

RECORD OF CME ACTIVITIES FOR DOCTORS ON TEMPORARY REGISTRATION

Name of Doctor : _____ **MCR No.:** _____

Hospital / Dept Name: _____

S/N	Category (1A / 1B / 1C)	Event Title(s)	No. of Hours	Points Obtained (Please refer to points system below)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total Points Obtained:				

POINTS SYSTEM FOR CATEGORY 1A / 1B / 1C:

Category	Type of Activity	Role	Duration of CME event / course	Credit Points Awarded (per session)
1A	Pre-approved Established Programmes (eg. Grand Ward Round, Teaching / Tutorial Session, Structured Training Programmes conducted by DGMS & CFPS)	Lecturer	Regardless of duration	1
		Participant	1 to <2 hours	
1B / 1C	Local / Overseas Ad-hoc Events (eg. Scientific Meeting, Conference, Seminar, Lecture, Workshop)	Speaker	Regardless of duration	2
		Participant	1 to <2 hours	1
			2 to 4 hours	2
			1 day	4
			1.5 days	6
			2 days	8
			2.5 days	10
			≥ 3 days	12

S/N	Category (2 / 3A / 3B)	Journal / Textbook / Distance-Learning Programme Name	Paper / Article Title (if applicable)	Points Obtained (Please refer to points system below)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
Total Points Obtained:				

POINTS SYSTEM FOR CATEGORY 2 / 3A / 3B:

Category	Type of Activity	Role	Credit Points Awarded (per article / chapter / CPG / module)
2	Authorship of original paper in <u>Refereed</u> Journals / MOH Clinical Practice Guidelines (CPGs) / Medical Textbook / Online Education or Distance Learning Programme (DLP)	Main Author	5
		Subsidiary Author	2
	Editorial Work / Reviewer for <u>Refereed</u> Journals / Medical Textbook	Chief Editor	5
		Subsidiary Editor	2
		Reviewer	2
	Presentation of <u>Original</u> Paper / Poster (regardless of duration)	-	2
3A	Reading of papers from <u>Refereed</u> Journals / MOH Clinical Practice Guidelines (CPG)	Participant	1
	Self-study from audio-visual tapes		
	Online Education Programmes <u>without self-assessment</u> or <u>non-verifiable</u> self-assessment (Learning points need to be submitted)		
3B	Distance learning through interactive structured approved CME programme <u>with verifiable assessment</u>	Participant	1

Name of Supervisor: _____

Signature of HOD: _____ **Date:** _____