner's participation in the pre-publication development and review of any type of test-item (ex: multiple choice questions).
Hours of Instruction	The total hours of educational instruction provided. For example, if a one-day *course* lasts 8 hours, then total hours of instruction for that *course* is 8. See *Regularly Scheduled Conference* for additional example. 'Hours of instruction' and AMA PRA Category 1 Credit ™ awarded may be the same or may be different. ACCME is looking for 'Hours of instruction' as part of our data that will describe the scope of the CME program.

ANNEX III: JMC Current Organizational Structure



ANNEX IV: JMC CME Organization Relationship with other Stakeholders



ANNEX V: CME Platform in JMC

CME Activities

The following activities are approved as CME activities

a. Medical Lectures
b. Scientific Days
c. Workshops
d. Conferences
e. Publications or approved for Publication work
f. Self activities
g. Any other activities accredited by the National Committee

CME Providers

According to JMC regulations, the providers are confined to the following bodies:

h. Ministry of health
i. Royal Medical services
j. Medicine and dentistry faculties
k. Jordan physician Syndicates and Its Sub Associations
l. Other Medical institutions accredited by the committee

CME requirement

Set at **100 points every 5-year cycle** where every **1 hour** is equivalent to **1 CME Point** and is required by all medical Drs except for who are training in the Council accredited programs .

Credit System

CME activities are classified and points s are designated as follows :

1. Group one : Attending Lecture , seminars , meetings and medical conferences and the training scientific activities , Approved Distant Learning activities ((40-90 points with (min of 40 Points)
2. Group two : Lecturers in the seminars, conferences and educational sessions and lecturers in health centers are granted 3 points for each Educational hour with a maximum of 30 points (proof is required)

3. Group Three : The published work is accredited 10 points for each author with a max of 40 points
    a. Translation or co-authoring of a scientific publications is treated as published work
    b. Literature review and Chapter in a book is treated the same
    c. Originality is conditioned and should be accepted for publication in peer reviewed journals

4. Group four : Self education (Reading Education Articles and books, audio visuals) , with a max of 10 points and providing proof
5. Points granted by other CME providers that are accredited by the Committee and with a ceiling of 30 points

The rules that are captured above are not summarized but rather that is all the details stipulated under the quoted articles used in this section

ANNEX VI: Unofficial translation of Jordanian Medical Council Act No. (12) 1982 [8]

Issued under paragraph (1) of Article (94) of the Constitution

We first King Hussein of Jordan

Under paragraph (1) of article (94) of the Constitution and Based on the decision of the Council of Ministers on 27/1/1982. Endorse _ under Article (31) of the Constitution - the law and ordered the provisional following its issuance and operationalize the provisional added to the state laws on the basis of submission to the National Assembly in the first meeting.

Provisional Law No. (12) for the year / 19982 *

Jordanian Medical Council Act

Article 1 --
This is called the law (the law of the Jordanian Medical Council of May 1982) and works by the date of its publication in the Official Gazette.
Article 2 --
Have the following words and phrases wherever it appears in this Act meanings assigned to it below unless indicated otherwise.

Ministry of Health	Ministry
Minister of Health	Minister
Jordanian Medical Council	Board
Jordanian Medical Association	Syndicate
Council offshoot of the Council of Arab Ministers of Health to regulate	Arab Council
Medical specialization in the Arab countries	Medical terms of reference
Secretary General of the Council	Secretary-General

Article 3 --

A - Establishes the Council called Kingdom (Jordanian Medical Council) has moral character of financial and administrative autonomy within the provisions of the law and has to this page all legal actions with the admonition in judicial proceedings or for any other purpose the Attorney General or any other lawyer assigned for this purpose.
B - The status of the Council in the city of Amman.
Article 4 --

[8] Official Gazette number (3054) Date 16/2/1982 page (262)

A - Council consists of:

Chairman	Minister of Health
Members	Deans of the faculties of medicine at Jordanian universities
Member	Director of the Royal Medical Services
Member	Doctors Syndicate
Member	Chairman of the Committee on Graduate Studies at the Council

B - Elected Vice-Chairman of the Board from among its members.

Article 5 --

Council aims to improve medical services in the Kingdom by raising the level of scientific and practical knowledge for doctors working in various branches of medical and educational institutions, using all appropriate means, including the following:

A - Develop specifications for accredited training during the preparation of general practitioner or a specialist in the various branches of medicine, within and outside the Kingdom and reviewed periodically to develop training to keep up with medical progress and the level of training to retain approved level of training.

B - Continuous training and ensuring the scientific and technical specialists and doctors working in all means which the Council deems appropriate.

C - Coordination and cooperation with the Arab Council for Medical reference.

Article 6 --

In order to achieve its objectives, the council does the following tasks: --

A - Description of the training required of all medical specialties from all aspects and the adoption of the foundations of the evaluation of this training.

B – Set guidelines for accreditation policies for hospitals for training purposes.

C – Formulate post graduate committee and scientific specialized committees set out in the law.

D - Organize seminars and courses for doctors in preparation for specialization in collaboration with various medical institutions and bodies.

E – Provide specialists and general practitioners with Continuing Medical Education to keep updated and develop their knowledge and experience.

F - Certify jurisdiction to doctors who meet the conditions established and passed exams held by the competent committees.

G - Evaluate clinical medical specialization certificates and recognition.

H – Supervise the training programs and conduct exams for physicians.

I - Issue the publications that serve the objectives of the Council and its functions.

J - Preparation of the draft regulations of the Board and the issuance of instructions and supervision of the implementation.

K - Appoint the Secretary General of the Council.

L - Approve the annual budget of the Council.

M - Discuss and approve the Council’s annual report.

Article 7 --

A - Composition of the Committee on Graduate Studies at the Council: --

Member	Delegate of the Ministry appointed minister
Member	Each delegate of the College of Medicine Jordanian appointed by the President of the University of Jordan
Member	Delegate of the Directorate of the Royal Medical Services appointed general commander of the Jordanian Armed Forces
Members	Six specialist doctors selected by the Board for a four-year term of office, three of them in the first session by secret ballot after two years of their choice

B – It is required for the appointed member of the Committee on Graduate Studies to be not less than the rank precedes professorship directly if he worked or work in university in teaching or holds a certificate to be higher in the field of competence and experience which not less than seven years after obtaining such testimony senior and distinguished in the field of competence and prefer to deploy specialized medical research.

C – The committee elects from its members a Chairman and Vice-Chair.

Article 8 --

The Committee on Graduate Studies has the following tasks:

A - Implementation of the resolutions of the Council.

B – Recommending names of the members of the specialized scientific committees of the Council and oversee its work.

C - Consideration of the recommendations of specialized scientific committees and raise breaching of the Council.

D - Consider matters of common coordination between specialized scientific committees.

E - Take necessary measures to ensure the required level of examinations, seminars and training courses.

Article 9 --

A – For each medical specialization, a specialized scientific committee should be formulated comprising of seven members (seven), (three) of them can be non-Jordanians.

B – The term of membership in each of the specialized scientific committee is four years; membership of three of them selected by secret ballot should be terminated after two years of appointment.

C – for a member to be designated in a scientific committee, he should be a specialized assistant professor or equivalent, at least if he worked or work in university teaching, or to obtain a certificate of competence in his field and spent a period of not less than five years practicing in his area after getting certified and has remarkable competence in the field preferably has publications in medical research in his area of medical specialty.

D - The specialized scientific committee shall elect a Chairman and vice- Chairman from its members.

Article 10 --

A - Specialized scientific committee shall perform the following functions in the field of competence may have formed subcommittees for each of these tasks.

1. A training program of scientific and practical recognized.
2. To exchange experiences with medical institutions Arab and foreign.
3. Develop continuing medical education programs and supervision.
4. Laying the foundations for the exams and questions and types of scientific documents and checks for this purpose.
5. Evaluating scientific and clinical certificates issued by the other country for a very recognized.

B - is the specialized scientific authority certifying exam results in the adoption taking place in the field of competence and filed to the Commission on Graduate Studies for ratification.

Article 11 --

Any member of the Board and Committees set forth in the Act to appoint a member of more than one commission if the terms of membership.

Article 12 --

A - the general secretariat of the Council consists of: --

Secretary-General and executive employees appointed by the decision of the President of the Council on the placement of the Secretary-General.

B - appointed by the Secretary-General of the placement by the minister to oversee the functioning of the administrative, financial and be honest mystery Council and the Commission on Graduate Studies and other committees that it has delegated a staff member of the Council some powers including the secretariat took Galatasaray commissions.

Article 13 --

A - Meets the commissions provided for in this law invitation of the President or his deputy in his absence, under instructions issued by the Council to this end.

B - a meeting of the Board and its committees have legal presence of an absolute majority of members, make decisions votes of a majority of those present and if votes are equally divided likely side in which the presiding officer.

Article 14 --

Council's budget consists of the following resources:

A - The amount allocated by the Government to the Council on the annual budget of the Ministry.

B - Equal contribution from each of the Directorate of Medical Services Association and the Royal College of Physicians and all the faculties of medicine, as determined by the Jordanian Council.

C. Grants, donations and advertising that will be acceptable to the council to approve the Council of Ministers on grants and donations Alaanat Foreign Affairs.

D - Wages courses and examinations, instead of issuing certificates and documents that define instructions issued by the Council.

E - Profits from publications issued by the Board.

Article 15 --

Involved who provide for a certificate of competence of the Board in addition to providing the terms and conditions and qualifications set forth in this licensed by the ministry and registered in the syndicate.

Article 16 --

Is a certificate issued by the Arab Council for the terms of reference of the medical certificate for a top professional competence as if issued under this law.

Article 17 --

A - prohibits any doctor to exercise any jurisdiction or medical declare himself in any way that the specialist only after getting a certificate of competence of the Board in accordance with the provisions of this law.

B - Do not apply the provisions of paragraph (a) of this article to specialist physicians enrolled in the union before the issuance of this law.

Article 18 --

The Council may reassess specialists working in any jurisdiction medical once every five years and in the manner it deems appropriate to prevent when there were no requirements for the evaluation of the exercise of jurisdiction to be available.

Article 19 --

Enjoy the exemptions and facilities enjoyed by ministries and government departments.

Article 20 --

A - anyone who violates the provisions, regulations or instructions or decisions which punishable by a fine of not less than (100) does not exceed dinars (500) dinars, in addition to removing the causes of the offence and the Court to prevent the offender from exercising jurisdiction temporarily until the end of the trial, and add penalty in the case of repetition violation.

B - That the government is innocent of violating the physician purported mechanism or not its responsibility does not preclude him from pursuing punitive disciplinary action by the competent authority.

Article 21 --

Until the formation of any specialized scientific committee responsible for the Graduate functions and powers of the Commission.

Article 22 --

A - Of the Council of Ministers issued regulations to implement the provisions of this law, including regulations concerning financial and administrative affairs, personnel, employees and supplies.

B - Subject to the provisions of paragraph (a) of this article for the Council to issue the necessary instructions for the implementation of the provisions of the Act and regulations issued pursuant including instructions for a certification exam.

Article 23 --

Cancels any text or other legislation inconsistent with the provisions of this Act.

Article 24 --

Prime Minister tasked to implement the provisions of this Act

27/1/1981

Hussein Bin Talal

ANNEX VII: The full input of stakeholders on CME instructions in Jordan

According to different stakeholders' inputs, comments and briefings, status of implementation of CME instructions can be summarized in the following comments:

Mandatory angle

- JMC Instructions regarding CME are not followed by majority of Physicians and medical bodies/Institutions
- The reason is the lack of mandatory /legal enforcement on physicians to obtain CME
- That is linked to the absence of reward and or sanction system for completing the required CME. Physicians has no incentive to fulfill CME requirements except for their own personal merit
- GPs are not included under JMC criteria and hence outside the equation.
- Royal Medical services has some sort of mandatory status for their own physicians as it is linked to promotion (Internal System)
- There is an a unanimous agreement on having fulfillment of CME mandatory to all physicians and Dentists including GPs
- GP association are an avid supporter for Mandatory CME for its members
- The schism is on whether CME mandatory fulfillment should be linked to a reward /sanction system with physician relicensing to practice is tied to it, as it is the case in most countries in the world including neighboring countries.
- However, all stakeholders unanimously subscribe to the fact that relicensing should be ultimately (at one point of time) linked to fulfilling CME requirements.
- Stakeholders who showed reservation towards relicensing have their reasons rooted in the following points :
    - Physicians resistance, especially GPs who work in remote areas or been practicing for decades and have no will or means to fulfill CME requirements.
    - Lack of Infrastructure in terms of providers and activities to reach and affordably to every one in the country (Geographical and Financial limitations).
    - Lack of awareness among GPs for the value of CME and hence believes in gradual introduction and slow but steady change of mindset that should be coupled by having the right and sound infrastructure. But not willing to commit to a timeline for phased-plan
    - General refusal for the concept of sanctions and prefers having a reward system instead. It has roots in seeing it as unpopular among physicians.
    - The need to change the General Health law that GPs currently covered by to allow them be under the umbrella of JMC

Legal stature Angle

- Some Stakeholders believes that the mandatory status of CME and re-licensing should be in the form of Law that should be passed by the parliament while others believe it should be in a form of Regulation to facilitate its approval and implementation.
- The pro- Re-licensing stakeholders prefers averting involving the parliament as this will be a lengthy procedure and a law might not be approved .

Accreditation Angle

There is no accreditation system in place in the true sense of an accreditation system that sets the standards for quality and provides means of monitoring, control and continuous quality improvement

For CME Providers

- There is no accreditation system of any kind for CME providers accordingly CME providers usually do not seek JMC accreditation for their activities. Only few cooperate with JMC in this regard
- That might compromise the quality of CME activities offered by any provider due to lack of sturdy accreditation system in place (Quality monitoring and control)
- Providers are numerous but do not follow any specific procedure and some do not follow any procedure at all
- Currently JMC sub committees do not provide CME activities as per their legal mandate.
- Some training programs are being offered for the purpose of Board examination preparation.

For CME activities

- Current JMC guidelines for calculating points equivalent to CME activities (CME credit point system) are not detailed enough to cover all what is defined as CME activity
- There is no guideline in place to guarantee quality of CME whether CME is obtained locally or from other countries .This is materialized in the absence of guideline for accrediting CME activity. Current guideline only addresses the exchange of CME hours into CME credit points

Current CME Activities Angle

CME activities in Jordan are being offered by many providers however the following is lacking:

- A strategic plan or even an annual plan for CME activities by the different institutions that is based on need analysis
- Some sorts of plans are available for Physicians pursuing board examination and specialization.
- Lack of national coordination for providing activities though there are cooperation between different institution but it is not designed in a strategic and complementary framework
- Lack of proper and widespread promotion and information on activities that can reach every physician (poor dissemination of information)
- Commercial interest driven CME activities organized by Pharmaceutical industry and medical equipment vendors.
- Very few providers declare how many CME credits an activity is worth
- Non compliance and no guideline for quality of speaker, facilities, logistics, proof of attendance, pre and post evaluation, etc... That is linked to lack of accreditation process for providers and activities.
- Lack of financial resources is cited as a reason for not having enough CME activities as desired particularly for GPs who work in low income areas or ministry of health facilities

JMC role

- The role of JMC in CME as an activity provider and activity accreditation is seen by some stakeholders as hard to carry on.
- Some stakeholders including members in JMC board believes the JMC should confine its role in accreditation only as resources required to function as a provider

ANNEX VIII: ACCME Accreditation Elements

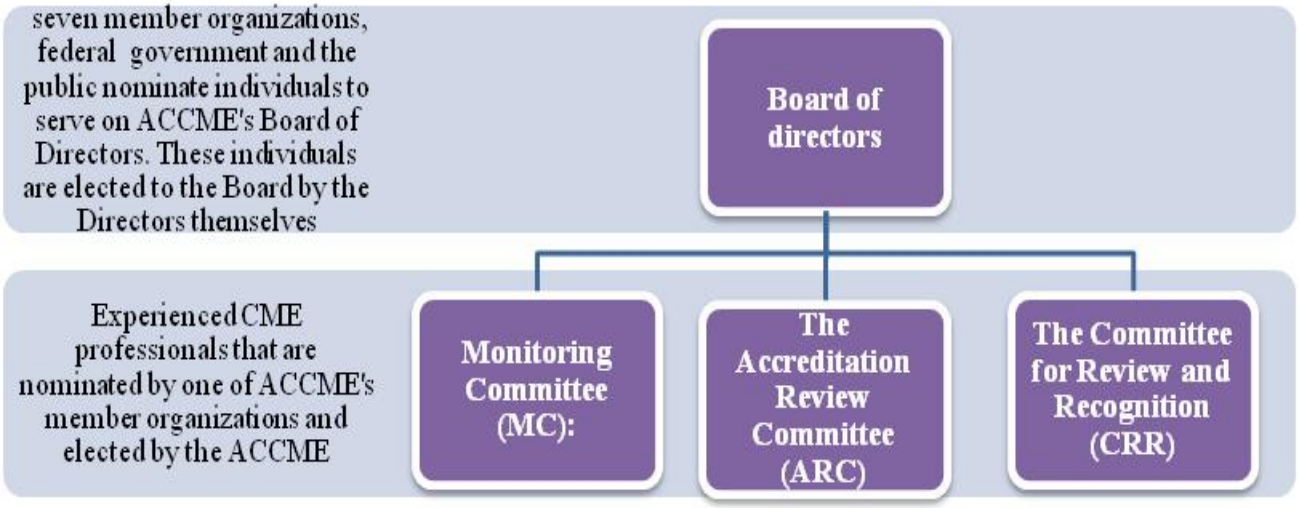
Essential Elements		Criteria for Compliance	JMC conformity
1:Purpose And Mission	The provider must, Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.	The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.	Exists for the organization at the level of JMC , The national committee and the sub committees **It does not include :** Expected results CME specific activity mission ,
2:Educational Planning	The provider must • Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities. • Use needs assessment data to plan CME activities. Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity. • Present CME activities in compliance with the Accreditation policies for disclosure and commercial support.	• The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners. • The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. • The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity. • The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM competencies, ACGME Competencies). • The provider develops activities/educational interventions independent of commercial interests • The provider appropriately manages commercial support (if applicable, • The provider maintains a separation of promotion from education	**JMC lacks planning in** • Conducting Need analysis • Development of competency based content for activity • Setting activity specific Outcome metrics • Proper management of commercial support when available and separation of promotion and education

ANNEX IX: AMA Provider Information and Physicians Information

Provider Information		
I. General Information	**II. Types of provider designated AMA PRA Category 1 Credit TM**	**III. General provider requirements and information**
A Educational Content **B. Designating an activity for *AMA PRA Category 1 Credit***	A. Live activities B. Enduring materials C. Journal-based CME D. New procedures E. Test item writing F. Manuscript review (for journals) G. Performance improvement H. Internet point of care learning I. Other activities	A. Designation Statement B. Activity announcements C. Recording credit D. Credit certificates for physicians E. Certificates of attendance for non-physicians F. Joint and co-sponsorship G. Provider monitoring H. Withdrawal of privilege to designate credit

Physician Information		
I. Direct *AMA PRA Category 1 Credit* activities 1	**II. The AMA Physician's Recognition Award certificate**	**III.AMA PRA certificate reciprocity relationships**
A. Publishing articles **B. Poster presentation** **C. Medically related advanced degrees** **D. American Board of Medical Specialties member board certification and Maintenance of Certification** **E. ACGME accredited education** **F. Independent learning** **G. International Conference Recognition program** **H. *AMA PRA Category 2 Credit*™ activities** **Example** • **Teaching residents, medical students or other health professionals;** • **Unstructured online searching and learning (i.e., not Internet PoC)** • **Live activities not designated for AMA PRA Category 1 such as :** • **Consultation with peers and medical experts** • **Small group discussions** • **Self assessment activities** • **Medical writing** • **Preceptorships** • **Research**	A. Professional recognition of accomplishments in CME B. AMA PRA certificate requirements • Eligibility • Credit requirements for the AMA PRA • Award duration • Activity-specific credit limits for the AMA PRA • Transferable credit	A. Reciprocity with professional organizations **22** B. Jurisdictions that accept the AMA PRA certificate for licensing purposes C. JCAHO compliance D. Disclaimer

ANNEX X: AMA Structure and Relationship between ACCME and AMA



Relationship between ACCME and AMA

- AMA owns the PRA credit system and determines how and for which activities AMA PRA Category 1 Credit™ may be given
- ACCME is the accreditation component of the CME enterprise
- AMA authorizes ACCME and SMS accredited providers to designate credit in accordance with AMA PRA rules
- AMA reserves the right to withdraw the privilege to designate credit if AMA PRA rules are not followed
- Accredited CME providers must comply with AMA PRA requirements in addition to the ACCME Essential Areas and Standards

Basic Requirements for Designating AMA PRA Category 1 Credit™

- Providers must assure that CME activities:
- Conform to the AMA definition of CME
- Content is appropriate for a physician
- Conform to CEJA opinions and ACCME
- Standards for Commercial Support, "non promotional"
- Address demonstrated educational needs
- Communicate educational purpose and/or objectives

- Learning methodologies appropriate to the activity's purpose and/or objectives
- Use evaluation mechanisms to assess an activity's quality
- Record the actual credits claimed by each physician participant
- AMA PRA Category 1 Credit™ designated in advance
- Include the required Designation Statement

Verification

The AMA is adamant about verification and that is most prominent when the activity is classified as learning "New procedure or skills ". It has 4 levels top be met before accrediting the physician the required activity credits**.**

- **Verification of attendance:** the physician attended and completed the course.
- **Verification of satisfactory completion of course objectives:** the physician satisfied all specified learning objectives.
- **Verification of proctor readiness:** the physician can successfully perform the procedure under proctor supervision. A physician proctor can competently oversee another physician performing a given procedure.
- **Verification of physician competence:** the physician can successfully perform the procedure without further supervision.

Credit Point System

In general the AMA follows the 2 categories System

AMA PRA

Category 1 Credit

Provider designated activities (e.g., conferences, enduring materials, etc.) or from the AMA for direct credit activities (e.g., journal authorship, poster presentations, etc.).

Category 2

Activities are not designated by accredited providers and do not require documentation. Category 2 activities represent the range of learning an engaged physician undertakes in support of his or her formal educational efforts (e.g., research, consulting with colleagues, community based teaching, etc.). These activities serve as an important piece of the educational framework by which individual physicians prepare to maintain, change and/or improve the care they provide their patients.

CME requirement

The AMA requires that at least half of the credit applied toward the AMA PRA be within the physician's specialty or area of practice.

Ethics, office management and physician-patient communication can serve as appropriate topics for CME, but are not considered specialty specific education.

The AMA offers one, two and three-year AMA PRA certificates

Mandatory Status

Mandatory For Relicensing and Recertification

ANNEX XI: Structure and mandate of the EACCME

The European Union for Medical Specialists; UEMS is the political representative umbrella organization for Specialists in the European Union and associated countries. Its governing body is the Management Council in which the national associations in each member country have voting rights.

The Management Council elects an executive committee consisting of the President, the Secretary-General, the Treasurer and the Liaison Officer. The executive committee reports to the Management Council. The EACCME is governed by the Management Council of the UEMS.

The Management Council decided in 1999 to establish the EACCME, with the EACCME becoming operational in January 2000.

A second body of the EACCME is the UEMS Advisory Council on CME in which the national CME regulatory bodies are directly represented. For many countries this representation is identical to the representation in the Management Council, but there are important exceptions such as Belgium, France, Germany, Ireland and the UK. For this reason the Advisory Council is a key element in the EACCME. In the Advisory Council the EACCME can also accommodate relevant professional bodies.

The daily proceedings of the EACCME are managed by the executive committee of the UEMS and its Brussels Secretariat. Right from the start of the EACCME it was clear that the national professional regulatory bodies could approve a structure making CME credits in Europe exchangeable, but only with the condition that they will remain firmly in charge of events in their own country and that they would have a decisive vote in the governing body of the EACCME. This is a political reality. In some countries it is based upon the expectation that within a few years mandatory recertification will occur and that CME credits will play an important role in this recertification.

The EACCME received its mandate from the national regulatory bodies, but with several distinct conditions:

- The National Authority should be maintained. The EACCME should not become a supranational body, but a link and clearing-house between the national regulatory bodies.
- The final word concerning accreditation of each activity should thus rest with the national regulatory body in the country where the activity takes place.
- The Brussels administration should be as lean as possible.
- Quality assurance and determination of number of credits of separate CME
- Activities should be decentralized. Here the EACCME should rely upon the expertise of professional bodies in each specialty such as the UEMS Sections/Boards and national/European professional societies, thus avoiding duplication of quality assurance proceedings.

- There should be no accreditation of commercially biased activities, internet activities and for the time being each activity should be judged separately. So providers are not accredited for series of activities stretching over years.

- Administrative expenses of the EACCME should be borne by the providers of activities applying for European accreditation. The expenses should be limited, avoiding duplication in Brussels of work done already in the professional bodies. Only within the framework of these conditions do the national regulatory bodies guarantee recognition of EACCME credits obtained by doctors in their country.

- The EACCME requests professional advice from a professional body, which may not be the provider itself. The professional body such as the UEMS Sections/Boards and national/European professional societies has the final say in the determination of the number of credits based upon the "credit-hour". Often the provider has already obtained such accreditation, which can be forwarded to the EACCME together with the formal application. The EACCME requests approval from the national regulatory body. When this is obtained the EACCME grants European accreditation.

This procedure meets the political requirements of the national regulatory bodies. The added value of the EACCME is the link between the professional societies, and others, who are the providers of CME and the national regulatory bodies. Any change to this procedure would need the consensus of the national regulatory bodies. Any deviation from this consensus would defeat the purpose of the EACCME and it would also mean loss of the agreement with the American Medical Association concerning mutual recognition of EACCME and AMA credits. The added value for providers is that they attract more participants from abroad and also from the USA. The long term benefit is the link with the national regulatory bodies. These bodies are very keen to preserve their national authority in the awarding of credits to the doctors in their own countries. The EACCME offers an institution in which they participate and have authority. In this way the profession facilitates exchange of CME credits in Europe in a similar way as postgraduate diplomas are mutually recognized on the basis of European law[9].

[9] Additional information is available in the UEMS documents: D 9907, European Accreditation of CME, EACCME D 9908, Criteria for International Accreditation D 9935, Purpose, structure and mode of operation of the EACCME

Annex XII: CME Credit System –ACCME/UAE

Category I	Credit
Workshops	1/hour
Lecture series	1/hour
Symposia/Seminars	1/hour
Group learning sessions	1/hour
Practical training sessions	0.5/hour
Clinical training sessions	0.5/hour
Reading scientific papers in journals	1/article*
Scientific papers/review articles published in refereed journals: 1st (or single) author 2nd author (and beyond)	 10 5
Chapters in a book in area of specialization 1st (or single) author 2nd author (and beyond)	 10 5
Writing a book/monograph in area of specialization	10
Presentations in a conference, lectures, posters	5
Teaching/conducting workshop	2/hour
Specialty board recertification	25
Obtaining medically related advanced degrees	25
Participation in a residency training programme	50
Category II	
Patient care review meetings	0.5/hour
Teaching of medical and other health professionals	0.5/hour
Writing questions for exams	0.5/hour
Journal clubs	0.5/hour
Self assessment exams	0.5/hour
Approved self instruction	0.5/hour
Computer assisted instruction	0.5/hour
Audio-visual instruction	0.5/hour
Distance learning/web based learning	0.5/hour
Research in health related disciplines	0.5/hour
Publication of medical/dental books or articles, books and exhibits related to medicine/dentistry	0.5/hour
Self directed study for examinations, conferences, symposia classified under category II	0.5/hour

* or the certificate provided by the publisher of the journal.

Category I activities

The following activities have been approved by the committee for CME of MOH category I credit:

Attendance based learning activities by accredited providers

Most CME activities claimed for category I credit are structured events offered by organizations accredited for CME by the accreditation committee for CME of MOH or by a state medical society or UAE university, Al Ain. Examples include workshops, lecture series, seminars and other scientific meetings. The provider of the event will distribute certificate of attendance that can be used as proof of credit hours earned.

Credits awarded = one per hour of attendance

CME activities in journals from accredited providers

Physicians may claim credit for reading journals. These activities are provided in peer reviewed journals and involve an examination or evaluation. The certificate is granted by publishers of journals. This activity is usually worth one credit per article or the certificate provided by the CME provider.

CME enduring materials

Enduring materials are printed, recorded or electronic materials designated by accredited organizations. These include printed materials, video tapes, internet activities and computer assisted instruction certification is awarded by the organizations. The total award hours are mentioned on certificates, e.g. Med cape, E-medicine and The Royal Colleges of UK.

Published articles

Authors of articles published in peer reviewed journals (publications included in the Index Medicus)/EMJ/Other journal approved by committee may claim category I credit from the CME of MOH by including a reprint of the first page of the article as part of the application.

Category One credit hours: 10 credits per article for the first author and 5 per article for the remaining authors. Any journal that is not indexed or mentioned above may be considered by central committee on individual application. Similar rules apply for writing a chapter in a book of high quality content.

Presentations at a conference

Category I credit may be reported to the CCME of the MOH application for presenting a poster or teaching at a medical meeting already designated for category I credit. To obtain credit for presenting a poster, attach to the application a page from the programme with the presentation abstract and identification of the presenter. To earn credit for teaching, include with the application the programme or announcement of the activity with identification of the presenter and showing the category I designation. The conference should be of international level. For conference of national level arranged by National Society the credit given will be 50%.

Category I credit Awarded: 5 credits per poster

Two credits for each hour would be awarded for teaching/lecturing at international meetings/conferences.

Specialty board certification and recertification

Specialty board certification examinations of Arab Board of the Royal Colleges are recognized.

(1) In most cases they are endorsed for a one year CME certificate.

(2) Physician applicants who specifically request it will be provided with CCME of MOH category I credits.

Category I credits awarded: 50, 30 or 25 as per HWP (Health Worker Professional) status. The recertification will carry 50% of above awards.

Medically related degrees

Earning an advanced degree in an area related to medicine, such as a Master in Public Health, earns category I credit. To receive the credit, attach to the application, a copy of the diploma or the transcript.

Category I credits Awarded: 25 credits following the award of the degree

Participation in the training program accredited by MOH such as structured MRCS etc.

Physicians earn 50 hours of category I credit per year for full or part time participation as residents or fellows in an MOH accredited residency program for MRCS.

Category I Credits Awarded: 50 credits per year

Hospital based study days or conferences

Specialty study days arranged by committees or by departments when organized in consultation and approval of Dist. /Hospital CME will earn category I hours, not more than 3 credit hours will be accredited for the activity in one day.

Other meritorious experiences

Category I credit may be awarded in recognition of experience of exceptional benefit to a physician that doe not fit the above description.

Physicians seeking credit for such an experience must obtain approval for the credit before undertaking the activity. Approval must be sought by sending a written proposal to the CCME of MOH in which the educational need, learning objectives, content of and methods for learning the material, amount of time projected to be spent on the project and a means of evaluation of the learning achievement are clearly stated. If faculty and educational institutions are involved, they should be identified. The CCME will approve projects at their discretion. When the project has concluded, the physician submits a final report of achievements that include the actual time spent on the project. The CCME will then award the number of credits it determines the project has earned the physician.

Category I Credits Awarded: determined ad hoc

Category II activities

Category II credit may be earned for activities physicians have undertaken on their own that should be beneficial to their practice. Credit claimed should be commensurate with the actual time spent on an activity. The list of such activities and the amount of credit has been mentioned in the above table.

All of those activities should be self reported to the CCME of MOH application for credit. CCME can authorize the hospital MCE committee to calculate CME credit II type hours.

Activities that do not earn credit

The credit is earned only by participation in CME activities. For that reason, acts of charity and service on a council or committee do not earn a physician CME credit.

Credit cannot be claimed for education incidental to the regular professional activities of a physician, such as learning that occurs from clinical experience.

Credit is not awarded for passing examinations. As indicated above, category I credit is awarded for specialty board certification in recognition of the learning required in preparation.

ANNEX XIII (a): Application for Accreditation (UAE)

Central Committee for Continuing Medical Education Ministry of Health United Arab Emirates
Application for Accreditation
Submitted by:
Date:
Address with fax and email:

The following information is required in order to provide accreditation. Please use additional pages to ensure the necessary details (as per guidelines) are included.

1. Who is putting on this activity? Who is involved in the planning? Where and when will the activity be held?

2. A statement regarding a needs assessment and how the appropriate content for the conferences was determined.

3. The objectives for the conference.

4. Who is the target audience and how many individuals are anticipated will participated in the meeting?

5. A copy of the planned program, which includes times of workshops, lectures, etc.

6. Names and short summaries of the speakers including their credentials and place of employment.

7. A statement regarding sponsorship and the role of the sponsoring companies in developing the program.

8. Please tell us how you will evaluate the program. Attach an evaluation form if that is one of the means you will use for evaluation.

ANNEX XIII (b): Application for Accreditation Guidelines (UAE)

The following information is required in order to provide accreditation:

1. Who is putting on this activity? Who is involved in the planning? Where and when will the activity be held?
It is our expectation that planning will be performed by a planning group (as opposed to an individual) who will assume responsibility for the overall curriculum offered. This should include individuals knowledgeable in principles of medical education as well as the general topic area. We also want to know where and when the activity will occur.

2. A statement regarding a needs assessment and how the appropriate content for the conference was determined:
CME must be based on a need. This is defined as a Needs Assessment. What this means is that the group at which the activity is directed must have a need for acquiring this knowledge. In even plainer English, "why should the learners care and bother to participate?" There are many ways in which needs can be assessed. Some examples are:
- Surveys and prior activity evaluations.
- Discovery of a new treatment or therapy.
- Public health data, chart audits, and current events.
- Self assessment.
- Government mandates and specially society guidelines.

This is why we ask you to write out how you determined your needs assessment.
Simply stating that there is a great need for CME is not a needs assessment. It is a generic platitude.

3. The objectives of the conference:
From the needs assessment a set of objectives should be compiled about what the learner is supposed to learn. To have this be a useful activity learning objectives must be:
- Clear
- Measurable
- Learner oriented

More specifically, for the section regarding **learning objectives**, bear in mind what the participants should be able to do by the end of the session. Since the objectives should be specific and measurable, behaviourable verbs are to be utilized. General verbs such as "understand, appreciate, know, become, learn" should ***not*** be used. For the purposes of the majority of our CME events, participants would be evaluated in 1 or 2 major domains: cognitive (thinking) and psychomotor (doing).

Appropriate verbs to use for cognitive goals: define, diagnose, discuss, evaluate, compare, demonstrate, describe, explain, interpret, differentiate, apply, summarize, formulate, contrast, assess, and design.
Appropriate verbs to use for psychomotor goals: display, manipulate, arrange, perform, create, operated, adapt, write.

Here are a few examples of learning objectives related to various CME events:
Participants will be able to:

- Evaluate hip and knee injuries, and design an appropriate treatment plan for rehabilitation, utilizing information from new evidence-based medicine.
- Describe the medicinal use of honey from ancient to modern times.
- Interpret thoracic x-rays utilizing a systematic approach.
- Demonstrate an ability to intubate an airway mannequin, while maintaining inline immobilization.
- Identify the major causes of hypertension and formulate an appropriate treatment plan for a case scenario.

At least 2 or 3 learning objectives should be written for each CME event and included in the accreditation application form.

4. Who is the target audience, open invitation or selected and how many individuals are anticipated will participate in the meeting:
You must then clarify what specific group(s) most has (have) this need which is defined by your needs assessment. This is then defined as your "Target Audience". For example:

- What kind of doctors? Are they primary care physicians, Urologists, Ob-Gynae's, Dentists, nurses etc.?
- Are they health care providers who have been practicing a long time, or new practitioners?

We want to know how many individuals will participate in the meeting to see how likely you are to meet your leaning objectives based on the type of teaching activities listed in your program. For example a hands-on workshop with 50 people won't be very successful.

5. A copy of the planned program, which includes times of workshops, lectures, etc.
You need to determine the best way to teach this material. Is it a lecture, workshop, hands-on teaching workshop or other method? This should be listed in your program. We look at your needs assessment and learning objectives to determine if the scheduled activities match. Sometimes we will ask additional clarification regarding the content of the sessions. We will also use your program to determine the number of CME credit hours. We need a detailed program for this to be accomplished.

6. Names and short summaries of the speakers including their credentials and place of employment:
We use this section to assess whether the individuals chosen to give the topics are able to provide this information. This is a fairly subjective assessment but we are particularly interested the speakers relationship to industry such as pharmaceutical companies who are often unable by employment to give an unbiased discussion of their topic area.

7. A statement regarding sponsorship and the role of the sponsoring companies in developing the program.

We are very concerned that there is not a conflict of interest in the development of the program. Sponsorship by pharmaceutical companies or other members of the health care industry often come with "strings attached". We want to be sure there is an arms length relationship between the sponsoring companies and the material presented.

8. Prepare an evaluation form for use by the participants.

Design an evaluation form, which will be completed by the participants. *It is important to include 2 references to leaning objectives on the evaluation form, such as: "Program objectives were well defined" and "Program objectives were met." The participants must evaluate both of these points.*

This "evaluation" can be in many forms, but it must be tied to the learning objectives. Some examples of evaluation methods are:

- Questionnaires.
- Tests.
- Review of patient data.
- Focus groups.

Evaluations are performed to:

- To find out if the objectives were met.
- To point out the activity's strong points and weak areas so that future activities can be improved.
- To get an idea of the type of programs that the audience would like in the future.

9. How will you document attendance? How will attendees be provided with a record of attendance?

It is very important that only individuals who actually participate in the education sessions get "credit" for these activities. At a minimum, some mechanism for awarding partial credit for activities must be provided for day long activities. We are also interested in viewing a draft certificate. It is very important that the Faculty of Medicine and Health Sciences not be included as a sponsor of the meeting when it is only involved in accreditation of the program.

Words such as "This program is accredited for X CME hours by the Continuing
Medical Education/Continuing Professional Development Committee of the Ministry of Health UAE" is all that is sufficient to indicate our approval on certificates.

10. Have you applied to other entities for accreditation? If yes, why?

We want to know who else you have contacted for accreditation. If you have applied to many different organization-we would like to know why as it is rarely necessary for more than a single accreditation.

11. How will you provide us with information regarding the conferences after they are complete?

At a minimum, we expect a post-conference report that includes:

- Number of actual participants.
- Final program.
- Summary of evaluations and lessons learned for subsequent CME programs.
- Certificate of attendance.

Additional feedback (e.g. minutes of a post-conference discussion by steering committee) is also welcome.
Failure to provide this information with in 3 months of the conference may result in a decision to not accredit subsequent CME events of your organization/group.

12. Any payment to speakers from UAE or any other financial inducement to speakers and attendee:
Details of payments agreed or made to speakers from UAE by pharmaceutical Company

13. Registration fee to be paid by attendee:
Details of registration to be charged to attendee.

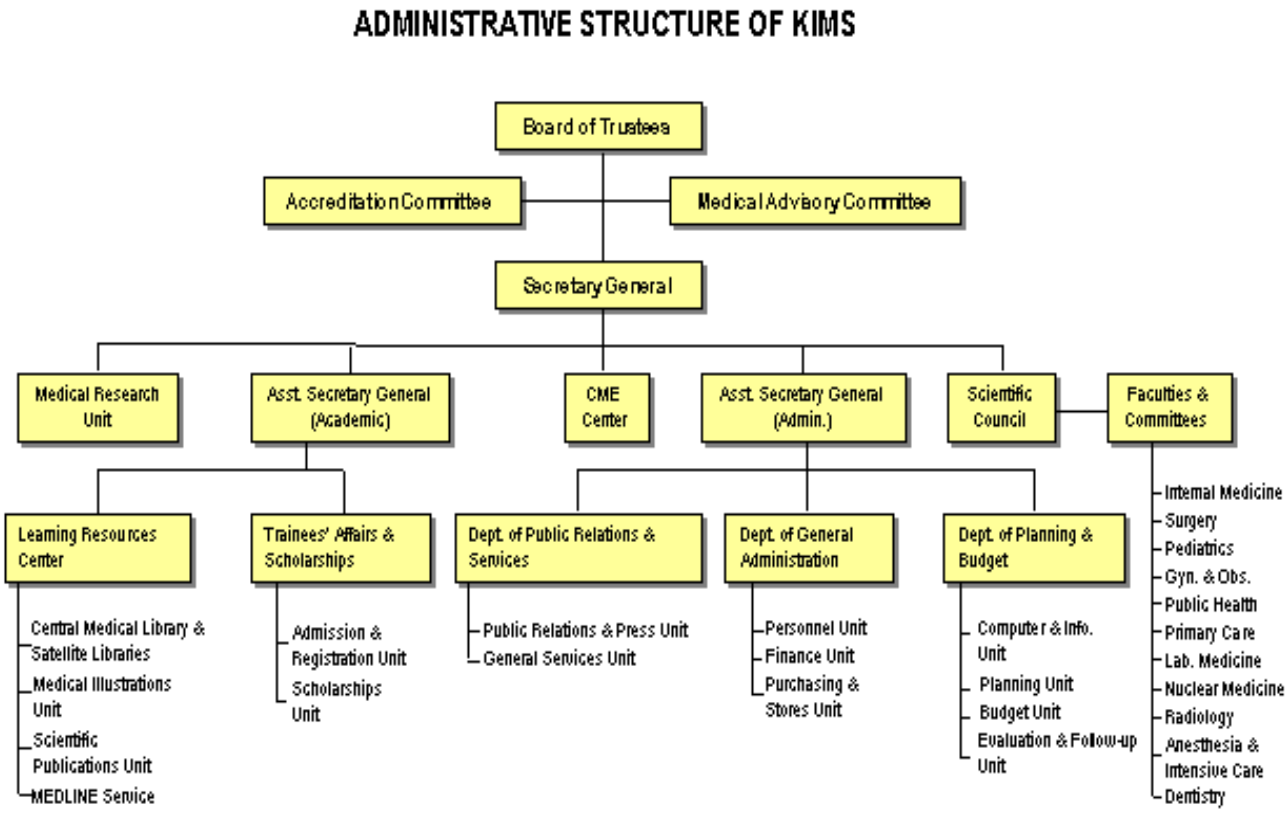
15. Any additional information about the conference you wish to communicate:
This is your chance to tell us anything else you wish us to know.

ANNEX XIIII: CME requirements-Saudi Arabia

أ. ساعات التعليم الطبي المستمر المطلوبة من الممارس الصحي عند تجديد التسجيل :

المهنة	متوسط الساعات في السنة الواحدة	الساعات المطلوبة لمدة		التفاصيل
		٣سنوات	٥سنوات	
الأطباء وأطباء الأسنان	٣٠	٩٠ ساعة	١٥٠ ساعة	(١٠) ساعات كحد أقصى خلال السنة الواحدة للأنشطة الداخلية. (١٠) ساعات كحد أقصى خلال السنة الواحدة في تطوير المهارات العامة. (١٢) ساعة كحد أدنى للندوات والمؤتمرات و ورش العمل المتخصصة، بما في ذلك الأنشطة المعتمدة عن طريق الإنترنت. (١٠) ساعات للأنشطة الذاتية مثل: القراءة المتخصصة والتأليف و مشاهدة أفلام علمية في مجال الاختصاص.
الصيادلة	٢٠	٦٠ ساعة للصيادلة والاستشاريين	١٠٠ ساعة للصيادلة والاستشاريين	(٧) ساعات كحد أقصى خلال السنة الواحدة للأنشطة الداخلية. (٧) ساعات كحد أقصى خلال السنة الواحدة في تطوير المهارات العامة. (٧) ساعات كحد أدنى للندوات والمؤتمرات و ورش العمل المتخصصة، بما في ذلك الأنشطة المعتمدة عن طريق الإنترنت. (٥) ساعات للأنشطة الذاتية مثل: القراءة المتخصصة والتأليف ومشاهدة أفلام علمية في مجال الاختصاص
الممرضون	١٥	٤٥ ساعة للأخصائيين والاستشاريين	٧٥ ساعة للأخصائيين والاستشاريين	للأنشطة الداخلية (٥) ساعات كحد أقصى خلال السنة الواحدة في تطوير المهارات العامة (٥) ساعات كحد أدنى للندوات والمؤتمرات وورش العمل المتخصصة، بما في ذلك النشطة المعتمدة عن طريق الانترنت (٥) ساعات للأنشطة الذاتية مثل: القراءة المتخصصة والتأليف ومشاهدة أفلام علمية في مجال الاختصاص
المهن الطبية التطبيقية الأخرى	١٠-٢٠	٣٠ ساعة للفنيين ٦٠ ساعة للأخصائيين والاستشاريين	٥٠ ساعة الفنيين ١٠٠ ساعة للأخصائيين والاستشاريين	(٥) ساعات كحد أقصى خلال السنة الواحدة للأنشطة الداخلية (٥) ساعات كحد أقصى خلال السنة الواحدة في تطوير المهارات العامة (٥) ساعات كحد أدنى للندوات والمؤتمرات وورش العمل المتخصصة، بما في ذلك النشطة المعتمدة عن طريق الانترنت (٥) ساعات للأنشطة الذاتية مثل: القراءة المتخصصة والتأليف ومشاهدة أفلام علمية في مجال الاختصاص
الفنيون	١٠	٣٠ ساعة لجميع فئات الفنيين	٥٠ ساعة لجميع فئات الفنيين	

ANNEX XV: KIMS administrative Structure and credit system



Credit System of Kuwait

Category1
Category 1 CME/CPD activities comprise formal and structured learning opportunities offered at a national level by recognized educational or scientific institutions, or professional bodies. The CME CENTER national accredited providers.

Category2
Category 2 activities are essentially of a self-learning nature, or are planned and conducted with a local participant group in mind. Category 2 also includes activities such as the following:

- Patient care review activities, journal clubs, morbidity/mortality meetings
- Teaching of medical and other health professionals
- Writing questions for use in examinations
- Use of self-assessment examinations and reviews
- Use of approved self-instructional material, including computer assisted instruction
- Use of distance learning programs
- Reading scientific papers in journals and other related professional publications
- Viewing posters at Scientific Poster Displays (maximum will be decided)
- Conducting research in health-related disciplines
- Publication of medical/dental books or articles, books and exhibits related to medicine/dentistry
- Attendance at conferences, seminars or symposia organized by recognized educational institutions, which have been classified under Category 2
- Self-directed study undertaken as preparation for examinations
- Personal Development Plans and Practice Improvement Plans

ANNEX XVI: CME Worldwide

Country	Voluntary : Mandatory	Credit System	required /Cycle	National Accreditation Body	Reward/Sanctions
Belgium	Voluntary but with Incentives	Points	200 points (20 hours) /year	State Institution for Insurance against Disease and Invalidity	Recertification
USA	Mandatory in 40 states	credit hours	150 Credit point /3 years	ACCME	Re-licensing and Recertification
Kuwait	Voluntary	Credit Hour	250/5 years	Kuwait Institute for Medical Specialization (KIMS)	certificate of completion
S. Arabia	Mandatory	Credit hours	30/year 90/3 year	Commission of Medical Specialties	Re-licensing
Iran	Mandatory	Credit hours	25/year		Re-licensing
Qatar	Mandatory	Credit Point	40/Year	CME/ Hamad Medical Corporation	Re-licensing
UAE	Mandatory	Credit point	50/year	The Accreditation Committee for Continuing Medical Education (CCME)	Re-licensing
Syria	Voluntary	Points	90/3 years	Higher Authority for CME	None
South Africa	Mandatory	Points	50 /year	Health Professions Council of South Africa (HPCSA).	Considering loss of license
Jordan	Voluntary	points	100/5 years	JMC(Jordan Medical Council)	None