

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
GENDER, ELDERLY AND CHILDREN



MEDICAL COUNCIL OF TANGANYIKA (MCT)

CONTINUOUS PROFESSIONAL DEVELOPMENT
(CPD) GUIDELINE



November, 2020

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GLOSSARY

CPD Deferment	Means postponing the requirement of having minimum CPD credit per year for licensing
CPD Exemption	Means non requirement to attain CPD credits for license acquisition or renewal
CPD cycle	Means the calendar year from January to December
Personal Development Plan (PDP)	Is a self-developed plan of learning and Personal development. It is a tool which records the learning and development of the activities required to help the individual professional achieve the intended outcomes and future ambitions and answers questions such as what are the key areas for development. How will this happen? How will this improve the ability to do the job?
Non-compliance	Failure to comply, as with a law, regulation, or terms of contract

PREAMBLE

The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) developed policy guideline for Continuing Professional Development (CPD) in 2009. This guide was developed to facilitate operationalization of continuing education for all practicing health care providers. The guideline proved to be effective as a starting point in sensitizing the implementation of the Continuing Professional Development (CPD) activities at all levels of practicing health care workers, however it had challenges in its implementation. Hence, The Ministry came up with National Continuing Professional Development Framework for Health Care Providers in 2016. This framework was developed as a tool to support coordination and facilitate a consistent system for CPD activities for health care providers and relevant CPD stakeholders including Professional Councils.

Currently, CPD requirement and obligations were not regulated by MCT. Moreover, although CPD is a prerequisite for licensure and re-licensure for the practicing health care workers, there are no approved standards for accreditation of the CPD activities. This proves the need to have a formal and structured guideline and standards that can be used to regulate the CPD activities. The intended results being improving performance, develop, maintain and update knowledge, skills and attitudes in order to provide quality care to patients, clients and the community.

The Medical Council of Tanganyika (MCT) is the professional regulatory body for Medical, Dental and Allied Health Professionals formed through the Medical, Dental, and

Allied Health Professionals Act No 11 of 2017. The council has been given the mandate to regulate and control CPD activities for the purpose of licensing and relicensing of their professionals. Therefore, the council has developed this guideline for their practitioners and providers.



Prof. Abel N. Makubi,
Chief Medical Officer,
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Gender,Elderly and Children.

ACKNOWLEDGEMENT

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Special thanks go to the Ministry of Health Community Development Elderly Gender and Children (MOHCDGEC) who develop policy guideline for continuing Professional development, and introducing E- Learning platform link to Medical Council of Tanganyika online CPD.

Specifically, the Ministry appreciates the guidance and technical support throughout the exercise from the Health Regulatory Bodies; Professional Associations; Health Professional Councils like Pharmacy Council and Tanzania Nursing and Midwifery Council (TNMC).

This guideline has also been developed and discussed by several experts from different Institution. Sincere thanks for the contribution and development are due to the following persons. Ms Remla M. Shirima (Physiocare), Deogratias Kilasara (MNH), Jacqueline Uriyo (MT MERU RRH), Doreen Mloka (MUHAS), Julius Mwakasege (Dodoma RRH), Issa Mmbaga and Maureen Kunambi (MoHCDGEC)

Special thanks are also extended to Council staff (MCT Secretariat) who contributed to the successful completion of this Guideline.

A handwritten signature in black ink, appearing to read "David P. Mnzava".

Dr. David P. Mnzava

Registrar - Medical Council of Tanganyika (MCT)

ABBREVIATIONS

MCOA	Association of Medical Councils of Africa
CPD	Continuing Professional Development
IAMRA	International Association of Medical Regulatory Authorities
MCT	Medical Council of Tanganyika
NGO	Non-Governmental Organization
UK	United Kingdom.

1.0 INTRODUCTION

The Medical Council of Tanganyika (MCT) was established in 1959, initially it regulated Medical and Dental Practitioners. In 2017, the Medical, Dental and Allied Health Professionals Act was enacted which gave the Council mandate to regulate Allied Health Professionals (as listed in Annex I). The Act also made it a legal requirement for professionals to undertake continuing professional development. Hence, the need to have a standardized CPD guideline for its implementation.

Efforts to introduce standardized CPD activities became an agenda in the council, particularly following rapid advancement in the science of health care. According to the MCT, CPD means a range of purposeful learning activities, both formal and informal, that health care providers undertake throughout their career to improve performance, develop, maintain and update knowledge, skills and attitudes in order to provide safe, ethical, legal, and effective care to patients, clients and the community. The implementation of the CPD activities requires a formal guideline to guide processes involved in provision of CPD activities and proper documentation.

This guideline being part of the fulfilment of statutory requirements for the council, is in alignment with the National Continuing Professional Development Framework for Health Care Providers in Tanzania of 2016. The set standard is in-line with the agreed standards prescribed in the framework for effective coordination and implementation. This guideline incorporates experiences of CPD implementation and coordination from other

Professional regulatory bodies within and outside the country.

This guideline document is owned by the MCT and is subject for review after two years to accommodate any improvement needed.

2.0 CONTINUING PROFESSIONAL DEVELOPMENT

2.1 CPD ACTIVITY STANDARDS

2.1.1 Goal of CPD Activities

To enhance professional competency in terms of knowledge, skills and attitudes for improved patient's/client's outcomes

2.1.2 CPD Standards

The CPD activities must meet the following minimum standards:

- a) CPD activities should contribute to learning and improve quality of care or services
- b) CPD activities should have SMART learning outcomes
- c) Should adhere to a basic minimum standard of quality
- d) CPD should be provided by a provider registered in Tanzania. If registered outside Tanzania, they must be in partnership with a recognized CPD provider in Tanzania
- e) CPD must be provided by trainers or facilitators, who are experienced in the content area; whose qualifications are appropriate to the content area and can be verified by the regulatory body
- f) CPDs must be provided using effective teaching and learning strategies matched to content, level, outcomes and type of learners
- g) CPD activities must use valid and reliable assessment tools that provide feedback on whether the learning outcomes have been met
- h) CPD providers must have appropriate systems and procedures for collecting data and storing data of participants

- i) CPD activities must be free of conflicts of interest related to commercial supporters and willingly disclose any conflicts of interest

2.2 CPD Principles

The CPD activities must align along the following principles:

- a) Beneficence: CPD activities must be responsive to the patient's/client's needs, practitioners, society and national needs
- b) Integrity: That all practitioners and accredited CPD providers shall comply with CPD regulations
- c) Ethical: Practitioners and accredited CPD providers shall fully adhere to health profession ethics
- d) Self-directed based on an individual learning plan and accountable for their own learning
- e) Designed to meet identified gaps in an individual's knowledge skills and attitudes,
- f) Designed to enhance the provision of quality care or services to patient, clients and the community
- g) Relevant to current and future health care practice
- h) Affordable, accessible, equitable, sustainable, ethical and transparent
- i) Evidence and competency based
- j) Multidisciplinary sensitive and promoting interdisciplinary collaboration,
- k) Flexible and versatile in mode of delivery
- l) Based on adult learning principles and accommodating different learning styles,
- m) Based on respect for the rights of self and others

2.3 Who is eligible for CPD?

All Medical Council of Tanganyika registered/enrolled practicing Medical, Dental and Allied Health practitioners

who are active practitioners, irrespective of their employment status.

2.4 CPD activities

Arange of formal and non-formal activities will be recognized toward meeting the CPD requirement. They include all activities that enhance professional competences and lead to better delivery of health care services, and usually include a focus on one or more critical skills or values, such as the implementation of best practice recommendations for clinical care or community practice, quality improvement, new and improved procedural skills, improved communication skills, bioethics, leadership and management, patient safety issues, medicine safety issues, and medical computer applications

2.4.1 CPD Credit Weighting

One CPD point or credit is equivalent to 1 hour of active learning (Active learning activities include; small group activities, hands on sessions, interactive lectures, group discussion, meetings, case discussions etc.)

2.4.2 CPD Activity Categories

CPD activities shall be classified into 4 categories as follows:

1. Category 1 Informal Self-Learning
2. Category 2 Formal Unstructured Learning
3. Category 3 Formal Structured Learning
4. Category 4 Health Systems Strengthening Learning

1. CPD Activities Category 1; Informal Self-learning

CPD Activities	Credit/point
Presenting at workshop, seminar, clinical session	2 credits per hour
Attendance to lectures, workshops or Symposia or seminars	1 credit per hour
Attendance to lectures, seminars on ethics	1 credit per hour
Participation in clinical audit, critical incident/adverse event monitoring, or cases review or case studies or drug use evaluation	1 credit per hour
Attendance to clinical training sessions	1 credit per hour
Attendance to practical training sessions	1 credit per hour
Presenting a scientific paper to other staff in Journal clubs	2 credits per hour
Attendance to a Journal club	1 credit per hour
Feedback presentation after attending international/national conference	1 credit per hour
Patient care review meetings	1 credit per hour
Case presentation and literature review in interdepartmental meetings	1 credit per hour
Participating or reading Online learning materials accredited by CPD committee	1 credit per hour
Attendance a conference, congress, symposium	1 credit per hour
Working with a mentor or supervisor to improve practice or develop new Skills--	2 credits per hour
Self-reading and critical appraisal of scientific paper	1 credit

2. CPD Activities Category 2: Formal unstructured Learning

CPD Activities	Credit/point
Development of educational material, (CPD course (face to face/ online) or formal course)	10 credits
Review educational material,	5 credits
External examiner of undergraduate, master's and Doctoral thesis	3 credits
First author of a scientific papers/review articles in peer-reviewed journals	10 credits
Co-author of a scientific papers/review articles in peer-reviewed journals	5 credits
Author of a Book relevant to medical Field	10 Credit
Author of a chapter in a book consultancy or technical report	8 credits
CPD approved self-learning material evaluated by MCQ (Multiple Choice Question) with a pass of 70%	4 Credits

3. Category 3: Formal Structured Learning

CPD Activities	Credit/point
Formal training program studies relevant to practice for one (1) or more years	Exempted subject to submission of annual a progress report
Formal sub specialized program studies relevant to practice one year or more	20 credits per year

CPD Activities	Credit/point
Undertaking relevant short courses, either face to face, online or distance education relevant to practice	1 credit per/hour
Attachment in centres of excellence for special skills (fellowships) 3 months to one year	10 to 20 credits depending on the course
Peer review of practice for individual competencies related to published Standards	3 credits
<p>Supervisory Role in any of the following; -</p> <ul style="list-style-type: none"> • Supervising undergraduates' students in professional training in collaboration with an accredited training institution on a regular basis during the academic year (if not in the primary job description) • Supervising interns in professional training in collaboration with an accredited training institution on a regular basis during the academic year (if not in the primary job description) • Supervising postgraduates' students in professional training in collaboration with an accredited training institution on a regular basis during the academic year (if not in the primary job description) 	5 credits per year

CPD Activities	Credit/point
Attachment in centres of excellence for special skills 3 months to one year (Clinical apprenticeship)	10 to 20 credits depending on the length of the course

4. Category 4. CPD Health Systems strengthening activities

CPD Activities	Credit/point
Leading development of policies, protocols or guidelines	10 credits/document
Participation in developing policies, protocols or guidelines	5 credits/document
Participation and contribution in committees (e.g. Quality improvement, accreditation, occupational health and safety, Drug and Therapeutic Committees) or audit,	5 credits per year
Lead the development of funded project or grant writing	20 credits
Significant contribution to the development of funded project or grant writing	10 credits

2.4.4 Online CPD Credits

Members may take online CPD programs from reputable international and locally accredited CPD Providers. However, accreditation status of the program should be clarified by the Council. Non accredited online CPD activities may be submitted for credit point claiming afterwards.

2.4.5 Activities that do not qualify as CPD

- Time spent planning, organizing, or facilitating any activity
- Non -published congress proceedings
- Non-referenced letters to the editor of accredited journals
- Routine ward rounds
- Written assignments
- Compilation of student training manuals for internal use
- Staff and/or administrative meetings
- Tours and/or viewing of exhibits and technological demonstrations
- Membership in professional bodies
- Holding a portfolio on the professional body's executive or council structure
- Presentations and publications for the public
- Meetings arranged by pharmaceutical companies and manufacturers or importers of products and technical devices (including assistive device technology) or their representatives purely for the purpose of marketing and/or promoting their products are not eligible for accreditation.
- If it is in your Primary job description/Terms of Reference (TOR)
- Activity conducted by nonqualified CPD provider
- Class lectures
- Mandatory Health and Safety Training.
- Product promotional meetings
- Published abstracts of congress proceedings
- Staff and/or administrative meetings
- Tours and/or viewing of exhibits and technological demonstrations

- Training that does not meet CPD requirements
- Written assignments

2.5 Annual CPD licensure requirements

A minimum of 20 CPD points shall be acquired annually by practicing Medical Doctors, Dentists and Allied Health Professionals. For annual CPD point verification, each member shall acquire 25% of their CPD points from professional association activities and a maximum of 40% from Category 1 activities.

Mandatory CPDs will be defined by the committee based on needs assessment and communicated to practitioners who need to take it as mandatory.

3.0 MANAGEMENT OF CPD ACTIVITIES

3.1 ADMINISTRATION

The Medical Council of Tanganyika shall have an overall responsibility in ensuring that CPD programmes are successfully administered and implemented in such manner set out by the Council.

Employers of Medical, Dental and Allied Health Practitioners shall prepare an annual CPD plan that will ensure their employees participate in professionally relevant CPD programmes prior to renewal of their practicing license.

The Council shall ensure all accredited CPD Providers conduct CPD training as per the approved schedule of activities.

3.2 ROLES OF MEDICAL COUNCIL OF TANGANYIKA

1. Participate in CPD activity development
2. Assist in CPD needs assessment and evaluation
3. Accredit CPD providers and activities according to established standards.
4. Foreign CPD activities:
 - i. The council shall recognize and accredit the attended accredited international professional activity or academic meeting for CPD purpose.
 - ii. A practitioner working abroad shall attend CPD courses organized in the particular country He/ She is working. At the end of contract, the practitioner must obtain a letter of proof for submission to council for his/her CPD accreditation.

5. The Council may collaborate with other bodies of similar mandate to provide accreditation for CPD providers and activities such as: -
 - i. The International Association of Medical Regulatory Authority (IAMRA)
 - ii. The Association of Medical Council of Africa (AMCOA)
 - iii. The East Africa Community Boards and/or Councils
 - iv. Relevant Professional Associations
6. The Council shall monitor compliance and impose penalties for non-compliant licensed practitioners

3.3 FINANCING OF CPD ACTIVITIES

CPD Providers shall be required to pay a prescribed fees for accreditation as CPD providers to the council. Medical, Dental and Allied Health Practitioners shall be required to participate in CPD activities and employers shall encourage their employees' participation.

An accredited CPD Provider or trainer appointed by such a provider shall be required to make full disclosure of sponsorship or support and conflict of Interest of any CPD activity.

3.4 REPORT OF ACTIVITIES

CPD providers should have monitoring and evaluation mechanism for tracking all approved CPD activities and provide reports six monthly based on the number of training activities and participants reached. Such report shall be submitted to the Council.

3.5 PRACTITIONER

Practitioners are expected to participate in CPD activities and attain a minimum of 20 points annually as a requirement by the Medical, Dental and Allied Health Professionals Act No 11 of 2017.

3.5.1 Practitioner Non-Compliance

The employers of licensed practitioners have a responsibility to encourage their employees to participate effectively in CPD activities and monitor compliance.

An employer will be responsible to ensure all practitioners have practising licence as specified by the Medical, Dental and Allied Health Professionals Act No.11 (2017), in order to avoid statutory penalties

Penalties will apply for individuals who are non-compliant with the CPD requirement. These include but are not limited to: The penalties outlined in legislation governing the practice of licensed practitioners and initiation of disciplinary procedures at the workplace.

Falsification or fabrication of CPD attendance, credits attained or participation of CPD activities by any registered practitioner will also be considered as non-compliance and may be subject to further legislative disciplinary action as the situation may dictate.

Compliance for the individual practitioner may be monitored at the time of annual performance appraisal; or if the practitioner is licensed and intends to renew his licence.

All practitioners retained by the council shall take part in CPD activities. CPD points will be used by the Council as one of the criteria during assessment of knowledge, skills and professionalism prior to issuance of practicing license.

If the reason(s) given for non-compliance are considered acceptable, compliance may be waived or deferred by the council.

3.5.2 Penalties for practitioner non-compliance

Before penalties are imposed, practitioners who are not compliant shall fill-in a non-compliance form. The Council upon receipt of justifiable reason(s) from the practitioner for non-compliance of CPD activities, may waive or defer the obtainment of the deficit CPD points for a maximum one year.

The Council shall suspend practitioners that fail to comply with the required CPD points from the register of licensed practitioners.

3.5.3 Appeals for practitioner non-compliance

Practitioner will be required to fill out a CPD Practitioner Appeal Form, accompanied with the necessary evidence. Upon filing of the appeal form, the Council will determine the date of hearing within 28 working days.

A practitioner may appeal against the penalty if:

- a) There is an error in CPD allocation of points.
- b) The eligibility of the activity is in dispute.
- c) The practitioner is removed from the register of licensed practitioners.
- d) The practitioner is denied exemption.

- e) The practitioner is not in agreement with penalty (ies) given.
- f) For any other reason not outlined in these guidelines that the Board will be requested to deliberate on, provided the practitioner provides adequate proof.

3.6 PREPARING AN APPEAL

A practitioner must ensure that they submit their appeal and all accompanying documentation within 90 days after communication of the penalty. They should ensure that the Board has their updated records and provide all supporting documentation to accompany the appeal.

3.7 EXEMPTIONS FROM CPD FOR PRACTITIONERS

This applies to all practitioners who hold a practicing license. The Council appreciates that there are times when exceptional circumstances may make it difficult for a practitioner to attain the annually assigned CPD points. In this case a practitioner may write to the Council for an exemption and attach all the necessary documents.

Individual applications for exemptions from CPD requirements will be assessed by the CPD committee of the Council. The circumstances for exemptions will only be considered where there is compelling evidence that such circumstances have created a significant obstacle to the practitioner's ability to complete CPD requirements.

Each case would be considered on its individual merits and depending on the particular circumstances. The Council may then decide issue full, partial or complete exemption.

3.8 EXCEPTIONAL CIRCUMSTANCES

Consideration of exemptions from the CPD requirements may include, but is not limited to, the following circumstances:

- a) Significant ill health of the practitioner.
- b) Providing care or support to a member of the immediate family or household, because of significant illness or injury affecting the immediate member of the family or household.
- c) Special duty post (governmental and non-governmental) e.g. Political appointments
- d) The practitioner has been declared bankrupt.

3.9 FOREIGN CPD ACTIVITIES:

- i. The council shall recognize and accredit the attended accredited international professional activities or academic meetings for CPD purpose.
- ii. Health practitioners who are practicing abroad in countries where a continuing professional development system is in place should comply with the requirements in that country. They should retain documentary proof of attendance at CPD activities for submission in the event of being drawn in the sample audit. For re-registration purposes, documentary proof of compliance must be submitted for continuing professional development purposes to Medical Council of Tanganyika. This proof may be in the form of a letter from the accrediting authority in the country concerned.

3.10 DEFERMENT

A practitioner will be considered for deferment of CPD credit points under the following circumstances:

- a) Resume clinical duties after an administrative post or sick leave
- b) Recall back from retirement to work for a period of more than one year
- c) A health practitioner who is outside of Tanzania and practicing in a country where there is no access to CPD activities
- d) Other special circumstances

N.B. Period of deferment should not exceed one CPD cycle

3.11 DOCUMENTATION

All practitioners must maintain records of their participation in CPD activities. These records may be in the form of a professional portfolio (electronic or hard copy) and may be required by the Council for verification.

3.12 CPD PROVIDER

Definition of CPD Provider is as provided in the regulation

3.12.1 Roles of CPD Provider

- a) Be registered with MCT.
- b) Communicate desired learning objectives to the target audience.
- c) Ensure CPD activities are in line with existing professional gaps as identified by the council in collaboration with professional associations.
- d) Ensure that CPD teaching and learning methodologies selected are suited to achieve desired objectives.
- e) Ensure that the course facilitators are selected based on their field of expertise.

- f) Ensure there are adequate teaching and learning resources to support CPD programs and activities.
- g) Ensure that time allocated for the CPD activity is adequate.
- h) Appropriately advertise all CPD activities to increase participation.
- i) Evaluate CPD activities regularly using standard evaluation tools provided by the Council (CPD III: Training Evaluation Form) to be evaluated by the participants and ensure their submission to the Council.

3.12.2 Application as CPD Providers

An organization or a person intending to become a CPD Provider shall make an application to the Council for provision of Continuous Professional Development by sending an application and paying the prescribed as stipulated in fee schedule availed in the Medical Dental and Allied Health Regulations (Fees and Charges) Regulations 2018.

3.12.3 Eligibility to apply for accreditation as CPD Providers

CPD providers shall include, but are not limited to, the following:

- a) Health facilities at National, Regional or District levels (public and private)
- b) An individual with expertise in the field of interest in the CPD recognized by professional regulatory authority and or professional association.
- c) Training Institutions, public and private
- d) Recognized regional and international professional bodies such as the Association of Medical Council

of Africa (AMCOA) and International Association of Medical Regulatory Authorities (IAMRA)

- e) Faith-based Health Institutions Public benefits organizations (NGOs)
- f) Local and International Professional Associations
- g) Research institutions
- h) Ministry of Health and related special program divisions
- i) Others as approved by the Council

3.12.4 Report of Activities

CPD providers should have monitoring and evaluation mechanism for tracking all approved CPD activities and provide reports six monthly based on the number of training activities and participants reached. Such report shall be submitted to the Council.

CPD providers shall ensure that practitioners from different regions across the country get access to their CPD programmes by conducting such programmes in areas that are easily accessible to them.

3.12.5 CPD Provider Compliance

CPD provider compliance may be monitored by: Scheduled supportive supervision visits, Physical verification through visitation, Submission of required reports to the Council following CPD activity, random survey of participants and feedback from CPD activity by participants.

3.12.6 CPD Provider Non-Compliance

CPD providers are expected to fulfil their responsibilities according to regulations and standards set by the Council. CPD providers who fail to comply will be penalized by the

Council. Penalties will include but are not limited to:

- a) Formal warning
- b) Imposition of conditions on the provision of CPD
- c) Withdrawal of accreditation status
- d) Barred from provision of CPD activities for a specified duration of time

3.12.7 Appeals for non-compliant CPD providers

In case that the CPD provider accreditation status is revoked due to non-compliance, the provider may appeal the decision in writing on the basis of the following grounds:

- a) Non-compliance circumstances that are beyond the CPD providers control and may fall under social, political, economic factors and natural calamities.
- b) Any other reasons not outlined in the regulations but are acceptable and justifiable by the Council

3.12.8 Appeal Process for non-compliant CPD providers

CPD providers shall appeal to the Council. To lodge an appeal the CPD provider shall be required to:

- a) Submit a letter to the Council
- b) Attach the necessary accompanying evidence
- c) Pay a non-refundable fee prescribed by the Council
- d) The CPD provider shall receive feedback on the verdict of the case within 60 days and the Council's decision shall be final

3.13 MONITORING AND EVALUATION

3.13.1 Monitoring and Evaluation Framework

1. All CPD monitoring and evaluation (M&E) activities must be built into the CPD implementation guidelines.
2. The CPD committee shall periodically appoint independent evaluators to assess impact of CPDs.

3. All CPD evaluation shall be conducted annually or when the need arises.
4. Professional associations shall periodically appoint independent evaluators to assess cadre specific CPD activities.

3.13.2 CPD Monitoring and Evaluation Plan

1. The CPD committee shall develop a monitoring and evaluation (M&E) plan that shall be reviewed from time to time
2. The plan should be able to evaluate the impact on professional development.
3. The approach to the CPD monitoring and evaluation plan shall follow the Kirkpatrick's 'Four Levels Model' for evaluating training programs (See figure 1 below).



Figure 1. Kirkpatrick's 'Four Levels Model'

4. The M&E Plan should facilitate evaluation of CPD activities at 3 levels
 - I. Before or pre-CPD interventions (known as diagnostic evaluation), [CPD accreditation Stage]
 - II. Immediately Post CPD activity (known as formative evaluation) - To get learners reaction to the training (Kirkpatrick's level 1).
 - III. Post CPD activity (six months – 1 year), known as summative or longitudinal evaluation (Kirkpatrick's level 2-4).

3.13.3 Purpose of CPD M&E Plans

1. Provides Council with information about CPD activity progress and impact (types, number, quality, etc)
2. Provides CPD Providers with feedback on their activities
3. Identify gaps in terms of CPD activities and highlight issues to incorporate in policy and practice
4. Protect the public interest by ensuring practitioners' CPD records are monitored each year.
5. Provide evidence for the license and registration of professionals

3.13.4 CPD Committee M&E Responsibility

1. To review and regulate content for cross-cadre CPDs.
2. To undertake cross-cadre CPD activity monitoring on a quarterly basis.
3. To establish and maintain database of cross-cadre CPD courses and providers.

4. To develop monitoring tools for cross-cadre CPD activities and providers.
5. To provide support supervision to CPD providers to ensure quality CPD training, activities and standards.

3.13.5 M&E Responsibility of Practitioners

1. To plan their CPD activities at the start of each year (e.g., using a Personal Development Plan). These activities should reflect and be relevant to one's current profile of professional practice and performance.
2. To record their CPD Progress in logbooks. The Practitioner's CPD Progress Record will record the activity, verification of learning outcomes, competences demonstrated and date of activity.
3. To present certificates, invitation letter, timetable, learning outcomes and other relevant verification documents to MCT after each CPD activity completed.
4. To present the log book for annual performance appraisal to the MCT after each CPD activity is complete.

References

1. Ministry of Health, Community Development, Gender, Elderly and Children, National Continuing Professional Development Framework for Health Care Providers in Tanzania, October,2016.
2. Tanzania Nursing and Midwifery Council, Continuing Professional Development Guideline, 2014
3. The Pharmacy Council Tanzania, Continuing Professional Development Guideline, 2017
4. Medical Practitioners and Dentists Board, Kenya, Continuing Professional Development Guidelines, April 2014
5. Continuing Professional Development (CPD) Policy for Health Professional Councils in Rwanda, August 2013

ANNEXES

ANNEX I: LIST OF PRACTITIONERS

- Medical Doctors
- Dental Surgeons
- Dental Therapists
- Assistant Dental Officers
- Assistant Medical Officers
- Assistant Dental Technologists
- Clinical Assistants
- Clinical Officers
- Dental Assistants
- Dental Laboratory Technologists
- Medical Specialists
- Physiotherapists
- Physiotherapist Assistants
- Occupational Therapists
- Prosthetics and Orthotics
- Speech therapists
- Bachelor of Science in Mental Health and Rehabilitation

ANNEX II: APPEALS FOR CPD PROVIDER FORM

First Name

Middle Name

Surname

Mobile Phone Number:

Working station:

Email Address:

Type of CPD:

Reason for Appeal (Outline):

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Name

Signature

Date

ANNEX III: CPD NON-COMPLIANCE FORM

.....
First Name

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Middle Name

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Surname

Mobile Phone Number:

Email Address:

Registration Number:

Working station:

Region: District:

Ward (If Applicable)

Point cycle:

Total points accrued:

Reason for Appeal (Outline):

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Name

Signature

Date

ANNEX IV: TRAINING EVALUATION FORM

Practitioner Full Name:

Gender:

Level of Education:

Working station:

Training Name:

Level of Training:

Rate 1 to 5 with 1 being the Lowest and 5 the highest

Fairness:	1	2	3	4	5
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Venue(If applicable):	1	2	3	4	5
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Clear:	1	2	3	4	5
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Delivery style:	1	2	3	4	5
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Relevance:	1	2	3	4	5
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Accessibility:	1	2	3	4	5
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Time Allocation:	1	2	3	4	5
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Others:	1	2	3	4	5
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Areas for improvement:

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Recommendations:

Note:

