



PAKISTAN MEDICAL & DENTAL COUNCIL

Standards for Accreditation of
CPD Opportunity Providers and
Inspection Proforma



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1. Purpose and Scope

This document sets out the standards that the Pakistan Medical & Dental Council (PM&DC) will use to recognize, accredit, and periodically re-assess institutions and organizations that provide Continuous Professional Development (CPD) to registered medical and dental practitioners in Pakistan. It is a companion to, and operates within, the already-approved Pakistan National CPD Program: Policy and Guidelines (PM&DC, 2024).

It has four parts:

- Part A - the Standards themselves (ten domains, PMDC Standards S1-S10), against which a CPD provider's systems and practices are judged.
- Part B - the Institutional Inspection Proforma, a structured checklist derived directly from Part A, for use by PM&DC assessors during desk review.
- Part C sets out the decision framework (how scores translate into an accreditation outcome)
- Part D describes the assessment process, and the Annexes provide ready-to-use templates (disclosure form, document checklist, and summary report).

Part A - PMDC Standards for Recognition of CPD Providers

Items marked [CORE] in Standard S5 are non-negotiable for Integrity and Independence, a provider that cannot demonstrate independence from commercial influence should not be recognized, regardless of how well it performs elsewhere.

S1. Organizational Eligibility & Governance

Establishes that an applicant is a legitimate, accountable institution fit to provide CPD, with clear internal governance separate from any commercial entity.

- The applicant is a legally registered institution, professional association, medical/dental college, hospital, specialty society, or not-for-profit body (or the CPD-providing unit of one), and is not itself an ineligible commercial company (e.g., a pharmaceutical or device manufacturer).
- A designated CPD Committee or Medical Education Unit exists, with named leadership and defined terms of reference.
- Governance documents (charter, terms of reference, organogram) are available and clearly separate CPD decision-making from any commercial or sales function of the institution.
- Lines of accountability to PMDC (reporting, grievance response, monitoring cooperation) are documented and accepted in writing by the applicant.
- A risk-identification and management process for the CPD program exists (e.g., financial, reputational, patient-safety risk).

S2. Mission, Needs Assessment & Program Analysis

Ensures CPD activity is purposeful, needs-driven and periodically reviewed rather than ad hoc.

- A written CPD mission statement exists, expressed in terms of intended change in competence, performance, or patient/community outcomes, and aligned with PM&DC's National CPD Program objectives.
- A documented, repeatable method is used to identify educational needs (e.g., practice-gap analysis, surveys, audit data, morbidity/mortality review, national health priorities).



- The provider gathers data on the extent to which its mission is being met (attendance trends, evaluation results, credit uptake).
- Evidence exists of program-level changes made as a result of this analysis (e.g., new topics added, format changes, faculty changes).
- The mission and needs-assessment method are reviewed at least once within each accreditation cycle.

S3. Educational Planning, Content & Format

Ensures individual activities are designed to change competence/performance, scientifically sound, and delivered in a format fit for purpose.

- Each activity has written learning objectives that map to an identified practice gap or need.
- Content is evidence-based; recommendations involving clinical care are supported by evidence accepted within the relevant profession.
- The educational format (lecture, workshop, hands-on skills training, distance/online, blended) is justified by the objectives and target audience.
- Activities are designed with reference to a defined competency framework for the target cadre (GP, specialist, dental practitioner, etc.).
- Interprofessional or team-based CPD is used where the subject matter and audience make this appropriate.

S4. Faculty, Planners & Content Validity

Ensures those who plan and teach are qualified and that content review protects scientific integrity.

- Minimum qualification/experience criteria exist for faculty and activity planners appropriate to the subject and audience.
- A content-review or peer-review step occurs before delivery to check accuracy, balance, and absence of promotional material.
- Slides, handouts, and other materials are free of any commercial logo, trade name, or product-group message from an ineligible company.
- Faculty are made aware, in writing, that they must not actively promote or sell products or services that serve their own financial interest during the activity.

S5. Independence, Integrity & Conflict of Interest

The non-negotiable core of accredited CPD Standard for Integrity and Independence: this domain protects learners from commercial bias. A 'Not Met' rating on any core item here is disqualifying regardless of the overall score (see Section 6).

- [CORE] Financial-relationship disclosure is collected in writing from every planner, faculty member, author, and reviewer before planning begins, covering relationships with pharmaceutical, device, biotechnology, or other 'ineligible' companies over the preceding 24 months.
- [CORE] Any relevant financial relationship identified is mitigated (e.g., independent content review, recusal from related content) before the activity is delivered, and the mitigation step is documented.
- [CORE] No owner or employee of an ineligible company controls or influences planning, faculty selection, content, or evaluation of the activity.
- [CORE] The activity, its materials, and its venue are free of marketing, sales activity, or product promotion by an ineligible company.
- Learners are shown, before the activity, the names of individuals with relevant financial relationships and the nature of those relationships (or a clear statement that none were disclosed).



- A written policy governs acceptance of sponsorship, and of travel/hospitality/honoraria from commercial sources, consistent with PM&DC ethical requirements.
- Where a non-accredited body is a joint provider, the accredited provider retains full control of content, faculty selection, and evaluation.

S6. Credit Determination, Certification & Records

Ensures CPD credit points are calculated and certified in strict conformity with PMDC's national credit-point rules (Policy & Guidelines PM&DC 2024, s.1.5.8-1.5.9).

- Credit points are calculated using the PMDC formula (generally 1 CPD credit point per contact hour, subject to the daily cap of 6 and per-event cap of 18 points).
- Only non-commercial CPD activities are certified for credit; commercial/promotional sessions are excluded.
- Attendance is verified (physical, online, or blended) before credit is certified, and partial attendance is credited only proportionately.
- Certificates issued to participants state activity title, date, format, and the number of PMDC CPD credit points awarded.
- A register of participants and faculty is maintained for each activity and retained for at least the current accreditation term plus one prior term.

S7. Evaluation, Outcomes & Quality Improvement

Ensures the provider measures whether its CPD is working and uses that information to improve.

- A structured evaluation (feedback form or equivalent) is administered after each activity, covering content quality, relevance, faculty performance, and logistics.
- Evaluation data is analyzed and used to inform future planning (documented, not merely collected).
- Where feasible, the provider attempts to measure change in learner competence, performance, or, where practical, patient/community outcomes - understanding that not every activity permits this.
- A written quality-improvement process exists at program level, reviewed at defined intervals.

S8. Accessibility & Equity

Ensures CPD opportunity is not concentrated only among urban, well-resourced practitioners.

- The provider offers, or has a plan to offer, distance/online or blended options to reach doctors in remote or under-served areas.
- The provider's activities and materials are accessible to practitioners with disabilities where reasonably practicable.
- Fee structures do not create an unreasonable barrier to participation; the provider operates on a not-for-profit basis for its CPD function and confirms this in writing.
- The provider can show outreach to, or participation by, doctors from underserved regions, female doctors, or other groups identified as priorities in the National CPD Program.

S9. Documentation, Reporting & Institutional Capacity

Ensures the administrative backbone exists to run CPD reliably and to report to PMDC.

- A named CPD coordinator/administrator and adequate support staff are in place.
- Activity files (needs assessment, objectives, faculty disclosures, materials, evaluation summaries, attendance records) are retained and retrievable on request.



- An annual report and, where applicable, a financial audit of CPD activities are submitted to PMDC as required.
- The provider is able to submit data electronically to the PMDC CPD Information System once operational.

S10. Grievance, Accountability & Continuous Compliance

Ensures problems are surfaced and corrected rather than concealed, and that due process applies to both learners and the provider.

- An internal grievance/complaints mechanism exists for participants, with a defined response time.
- The provider agrees in writing to cooperate with PMDC monitoring, unannounced spot-checks, and periodic re-assessment.
- A corrective-action process exists for responding to adverse findings, including a defined timeline for remediation.
- The provider is aware of, and accepts, its right to request reconsideration or appeal of a PMDC accreditation decision through the defined PMDC process.



2. Part B - Inspection & Assessment Proforma

Scoring key:

0 = Not Met (no credible evidence)

1 = Partially Met (evidence exists but is incomplete or inconsistently applied)

2 = Fully Met (clear, consistent, documented evidence).

Rows marked with an asterisk (*) are S5 core independence items - see Section 6.

Code	Criterion Assessed	Score (0 / 1 / 2)	Assessor Remarks / Evidence Sighted
S1. Organizational Eligibility & Governance			
S1.1	The applicant is a legally registered institution, professional association, medical/dental college, hospital, specialty society, or not-for-profit body (or the CPD-providing unit of one), and is not itself an ineligible commercial company (e.g., a pharmaceutical or device manufacturer).		
S1.2	A designated CPD Committee or Medical Education Unit exists, with named leadership and defined terms of reference.		
S1.3	Governance documents (charter, terms of reference, organogram) are available and clearly separate CPD decision-making from any commercial or sales function of the institution.		
S1.4	Lines of accountability to PMDC (reporting, grievance response, monitoring cooperation) are documented and accepted in writing by the applicant.		
S1.5	A risk-identification and management process for the CPD program exists (e.g., financial, reputational, patient-safety risk).		
S2. Mission, Needs Assessment & Program Analysis			
S2.1	A written CPD mission statement exists, expressed in terms of intended change in competence, performance, or patient/community outcomes, and aligned with PM&DC's National CPD Program objectives.		
S2.2	A documented, repeatable method is used to identify educational needs (e.g., practice-gap analysis, surveys, audit data, morbidity/mortality review, national health priorities).		
S2.3	The provider gathers data on the extent to which its mission is being met (attendance trends, evaluation results, credit uptake).		
S2.4	Evidence exists of program-level changes made as a result of this analysis (e.g., new topics added, format changes, faculty changes).		
S2.5	The mission and needs-assessment method are reviewed at least once within each accreditation cycle.		
S3. Educational Planning, Content & Format			
S3.1	Each activity has written learning objectives that map to an identified practice gap or need.		
S3.2	Content is evidence-based; recommendations involving clinical care are supported by evidence accepted within the relevant profession.		



S3.3	The educational format (lecture, workshop, hands-on skills training, distance/online, blended) is justified by the objectives and target audience.		
S3.4	Activities are designed with reference to a defined competency framework for the target cadre (GP, specialist, dental practitioner, etc.).		
S3.5	Interprofessional or team-based CPD is used where the subject matter and audience make this appropriate.		
S4. Faculty, Planners & Content Validity			
S4.1	Minimum qualification/experience criteria exist for faculty and activity planners appropriate to the subject and audience.		
S4.2	A content-review or peer-review step occurs before delivery to check accuracy, balance, and absence of promotional material.		
S4.3	Slides, handouts, and other materials are free of any commercial logo, trade name, or product-group message from an ineligible company.		
S4.4	Faculty are made aware, in writing, that they must not actively promote or sell products or services that serve their own financial interest during the activity.		
S5. Independence, Integrity & Conflict of Interest			
S5.1*	Financial-relationship disclosure is collected in writing from every planner, faculty member, author, and reviewer before planning begins, covering relationships with pharmaceutical, device, biotechnology, or other 'ineligible' companies over the preceding 24 months.		
S5.2*	Any relevant financial relationship identified is mitigated (e.g., independent content review, recusal from related content) before the activity is delivered, and the mitigation step is documented.		
S5.3*	No owner or employee of an ineligible company controls or influences planning, faculty selection, content, or evaluation of the activity.		
S5.4*	The activity, its materials, and its venue are free of marketing, sales activity, or product promotion by an ineligible company.		
S5.5	Learners are shown, before the activity, the names of individuals with relevant financial relationships and the nature of those relationships (or a clear statement that none were disclosed).		
S5.6	A written policy governs acceptance of sponsorship, and of travel/hospitality/honoraria from commercial sources, consistent with PM&DC ethical requirements.		
S5.7	Where a non-accredited body is a joint provider, the accredited provider retains full control of content, faculty selection, and evaluation.		
S6. Credit Determination, Certification & Records			
S6.1	Credit points are calculated using the PMDC formula (generally 1 CPD credit point per contact hour, subject to the daily cap of 6 and per-event cap of 18 points).		
S6.2	Only non-commercial CPD activities are certified for credit; commercial/promotional sessions are excluded.		
S6.3	Attendance is verified (physical, online, or blended) before credit is certified, and partial attendance is credited only proportionately.		



S6.4	Certificates issued to participants state activity title, date, format, and the number of PMDC CPD credit points awarded.		
S6.5	A register of participants and faculty is maintained for each activity and retained for at least the current accreditation term plus one prior term.		
S7. Evaluation, Outcomes & Quality Improvement			
S7.1	A structured evaluation (feedback form or equivalent) is administered after each activity, covering content quality, relevance, faculty performance, and logistics.		
S7.2	Evaluation data is analyzed and used to inform future planning (documented, not merely collected).		
S7.3	Where feasible, the provider attempts to measure change in learner competence, performance, or, where practical, patient/community outcomes - understanding that not every activity permits this.		
S7.4	A written quality-improvement process exists at program level, reviewed at defined intervals.		
S8. Accessibility & Equity			
S8.1	The provider offers, or has a plan to offer, distance/online or blended options to reach doctors in remote or under-served areas.		
S8.2	The provider's activities and materials are accessible to practitioners with disabilities where reasonably practicable.		
S8.3	Fee structures (if any) do not create an unreasonable barrier to participation; the provider operates on a not-for-profit basis for its CPD function and confirms this in writing.		
S8.4	The provider can show outreach to, or participation by, doctors from underserved regions, female doctors, or other groups identified as priorities in the National CPD Program.		
S9. Documentation, Reporting & Institutional Capacity			
S9.1	A named CPD coordinator/administrator and adequate support staff are in place.		
S9.2	Activity files (needs assessment, objectives, faculty disclosures, materials, evaluation summaries, attendance records) are retained and retrievable on request.		
S9.3	An annual report and, where applicable, a financial audit of CPD activities are submitted to PMDC as required.		
S9.4	The provider is able to submit data electronically to the PMDC CPD Information System once operational.		
S10. Grievance, Accountability & Continuous Compliance			
S10.1	An internal grievance/complaints mechanism exists for participants, with a defined response time.		
S10.2	The provider agrees in writing to cooperate with PMDC monitoring, unannounced spot-checks, and periodic re-assessment.		
S10.3	A corrective-action process exists for responding to adverse findings, including a defined timeline for remediation.		
S10.4	The provider is aware of, and accepts, its right to request reconsideration or appeal of a PMDC accreditation decision through the defined PMDC process.		



3. Part C - Accreditation Decision Framework

Maximum possible score across all 47 criteria is 94 points (2 points each).

Overall Score	Accreditation Outcome	Term / Condition
≥ 90% (≥ 85 / 94)	Full Recognition	3 years (maximum allowed under PM&DC 2024 Policy s.1.5.6, item 45), subject to annual report.
75-89% (71-84 / 94)	Provisional Recognition	1 year. Re-assessment required before conversion to Full Recognition.
60-74% (56-70 / 94)	Conditional Recognition	1 year, with a written corrective-action plan due within 6 months; MEC monitors compliance.
< 60% (< 56 / 94)	Not Recognized	Application declined. May re-apply after a minimum 6-month remediation period.
Any single item marked * (S5 core items) scored 0	Automatic non-recognition	Independence/integrity failure overrides the numerical score, regardless of total. Mirrors the ACCME principle that independence is non-negotiable.

Note: Consistent with the existing PM&DC 2024 Policy (s.1.5.6, items 41-45), the maximum term for any accreditation/recognition decision remains three years, and renewal is subject to satisfactory performance. PM&DC may in future introduce an optional higher tier ("Recognition with Distinction") for providers that substantially exceed these standards - e.g. through demonstrated outcome data, interprofessional design, or research/scholarship contribution to CPD. This is left for a later phase and is not required for baseline compliance.

4. Part D - Assessment Process

4.1 Stages

- Application - provider submits the document set (Annex B).
- Desk review – After receiving the CPD Unit staff conduct an initial completeness check and preliminary scoring against Part B.
- A PM&DC assessment team (minimum two assessors) conducts a virtual visit, verify evidence, interviews the CPD coordinator and a sample of faculty/participants, and completes the proforma (Annex C).
- Scoring & recommendation - assessors total the score, flag any S5 core failures, and record a recommended outcome.
- Decision - the Committee reviews the assessment and issues the recognition decision, which is then confirmed by the PM&DC Executive Committee per the governance structure already defined in the 2024 Policy (s.1.5.1-1.5.2).
- Notification & Gazette - recognized providers are notified and included in the official list/Gazette notification as provided for in the PM&DC Act, 2022 (as referenced in the 2024 Policy, s.27).
- Monitoring - CPD Unit maintains the provider register, may conduct unannounced spot-checks, and manages the annual reporting/audit cycle.
- Appeal - a provider may request reconsideration of an adverse decision through the PM&DC grievance procedure within a defined window (recommended: 30 days of notification).

4.2 Suggested Assessment Team Composition

- A senior medical/dental educationist (chair).



- A specialist relevant to the provider's main CPD subject area, where practicable.
- A CPD Unit staff member (administrative/technical support and record-keeping).
- For distinction-tier or disputed assessments, an external/independent reviewer may be added.



Annex A - Disclosure of Financial Relationships Form

To be completed by every planner, faculty member, author, and reviewer before an activity is planned, per Standard S5.

Name of Individual	
Role in this Activity (Planner / Faculty / Author / Reviewer / Moderator)	
Activity Title & Date	
Provider (Institution) Name	
Disclosure of Financial Relationships (preceding 24 months)	
Do you (or your spouse/partner) have any financial relationship with a pharmaceutical, medical device, biotechnology, or other company whose products/services may be discussed in this activity? (YES / NO)	
If YES - Name of company / companies	
Nature of relationship (consultant, speaker's bureau, research grant recipient, employee, owner/stockholder, advisory board, other - specify)	
Is the relationship relevant to the content of this activity? (YES / NO)	
Mitigation action taken by provider (e.g., independent content review, recusal from related topic, peer review) - to be completed by CPD Coordinator	
Signature & Date	

Annex B - Document Checklist

Documents an applicant/provider must submit to the PM&DC CPD Unit.

- Certificate of registration / legal status of the institution
- CPD mission statement and organogram of the CPD Committee / Medical Education Unit
- Terms of reference and membership list of the CPD Committee
- Needs-assessment methodology document
- Full activity file for the three most recent CPD activities: objectives, needs assessment, agenda, faculty CVs, evaluation summary, attendance register
- Faculty/planner disclosure forms for the same three activities (Annex A)
- Sample participant certificate showing PMDC credit points awarded
- Complaints/grievance log for the past accreditation term (or a nil statement)
- Latest annual report and financial statement / audit relating to CPD activities
- Written undertaking of not-for-profit operation of the CPD function
- Written undertaking to cooperate with PMDC monitoring and unannounced inspection



Annex C - Summary Report

Completed by the assessment team, submitted to the Medical Education Committee together with the scored proforma.

Name of CPD Provider	
PMDC Reference / Application No.	
Date(s)	
Names of Assessors	
Total Score Achieved (out of 94)	
Any S5 (Independence) Core Item Scored 0? (YES / NO)	
Recommended Outcome (Full / Provisional / Conditional / Not Recognized)	
Key Strengths Noted	
Key Deficiencies & Required Corrective Action	
Assessors' Signatures & Date	
MEC Endorsement & Date	

Registrar PM&DC
Pakistan Medical & Dental Council