राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
(Undergraduate Medical Education Board)
(Academic Cell)

F No. D 11011/343/2023/Academic Cell Dated, the 22nd Mar, 2023

CIRCULAR

Sub: FACULTY DEVELOPMENT PROGRAMS CONDUCTED BY NMC- ISSUANCE OF GENERAL GUIDELINES THERETO

In order to improve medical education in India and to enhance medical proficiency & skills various Faculty Development Programs (FDPs) are being conducted by National Medical Commission. These FDPs, at present, are being conducted as per syllabi formulated long back by erstwhile MCI.

2. With the passage of time, there have been sweeping changes in the field of medical technology and education too. Therefore, a strong need was felt to review and revise the existing guidelines/syllabi etc. on conduct of various FDPs, namely rBCW, ACME and CISP.

3. Furthermore, since the inception of NMC, approximately 200 new medical colleges have been established across India taking the present number to 639. This necessitated creation of more Regional Center (RC) and Nodal Center (NC) to cater to the training need of the growing populace of uninitiated medical teachers. Towards this endeavor 12 new Regional Centers have been added and 02 existing Regional Centers have been upgraded to Nodal Centers in the past one year. This makes a total of 22 RCs and 12 NCs working towards FDP under flagship of Academic Cell, UGMEB, NMC.

4. Thus, to meet the present day expectations of and from the faculties, a Committee consisting of the experts and professionals, was constituted under the Chairpersonship of President UGMEB to review the conduct of various Faculty Development Programs, besides examining other associated aspects including financial aspects etc. vide order No. 43/2023/Academic Cell dated 26.12.2022.

5. The Committee assembled on several occasions and after examining all aspects/inputs on the subject, submitted its findings and recommendations. The rBCW is rechristened as BCME (Basic Course in Medical Education) incorporating relevant changes. And a Curriculum Implementation Support Program- 3 (CISP-III) has been formulated to take care of the training of additional clinical faculty for better implementation of CBME since the students of CBME

curriculum have entered their clinical phase. The recommendations of the expert group have now been accepted and approved by the competent authority.

6. Accordingly, revised guidelines are herewith issued for conduct of various Faculty Development Programs by Nodal Centers, Regional Centers, and Medical Colleges. These instructions/guidelines are more specifically described in various Annexures enclosed.

7. To ensure uniformity in conduct of FDP, training modules have been prepared by the expert group, incorporating certain common suggestions received from the environment. The training modules give a comprehensive overview of each topic besides outlining the objectives of a topic which must be covered during these workshops. These training modules shall be shared separately with NCs and RCs.

8. Recognizing the effort that goes in the conduct and implementation of these FDPs, the honorarium for Resource Faculty and NMC appointed Coordinator (previously known as Observers) has been substantially increased. Attention of all stakeholders is also drawn to financial aspect in conduct of these FDPs, more specifically described in Annexure-1 enclosed.

9. It is strongly recommended that Conveners of NCs and RCs convene an In-house meeting of all stakeholders amongst its MEU and CC to incorporate these new guidelines. Concurrently, to sensitize the faculty of allocated colleges, online contact session(s) should also be arranged for their MEU and CC. A completion report to this effect is to be submitted to Academic cell, UGMEB by Conveners of NCs /RCs by 15th Apr 2023.

10. It has been decided to resume the Advance course in medical education (ACME) from 1st July 23. The ACME in its revised form shall be of 06 months' duration now including the two onsite sessions of 5 days and 3 days. Further instructions on ACME shall be issued later.

11. **These guidelines shall come into force with effect from 17th April 2023**. Accordingly, existing guidelines issued by erstwhile MCI or by NMC from time to time on these subjects stand superseded or modified to that extent. The guidelines shall be adhered meticulously by all. Any violation will be viewed seriously.

(Dr. Aruna V Vanikar)
President, UGMEB
National Medical Commission

Copy to:

- Chairman, NMC
- All Presidents and Members of Boards
- Secretary
- Account section
- Admin and Academic cell

Enclosures:

Annexure 1 : Financial Aspects / Budget Provisions for Faculty Development Programs

Annexure2 : Guidelines for composition of MEU and Curriculum committee of medical colleges.

Annexure 3 : Guidelines for Conduct of Basic Course in Medical Education (BCME)

Annexure 4 : BCME Program

Annexure 5 : MEU information format for FDP proposal

Annexure 6 : Curriculum Committee information format for FDP proposal

Annexure 7 : List of participants for FDP (7a for BCME and 7b for CISP)

Annexure 8 : Guidelines for NMC appointed Coordinator for FDP

Annexure 9 : Convener's / Coordinator report format for BCME

Annexure 10 : Participants' Feedback Form for BCME

Annexure 11 : CISP III Guidelines

Annexure 12 : CISP III Program

Annexure 13 : Convener's report format for CISP III

Annexure 14 : Coordinator report format for CISPIII

Annexure 15 : Feedback Form for participants for CISP III

Annexure 1

FINANCIAL ASPECTS / BUDGET PROVISIONS FOR FACULTY DEVELOPMENT PROGRAMS – GENERAL ASPECTS

The following guidelines are hereby issued for regulating budget and other financial aspects in conduct of FDPs**:**

1. The Faculty development programs (BCME/ CISP III/ ACME) conducted by NC /RC / Medical colleges shall bear a compulsory Registration fee as specified in subsequent paras. This shall be collected from the participants by organizing NC /RC / Medical colleges before the start of the course/program. The revised registration fee for various FDPs is as follows;

   a) BCME : INR 5000/ + applicable GST
   b) CISP III : INR 3000/ + applicable GST
   c) ACME : INR 18000/ + applicable GST

2. The total GST, collected from participation fee shall be handled and deposited by the conducting NC /RC / Medical college as per Govt. Rules.

3. **Remittance of fee share to NMC**: 50% of the total fee component collected for BCME and CISP-III and 30% of the total fee component collected for ACME per course shall be remitted to NMC by way of an online bank transfer preferably prior to but not later than 1st day of the program. The amount shall be deposited in favour of **SECRETARY, NATIONAL MEDICAL COMMISSION**, Canara Bank's Savings Bank **Ac number 90682160000025**, IFSC code **CNRB0019109**.

4. The Dean / Principal shall email the transaction reference number from their official Id to the Academic cell (email Id: **academiccell@nmc.org.in**) the same day with a copy to Accounts dept of NMC (email Id: accounts@nmc.org.in). The subject heading of the e-mail shall be **'Remittance - FDP Fee'.** The email shall also include following details;

Remittance - FDP Fee	
Course	BCME / CISP III / ACME
Name of NC / RC/ Medical College, where the FDP is being conducted	
Dates of FDP	
Total number of participants attending	
Total amount of fee collected (Rs)	
Amount remitted to NMC	
Transaction reference number	
Date of Transaction	

5. **The percentage fee shares as mentioned above shall be remitted to NMC irrespective of configuration of workshop, in terms of the venue and the participants.**

6. The NMC shall utilize this fund in providing honorarium to the Resource faculty conducting FDP sessions and to the NMC appointed Coordinators. It shall also be utilized towards payment of travelling & stay arrangements of NMC appointed Coordinators. NMC shall also provide funds towards secretarial assistance. The specifics of funding from NMC is as enumerated below under relevant paras of each program.

7. The balance fee component of 70% in case of ACME and 50% in case of BCME / CISP - III shall be utilized by respective Nodal Center / Regional center /Medical College in providing,
    a) Printed course material to participants,
    b) Stationary to participants,
    c) Lunch & Tea refreshments etc. to participants and,
    d) Any other sundry expenses.

    A record of all such expenses shall be maintained for future audits.

8. The Nodal Center / Regional Center / Medical College may at their discretion subsidize accommodation cost or any other expenses that participants may incur, from their surplus funds, if any.

9. The Convener's report / NMC appointed Coordinator's report on FDP shall invariably include a copy of the details of remittance as enumerated in para 5 above.

FINANCIAL ASPECTS / BUDGET PROVISIONS - BASIC COURSE IN MEDICAL EDUCATION (BCME)

1. The Registration fee for participation would be Rs. 5,000/- (Rupees five thousand) per candidate per course, to be paid to the Nodal/ Regional Center / Medical College, where BCME is being held. GST shall be extra as applicable. The fee once collected is non-refundable, non-transferrable and not to be carried forward.

2. Expenses for travel and stay is to be borne by participants.

3. The concerned institutions of the participants may sponsor their FDP training under any of the academic heads as per mutual agreement (of the participant and parent institution).

4. Funding pattern from NMC for each BCME at RC / NC will be as under:

    a) Funding shall be towards Faculty honorarium and Secretarial assistance only.

b) It shall be provided for BCME courses being conducted for MEU and Curriculum committee members of allotted colleges and Faculty of Stand-alone PG Institutes.

c) Faculty honorarium shall be paid @ INR 3000/- (Rupees three thousand) per day per faculty. The maximum honorarium for a faculty shall be INR 9,000/- (Rupees Nine thousand). Maximum honorarium per course shall not exceed INR 60000/ (Rupees sixty thousand). Faculty honorarium will be given for approved NC/RC faculty only.

d) Secretarial assistance shall be INR 10,000/- (Rupees ten thousand) per course (for the secretarial staff and helping staff).

e) Changes in financial funding to NC / RC is as depicted below:

Nomenclature	**Existing (in Rs)**	**Revised (in Rs)**
Faculty honorarium	25,000	60,000
Incidental expenses	5,000	--
Stationary	10,000	--
Secretarial assistance	10,000	10,000

5. Funding pattern from NMC for BCME at medical colleges;

a) Medical Colleges will conduct BCME from their own resources. No financial funding will be provided from NMC.

b) NMC appointed Coordinator honorarium @ INR 5000/- (Rupees five thousand) per day shall be borne by NMC. For each BCME of 3 days, maximum honorarium shall be INR 15,000/- (Rupees fifteen thousand).

c) NMC appointed Coordinator duty for BCME can be performed on a maximum of 03 occasions in a financial year. This shall be strictly ensured by NC/ RC.

d) TA/DA shall be paid to NMC appointed coordinator as per Govt rules on the matter. The payment shall be made after receipt of detailed report of the Workshop in the approved format with all its enclosures.

FINANCIAL ASPECTS / BUDGET PROVISIONS -CURRICULUM IMPLEMENTATION SUPPORT PROGRAM (CISP)

6. The Registration fee for participation shall be INR 3,000/- (Rupees three thousand) per candidate per course to be paid to the Nodal / Regional Center / Medical College, where CISP III is being held. GST extra as applicable. The fee once collected is non-refundable, non-transferrable and not to be carried forward.

7. Expenses for travel and stay is to be borne by participants.

8. The concerned institutions of the participants may sponsor their training under any of the academic heads as per mutual agreement (of the participant and parent institution).

9. Funding pattern from NMC for each CISP for the NC/RC and allocated Medical Colleges will be as under:

For CISP III at NC/RC

a) Faculty honorarium shall be paid @ INR 3000/- (Rupees three thousand) per day per faculty. The maximum honorarium for a faculty is INR 6,000/- (Rupees six thousands). Maximum honorarium per course shall not exceed INR 40,000/- (Rupees forty thousands). Faculty honorarium is for NMC approved NC/RC faculty only.

b) The Secretarial assistance shall be @ INR 5,000/- (Rupees five thousands) per course (for the secretarial staff and helping staff)

For CISP III at allocated Medical colleges

a) Medical colleges will conduct CISP from their own resources. No financial funding will be provided from NMC.

b) NMC appointed Coordinator honorarium @ INR 5000/- (Rupees five thousand per day shall be borne by NMC. For each CISP of two days, maximum shall be INR 10,000/- (Rupees ten thousands)

c) NMC appointed Coordinator duty for CISP III can be performed on a maximum of 03 (three) occasions in a financial year. This shall be strictly ensured by NC/ RC.

d) TA/DA shall be paid to NMC appointed Coordinator as per Govt rules on the matter. The payment shall be made after receipt of detailed report of the Workshop in the approved format with all its enclosures.

FINANCIAL ASPECTS / BUDGET PROVISIONS - ADVANCE COURSE IN MEDICAL EDUCATION (ACME)

1. The detailed ACME guidelines and program shall be shared separately.

2. The ACME registration fee is revised to Rs. 18,000/- (Rupees eighteen thousands) plus applicable GST for two contact sessions including course material, food etc.

3. Expenses for travel and stay is to be borne by participants.

4. The concerned institutions of the participants may sponsor their training under any of the academic heads as per mutual agreement (of the participant and parent institution).

5. Faculty honorarium of INR 3000/- (Rupees three thousands) per day per faculty per batch for onsite contact sessions. The maximum honorarium for a faculty shall be INR 30,000/ (Rupees thirty thousand). Maximum honorarium per course shall not exceed INR 1,50,000/- (One lakh fifty thousands). Faculty honorarium will be given only to NMC approved faculty for ACME course. For Online session moderation- honorarium of INR 3000/- (Rupees three thousand) per faculty per online topic. At least 2 two main moderators to be appointed for each topic. The total shall not exceed INR 30,000/- (Rupees thirty thousands) per batch.

6. Secretarial assistance- INR 25,000/- (Rupees twenty-five thousands) per course, (for the secretarial staff and helping staff) shall be borne by NMC.

7. The changes in funding pattern are depicted in the following table:

Nomenclature	**Existing (in Rupees)**	**Revised (in Rupees)**
Consumables	5,000	--
Learning Resource Material / Books (Including e- learning materials)	15,000	--
Stationary	20,000	--
Secretarial assistance	10,000	25,000
Contingency including venue arrangements	5,000	--
Participant Handouts	5,000	--
Faculty honorarium	75,000	1,80,000

Annexure 2

GUIDELINES ON COMPOSITION OF MEU AND CURRICULUM COMMITTEE OF MEDICAL COLLEGES.

The Curriculum Committee (CC) shall ensure implementation and monitoring of curriculum at their colleges i.e. conduct of CISP, Time table scheduling etc. The Medical Education Unit (MEU) shall of a Medical College focus on training support i.e. conduct of BCME and other in-house training of faculty.

1. Constitution of Curriculum Committee in a Medical College

a) Curriculum Committee of a Medical College shall consist of:

i. Dean/Principal cum Professor (Department). – Chairman of the Committee.
ii. MEU coordinator
iii. 01 x Professor/ Associate Professor - Pre-clinical branch.
iv. 01 x Professor/ Associate Professor - Para-clinical branch.
v. 01 x Professor/ Associate Professor - Medicine and allied branch.
vi. 01 x Assistant Professor with minimum of 5 years teaching experience - Medicine and allied branch.
vii. 01 x Professor/ Associate Professor - General Surgery and allied branch.
viii. 01 x Assistant Professor with minimum of 5 years teaching experience - General Surgery and allied branch.
ix. Student representative from Phase III.

b) All Curriculum Committee members including Principal / Dean should have undergone MCI/NMC revised Basic Course Workshop in MET or Basic Course in Medical Education (BCME) at their allocated Nodal Centre (NC)/ Regional Centre (RC). *****
Note: If they are not already trained at NC/RC, they must get trained within 06 months on a priority basis.

c) Curriculum Committee Members should also possess additional qualification of ACME/ FAIMER/ MHPE/ Dip Med Ed. etc. as specified.

d) There should be a quarterly meeting of CC in the colleges every year and the report shall be submitted to the respective NC/RC within a month of the meeting. Conveners of NC/RC shall forward a consolidated report to Academic cell, UGMEB every quarter and highlight any issues of concern in the allocated colleges.

2. Constitution of Medical Education Unit (MEU) in a Medical College

a) Officer- in-charge of the Medical Education Unit will be the Dean/Principal of the Medical College or /Vice-chancellor of the University.

b) MEU Coordinator should be of the rank of Professor/ Associate Professor. **The Coordinator should continue for a minimum of 03 (Three) years**. For any change in Coordinator if required thereafter, prior approval of NMC shall be taken.

c) MEU Coordinator must have undergone MCI/NMC rBCW or BCME at the allocated NC/RC and MCI/NMC Advance Course in Medical Education (ACME), or any other additional qualification like M. Med, MHPE, Diploma in Medical Education, FAIMER Fellowship, or IFME.

(Note: A waiver of additional qualification of ACME/FAIMER etc. is granted till 31st January 2024)

d) MEU shall consist of Minimum 08 faculty and Maximum 14 faculty, including all cadres of full time faculty (out of which number of Assistant Professors shall not exceed 50% of total) with the following qualifications:

i. Have undergone rBCW or BCME at the allocated Nodal / Regional Centre

ii. **It shall also be ensured that MEU faculty so appointed must continue for a minimum of 03 (Three) years.** Any change prior to this shall only be permitted if the MEU faculty has retired/left the college. For any change in MEU faculty a prior approval of Convener of allocated NC/ RC shall be taken. A record shall be maintained at NC/RC and can be asked by Academic Cell, UGMEB at any time for verification.

iii. At least 50% faculty (minimum 04) should have received additional educational qualification* or training: i.e. MCI/NMC Advance Course in ME (ACME) at Nodal Centre, or any other additional qualification like M. Med, MHPE, Diploma in Medical Education, FAIMER Fellowship or IFME.
*(*Note: A waiver of additional qualification of ACME/FAIMER etc. is granted till 31st January 2024. However, it should be responsibility of Principal/Dean and MEU coordinator to enroll members into required courses on priority)*

e) Support Staff shall be as per requirement. However, the college shall ensure that a minimum of 02 Support Staff (01 x Clerk, 01 X helper/ peon) are available with MEU at all times.

f) MEU library should have books on medical education (minimum 10 titles as hard copies, not older than previous 02 editions/10 years) and books should be relevant to MEU

activities. The MEU should have access (print or web) to at least two of the following Journals:

i. Medical Teacher
ii. Medical education
iii. Academic Medicine
iv. The Clinical Teacher
v. BMC medical education
vi. The National Medical Journal of India

g) The Medical Education Unit is to be housed in a designated area. The area measurements should be as per regulations. The main area/hall should accommodate around 40 persons in a workshop format with proper seating facilities and should have the <u>following minimum number</u> of equipment:

i.	Multimedia PCs, internet enabled, with color Monitors	: **02**
ii.	Multimedia projector	: **02**
iii.	Screen for projection	: **01**
iv.	Scanner + printer + copier	: **01**
v.	Laptop	: **01**
vi.	Flip chart / White boards	: **06**
vii.	PA system with cordless mikes and Collar mikes	: **02 + 02**

h) In addition, there should be availability of,
- high speed broadband with 300 mbps speed with two high resolutions camera - one facing faculty and another facing the entire participants to enable linking of live sessions of the workshop or webinars with colleges under RC/NC.
- Facility for recording and storing all MEU workshops in online LMS as well as with storage in their own MEU.
- digital photography
- video-editing facility in a sound proof room.

i) MEU can be assessed/inspected at any time by NC/RC/NMC.

3. Department of Medical Education at NMC Regional Centers and Nodal Centers shall have the following composition in terms of manpower and infrastructure requirements<u>;</u>

a) **Officer in Charge**: Dean/Principal/Vice-chancellor

b) **Convener of RC / NC:** At the pay scale of Professor/Associate Professor. She/he should have undergone revised Basic Course Workshop & CISP training at the allocated Nodal/Regional Centre and MCI/NMC Advance course in Medical Education at allocated

Nodal Centre or any other additional qualification like M. Med, MHPE, Diploma in Medical Education, FAIMER, or IFME Fellowship.

c) The Convener of RC / NC shall hold the post for a minimum period of four years. For any change if required thereafter, prior approval of Academic Cell, UGMEB shall be taken.

d) A Co-Convener shall be nominated by the Dean. Co-Convener shall be responsible for conducting/monitoring Faculty Development Programs, in the absence of Convener, Regional Centre.

e) Each Regional Centre shall have **minimum -10; maximum – 20** number of Resource faculty including Convener/Co-Convener of the Centre.

f) Each Nodal Centre in Medical Education shall have **minimum -12; maximum – 25** number of Resource faculty resource faculty in addition to Conveners and 02 Co-Conveners.

g) At the Nodal Centre, in addition to the Convener, there shall be two Co-conveners, one Co-Convener for ACME and one Co-Convener for BCME and CISP.

h) All resource faculty of RC / NC should be **Associate Professor** or above. They must fulfill the academic requirements in Medical Education as given below:

   i. Should have undergone rBCW/BCME & CISP training at the allocated Nodal/Regional Centre. She/He should have received any of the additional educational qualifications or training: i.e. Advance Course in Medical Education, M. Med, MHPE, Diploma in Medical Education, FAIMER or IFME Fellowship.

   ii. At least 05 of these faculty should be associated with the Department of Medical Education for at least 05 years.

   iii. Out of the above, not more than 25% of the Resource Faculty (of the total number of Resource Faculty) in each Regional Centre ***could*** be from outside the Nodal and Regional Centre but ***should*** be from the colleges allocated to the RC/NC.

i) **Supportive Staff:**

i.	Stenographer / Office Assistant	:	01
ii.	Office assistant / Computer Operator	:	01 for RC, and 02 for NC
iii.	Technicians for Audio Visual Aids /Photography	:	01
iv.	Peon	:	01

j) **Journals**

The Medical Education Department library should have books on Medical Education (minimum 20 different labels; not older than previous 2 editions or 10 years) and should have access (print or web) to at least three of the following Journals:

i. Medical Teacher

ii. Medical education
iii. Academic Medicine
iv. The Clinical Teacher
v. BMC medical education
vi. The National Medical Journal of India

k) **Infrastructure and equipments**

i. The Department of Medical Education of the RC / NC shall be housed in an appropriate air-conditioned area which can accommodate around 40 participants in a workshop format. The venue should be backed up by a continuous power supply.

ii. Following **infrastructural** facilities should be available:

- Facilities for holding small group discussion
- Facilities for holding large group discussion
- Facilities for locating OSCE/OSPE stations
- Accommodation facilities within reasonable distance from campus at reasonable cost

l) **The list of equipment required at the NMC RC / NC is as given below: -**

i.	Multimedia PCs, internet enabled, with color Monitors	: **02**
ii.	Multimedia projector	: **02**
iii.	Screen for projection	: **01**
iv.	Scanner + printer + copier	: **01**
v.	Laptop	: **01**
vi.	Flip chart / White boards	: **06**
vii.	PA system with cordless mikes and Collar mikes	: **02 + 02**

m) In addition, there should be availability of,

- high speed broadband with 300 mbps speed with two high resolutions camera - one facing faculty and another facing the entire participants to enable linking of live sessions of the workshop or webinars with colleges under RC/NC.
- Facility for recording and storing all MEU workshops in online LMS as well as with storage in their own MEU.
- digital photography
- video-editing facility in a sound proof room.
- Module based or any other learning management system (LMS) for faculty training.

Annexure 3

GUIDELINES FOR CONDUCT OF BASIC COURSE IN MEDICAL EDUCATION (BCME)

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Revised Basic Course Workshops (rBCW) in Medical Education Technologies is henceforth renamed as **Basic Course in Medical Education (BCME**). As earlier, it shall be conducted at Nodal (NC) /Regional Centers (RC) or at Medical Colleges (under the supervision of NMC nominated Coordinator, previously known as Observer). The following guidelines are issued for the conduct of BCME:

2. BCME shall be conducted as per the revised program /curriculum attached as **Annexure 4**.

3. Curriculum of BCME-PG shall be same as that of BCME. However, while explaining the concept or for hands on activity, more examples from PG curriculum should be used.

4. The proposal of BCME must reach Academic Cell UGMEB at least 3 weeks prior to the proposed dates. Details of MEU and Curriculum Committee should be attached with the proposal as per the formats attached as **Annexure 5** and **Annexure 6.**

5. The participants shall be full time teaching faculty of colleges as per NMC regulations.

6. The participants will be considered on Duty Leave during the period of the BCME workshop.

7. The total number of participants per workshop should be from 25 (minimum) to 30 (maximum). A waitlist of upto 05 extra participants may be included in same excel sheet at the end of main list of nominated participants. Changes in participant list is to be avoided. Any last minute change must have valid reason duly supported by a letter from Dean / Principal.

8. Substitution of upto 03 participants shall only be permitted from the 05 wait-listed participants. These changes are to be communicated to Academic cell by email, preferably before the start of BCME but not later than 1st day of BCME program. Any deviation from this shall make participation of substituted participants invalid. In this regard also refer to UGMEB, NMC letter No, D 11011/228/2023/Academic cell 007803 dated 21 Feb 2023.

9. **If any last-minute changes / absence of participants lead to decrease in participant strength to less than 25, the said BCME shall stand CANCELLED. The same shall be intimated to Academic cell immediately.**

10. Expenses to conduct BCME at medical colleges shall be made available to the MEU Coordinator by the Head of the Institution/medical colleges.

11. The TA/DA of the participants will be met by the Participants/ Medical Colleges/ Institutions to which they belong, as is permissible.

12. Participation in BCME shall be counted against entitlement for a Zonal / National Conference wherever applicable.

13. For conduct of BCME at a medical college, the MEU Coordinator of the college shall send following documents to the Convener of their respective NC or RC well in advance so that the

proposal is received a minimum of 03 weeks in advance at Academic cell UGMEB, after vetting by Convener of affiliated NC / RC. The correctness of data in the documents must be ensured.

a) Program of BCME, in word file, with details of resource faculty nominated to take that session.

b) List of MEU Resource Faculty (which is already approved) in word file as per format attached as **Annexure 5**, with all training details (updated). Any ACME participants attending BCME should not be added as resource faculty for the same BCME.

c) List of approved Curriculum Committee in word file as per format attached as **Annexure 6**.

d) List of Participants in word file as per format attached as **Annexure 7a**, with all columns filled. No abbreviations shall be used at all.

e) Action taken report, in cases where some suggestions / observations were given by NMC appointed Coordinator at an earlier rBCW/ BCME.

14. The BCME at medical colleges shall be conducted under the supervision of NMC appointed Coordinator from NC/RC, who shall be of Associate Professor or above rank. They will adhere to the guidelines as enumerated in **Annexure 8**.

15. All communication with Academic cell UGMEB shall only be via email sent from Official Email-ids of NC/ RC/ Medical Colleges. Hard copies may be sent where necessary.

16. To ensure uniformity in the content / syllabus of BCME across India, a training module is being shared separately. The objectives of the topic / session have been defined and these must be covered and elaborated upon by Resource Faculty while conducting BCME.

17. Convener's / NMC appointed Coordinator's Report shall be submitted in the format attached as **Annexure 9.**

18. Feedback report by the participants, after completion of the course, shall be submitted as per format attached as **Annexure 10.**

19. Issuance of Certificates:

a) Certificates shall ONLY be printed by the Nodal/Regional Centers, as per approved format. The format will be shared separately. These certificates shall then be handed over to NMC appointed Coordinator for BCME at allocated colleges.

b) The Certificate of Participation shall be given only those participants who have attended all the sessions throughout the Workshop.

c) Proper record of issuance of certificates shall be maintained at RC /NC.

20. **Issue of Duplicate certificate:**

It may be issued only in cases where a written request is received from the participant duly countersigned by their Principal/Dean, for having lost their original issued certificate of FDP. The word 'DUPLICATE' shall be mentioned clearly on the new certificate. The Convener of the RC/NC shall do proper verification before issuance of Duplicate certificate. NC/RC is authorised to charge a fee of INR 3000/- (Rupees three thousands) fee for this.

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Annexure 4

Proposed Program: Basic Course in Medical Education (BCME)

Day 1

Day Time	Session	Objectives	Duration	Suggested methods
9:00	Introduction session and Group Dynamics	• Pre-test • Intro of participants and faculty • Understand and apply concepts of group dynamics • Apply these concepts in working of groups/teams in teaching and learning	75 minutes	Team building exercises, Examples of small group/team working in the institutes
10:15	Learning process, Learning domains & Principles of learning	• Demonstrate a basic understanding of hierarchy of learning • Define learning domains • Use principles of learning in the teaching learning process	60 minutes	Interactive Building from participants' knowledge
11.15	Tea break			
11:30	Goals, roles and Competencies, Learning objectives (LO) in CBME	• Define goals, roles, competencies, LOs and explain relationship between each other • Elaborate the principles of competency based learning • To highlight concept of IMG • Design LOs for a competency	60 minutes	Use CBME UG/PG modules
12:30	Teaching learning methods (TLM): including Interactive Large Group, Small Group methods	• Enumerate various Teaching learning methods (TLM) • Use the principles of interactive learning in a large group • Understands the various methods in small group teaching • Understand changing role of teacher from information provider to facilitator	105 minutes	Use CBME module methods, introduce new methods e.g. like DOAP Demonstrate few methods, highlight role of facilitator
13:30	Lunch		45 min	
14:15	Teaching learning methods (TLM):	Contd…….		
15.00	Tea Break			
15:15	Introduction to assessment	• Elaborate the principles and types and attributes of assessment • Explain the utility of assessment	45 minutes	Basic principles based on the prior knowledge of the participants
16:00	Internal assessment (IA) and Formative assessment	• Understands steps in designing IA module • Provides effective feedback to students • Develop a plan for internal assessment and formative assessment	60 minutes	Demonstrate how IA can be calculated in all phases. Share examples of IA module

Day 2				
9:00	AETCOM: Concept and conduct	• Understands how to implement AETCOM in institute using various teams • Apply innovative methods in teaching & assessment of AETCOM competencies	60 minutes	Use example of multisubject team working to implement, AETCOM in all phases Demonstrate/discuss methods
10:00	SDL: Concept and conduct	• Understands the concept and conduct of SDL • Promote self-directed learning (SDL) in students	45 minutes	Demonstrate SDL conduct, preferably involve students also
10.45	Tea Break			
11:00	Effective clinical and practical skill teaching	• Teach skills effectively • Teaching skills at the workplace • Use a skill lab effectively • Understand student doctor learning concept	120 minutes	Use skill modules examples, Use skill lab, Demonstrate methods like OMP, SNAPPS, Mini-CEX etc.
13:00	Lunch		45 min	
13.45	Aligning TLMs for objectives and competencies	• Understands aligning TLM with competencies, select the appropriate teaching method for various competencies	60 minutes	Use examples of competencies from 4 phases, 15 min group work for selecting methods for provided competencies, 8 min per group for sharing
14:45	Assessment planning, Writing the correct essay question and MCQs	• Understands concept of blueprinting • Design theory & practical/clinical exam. • Write an appropriate essay question including short answer & reasoning questions. • Write an appropriate scenario based MCQ.	120 minutes	Use examples from assessment module, Use your university examples of blueprint
15:00	Tea			
15:15-17:00	Assessment planning, Writing the correct essay question and MCQs	Contd……..		

Day 3				
9:00	Writing a lesson plan	• Develop a lesson plan appropriate to the objectives and teaching learning method	60 minutes	Use examples from UG/PG courses
10:00	Tea Break		15 minutes	
10.15	Assessment of clinical and practical skills	• Assess skills effectively • Assess skills at the workplace • Use a skill lab to assess competency in skills • Design a skill assessment station	120 minutes	Discuss methods, demonstrate few like OSCE/OSPE, DOPS other WPBA
12.15	Academic growth & networking	• Understand avenues for growth in education • Role of MEU and role of faculty in MEU • Opportunities for further courses • Networking in education	45 minutes	
13:00	Lunch		45 min	
13:45	Aligning assessment to competency and TLMs	• Choose the right assessment method for a given objective/ competency and TLM	60 minutes	Use examples of competencies from 4 phases, 15 min group work for selecting methods for provided competencies, 8 min per group for sharing
14:45	Tea Break			
15:00	Mentoring	• Understand principles of mentoring • Apply these principles in UG/PG curricula	60 min	
16:00-16:45	Drafting schedule for a phase based on competencies	• An understand steps in drafting time table for an academic year	45 min	Use examples, how to add AETCOM, AIT, Pandemic etc Use UG/PG curriculum examples as needed
16:45	Post-test Retropre feedback			Pre, post-test to be developed by institute conducting BCME, Retropre as per provided doc
17:00	Closing			

Use examples from UG/PG curriculum as needed and use examples from PG curriculum for standalone PG institutes.

Annexure 5

Name of Medical College & Address:

Name & contact details of Principal / Dean:

Name of the RC / NC allocated for FDP:

DETAILS OF MEDICAL EDUCATION UNIT

S.No.	Name	Designation Department,	Mobile & email id	Attended rBCW/BCME at NC/RC/MC (dates, center)			Additional qualification as per NMC (ACME/ FAIMER etc.)	Attended CISP I/II/III	Knowledge/expertise in Medical Education
				Attended Y / N, from where	From	To	Dates/Batch/ Centre	Dates/center	Details
	Dr. ABC	Principal Chairman							
		MEU Coordinator							
	Members								
1									
2									
3									
4									

5									
6									
7									
8									

Total number of members in Medical Education Unit except coordinator and Principal:
Total numbers who have attended: rBCW: CISPI/II/III: Additional qualification:
Whether MEU coordinator has done rBCW at NC/RC: Yes/No if NO: Name of college where done:

Signature of Principal/Dean with date

Annexure 6

Name of Medical College & address:

Name & contact details of Principal/ Dean:

Name of the RC / NC allocated for FDP :

DETAIL OF CURRICULUM COMMITTEE (CC) MEMBERS

Sr. No.	**Name of CC member**	**Designation & Department of CC Members**	**Teacher ID**	**Mobile & E-mail ID**	**Date of appointment as Prof / Assoc Prof/ Asst Prof (as applicable)**	**rBCW/BCME** (attended at & date)	**CISP** (attended at, & date)	**ACME/other advanced courses as per guidelines** (attended at, date)
1		**Principal / Dean & Chairman, Professor**, …….						
2		**Designation** Department of ------ **(Pre-clinical Specialty)**						
3		**Designation**, Department of---- ------ **(Para-clinical Specialty)**						
4		**Designation,** Department of -- -------- **(Medical Specialty)**						

5		**Designation,** Department of …….. **(Surgical Specialty)**						
6		**Assistant Prof#** Department of ---- ------ **(Medical Specialty)**						
7		**Assistant Prof #** Department of -- -------- **(Surgical Specialty)**						
8		**MEU Coordinator, Designation,** Department of …….						
9		Student Rep	-NA-		-NA-	-NA-	-NA-	-NA-

 # Assistant Prof must have 5 or more years of teaching experience.

Number of CC members who have done rBCW/BCME:

Number of CC members who have done CISP I / II / III :

Number of CC members who have additional qualifications (ACME/ FAIMER etc.) :

Signature of Principal/Dean with date

Annexure 7a

Name of Medical College & address:
Name & contact details of Principal / Dean:
Name of the RC / NC allocated for BCME:
Name of Convener/ Co-Convener/ NMC appointed Coordinator:
Proposed Dates of BCME:

MAIN LIST OF PARTICIPANTS FOR (BCME)

S No.	Name of Participant	Registration Number/ Name of medical council where registered	Designation & Department	Name and Address of College	Mobile No.	E-mail ID	NMC Teacher ID	Dates of CISP attended	Due date for promotion	Any other relevant information

WAIT LIST OF PARTICIPANTS FOR (BCME)

S No.	Name of Participant	Registration Number/ Name of medical council where registered	Designation & Department	Name and Address of College	Mobile No.	E-mail ID	NMC Teacher ID	Dates of CISP attended	Due date for promotion	Any other relevant information

(Signature of Dean/ Principal) **(Signature of Convener/ Co-Convener/ MEU Coordinator)**

Annexure 7b

Name of Medical College & address:
Name & contact details of Principal / Dean:
Name of the RC / NC allocated for CISP III:
Name of Convener/ Co-Convener/ NMC appointed Coordinator:
Proposed Dates:

MAIN LIST OF PARTICIPANTS FOR (CISP III)

S No.	Name of Participant	Registration Number/ Name of medical council where registered	Designation & Department including Status as Dean/ Principal/ MEU Coordinator/CC Member	Name and Address of College	Mobile No.	E-mail ID	Whether rBCW/ BCME attended (Y / N) and where	NMC Teacher ID

WAIT LIST OF PARTICIPANTS FOR (CISP III)

S No.	Name of Participant	Registration Number/ Name of medical council where registered	Designation & Department including Status as Dean/ Principal/ MEU Coordinator/CC Member	Name and Address of College	Mobile No.	E-mail ID	Whether rBCW/ BCME attended (Y / N) and where	NMC Teacher ID

(Signature of Dean/ Principal) **(Signature of Convener/ Co-Convener/ MEU Coordinator)**

Annexure 8

GUIDELINES FOR NMC APPOINTED COORDINATOR

Coordinator has a Facilitator's role in the conduct of FDP, hence the Coordinator should;

1. Contact the college/ Institute at least a week before the actual workshop and discuss/review the program and its logistics.
2. Be present in all sessions.
3. Verify the particulars of the participants from the proposal list forwarded to Academic cell. The names of absentees or those missing the sessions shall be communicated in the report.
4. Ensure that the FDP is conducted as per NMC approved program.
5. Ensure that only the approved faculty is taking sessions.
6. At the end of each session of FDP, provide 5 min summary. Feedback on conduct of session may also be provided, if needed.
7. Ensure Institute has designed Pre and post-test before the conduct of the actual workshop and Participants' Feedback form are also ready beforehand.
8. Review MEU infrastructure as per NMC guidelines and provide your comments in the report.
9. Review and confirm the action taken by the college on any points that were highlighted for correction/ implementation by Observer's in any of the previous workshops held at the college.

Annexure 9

Convener / NMC appointed Coordinator Report - BCME

……..Name of NC / RC

I. Basic Course in Medical Education workshop details:

1. Name of Medical College, city where workshop was held:
2. Dates of workshop:
3. Name, designation, address, Email ID & mobile number of MEU Coordinator:
4. Name, designation, address, email & mobile no. of Convener / NMC Coordinator:

II. Details of Participants

Total no. of participants who attended:
(attach list in NMC format)

Designation-wise distribution of participants in this BCME:

Sr. No.	Cadre	Number
1	Professor	
2	Additional Professor	
3	Associate Professor	
4.	Assistant Professor	

- Number of Curriculum Committee members in participants, if any:
- Number of MEU members in participants, if any:
- Number (Percentage) of faculty of college trained in this BCME (denominator total college faculty)

	Designation wise				Department wise		
	Prof.	Additional Prof	Associate Prof.	Assistant Prof.	Pre-clinical sciences	Para-clinical sciences	Clinical sciences
Number							
Percentage							

III. Workshop evaluation by NMC Coordinator

a. Evaluation of Speakers (on a scale of 1-5; 5 being excellent and 1 being below average**)**

While evaluating please consider quality of presentations, interaction with the participants, time management, appropriate use of learning aids, effectiveness of presentation etc.

Sr. No.	Name of the Faculty	Topic	Scale
1		Introduction and Group Dynamics	1 2 3 4 5
2		Learning process, Learning domains & Principles of learning	1 2 3 4 5
3		Goals, roles and Competencies, Learning objectives (LO) in CBME	1 2 3 4 5
4		Teaching learning methods (TLM): including Interactive Large Group, Small Group methods	1 2 3 4 5
5		Introduction to assessment	1 2 3 4 5
6		Internal assessment (IA) and Formative assessment	1 2 3 4 5
7		AETCOM: Concept and conduct	1 2 3 4 5
8		SDL: Concept and conduct	1 2 3 4 5
9		Aligning TLMs for objectives and competencies	1 2 3 4 5
10		Assessment planning, Writing the correct essay question and MCQs	1 2 3 4 5
11		Drafting schedule for a phase based on competencies	1 2 3 4 5
12		Writing a lesson plan	1 2 3 4 5
13		Assessment of clinical and practical skills	1 2 3 4 5
14		Academic growth & networking	1 2 3 4 5
15		Aligning assessment to competency and TLMs	1 2 3 4 5
16		Mentoring	1 2 3 4 5

b. Evaluation of Participants (on a scale of 1-5, 5 being excellent and 1 being below average)

1. Punctuality : 1 2 3 4 5
2. Interactions in sessions : 1 2 3 4 5
3. Use of learning aids in group work presentations : 1 2 3 4 5
4. Enthusiasm : 1 2 3 4 5

c. Workshop as a whole

Mark the below-mentioned parameters on a scale of 1-5; 5 being excellent and 1 being below average.

1. The pre-workshop administration 1 2 3 4 5
2. The pre-workshop information provided to participants: 1 2 3 4 5

3. The workshop facilities & location: 1 2 3 4 5
4. Learning resource material provided: 1 2 3 4 5
5. Quality of learning resource material provided: 1 2 3 4 5
6. Learning facilities including AV aids: 1 2 3 4 5
7. Time allocation for sessions: 1 2 3 4 5
8. Level of Participation: 1 2 3 4 5
9. Quality of sessions: 1 2 3 4 5
10. Learning environment: 1 2 3 4 5

IV. Feedback from the participants (to be collected by institute conducting the BCME and to provide to NMC Coordinator)

a. Important comments

List the important feedback comments received from the participants regarding the content and organization of the workshop:

b. Mean scores on the retro-pre assessment (by participants as per format attached)

Topic	**Item**	**Mean pre-score**	**Mean post-score**
Introduction and Group Dynamics	Knowledge		
	Importance		
Learning process, Learning domains & Principles of adult learning	Knowledge		
	Importance		
Goals, roles and Competencies, Learning objectives (LO) in CBME	Knowledge		
	Importance		
Teaching learning methods (TLM): including Interactive Large Group, Small Group methods	Knowledge		
	Importance		
Introduction to assessment	Knowledge		
	Importance		
Internal assessment (IA) and Formative assessment	Knowledge		
	Importance		
AETCOM: Concept and conduct	Knowledge		
	Importance		
SDL: Concept and conduct	Knowledge		
	Importance		
Aligning TLMs for objectives and competencies	Knowledge		
	Importance		
Assessment planning, Writing the correct essay question and MCQs	Knowledge		
	Importance		
Drafting schedule for a phase based on competencies	Knowledge		
	Importance		
Writing a lesson plan	Knowledge		
	Importance		
Assessment of clinical and practical skills	Knowledge		
	Importance		
Academic growth & networking	Knowledge		

	Importance		
Aligning assessment to competency and TLMs	Knowledge		
	Importance		
Mentoring	Knowledge		
	Importance		

V. Observations by Coordinator from Nodal/Regional Centre

Sr No	Registered Original participants	Replaced Participants with reasons (if any) as approved by NMC Coordinator (only participants from approved waiting list)
1.		

Short summary report:

Comment on:

(i) The conduct of the Revised Basic Course workshop including punctuality:

(ii) Quality of interaction between participants and Resource faculty:

(iii) Infrastructure:

(iii) Adverse comments, if any, on the conduct of the Workshop:

Suggestions/remedial measure to be implemented before next workshop: (to be shared with college MEU):

(Action taken report on these suggestions must be submitted when applying for approval for next course)

Date: **Signature and Name of NMC appointed Coordinator**

Date: **Remarks and Counter-signature of Convener**

Annexure 10

Feedback form for participants - BCME

Date:

Institute name:

1. What was good about the sessions?

2. What could have been even better?

3. What would you change if you were to organize this workshop?

Retro-pre evaluation

Please enter score as per improvement in knowledge and your understanding of importance (on a scale of 1-5; 5 being excellent and 1 being below average**)**

Topic	Item	pre-score	post-score
Introductory session and Group Dynamics	Knowledge		
	Importance		
Learning process, Learning domains & Principles of adult learning	Knowledge		
	Importance		
Goals, roles and Competencies, Learning objectives (LO) in CBME	Knowledge		
	Importance		
Teaching learning methods (TLM): including Interactive Large Group, Small Group methods	Knowledge		
	Importance		
Introduction to assessment	Knowledge		
	Importance		
Internal assessment (IA) and Formative assessment	Knowledge		
	Importance		
AETCOM: Concept and conduct	Knowledge		
	Importance		
SDL: Concept and conduct	Knowledge		
	Importance		
Aligning TLMs for objectives and competencies	Knowledge		
	Importance		
Assessment planning, Writing the correct essay question and MCQs	Knowledge		
	Importance		
Drafting schedule for a phase based on competencies	Knowledge		
	Importance		
Writing a lesson plan	Knowledge		
	Importance		
Assessment of clinical and practical skills	Knowledge		
	Importance		
Academic growth & networking	Knowledge		
	Importance		
Aligning assessment to competency and TLMs	Knowledge		
	Importance		
Mentoring	Knowledge		
	Importance		

(Name & Signature of the participant)

Annexure 11

GUIDELINES FOR CONDUCT OF CURRICULUM IMPLEMENTATION SUPPORT PROGRAM - 3 (CISP - III)

The Competency based Undergraduate Medical Education Curriculum mandates focused training of faculty on its content and nuances. As the students of CBME curriculum have entered their clinical phases, the CISP is required to take care of training of additional clinical faculty for better implementation of Competency Based Medical Education (CBME). The following guidelines are issued to conduct CISP for NC/RC and allocated Colleges:

1. The program for two-day CISP Workshop conducted by Nodal Centers (NC)/ Regional Centers (RC) or medical colleges is attached as **Annexure 12.**

2. It is compulsory for Curriculum Committee members and members of Medical Education Department/Unit to attend CISP at NC/RC, if they have not attended CISP I or II. The medical college faculty who have attended CISP I/II need not undergo CISP III now.

3. Each Nodal and Regional Centre shall conduct a maximum of 03 CISP Workshops for teaching faculty of allocated colleges at the RC/NC and 1-2 CISP Workshops in-house for their own college faculty. Medical Colleges shall conduct CISP workshop under Coordinator-ship of NC/RC, as per need.

4. The participants shall be full time teaching faculty as per NMC norms of colleges.

5. The participants will be considered on Duty Leave during the period of workshop.

6. For CISP at NC/RC, the participants from allocated colleges shall be a team of three and will include;

    a) Principal/Dean,
    b) MEU coordinator (if not trained in CISP I or II) and
    c) Curriculum Committee members from medical/surgical sciences (if not trained in CISP I or II).

    If these are already trained, then HOD of major clinical subject of phase 3 part 2 shall be included. Therefore, per college 3 participants will attend the CISP III mandatorily.

7. **For CISP - III at Medical colleges, the resource faculty shall be their CISP trained Curriculum Committee members and team of above three trained faculties**.

8. The CISP at medical colleges shall be conducted under the supervision of NMC appointed Coordinator from NC/RC, who shall be of Associate Professor or above rank. They will adhere to the guidelines as enumerated in **Annexure 8**.

9. The proposal of CISP must reach Academic Cell UGMEB at least 3 weeks prior to the proposed dates. Details of MEU and Curriculum Committee should be attached with the proposal.

10. Upto 03 additional names of participants can be included as waiting list in the proposal for approval. Change in participant names should be avoided. Any last minute change(s) in participants list, must have valid reason. The substitution(s) is only permitted from the already approved 03 wait-listed participants. These changes are to be communicated to Academic cell on or before 1st day of CISP program by email. Any deviation from this shall make participation by substitution faculty as invalid.

11. **If, any last-minute change(s) / absence of participants leads to decrease in participant strength to less than 25, the said CISP shall stand CANCELLED. The same shall be intimated to Academic cell immediately.**

12. Participation in CISP shall be counted against entitlement for a Zonal / National Conference.

13. Expenses to conduct these workshops in colleges shall be made available to the MEU Coordinator by the Head of the Institution/Medical College.

14. Format of Convener/ Co-Convener's and NMC appointed Coordinator's Report of CISPs attached as **Annexure 13 and 14** respectively, as the case may be.

15. Feedback report from participants should be submitted in the format attached as **Annexure 15.**

16. **Issuance of Certificates**:
    a) Certificates shall ONLY be printed by the Nodal/ Regional Centre as per approved format The format shall be shared with NC / RC separately.

    b) The Certificate of Participation shall be given by the Nodal/Regional Centre Conveners/MEU coordinator to only those participants who have attended all the sessions throughout the Workshop.

Annexure 12

NMC CURRICULUM IMPLEMENTATION SUPPORT PROGRAM (CISP) - III
[02 Days Program]

Day 1				
Time	**Session**	**Objectives**	**Duration**	**Faculty**
8.45- 9.00	Pre-Test		15 minutes	
9:00-9:30	Registration, inauguration, Introductory Session	Introduction of participants and faculty	30 min	
9:30-10:30	Competency based medical education (CBME)	Definition of competency, Difference between competency, objectives & outcomes (with examples); introduction to CBME, salient differences from conventional model IMG: Goals, roles &Competencies	60 min	
10:30-11:00	**Tea**			
11:00-11:45	Graduate Medical Education Regulations (GMER) 2019 / new regulations	Time frame, training methods, integration, assessment, new additions like Foundation Course, formative feedback	45 min	
11:45-13:00	Alignment and Integration	Concept, framework (using examples from competency table)	105 minutes	
13:30	**Lunch**			
14:15-15:15	Electives	Concept of Electives	60 min	
15:15	Tea		Tea	
15:30-16:00	Early Clinical Exposure	Concept, components, timeframe & examples	30 min	ECE only 30 min
16:00-17:00	AETCOM module	Purpose, mission and objectives, booklet review	60 min	

Day 2				
Time	**Session**	**Objectives**	**Duration**	**Faculty**
9:00-9.45	Student Doctor method of Clinical Teaching	Concept, framework & group activity	45 min	
9:45- 10:30	Skills training	Competency acquisition, Skills lab: group activity Prescription Skills	105 min	
10:30 - 10:45	**Tea**			
10:45-11:45	Skills training	Contd….		
11:45-13:15	Assessment in CBME	Principles as relevant to CBME, assessment methods e.g. OSCE/OSPE, feedback	90 minutes	
13:15	**Lunch**			
14: 00 – 15:00	Drafting teaching schedule and assessment plan for a subject	Drafting schedule competency wise for lectures, SGD, clinical postings. Drafting assessment schedule	60 min	
15:00-15:15		Tea		
15:15-16:15	Record maintenance-Log book and clinical case records	Group activity	60 min	
16:15- 16:45	Curricular governance	Presentation & discussion	30 min	
16:45-17:00	Feedback and Open House		15 min	
17:00 – 17:15	Valedictory / Post test		15 min	

Annexure 13

CONVENER'S REPORT

Curriculum Implementation Support Program-III

……..(Name of NC/RC)

…….(Name of college)

Date of CISP III workshop:

A. TOTAL PARTICIPANTS REGISTERED:

B. TOTAL PARTICIPANTS ATTENDED:

C. COLLEGE-WISE DISTRIBUTION OF PARTICIPANTS (attended):

Sr. No.	Name of Institute	Number of participants
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	Total	**30**

D. CADRE-WISE DISTRIBUTION OF PARTICIPANTS

Sr. No.	Cadre	Number
1	Professor	
2	Additional Professor	
3	Associate Professor	

4.	Assistant Professor	

E. Number (Percentage) of faculty of allocated colleges trained in this CISP-III workshop

	Designation-wise				Speciality-wise			
	Prof.	Additional Prof	Associate Prof.	Assistant Prof.	Pre-clinical sciences	Para-clinical sciences	Medical sciences	Surgical sciences
Number								
Percentage								

F. CONVENER'S OBSERVATIONS, COMMENTS & SUGGESTIONS:

No.	Registered Original Participants	Replaced Participants (if any)
1		

G. EVALUATION OF THE COURSE:

1. Feedback from the participants

a. Important comments

b. **Mean scores on the retro-pre assessment** (by participants as per format attached:

Topic	Item	Mean pre-score	Mean post-score
Introductory Session	Knowledge		
	Importance		
Competency based medical education (CBME)	Knowledge		
	Importance		
Graduate Medical Education Regulations (GMER) 2019	Knowledge		
	Importance		
Alignment & integration	Knowledge		
	Importance		
Electives	Knowledge		
	Importance		
Early Clinical Exposure	Knowledge		
	Importance		
AETCOM module	Knowledge		
	Importance		
Student Doctor Method of Clinical Teaching	Knowledge		
	Importance		

Skills training	Knowledge		
	Importance		
Assessment in CBME	Knowledge		
	Importance		
Drafting teaching schedule and assessment plan for a subject	Knowledge		
	Importance		
Record maintenance-Log book and clinical case records	Knowledge		
	Importance		
Curricular governance	Knowledge		
	Importance		

2) Learning: Pre and Post-test analysis:

ANNEXURES: Include the following annexures with the Convener's report (one copy each) to be sent by E-mail to academic cell.

1. Copy of sanction letter from NMC
2. CISP III program schedule
3. List of participants (as per format)
4. List of resource persons
5. Convener's report
6. Group photo(optional)

Signature of Co-convener in-charge of the CISP - III with date:

Signature of Convener with date:

Annexure 14

NMC appointed Coordinator Report-CISP III

……..Name of NC / RC

I. CISP III WORKSHOP DETAILS

1. Name of Medical College, city where workshop was held:
2. Date of workshop:
3. Name, Designation, address, Email ID& mobile no. of MEU Coordinator:
4. Name, Designation, address, email id & mobile no. of R.C/N.C. Coordinator:

II. Details of Participants

Total no. of participants who attended:
(attach list in NMC format)

Designation of faculty participants:

-No. of Professors -

- No. of Additional Professors -

-No. of Associate Professors -

-No. of Assistant Professors –

- Curriculum Committee members -

- MEU faculty –

(i) Number (Percentage) of faculty of college trained in this CISP III workshop

	Designation-wise				Department-wise			
	Prof.	Additional Prof	Associate Prof.	Assistant Prof.	Pre-clinical sciences	Para-clinical sciences	Medical sciences	Surgical sciences
Number								
Percentage								

(ii) Number (Percentage) of faculty of entire college trained till this workshop in CISP I, II, III

	Designation-wise				Department-wise			
	Prof.	Additional	Associate Prof.	Assistant Prof.	Pre-clinical	Para-clinical sciences	Medical sciences	Surgical sciences

		Prof.			sciences			
Number								
Percentage								

III. Workshop Evaluation by Convener/N.C.-R.C. Coordinator

a. Evaluation of Speakers (on a scale of 1-5; 5 being excellent and 1 being below average**)**

In evaluating please consider quality of presentations, interaction with the participants, time management, appropriate use of learning aids, effectiveness of presentation etc.

Sr. No.	Name of the Faculty	Topic	Scale
1		Icebreaking	1 2 3 4 5
2		Competency Based Medical Education(CBME)	1 2 3 4 5
3		Graduate Medical Education Regulations (GMER)2019 / new regulations	1 2 3 4 5
4		Alignment & integration	1 2 3 4 5
5		Electives	1 2 3 4 5
6		Early Clinical Exposure (ECE)	1 2 3 4 5
7		AETCOM module	1 2 3 4 5
8		Student Doctor Method of Clinical Teaching	1 2 3 4 5
9		Skills training	1 2 3 4 5
10		Assessment in CBME	1 2 3 4 5
11		Drafting teaching schedule and assessment plan for a subject	1 2 3 4 5
12		Record maintenance-Log book and clinical case records	1 2 3 4 5
13		Curricular governance	1 2 3 4 5

b. Evaluation of Participants (on a scale of 1-5, 5 being excellent and 1 being below average)

1. Punctuality : 1 2 3 4 5
2. Interactions in sessions : 1 2 3 4 5
3. Use of learning aids in group work presentations : 1 2 3 4 5
4. Enthusiasm : 1 2 3 4 5
5. Quality of interaction : 1 2 3 4 5

c. Workshop as a whole

Mark the below-mentioned parameters on a scale of 1-5; 5 being excellent and 1being below average.

1. The pre-workshop administration: 1 2 3 4 5
2. The pre-workshop information provided to participants: 1 2 3 4 5
3. The workshop facilities & location: 1 2 3 4 5
4. Learning resource material provided: 1 2 3 4 5
5. Quality of learning resource material provided: 1 2 3 4 5
6. Learning facilities including AV aids: 1 2 3 4 5
7. Time allocation for sessions: 1 2 3 4 5
8. Level of Participation: 1 2 3 4 5
9. Quality of sessions: 1 2 3 4 5
10. Learning environment: 1 2 3 4 5

IV. Feedback from the participants

a. Important comments

b. Mean scores on the retro-pre assessment (by participants as per format attached

Topic	**Item**	**Mean pre-score**	**Mean post-score**
Introductory session	Knowledge		
	Importance		
Competency based medical education (CBME)	Knowledge		
	Importance		
Graduate Medical Education Regulations(GMER)2019/ new regulations	Knowledge		
	Importance		
Alignment & integration	Knowledge		
	Importance		
Electives	Knowledge		
	Importance		
Early Clinical Exposure	Knowledge		
	Importance		
AETCOM module	Knowledge		
	Importance		
Student Doctor Method of Clinical Teaching	Knowledge		
	Importance		
Skills training	Knowledge		
	Importance		
Assessment in CBME	Knowledge		
	Importance		
Drafting teaching schedule and assessment plan for a subject	Knowledge		
	Importance		

V.	Record maintenance-Log book and clinical case records	Knowledge		
		Importance		
	Curricular governance	Knowledge		
		Importance		

Observations by Coordinator

S. No	Registered Original participants	Replaced Participants (if any), with valid reason, as approved by NMC Coordinator

Short summary report:

Comment particularly on the conduct of CISP III, quality of interaction between participants and Resource faculty and any remedial changes to be used hereafter.

Date: **Signature & Name of NMC appointed Coordinator**

Date: **Remarks and Counter-signature of Convener**

Annexure 15

Feedback form for participants-CISP III

Date:

Institute name:

1. What was good about the sessions?

2. What could have been even better?

3. What would you change if you were to organize this workshop?

Retro-pre evaluation

Please enter score as per improvement in knowledge and your understanding of importance (on a scale of 1-5; 5 being excellent and 1 being below average**)**

Topic	Item	pre-score	post-score
Introductory session	Knowledge		
	Importance		
Competency based medical education (CBME)	Knowledge		
	Importance		
Graduate Medical Education Regulations (GMER) 2019/New regulation	Knowledge		
	Importance		
Alignment & integration	Knowledge		
	Importance		
Electives	Knowledge		
	Importance		
Early Clinical Exposure	Knowledge		
	Importance		
AETCOM module	Knowledge		
	Importance		
Student Doctor Method of Clinical Teaching	Knowledge		
	Importance		
Skills training	Knowledge		
	Importance		
Assessment in CBME	Knowledge		
	Importance		
Drafting teaching schedule and assessment plan for a subject	Knowledge		
	Importance		
Record maintenance-Log book and clinical case records	Knowledge		
	Importance		
Curricular governance	Knowledge		
	Importance		

(Name & Signature of the participant)