Government of Sudan

Federal Ministry of Health
Directorate General of Human Resources for
Health Development

## Continuing Professional Development Directorate

# CONTINUING PROFESSIONAL DEVELOPMENT POLICY

July 2011

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## Acronyms

| | |
|---|---|
| ACCME: | Accreditation Council for Continuing Medical Education in USA |
| AMA: | American Medical Association |
| APAAC: | The Activity Providers & Activities Accreditation sub-committee |
| APICs: | Activity Providing Institutions and Centers |
| CARO: | Central Administration and Registration Office |
| CME: | Continuing Medical Education |
| CMRC: | CPD collaboration & mutual recognition sub-committee |
| CPD: | Continuing Professional Development |
| CPDA: | Continuing Professional Development Activities |
| CPDCC: | Continuing Professional Development Coordination Committee |
| CPDD: | Continuing Professional Development Directorate |
| CVRC: | The credits verification and registration sub-committee |
| EACCME: | European Accreditation Council for Continuing Medical Education |
| FMOH: | Federal Ministry of Health |
| IPC: | The CPD initiation & provision sub-committee |
| MOU: | Memorandum of Understanding |
| PC: | The CPD promotion sub-committee |
| SCMEC: | Sudan Continuing Medical Education Committee |
| SMC: | Sudan Medical Council |
| SMSB: | Sudan Medical Specialization Board |
| UEMS: | European Union for Medical Specialists |

## Glossary

***Continuing Professional Development:*** CPD is a far-reaching activity throughout the continuum of medical and health professional education. CPD, therefore, stands as a professional imperative of every doctor and other health professionals, and at the same time is also a prerequisite for enhancing the quality of health promotion & health care. CPD differs in principle from the formal phases of medical & health professions education: basic education and systematic postgraduate training. Whereas the latter two are conducted according to specified rules and regulations, CPD mainly implies self-directed and practice-based learning activities rather than supervised training.

***CPD provider:*** All health care service providers, medical education institutes, recognized training institutions, medical schools, EDCs, and health training institutes affiliated to different universities, including General Hospitals and other organizations in the health field.

***CPD activity:*** any learning or professional development situation undertaken by a health care professional. Some of these are planned learning experiences while others are sort of informal & are on the job or self-directed.

## Foreword

This document aims to serve as a policy guide for the provision of Continuing Professional Development (CPD) to health care professionals affiliated with Federal and State ministries of Health. The Human Resources for Health General Directorate/FMOH recognized the pressing needs for the development of the CPD policy, which was well justified by the long standing needs for an agreed policy framework to guide the Continuing Professional Development provision by setting regulations, standards and norms. The policy guidance will be most useful to both policy makers and CPD providers as the CPD system is fragmented, and the efforts of the key providers need to be coordinated, and the current CPD system needs to be evaluated and reformed.

The policy is a product of a very elaborate and meaningful consultative and research process in developing this policy frame work and ensuring both relevance and compliance of its contents with the main policy theme and implementation priorities of the Federal Ministry of Health. It also takes good account of and well informed the historical evolution of the Continuing Professional Development Directorate (CPDD), and its strategic role in guiding and directing the whole efforts.

This policy document will now act as user friendly tool for disseminating the regulations of the CPD activities for health professionals, as well as for facilitating the coordination mechanisms among all CPD stakeholders. The policy document will therefore inform policy and decision makers and articulate interventions that promote the CPD policy and practice in Sudan. Last but not the least, the policy will better serve the community safety and protection by ensuring that health professionals remain abreast of the development in their health field and enhances their skills across the country.

It is with pleasure that I present the CPD policy, and I hereby, acknowledge the valuable contribution of the all team members who dedicated their time and efforts towards the development of this invaluable document.

**Dr. Isameldin Mohammed Abdalla** 09. 07. 2012
**Undersecretary, FMOH**

## Acknowledgement

The CPD policy is outcome of joint work between the FMOH/HRH and the World Health Organization. The CPD policy described in this document is developed by dedicated national taskforce under the overall guidance of the Human Resources for Health General Directorate of the Federal Ministry of Health.

The Continuing Professional Development Directorate (CPDD) extends special appreciation to Dr Isameldin Mohammed Abdalla, Undersecretary/FMOH, and Dr Elmuez Eltayeb Ahmed the DG. HRH Development for adopting and supporting the overall process of developing the CPD policy.

Hereby, the CPDD gratefully acknowledge the task force members namely Professor A Moniem Sahal Elmardi (Editor), Dr. Nazar A. Mohamed Elfaki (Chair person), Dr. Hatim Sidahmed, Dr. Aamir Abdalla Hamza (Sudan Medical Specialization Board), Dr. Loran Ali, , Dr. Sara A. Hashim, Dr. Mohammed Y. A/Rahman (Sudan Medical Council), Dr. Sara Osman and Dr. Anood Rashad. The acknowledgement is also extended to Dr Alfonso Negri, WHO International Expert who contributed to the development of the policy.

The Continuing Professional Development Directorate acknowledges gratefully the outstanding and dedicated work of team members to developing this policy and its approval by the Undersecretary/FMOH on October 30th, 2011.

## 1. Introduction

In order to practise appropriately throughout their professional life, healthcare professionals must remain up-to-date, which entails engaging in some form of continuing education. To deliver the highest quality of health promotion and patient care, the content of CPD must be directed towards enhancing roles and competencies (both clinical skills and theoretical knowledge), and organisation of work (team building and leadership), communication, medical ethics, teaching, research and administration.

Fundamental new knowledge in the health arena and especially in medicine transforms concepts and methods, and the health profession must through adequate CPD incorporate new knowledge. Similarly, new ethical demands and socio-economic developments continually confront the health profession, and challenge doctors and other health professionals to assume new roles. The role of CPD in quality assurance and quality development of the health care delivery and health promotion systems is increasingly significant.

Motivation for CPD, from the perspective of the individual healthcare professional, derives from three main sources:

- The professional drive to provide optimal care for the community and the individual patient;
- The obligation to honour the demands from employers and society;
- The need to preserve job satisfaction and prevent "burn out".

Motivation for lifelong learning should be a criterion for selecting students for admission to schools of medicine & health sciences, and should be nurtured through all phases of health professions education.

The best available evidence suggests that effective CPD is characterised by the presence of three factors:

- a clear need or reason appears for the particular CPD to be undertaken;
- learning is based on such an identified need or reason;
- and follow-up provision is made for reinforcing the learning accomplished.

Needs assessment is therefore, in most cases, an integral component of successful CPD. Methods for identifying learning needs range from formal assessments

(using tests of knowledge, skills and attitudes, peer review, systematic review of practice such as audit or significant event analysis), to the more common and equally effective ways that are part of everyday clinical practice: thinking about mistakes, reflecting on practice, receiving complaints and feedback, interacting with the team, etc.

Specifically identified needs should be the focus of CPD whenever possible; however, professional learning should also equip healthcare professionals to deal with unpredictable future health and clinical demands and thus relate to a broad base of knowledge and experience on which to draw, besides making up for deficiencies from past practice. Some CPD should be based on the general professional need to explore, to develop and consider new areas of competence.

### *1.1. About this document*

For the purpose of this document, activities provided after basic health professions education will be considered as part of CPD. This concept will extend to include on-the-job activities that contribute to the professional development of the health promoter & the healthcare providers, utilization of multiple educational methods and participation in self-directed learning activities that are based on identified learning needs or personal goals and are relevant to practice (especially activities that promote professional competency).

CPD is defined as a range of ongoing learning (training and education) activities throughout a career to improve health professional knowledge, skills, and attitude used to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.

CPD should be a planned, structured process, involving the assessment of development needs and the tailoring of training to meet those needs. It is founded on the belief that the development of professionals should not finish after initial qualification, especially in a fast changing business environment in which skills are likely to obsolesce quickly. CPD requires commitment and resources from the employee, the employer, and supportive agencies such as professional bodies. Advocates of CPD argue that it can enhance employability and career development by keeping skills up to date and broadening a person's skill base.

CPD should be centered on the individual, who must take responsibility for the continuing assessment and satisfaction of his or her own development needs.
The CPDD realized that the CPD programs and activities undertaken under the current CPD system need to be evaluated, reviewed and reformed. This necessitated the development of a continuing professional development framework with all the relevant components including a written policy document.

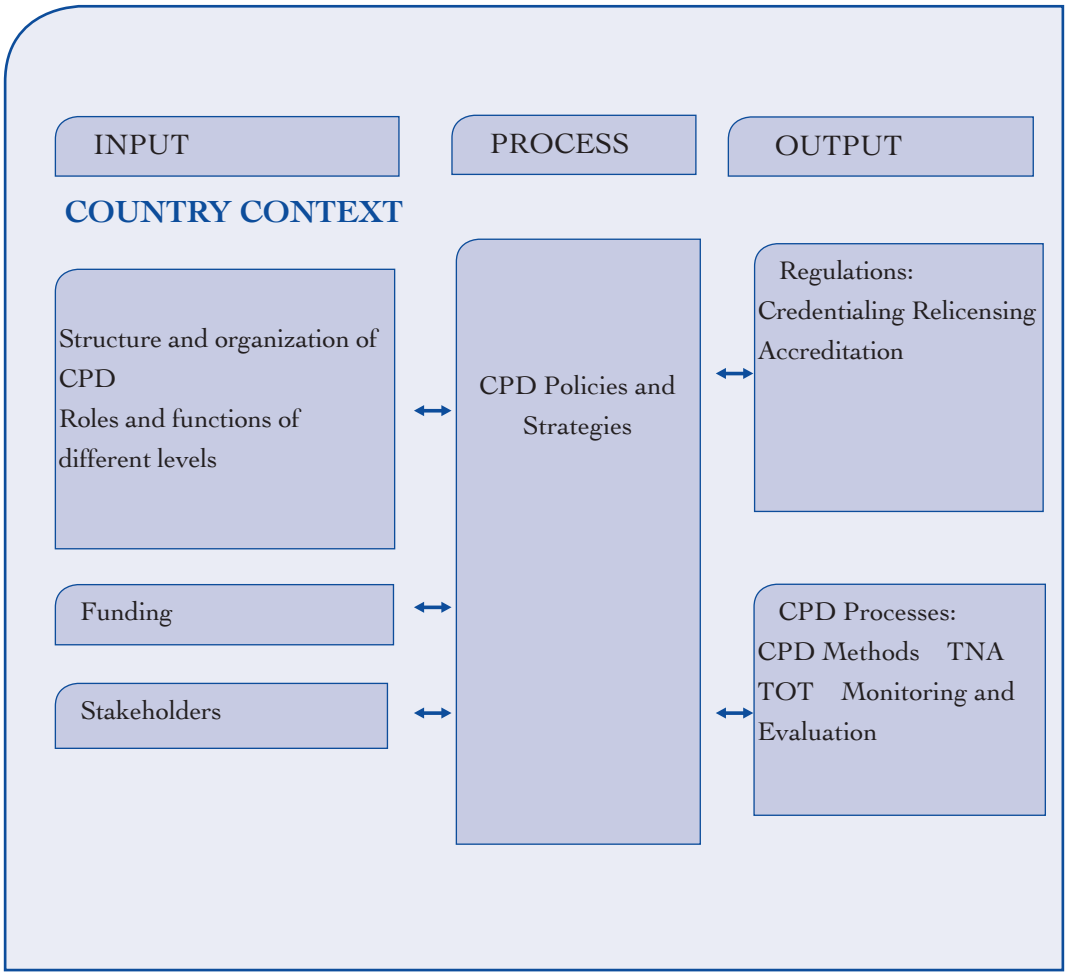
### *1.2. Problem definition & Scope of the policy*

Although the CPD centre has been established and evolved in its structure since 2006, there is, however, no agreed upon system or a written policy document to guide CPD provision in Sudan. Most of the activities are organized by the CPDD and other providers in a non-orchestrated fashion. CPD activities, providers and stakeholders need to be better identified and their efforts coordinated. As indicated by its mandate and terms of reference, the CPDD as a regulatory, coordinating and policy making body is responsible for developing CPD policies, guideline, and system in coordination with relevant CPD bodies, the promotion of CPD activities in both public and private sectors, identification of training gaps and needs, advocacy and promotion of CPD culture within the healthcare sector in Sudan, establishment of partnerships with similar CPD providing bodies and institutions locally, regionally & internationally, and organization, delivery, monitoring & regulation of TOT activities.
This policy document will include principles and statements pertaining to all aspects of CPD

### *1.3. Consultation and research process*

The Human Resource Directorate of the FMOH commissioned a task force to develop a CPD policy document for the CPDD. The task force held a number of preparatory meetings in which members agreed on a plan of action of consultation and research based on the framework proposed by Hashim, outlined in Fig. 1, as a basis to analyze the present practices of CPD in Sudan, with special emphasis to CPDD of FMOH, besides the models and approaches of CPD globally. The elements of the framework comprise the factors that contribute to developing a CPD system (Input); the constituent policies and strategies (Process); and the various components of the system (Output).

Figure1: Conceptual framework to analyze CPD practices in Sudan




The plan of action included:

**a. Reviewing the literature (CPD in the international context)**

The members reviewed the literature regarding CPD & policy formulation and collected the relevant material that helped in the selection of the appropriate format, organization & content.

The "Continuing Professional Development (CPD) of Medical Doctors, WFME Global Standards for Quality Improvement" document issued by the World federation of Medical education was one of the main documents consulted in this review. Other international documents were also consulted and the results indicated that there are various definitions of CPD, various approaches and various

formats for the preparation and writing of a policy documents. The approach and format adopted in this document are the result of this consultation.

### b. A desktop review of the available documents relevant to CPD

The members examined the documents of the FMOH, the Human Resource Directorate, the CPDD and the SCMEC so that the proposed policy document will be in compliant with the regulations & policies followed and the processes and procedures adopted by these bodies. The result of this consultation guided the situational analysis and policy decisions.

### c. A situation analysis (CPD status in Sudan).

Introduction

In the recent study conducted by Hashim (2010), she stated that the National Human Resources for Health survey conducted in 2006 revealed that 74% of health workers in Sudan were not exposed to any form of CPD during the preceding 5 years (Badr, 2009). Additionally, the quality and performance of the existing health professionals are considered insufficient (FMOH, 2007), necessitating a national system for CPD with explicit policies and legal framework. Such guiding policies are crucial to regulate and support health professional participation in CPD as well as to ensure protection of the population. (Badr, 2007).

On the other hand, the current practices of CPD in Sudan are fragmented and lacking coordination, which demand a patent system for evaluation and accreditation of CPD providers and training materials (Badr, 2007). Besides, the role of the current institutions providing CPD is more geared toward provision of training rather than setting strategies and guiding policies.

Moreover, the idea of CPD is not well understood among health professionals. Additionally, as claimed by Elmusharaf (2009), the culture and attitude of continuing learning and self development amongst health professionals are considered poor in Sudan.

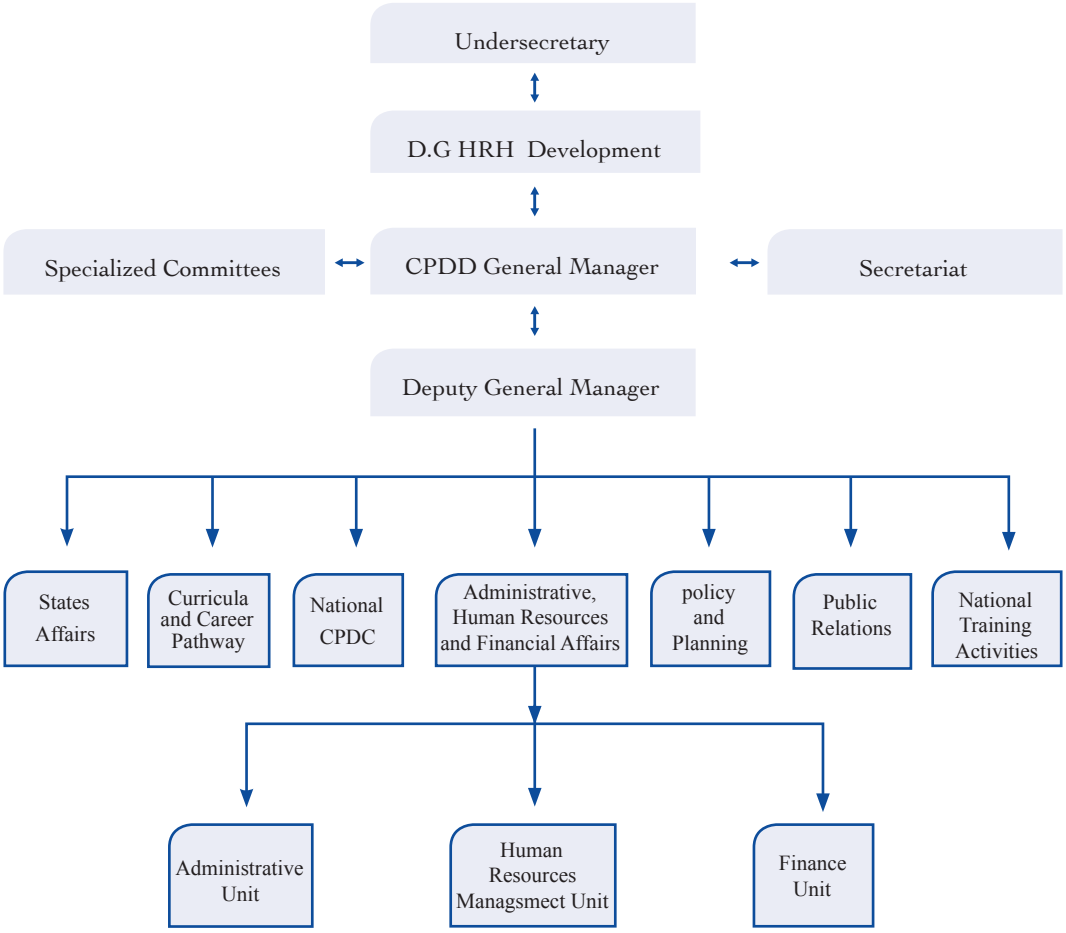
c.1. The CPDD

The situational analysis of the CPDD was based on the profile document of the CPDD & meetings and discussions with the administrative & technical staff of the CPDD.

C.1.i. the CPDD administrative structure

The structure presented below is the current administrative structure of the CPDD which might need to be modified to accommodate the principles and the policy statements and the proposed administrative structure proposed by this document

Figure2: CPDD organizational structure




C.1.ii. the CPDD staffing

Work in the CPDD & its affiliated CPD centers in Khartoum and other states is organized and conducted by staff members affiliated to the different units in the CPDD & its centers and helped by collaborating trainers from outside the CPDD.

C.1.iii. the CPDD resources

The CPDD has offices & its centers in Khartoum and other states are provided with state of the art halls & labs equipped with the latest training resources and technologies.

C.1.iv. CPDD financing

Currently the CPD programs are mainly funded by the national government through the FMOH. WHO Sudan is contributing by supplying some training materials and equipment in addition to providing technical assistance in terms of developing policies and strategies. The CPDD is authorized to use funds and resources as indicated and is accountable to the FMOH. It is important to emphasize that all CPD activities are provided free; however, funding of CPD programs remains a major challenge, in terms of scarcity and maintenance of funds. This problem is expected to intensify with launching of the state units, given that the government expenditure on health system is meager (7% of total government expenditure) (WHO, 2010b). Moreover, limited involvements of stakeholders minimize their contribution in funding CPD activities.

C.1.v. CPDD processes

The CPDD carries out its function through the provision of the following types of activities:

- Lectures: A review of a set of theoretical data related to certain health matters (areas) that would help in developing the general professional skills of the practitioner.
- Trainers in that area. The aim of this training is to upgrade and develop the trainees' skills in that area.
- Seminar: A group of lectures on a certain topic. That activity is organized by a committee which would invite a group of specialized lecturers to present it within certain period.
- Conference: An open scientific meeting which calls for papers on topics related to the conference to be presented by specialized and professional experts. It is announced in advance and has an international nature (aspect) if foreign participants are involved in organizing or presenting, such as scientific associations, universities, or health organizations from outside

Sudan. A committee would be formulated for reviewing the papers and nominating the presenters.

- Specialized workshop: A specialized practical training in a specific area for a certain category (group) of practitioners in that area. The training would be conducted by a specialized trainer and/or a group of specialized.
- General workshop: A practical training in certain areas for the purpose of upgrading the general skills of health practitioners. The training would be conducted by a specialized trainer and/or a group of lecturers/ specialized trainers.

The discussion with the staff of the CPD centers indicated that for the time being activities are mainly of the specialized workshops types, some seminars and recently training of trainers activities initiated and organized by the CPDD. Efforts in the three levels of CPD are:

1- Initiation:

The CPDD is coordinating the development of career pathways for the various medical specialties and other allied health professionals through their Consultancy Councils. The CPDD is also initiating the development of new activities for the health professions following preliminary needs-assessments.

2- Organization:

The CPD centers are organizing and conducting activities based on annual plans developed at the beginning of the year and modified according to circumstances.

3. Promotion & collaboration:

The CPDD is exerting some efforts geared towards the promotion of the CPD culture mainly through the conduction of on-site promotion & training activities & through the involvement and support of CPD activities provided by external stakeholder e.g. Public Health Institute, Health Sciences Academy, Training departments of the governmental hospitals & the educational developmental centers of governmental universities .

C.1.vi. CPDD programs and activities

The activities currently provided by the CPDD affiliated centers are:

1. Advanced Life Support on obstetrics (ALSo)
2. Advanced trauma Life Support (ATLS)
3. Advanced Life Support (ALS)
4. Immediate Life Support (ILS)
5. Basic Nursing Skill (BNS)
6. Basic life support (BLS)
7. Basic surgical skill (BSS)
8. Neonatal Resuscitation Program (NRP)
9. Newborn care & Infection control
10. Orientation course for house officer
11. Medical Education
12. Evidence Based Medicine
13. Research Methodology
14. Disaster Management
15. Food Hygiene Safety
16. Epidemiology of communicable diseases
17. Environmental Health Impact Assessment (EHIA)
18. Water & Sanitation
19. Waste Management
20. Modern Methodologies For Human Resources Management
21. communication skills
22. Executive Secretarial skills
23. Insecticides and their application
24. Computerized statistical applications SPSS
25. Warehousing management and stock monitoring
26. Total Quality Management in hospitals

Some of these activities are provided more frequently than others. A detailed & more comprehensive analysis needs to be conducted to identify the underlying reasons and causes.

C.2. stakeholders

C.2.i. CPD beneficiaries

Healthcare professionals that benefit from the activities provided by the CPD centers include all the affiliates of the healthcare institutions of the Federal & the State Ministries of Health. Professionals affiliated to other health & health educations institutions benefit from CPD activities as part of the promotion and collaboration efforts.

C.2.ii. CPD providers

Institutions and bodies that provide CPD activities include:

1- CPD centers of the CPDD

2- FMOH institutions

- Training Units of governmental Hospitals
- Public Health Institute.
- Academy of Health Sciences.

3- Academic & training institutions

- National Sudanese Medical Specialize Board.
- University Educational Development Centers
- Blue Nile Health Institute - Gezira

4- Private training centers.

5- Training Units of University Hospitals

6- Training Units of private Hospitals

7- Training Units of health care providers other than those of the Federal & State Ministries of Health e.g. the Health Services of the Armed Forces, Health Services of the Police Forces, Health Services of the Health Insurance Corporation

C.2.iii. Regulatory & professional bodies & institutions

1- FMOH departments

- Human Resources for Health Directorate.
    - HR Observatory.
    - Public Health Institute.
    - Academy of Health Sciences.
- Primary Health Care Directorate.
- International Health Directorate.

2- Ministry of Human Resources Development.

3- Associations and unions

- Sudanese Medical Association
- Doctors Unions
- Society of Obstetrics and Gynecology specialists.
- Society of Orthopedics specialists.
- Society of Chest Physician.
- Society of Pediatric specialists.
- Midwifery Society.

4- International Organizations & Institutions

- The WHO
- Karolinska Institute.
- AMREF Institute.
- UK Resuscitation Council
- Resuscitation Council Saudi Arabia
- University of Dundee
- Suez Canal University
- Alexandria University

5- Regulatory Bodies

- Sudan Medical Council.
- National Council of Allied Health Professionals

6- Other organizations

- Unity support fund
- Union of pharmacists
- Secretariat for Sudanese Working Abroad
- Sudanese medical association in Ireland &U.K
- Greater Nile petroleum.
- Sea Ports Authority.

### *1.4. The CPD framework*

The policy document will address all aspects of CPD and not only policies related to the provision & monitoring of CPD activities.

CPD will be initiated, provided & promoted as well as monitored & evaluated in

a structured and collaborated fashion. It will be ensured that collaboration will be established between internal stakeholders & between the CPD & external stakeholder. Coordination between CPD initiation, CPD provision & CPD promotion will also be ensured. The CPDD will also work towards collaboration with institutions and bodies

## 1.5. The CPD cycle:

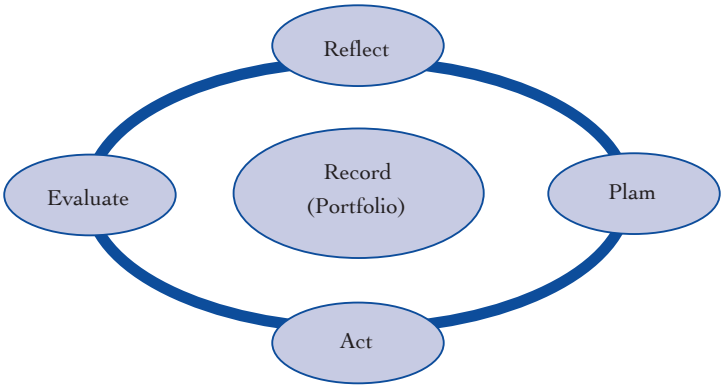
CPD has been described using four- and five-stage cycles. In essence, these cycles are very similar. In the five-stage cycle, documentation is included as a separate stage to emphasize its importance. Documentation is, however, an important component of each of the other four sequential stages. The elements of the four-stage cycle which we are using here- are reflect, plan, act, evaluate. The record (documentation) step of the five-stage cycle is in the center of the four-stage cycle.

1. Reflect or self appraisal or assessment means health professionals to reflect on personal and organizational needs and goals for professional development and to assess their knowledge, skills, and competence. Reflection is important to learning; it has been described as a complex and deliberate process of thinking about and interpreting an experience in order to learn from it. Ideally, reflection is performed in two ways: (1) on an ad-hoc or unscheduled basis, usually a reaction to specific day-to-day practice experiences (a "reflection in practice") and (2) on a scheduled or proactive basis (e.g., annually, biannually) or when a major career change occurs or is anticipated (a "reflection on practice"). Documentation in the health professionals personal portfolio begins at this stage in the cycle.
2. Plan involves design of a personal development plan. The plan should include all the activities that meant to achieve learning development goals and needs. The learning goals should be clear, specific, measurable, achievable, relevant, and time based. The outcomes should be linked to one or more specific professional competencies
3. Act. Putting the plan into action is the third stage. The activities chosen must be outcomes driven to meet identified needs and goals, not merely to meet a mandatory "hour requirement." CPD does not replace accredited

CE programs. CPD builds on this essential, quality-assured component. It also encourages different methods of delivery for learning.

4. Evaluate occur on an ad hoc basis (reacting to day-to-day experiences) and through a more formal, structured or proactive process. Evaluation consider (1) if and how well the learning and development objectives have been achieved, (2) how appropriate and effective the plan was, (3) how well the activities undertaken correlated with the plan, (4) if the methods of learning were appropriate, (5) what impact there has been on knowledge, skills, competence, and confidence, (6) if and how practice has changed, and (7) if there were improved patient outcomes as a result of the activities
5. Record is central to the CPD cycle is the practitioner's personal portfolio, which becomes a comprehensive record—much like a professional diary or transcript—covering all the stages. The portfolio, which can be electronic or paper based, should be readily accessible and simple to use. Ideally, a standardized format should be adopted to facilitate training, data entry, and, where applicable, portfolio evaluation.

Figure3: The CPD cycle



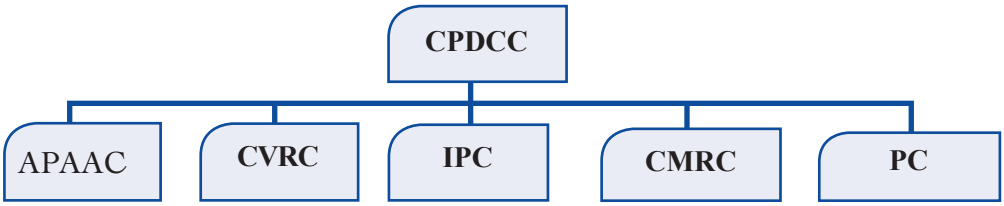

## 2. Policy principles & statements

### *2.1. CPD administration:*

The policy supports establishment of CPD Coordination Committee as governing and coordinating body with clear roles and responsibilities. The CPDCC will assist the CPDD to organization, delivery, monitoring & regulation of CPD activities for health care professional affiliated with the Federal & State Ministries of health and their trainers. In addition the CPDCC will be responsible for the development of CPD policies, guidelines, overall evaluation of all CPD providers' activities and setting recommendations that keep agree upon standards, performance and CPD activity progress. The committee will perform all the functions through the following sub-committees

a. The Activity Providers & Activities Accreditation sub-committee (APAAC)
b. The credits verification and registration sub-committee (CVRC)
c. The CPD initiation, provision & e-CPD sub-committee (IPEC)
d. The CPD promotion sub-committee (PC)
e. CPD collaboration & mutual recognition sub-committee (CMRC)

Figure4: CPD policy Administration structure




***Tasks & responsibilities of the sub-committees***

The subcommittees will be working in collaboration & coordination with the relevant sections and departments of the CPDD.

The Activity Providers & Activities Accreditation sub-committee (APAAC)

APAAC will be responsible for the processes & procedures of accreditation of CPD activity providers & the accreditation & approval of learning & training activities submitted by accredited providers.

The credits verification and registration sub-committee (CVRC)

The CVRC will receive the logs and portfolios of CPD beneficiaries, verify the documented activities, calculate the credits & enter them in a registry. The sub-committee will also be responsible for the issuing of certificates indicating the number of credits collected by the professional & the extent of his/her compliance with regulations

The CPD initiation, provision & e-CPD sub-committee (IPEC)

The roles of this subcommittee is work in collaboration with individual professions & their professional bodies to conduct needs assessment & gap analysis surveys to detect training needs and initiate the process of development of the necessary training packages including those needed for trainers (training of trainers packages). The Subcommittee will also be responsible for the organization & conduction of these activities together with their continuing evaluation & review. IPEC will pay special attention to the development of a comprehensive electronic CPD system.

The following principles underlie the CPDD policy regarding training of health personnel.

- So far as is practicable, health care professionals are to be trained in-country rather than elsewhere & to be trained by local trainers as far as possible.
- So far as is practicable, the modular approach to curriculum design, course programming and the development of teaching/learning materials should be adopted. This will economize in the use of expertise required for course development and delivery, and facilitate sharing of materials both across in-country courses and with health training authorities in other countries.
- Training program development should reflect the desirability of providing for career progression by means of the completion of successive levels of training.
- The CPDD will maintain close liaison and collaborate with other government agencies and non-government organizations that offer programs for the training of health personnel.

The CPDD will be providing professional development and training activities at three levels:

I. The training of practicing healthcare professionals. For this, the set of activities included in a HP CPD pathway will be determined by the profession in collaboration with the CPDD. The training packages for the activities will also be prepared by the profession in collaboration with the CPDD. The existing CPD pathways and training packages will need to evaluated, reviewed and updated. The CPD will develop a plan for this review process.

II. The training of trainers of healthcare professionals. For this, the set of activities included in a HP CPD trainer pathway will be determined by CPDD. The professional development and training packages for the activities will also be prepared and provided by the CPDD. A group of competent educators and trainers will be needed to determine the pathway & to prepare and conduct the training packages.

III. The training of trainers of trainers of healthcare professionals. For this, the set of activities included in the training of trainers of HP CPD trainer pathway will be determined by CPDD. The training packages for the activities will also be prepared and provided by the CPDD. A group of competent educators and trainers, probably helped by international experts, will be needed to determine

the pathway & to prepare and conduct the training packages.

### The CPD promotion sub-committee (PC)

The PC will work at the various levels to spread the CPD culture among the various stake holders working to build a critical mass that will support the development of a sustainable CPD culture & system.

### CPD collaboration & mutual recognition sub-committee (CMRC)

CMRC will carry the important task of ensuring that the various stakeholders will work collaboratively to benefit from the material & human resources & maximize the benefit. The sub-committee will works toward the establishment of a mutual recognition system that ensures that credits gained through participation in activities provided by a stakeholder can be easily transferred to the system of other providers.

## *2.2. Accreditation of CPD activity providers & CPD activities*

The policy support the development of system of accreditation of CPD activity providers & CPD activities and to be carried out by the Activity Providers & Activities Accreditation sub-committee (APAAC) through procedures & regulations that will be especially developed for this purpose

The CPDD will consider the following categories of professional development and training sites as CPD providers:

a. Healthcare providing facilities

b. Government sponsored training centers belonging to healthcare providing facilities & educational institutions

c. Private training centers

d. Regional & international institutions offering training opportunities

## *2.3. CPD beneficiaries*

All activities provided for the following groups will be considered as CPD and can be used for various purposes. The following healthcare professionals will be considered the target beneficiaries of the CPD system:

a. doctors

- pre-service interns
- in-service interns
- general practitioners

- Registrars
- Specialists
- Senior specialists
- Dentists
- Pharmacists

b. Nurses & midwifes

c. Other health professionals

- Public Health Officers
- Lab Technicians
- Lab technologists
- Medical Engineers
- Physiotherapists
- Radiology technicians
- Anesthesia Assistants
- Pharmacy Assistants
- Others

d. Admin and technical support professionals

## *2.4. CPD activities documentation*

Healthcare professionals are expected to document participation in CPD activities in the form of credits registered in forms provided by the CPDCC using a credit point allocation & requirements system described in the policy procedures section of this document. The documentation of reflection on practice will be done using tools especially designed for that purpose. Points can be allocated to reflection using a system to be developed for that purpose.

These credits will be used for various purposes including registration, promotion, revalidation, etc, as per the regulations which will be developed for the purpose.

## *2.5. Partnership with other CPD providers & regulators*

The CPDD will seek to establish mutually beneficial partnerships with organizations and bodies that provide and/or regulate CPD activities at the local, regional & international levels through collaboration agreements, the formation of joint bodies, the signing of MOUs & agreements taking into consideration the principles of international relevance & mutual recognition

## 2.6. Electronic CPD

Special attention will be paid towards the effective use of information & communication technology for the partial or complete provision of CPD activities.

# 3. Policy Procedures

## *3.1. The credit points system*

3.1.1. Activity types

Activities are classified into two types:

- Type 1 which includes formal and structured learning opportunities offered at a national level by recognized educational or scientific institutions, or professional bodies.
- Type 2 activities are essentially of a self-learning nature, or are planned and conducted with a local or regional participant group in mind. Category 2 also includes activities such as the following that are ongoing at health care, educational or scientific institutions:
    - Patient care review activities, journal clubs, morbidity/mortality meetings
    - Teaching of medical and other health professionals
    - Writing questions for use in examinations
    - Use of self-assessment examinations and reviews
    - Use of approved self-instructional material, including computer assisted instruction
    - Use of distance learning programs
    - Reading scientific papers in journals and other related professional publications
    - Viewing posters at Scientific Poster Displays (maximum will be decided)
    - Conducting research in health-related disciplines
    - Publication of medical/dental books or articles, books and exhibits related to medicine/dentistry
    - Attendance at conferences, seminars or symposia organized by recognized educational institutions, which have been classified under Category 2
    - Self-directed study undertaken as preparation for examinations
    - Personal Development Plans and Practice Improvement Plans

3.1.2. Activity Categories

Activities are categorized into five major categories. Professionals are expected to be involved in a balanced selection of activities from all five categories based on his/her career pathway and his/her own development plan. The categories are:

Category 1: Educational development, teaching & research

Category 2: Group learning activities

Category 3: Self-assessment programs

Category 4: Structured learning projects

Category 5: Practice review & appraisal

The detailed description of these categories in shown in appendix (1)

3.1.3. Credit points allocation

The credit points will be allocated to activities during the activity accreditation process using the credit points' allocation system.

Type 1 activities entitle the participants to claim 1 credit of CME/CPD for one contact hour of educational activity. Lectures, symposia, seminars etc. that are structured and formal come in this group. Credits for group learning sessions and practical/clinical training sessions are calculated at the rate of 0.5 credits per contact hour.

A single lecture presentation will entitle the participant to claim a maximum of one credit point, irrespective of the duration of the presentation

Type 2 activities entitle participants to earn 0.5 credit of CME/CPD for every hour of education. These would include attending conferences, symposia, group learning sessions, seminars, etc. Educational activities such as the use of approved self-instructional material, including computer assisted instruction and reading scientific papers in journals and other professional publications qualify the applicant for credit at the same rate.

Scientific papers published in refereed journals entitle the author(s) to CME/CPD credit as follows:

1st (or single) author - 5 credits

2nd author - 3 credits

3rd author (and beyond) - 2 credits

For activities that include a mixture of the various types, the points for the activity will be the total of the components of the activity e.g. points for a workshop that includes lectures and hands-on practical sessions will be the total of the points allocated for the lectures & practical sessions. The detailed point allocation system is described in appendix (2)

3.1.4. Credit points requirements

Based on the consultation process outlined earlier in this document, healthcare professionals are required to collect the points outlined in appendix (3)

### *3.2. Accreditation of CPD activity providers*

Activity providers will be accredited following the guidelines, procedures, regulations and forms shown in appendixes (4-7)

### *3.3. Accreditation of CPD activities*

Activities will be accredited following the guidelines, procedures, regulations and forms shown in appendixes (8-11)

### *3.4. Documentation & registration of activities & credits*

The documentation of activities will be done following the guidelines, procedures, regulations and forms shown in appendixes (12-15)

### *3.5. The provision of support*

The CPDD will provide support for the implementation of these policies in three areas.

#### 3.5.1. Organizational support

The CPDD will form and host the CPD coordination committee which has members of the entire stakeholder that have power & influence and will provide the committee with all the administrative support that it needs to carry out its work effectively & efficiently

#### 3.5.2. Training of trainers

Training of the trainers activities will be the responsibility of the CPDD

#### 3.5.3. Financial support

The CPDD is committed to the provision of financial support to the CPDCC and all its activities that lie within the scope of its remits & terms of reference.

## 4. Training Need Assessment:

Self appraisal or assessment require health providers reflect on their own or organizational needs and goals for professional development, while assessing their knowledge, skills and competencies.

This policy emphasize on the importance of conduction of regular training need assessment to support development of training programs. Tools for self assessment have to be developed in a supportive environment and accessible manner. Daily practice or working life has to contribute to the self appraisal process. Special attention will be paid towards the effective use of information & communication technology for the partial or complete provision of CPD activities.

## 5. Planning of CPD activities:

This policy advocates for regular planning for the CPD activities based on the training need assessment, and professional competencies that health workforce need to develop to do their job. Structured training programs as well as informal on job or working based training programs has to be developed by CPD providers and get accredited. It is the responsibility of the CPD initiation, provision & e-CPD sub-committee to ensure availability of good varieties and modalities of CDP programs and make sure health workers get access to through development of web-based data base or what so ever possible method.

This policy assures development of detailed personal development plan for CPD beneficiaries that recorded in their personal portfolio. This plan should be dynamic, being changed and updated as required. The CPD will encourage and support beneficiaries to develop individual development plans, to manage and document their CPD activities using log books, electronic journals, etc

## 6. Conduction of CPD activities:

This policy supports that CPD providers use a planning process (es) that links identified educational needs with a desired result in its provision of all CPD activities. In addition, CPD providers use needs assessment data to plan CPD activities, communicate the purpose or objectives of the activity so the learner is

informed before participating in the activity. This policy assures that the CPD provider develops activities/educational interventions independent of commercial interests. It is the responsibility of accreditation committee is to ensure that provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest. The IPC is responsible of developing the standards, guidelines for CPD activities and ensure CPD providers adoption and compliance with.

## 7. Monitoring and Evaluation

### *7.1. Monitoring*

The proposed CPD committee will continuously monitor the implementation of the CPD system through processes and forms which will be specially developed for this purpose. Any processes or operations that require immediate attention will be dealt with through an integrated change control system. Changes that require intensive analysis and review and probably a change of a policy principle will be documented and referred to the regular evaluation process.

### *7.2. Evaluation*

This policy document will be evaluated and updated every three years through a thorough evaluation process that examines all aspects of implementation & the environment. The regular evaluation process will usually be conducted with the help of external auditors and consultants.

## References

1. World Federation for Medical Education. 2003. Continuing Professional Development (CPD) of Medical Doctors. WFME Global Standards for Quality Improvement. Denmark: WFME.

2. Badr, E. 2007. Human Resources for Health (HRH) Strategic Work Plan for Sudan (2008-2012). [online]. [Accessed 7 May 2010]. Available from: http://www.hrhobservatory.sd/policy&plans.html

3. Hashim, S, 2010. A proposal for Continuing Professional Development System for Health Professional in Sudan (thesis for MSc, Health Management, Planning and Policy).

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5. Elmusharaf, E. H. 2009. Health Continuous Professional Development Strategy for Sudan (CPD Sd).

6. Continuous Professional Development Centre (CPDC). 2010. Organizational Structure, CPD profile. FMOH

# Appendixes

Appendix (1): CPD activity categories

Categorization of CPD activities

With regards to CPD points' allocation, a number of factors influence the decision to categorize any CPD activity and to determine the amount of credit allotted to it. These factors include:

- Type of CPD provider;
- Extent to which the activity is structured;
- Organizational resources required for planning and conducting the programme;
- Degree of involvement of the participants in the learning opportunities;
- Choice of scheduling and the venue

Credits can be accrued through two types of activities: Continuing Professional Development activities and on-the-job activities. These are divided into a number of categories:

Category 1: Educational development, teaching and research

Teaching e.g. supervision, mentoring

The medical education community values supervision, an activity that supports the facilitation of learning in others, as an important means of developing high quality future doctors. The observation that it is not 'being taught', but is learning that leads doctors to change their practice, has resulted in a shift in perspective. Rather than education being regarded as instruction, it is regarded as facilitation of learning.

It is important for teachers and supervisors to incorporate 'reflective teaching' to be able to consider this activity as a scholarly activity, and to ensure their teaching methods can be altered so students continue to learn better than they used to. The CPD programme facilitates this process by encouraging participants to reflect on their teaching as a means of enhancing the learning experience.

Teaching is usually considered to be part of an ongoing planned sequence of teacher-student interactions. Included in this category are:

- supervision and mentoring of trainees
- the teaching of undergraduate or postgraduate students in medicine, nursing or allied health disciplines
- public education activities involving patient or community groups (but does not include individual patient education as part of a doctor's usual clinical practice)

- tutoring, teaching ward rounds or ambulatory care
- involvement in medical student or postgraduate doctors assessment.
- Activities that support the preparation of teaching such as background reading, research, etc. provide valuable learning experience and should be claimed in Category 6 "Other Learning Activities".

Research - grant proposal and trials

The focus of this Category is on how the doctor's expertise as a researcher is enhanced through the development and submission of grant proposals and trials for publication. Doctors should only submit specific activities that expand their expertise or their ability to practice their expertise.

Publication

All publications of scientific or educational content may be claimed within this Category. This credit allocation will be allowed regardless of the number of authors and does not require that the publication be subject to peer review.

Presentation

The first presentation of a paper or poster on issues of medical or educational significance at conferences, seminars, workshops, grand rounds, QA meetings, scientific or educational meetings are included within this Category.

Involvement in standards development

Activities that include holding positions in advisory committees that develop standards (best practices), policies, benchmarks, credentialing and audit criteria, e.g., membership of a unit or hospital quality assurance, peer review committee, hospital accreditation, reviewers of practice and clinical audit.

Writing examination questions

As a member of a committee preparing for written or clinical exams or writing self-assessment modules.

Category 2: Group learning activities

This Category promotes the concept of learning as a group experience. Group learning provides an opportunity to confirm or expand categories of knowledge or practice management, identify potential new therapies or approaches for practice and share practice issues or experiences with peers.

These can include formal learning activities where there is a clear intention to learn about a specific problem, issue, or topic and there should be clear learning outcomes or objectives established. These educational sessions are often provided by continuing professional development (CPD) providers such as universities, medical colleges, specialty societies and employers.

Systematic review of the impact of formal continuing professional development concludes that interactive sessions, with active clinician participation, can affect change in professional practice. These interactive sessions include workshops, small group sessions and individualized training. However didactic sessions are generally not effective in changing doctor performance, in spite of their popularity and frequent adoption of a case-based rather than theoretical format. It has been said that didactic interventions should receive less credit than more effective methods.

It is not uncommon for pharmaceutical companies to sponsor medical meetings with an educational intent. As such, when assessing whether to claim credits for attending such meetings, please be aware that meetings that promote the following would not be considered acceptable or appropriate for participants in this programme.

Promotion of:

- Product brand names, particular products or modes of treatment out of proportion with their contribution to good quality patient management
- Particular products or modes of treatment in areas of practice where accepted management standards are lacking and a balanced argument is not provided
- Experimental treatments and methods that have not been fully evaluated by interventional research
- Theories and techniques which are not supported by scientific evidence or generally accepted by the medical profession.

This Category does not include grand rounds as they are classified as Category 6 "Other Learning Activities".

Conferences

Conferences may be organized under the auspices of professional medical colleges or their affiliated specialty societies and other educational bodies.

They normally run for a few days and usually involve minimal participation e.g. address, orations, plenary sessions and symposia of state, national and international meetings.

Seminars

These are normally a single short session, often half day meetings devoted to presentations and discussion on a specialized topic.

Workshops

Workshops place emphasis on problem solving, hands-on training and require

the active involvement of participants. Workshops are good learning activities as research has shown that the interaction between members of groups may influence individuals' learning and behaviour change, perhaps by producing a level of cognitive dissonance between what peers know and do compared with what the individual does.

In order to be considered appropriate for credit, workshops are considered to have a number of characteristics. They are generally small in group size and sessions are interactive, i.e. questions, discussion and feedback. Appropriate workshops will provide a clear statement of the objective(s) which should be sufficiently explicit to allow participant to identify the intended knowledge, skill and attitude outcomes of the workshop. Any formal presentations from workshop leaders should not be longer than 20 minutes and should not take up majority of the workshop's time. In addition, an evaluation of the workshop should be undertaken. The evaluation should not solely be on the quality of the workshop but should encourage participants to consider the relevance of the workshop for their own clinical practice and patient care.

Category 3: Self-assessment programmes

Self-assessment remains an essential tool for enabling doctors to discover performance gaps, which may lead to change in practice. Learning activities in this section promote the development of knowledge and skills (through medical simulations) as a doctor through self-assessment. Self-assessment programmes also assist doctors to identify strengths, uncover gaps in knowledge or skills that were not apparent and identify professional needs that can be addressed. This section would include programmes produced by medical institutions/colleges that are designed to assist doctors to identify their educational needs.

Examples include:

- Adult Medicine Self-Assessment Programme (AMSAP)
- Paediatric Self-Assessment Programme (PSAP)
- Medical Knowledge Self-Assessment Programme (MKSAP).

Self-assessment programmes with interactive techniques such as case discussion, role play, or hands-on practice session have been shown to change a doctor's performance or improve patient care. This finding matches closely with the principle promoted by adult educators who describe successful adult education as: learner-centered, active rather than passive, relevant to the learners' needs, engaging and reinforcing.

Category 4: Structured learning projects

Structured learning projects are learning activities planned and developed individually or in collaboration with other members of a group or community to address a question, issue or need relevant to professional practice, have clearly specified educational objectives and are formally evaluated. These projects allow the doctor to pursue an area of interest in a structured and systematic manner. The project should be evaluated externally. However, if this is not feasible as may be the case in some instances, self-evaluation would be acceptable. If this is done, it should be in writing and made available for audit, if selected.

Formal courses of study are included in this Category as well as refresher courses or attachments to specialist units. Regional and rural doctors in particular may wish to undertake attachments at teaching hospitals and can claim the activity under this Category, and vice-versa.

Other activities may include learning a new technique (e.g., endoscopy), or producing a formally structured clinical education video.

PhD studies/ Formal postgraduate studies

These are courses fellowships and higher education programmes developed and offered by a university, college or institute. Each course must have clear objectives and a defined beginning and end date.

The Health Professions Educators programme run by Educational Development Centers

These programmes involves a comprehensive range of workshops, resources, reflective activities and interactive e-learning materials for use by all doctors involved in the educational supervision, teaching, learning and/or assessment of Basic and Advanced Trainees. It will complement the professional knowledge, expertise and range of practical experiences that supervisors bring to the clinical education and supervision role.

Refresher attachments to hospitals

These are attachments to other hospitals for a specified period of time to experience the different settings and systems put in place. This exposure provides valuable experience and may assist in maintaining skills and confidence in practice, as well as indicating educational needs. Doctors may be able to observe new techniques and develop new skills, thus deepening and/or broadening their knowledge and experience.

Courses teaching new techniques

These are courses aimed at updating one's skills and knowledge and may include learning a new technique (e.g. endoscopy) or demonstrating skills by completing

Advanced Life Support (ALS), Advanced Pediatric Life Support (APLS) courses, for example.

Learner initiated and planned projects

This type of activity is a self-initiated learning activity that is launched by a question, issue or dilemma stimulated by one's professional practice or self-assessment activity. The questions provide the learning focus and enable the development of a learning strategy that includes documentation of the stimulus for learning, the resources selected and the outcomes or conclusions reached for practice. Learner initiated and planned projects can be stimulated by any aspect of their professional practice and are flexible and adaptable within any learning context.

Category 5: Practice review and appraisal

This section focuses on a particular aspect of a doctor's professional practice.

By selecting a specific disease, disorder or aspect of the practice, the individual can assess and compare their current practice with an ideal practice or standard to identify if there are any gaps in performance that could be improved or enhanced. This can also include activities that assist the individual to review their personal performance in practice in relation to a defined standard. It should assist the individual to assess and identify learning needs, receive constructive feedback, reflect on and adapt their activities, and apply these to their interactions with patients, students, colleagues and others. This section also includes activities that indirectly affect the doctor's practice, such as an institution audit (accreditation) and incident reporting/monitoring.

Practice audits/Clinical audits

Practice (or self) audits are an active process of looking systematically at the product of the doctor's work or clinical judgments, in contrast to the potentially passive process of self-rating performance on a clinical examination or solution of a clinical problem. Practice audits focus on a particular aspect of a doctor's professional practice. The purpose of these activities is to assess one's current performance in practice against an ideal practice to identify areas for potential improvement. These reviews may be developed and implemented by the individual or others.

It requires making judgments about aspects of clinical performance according to predetermined criteria. Criteria may be derived from respected clinical guidelines or from protocols and clinical indicators. A reviewer should not claim time spent reviewing another doctor's practice in this Category. Credits should be claimed

in the Education Development, Teaching and Research Category. Practice audits should be strategically used in continuing professional development as they have been shown to be useful for learning and improvement

Patient satisfaction studies

Patients, as the primary recipients of services, have a variety of needs and expectations concerning the interactions they have with doctors, particularly in areas such as the availability, continuity, accessibility and conduct of care. While analysis of complaints may provide a crude index of satisfaction, as well as opportunities for improvement, the sensitivity of studies of satisfaction is increased by more formal approaches. There are evolving techniques for designing surveys which must clearly consider issues such as patient anonymity and fear of service withdrawal as a consequence of critical comments. Patient satisfaction surveys can be designed by doctors to measure specific items relevant to their office or hospital practice, e.g. communication, waiting times for appointments and for consultations, waiting times for obtaining the results of investigations, patient involvement in decision making, informed consent and continuity of care. It has been shown that when the data for measurement is collected personally by the doctor, the gaps in performance for individual patients are clearly apparent and this exercise provides powerful and credible feedback to the doctor.

Institution audits

Institution audits aim to provide a comprehensive approach to improving performance and quality in health services by identifying issues to be considered when providing those services, including quality improvement and service delivery. Clinical indicator data can be used to identify trends in the quality of care in individual healthcare organizations, and compare performance across organizations. Benchmarking is considered an essential approach for achieving continuous improvement, and focuses on comparing one organization's current performance with the performance of similar organizations, identifying variation and implementing identified improvements in the process of care. Variations in outcomes between different health care organizations or professionals providing the same interventions create opportunities to learn how to improve the quality of service. The justification for benchmarking is that identifying and establishing best practice in structures and processes will lead to a reduction in unnecessary variation and improve care.

Incident reporting/monitoring

This usually involves the collection and review of data concerning the occurrence

and nature of adverse or critical incidents in clinical practice, e.g., morbidity and mortality meetings. Reporting and monitoring of defined incidents are useful techniques to identify 'system' problems when clinical care is shared between many providers.

Category 6: Other learning activities

This section includes those individual or group learning activities that occur on a regular basis. Credits may be claimed on an event-by-event basis. This section may also include activities in which clinicians are involved during their day-to-day practice which contribute to their maintenance of professional standards.

Grand rounds

Journal clubs

Ward rounds (when significant learning occurs)

Hospital and other medical meetings

Reading journals and texts

Information searches (Medline)

Audio/videotapes

Internet CPD programmes/ Podcasts

Preparation for teaching, publication and presentation learning activities such as grand rounds, journal clubs, ward rounds or small group learning sessions are educational activities that enhance awareness of new ideas and assist in confirming knowledge. These activities are also known to contribute to better performance and health outcomes. Peer reviewed journals are another main source of quality information that health professionals rely on to keep up with new developments. Web-based continuing medical education is viewed as a supplement to traditional methods of formal and informal CPD; in particular for rural and remote doctors as it provides professional development that otherwise is not available. This includes online journals, internet CPD programmes and podcasts. Other activities that provide valuable learning experiences are: background reading and research as a means for preparation towards teaching, publication and presentation.

## Appendix (2): point allocation system

Credit points allocation for CPD categories:

The activities are classified into six subcategories with credit points allocated for every hour of educational activity as follows:

**Table 1.** Category 1: Educational development, teaching & research
20% of the points

| Activity | No of points | Maximum points |
|---|---|---|
| Supervision of research | 10 Per project | **30** |
| Refereed publication (1) | 05 Per publication | 25 |
| Refereed publication (A) | 10 Per publication | 50 |
| Non-refereed publication | 01 Per publication | 05 |
| Book | 50 Per book | 100 |
| Book chapter | 10 Per chapter | 30 |
| Solicited Report | 05 Per report | 25 |
| submitted report | 05 Per report | 25 |
| Intern t&t | 05 Per shift | 20 |
| Undergraduate t&t | 05 Per semester | 20 |
| Postgraduate t&t | 10 Per shift | 30 |
| Undergraduate examination (I) | 05 Per exam | 25 |
| Undergraduate examination (A) | 10 Per exam | 30 |
| Postgraduate examination (I) | 05 Per exam | 25 |
| Postgraduate examination (A) | 10 Per exam | 30 |
| Nurse/Midwife/Technician t&t | 03 Per semester | 15 |

**Table 2.** Category 2: Group learning activities
20% of the points

| Acitivity | No of points | Maximum points |
|---|---|---|
| Organizing event | 20 Per event | 20 |
| Participation (paper) | 10 Per event | 10 |
| Audience | 01 Per event | 02 |
| Lecture (1) | 05 Per lecture | 10 |
| Lecture (A) | 15 Per lecture | 15 |
| Chairperson/moderator/facilitator | 05 Per session | 05 |

**Table 3.** Category 3: Self-assessment programmes
15% of the points

| Acitivity | No of points | Maximum points |
|---|---|---|
| Digital literacy | 05 Per skill | 20 |

**Table 4.** Category 4: Structured learning projects
20% of the points

| Acitivity | No of points | Maximum points |
|---|---|---|
| Degrees & diplomas | 30 Per Degree/Dip | 30 |
| New skills | 05 Per skill | 20 |
| Specialty/Sub-specialty | 10 Per sub-specialty | 20 |
| Audit | 10 Per audit | 30 |

**Table 5.** Category 5: Practice review & appraisal
15% of the points

| Acitivity | No of points | Maximum points |
|---|---|---|
| Establishing institution | 15 Per job | 15 |
| Setting up service | 15 Per service | 30 |
| Writing protocol | 05 Per protocol | 20 |
| Writing procedure | 05 Per procedure | 20 |
| Writing manual | 05 Per manual | 20 |
| Writing guideline | 05 Per guideline | 20 |
| Discovered procedure | 01 Per procedure | 100 |
| Developed product | 01 Per product | 100 |

**Table 6.** Category 6: Other learning activities
10% of the points

| Activity | Point per unit | Maximum points |
|---|---|---|
| Teaching ward round | 01 Per Round | 20 |
| Outpatient clinic | 01 Per clinic | 20 |
| Theatre session | 01 Per session | 20 |
| Procedure session | 01 Per session | 20 |
| Discharge clinic | 02 Per clinic | 40 |
| Morbidity/mortality clinic | 02 Per clinic | 30 |
| Joint clinic | 03 Per clinic | 30 |
| Joint club | 02 Per club | 40 |
| Patient counseling | 10 Per service | 10 |
| Consultation on allergies/poisons | 10 Per consultation | 10 |
| Imaging report | 01 Per report | 10 |
| Lab. Report | 01 Per specimen | 10 |
| Autopsy report | 01 Per 10 reports | 10 |
| Years of hardship service | 01 Per year | 01 |
| Years of service | 01 Per year | 01 |
| Executive office | 05 Per year | 05 |
| Standing committee | 05 Per year | 05 |
| Ad hoc committee | 05 Per year | 05 |
| Consultant job | 05 Per year | 05 |

## Appendix (3): Points requirements
## The number of points that professionals are expected to be collected

| Health care professional categories | Points required per year | CPD cycle |
|---|---|---|
| Doctors (Physicians, Dentists and Pharmacists) | 80 | 3 years |
| Nurses & other allied health care professionals | 40 | 3 years |

## Appendix (4): Guidelines for the accreditation of CPD activity providers
## General guidelines for providers

Providers must:

- ensure that all participants are involved in a · range of continuing educational activities directed at enhancing clinical standards throughout their professional careers so that health care practice and patient care of the highest quality will continue to be provided;
- demonstrate to patients, peers, government bodies and the community at large that health care professionals are committed to programmes of continuing professional development and quality assurance;
- develop an approach which supports improvement of the performance of all participants by encouraging them to review, reflect, evaluate and plan ongoing CPD activities
- Provide a formalized procedure for participants to demonstrate their participation in professional development activities for purposes such as registration and employment.

Minimum criteria for accreditation of providers

For an institution or a centre to be accredited it must comply with the following minimal requirements:

1. A license to practice

A provider - especially a training centre- must have a license from the relevant government authority.

2. Requirement for the provider

The provider must have written:

a. Aims and objectives of practice that are relevant and suitable for CPD for professionals.

b. Mission including the purpose or reason for providing CPD, the content areas, the target group of professionals, the type of activities planned and the expected outcomes. It must also provide evidence that the CPD mission is congruent with the mission of the parent organization or CPD provider if such an organization exists.

### 3. Detailed description of the individual activities provided by the provider

The provider must have detailed description of the activity it provides and evidence that these descriptions are developed by experts in the field and based on and complying with educational standards.

4. Assessment and evaluation system

A provider applying for accreditation must have a clearly described system for evaluation and assessment of its activities, facilitators and participants.

5. Training Resources (material and human)

For an institution to be accredited as a CPD provider it must have the material resources suitable for the provision of the activities. Healthcare providing institutions will be categorized according to the criteria stated above for classification of authorized providers. Other training centers must have the minimum required resources such as lecture and seminar rooms, computer laboratories with internet accessibility, skills laboratories with the appropriate training materials. The minimum technical staffing required by the licensing authorities must be ensured.

6. Governance and administration system (including quality management system)

The provider must have the necessary administrative structure and personnel to organize and conduct the activities.

7. Teachers, trainers and facilitators

A provider must have qualified professionals with the appropriate qualifications to organize and conduct the activities.

## Appendix (5): Procedures for the accreditation of CPD activity providers

(1) Application for accreditation as a provider

A provider should collect guidelines for application,

1. Requirements for accreditation and an application form from CPDCC.
2. The provider should fill the application and hand it to the CVRC with a copy of the license to practice CPD from the relevant government authority
3. The provider should wait for a site visit by an accreditation team
4. The application will be processed by CPDCC
5. The applying provider will be notified with the result of the accreditation process

(2) Application for accreditation CPD activities

Accreditation process

In order to guarantee an independent assessment of the content of the CPD programme, CPD activities are evaluated by CPDCC in accordance with the outlined criteria. CPDCC accreditation assures the medical community and the public that such activities provide doctors with independent quality information that can assist them in maintaining or improving their medical practice.

The process in practice

The provider of an event completes the application form with all the relevant and required information and documents. The CPDCC requires applications to be submitted no later than 3 to 4 weeks before the start of the event.

The application form is immediately distributed to the two members and the appropriate referees. These are requested to give, in a well determined time scale (1 week), an approval or a refusal for accreditation plus the suggested number of credits to be applied.

The number of CPD Credits will be calculated on the basis described in this document. When the members and referees approve an event, the committee convenes to approve the event and the provider receives a letter confirming the approval of CPDCC. The accreditation statement thus identifies which CPD event is in compliance with all the CPDCC requirements for accreditation.

The accreditation statement must appear on all CPD activity materials and brochures distributed by providers of an CPDCC accredited event. All providers of approved events are required:

To keep an attendance record of their meetings. The provider is free to choose whatever registration method works best for its own organization and attendees. It is not necessary to send this record to the CPDCC.

- To hand out attendance certificates to participants in order for them to have their credits recognized by the CVRC. Certificates of attendance will be provided by the CPDCC upon completion of the accreditation process.

- To provide evaluation forms to the delegates, a means by which they can easily record their rating of the relevance, quality and effectiveness of the event.
- To provide the CPDCC with a feedback report of the event.

Logo

- The CPDCC logo is a service mark of the Continuing Professional Development Coordinating Committee
- This service mark may be used publicly only with the permission of the CPDCC. The logo may only be used in conjunction with, and in proximity to, the CPDCC accreditation statement.
- The logo cannot be used in notices, advertising, or promotion of activities other than in association with the CPDCC accreditation statement.

## Appendix (6): Regulations for the accreditation of CPD activity providers

The following regulations will apply when a provider applies for approval as a provider:

1. For a provider to be registered as a provider it must it must have a legal status (either being part of a governmental body or a training centre accredited and registered by the National Centre for Training in the
Ministry of Human Resource Development)
2. For an institution to be registered as a provider it must score at least 75% of the total marks in the application form and provided that it fulfils all the compulsory requirements
3. An applicant who doesn't fulfill the requirements will be notified with the reasons and given the chance to complete them.
4. Registration as a provider needs to be renewed every five years
5. The resources, setting and performance of the provider will be reviewed before re-registration is done

***Appendix (7): Form for the accreditation of CPD activity providers***
***TO BE DEVELOPED***

## Appendix (8): Guidelines for the accreditation of CPD activities

Before submitting an activity for accreditation, providers need to make sure that:

The programme is kept as simple as possible

1. To minimize the administrative burden for participants.
2. CPD should be aimed at maintaining professional competence, not just CPD for its own sake.
3. The CPD programme must recognize the CPD activities that members already engage in as part of their daily work.
4. The CPD programme should use electronic lodgment and monitoring of CPD activities in order to simplify administration of the scheme and reduce costs.

When activity providers apply for accreditation of a new activity, they must ensure that the following criteria and standards are satisfied.

(1) Design Criteria

a. Planning Processes

Attach example of the planning process as used in a completed CPD activity.

i. Describe the educational and experiential qualifications of the planner.

ii. Describe all aspects of the planning process (es) used by the CE Programme. (If the programme includes several types of activities, describe the planning process for each type of activity and provide an example.)

iii. Describe the strengths and weaknesses of the process used for each type of activity.

iv. Explain how you plan to improve the planning process for each type of activity in the next four years. What are the expected results?

b. Needs Assessment

Attach documentation demonstrating use of needs assessment data in the planning of a specific CPD activity.

i. List sources/data used to identify your learners' educational needs for the types of activities?

ii. How do you incorporate these data into the planning of each type of CPD activity?

iii. Explain how you plan to improve your needs assessment practices for each type of activity during your next accreditation cycle. What are the expected results?

Data about needs can be obtained by conducting a survey of the target group of professionals; asking the opinion of past CPD participants; conducting key informant interviews with experts, such as employers and Ministry of Health

(MOH) officials; and assessing available health statistics such as mortality and morbidity data.

c. Purpose and Objectives of Activities

Attach promotional material for each type of activity highlighting the purpose/objectives and the appropriate accreditation statements.

i. Describe methods that are used to communicate purposes and/or objectives to the learner. Provide an example for each type of activity.

ii. What level of result (knowledge, skills, attitudes, performance/practice desired, or health outcome) is reflected in the purposes/objectives of the activity?

iii. Describe the relationship of the teaching and learning strategies to the learning objectives.

iv. Provide your self-assessment of this area. Include your assessment of your own compliance as well as any improvements you have implemented or have planned.

(2) Content Criteria

Description of the content, which is acceptable for activities that are certified for credit:

- Continuing professional education consists of educational activities, which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a healthcare professional uses to provide services for patients, the public, or the profession. The content of CPD is that body of knowledge and skills generally recognized and accepted by the profession/professional regulatory bodies in the provision of health care to the public.
- A broad definition of CPD recognizes that all continuing educational activities, which assist healthcare providers (doctors, nurses and allied healthcare professionals) in carrying out their responsibilities more effectively and efficiently, are considered as CPD activities. For example, a course in management would be appropriate CE for doctors responsible for managing a health care facility.

Content Validation

The validation of the clinical content of CPD activities will specifically include:

(1) All the recommendations involving healthcare provision in a CPD activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

(2) All scientific research referred to, reported or used in CPD in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Enduring Materials

An enduring material is a non-live CPD activity that "endures" over time. It is most typically a videotape, monograph, or CD Rom. Enduring materials can also be delivered via the Internet. The learning experience by the doctor can take place at any time in any place, rather than only at one time, and one place, like a live CPD activity.

The provider must communicate the following information about enduring material to participants so that they are aware of this information prior to starting the educational activity:

(1) Principal faculty and their credentials;

(2) Medium or combination of media used;

(3) Method of doctor participation in the learning process;

(4) Estimated time to complete the educational activity (same as number of designated credit hours);

(5) Dates of original release and most recent review or update; and

(6) Termination date (date after which enduring material is no longer certified for credit).

Internet CPD

Live or enduring material activities that are provided via the Internet are considered to be "Internet CPD." Internet CE must comply with all Essential Areas and Elements and Accreditation Policies. However, there are special requirements for Internet CPD because of the nature of the activities:

Activity Location: units may not place their CPD activities on a pharmaceutical or device manufacturers' product website.

Links to product websites: with clear notification that the learner is leaving the educational website.

Advertising: advertising of any type is prohibited within the educational content of CE activities on the Internet including:

- Provider Contact Information: the unit must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CPD activity.
- Policy on Privacy and Confidentiality: the accredited unit must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CE activities it provides on the Internet.
- Copyright: the unit must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within a CPD activity on the Internet.

Journal CPD

A journal-based CPD activity includes the reading of an article, a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating

to the content of the material as part of the learning process. The educational content of journal CPD must be within the Definition of CPD.
Journal CE activities must meet the following requirements:
(1) The CPDCC does not consider a journal-based CPD activity to have been completed until the learner documents participation in that activity to the provider.
(2) The learner should not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.
Regularly Scheduled Conferences
The "regularly scheduled conferences" are defined as weekly, monthly or annually scheduled CPD activities that are primarily planned by and presented to the provider's professional staff of members of a professional organization.
Providers that furnish these types of activities must describe and verify that they have a system in place to monitor these activities. The monitoring system must be based on real performance data and information derived from the conferences that describes compliance.
(1) Outcomes Evaluation Criteria
Activity evaluation
Attach for each type of activity an evaluation instrument and a summarized data set from a specific activity.
(1) What methods or processes do you employ to determine if your CPD activities are effective in meeting the needs from which the activity was designed?
(2) In what ways have evaluation results been used for each type of activity?
(3) How can your evaluation process be improved for each type of activity?
(4) How can you improve your effectiveness in meeting educational needs for each type of activity?
Documentation of Learners' Participation
A sample of certificate, statement of credit or verification of attendance awarded to participants should be attached. The methods, systems and/or tools used to record the learners' participation at an activity need to be described.

## Appendix (9): Procedures for the accreditation of CPD activities

The CPDCC will adopt an approach essentially similar to that listed previously in accrediting CPD activities that are conducted locally. The criteria it uses are that:

- The participants receive an opportunity to evaluate · the activity at its conclusion;
- The activity, if funded by an external body, is organized adhering to an approved code of ethics and responsibilities with regard to sponsorship of CPD activities.
- For a CPD activity to be accredited, the organizer of the program has to submit all the relevant documents to the CPDCC. On receipt of the information requested, the activity is assigned a Registration Number, and is classified into one of two groups: Category 1 or Category 2. Taking the duration of contact hours of education into consideration, a credit point value, too, is allotted. These details are then conveyed to the organizer, who is expected to indicate the category to which the CPD activity belongs and the number of credits assigned to it in all announcements and in the certificates that would be issued to participants. It is essential that formal and structured CPD events such as conferences, symposia, seminars and workshops receive prior CPD accreditation, if participants are to claim CPD credits under the CPD Program.

Activity Providing Institutions

Health care providing institutions, universities and government licensed centers are eligible as CPD activity providers.

### CPD ORGANIZER

Depending on the subject area of a given CPD activity, an appropriate content specialist would function as the CPD organizer on behalf of the CPD Providing unit. He or she takes immediate responsibility for the different aspects of the CPD activity, which include:

- Initiating, planning, and developing the programme;
- Identifying overall goals and specific objectives, · subject content, target group, resource persons, financial resources and logistical support, plan of programme evaluation, venue, scheduling etc.
- Applying to the CPDCC to get the activity registered and, after registration, announcing it among the prospective participants;

- Coordinating the presentation of the activity, carrying out an evaluation, maintaining the participant list, and providing certificates of attendance.
- Scientific or educational events that CPD Providers organize for enhancing professional competencies qualify to be registered under the CPD
- Programme. Pharmaceutical firms and other private establishments could contribute to the CPD Programme by way of providing resources for conducting activities. The scientific and educational content included in those events, though, comes within the purview of the accredited CPD Provider and its CPD organizer.

## REGISTRATION OF CPD ACTIVITIES UNDER THE CPD PROGRAMME

All CPD activities such as symposia, conferences, workshops and other similar events conducted within Sudan need to be registered with the CPDCC, if the participants who would attend them are to claim CPD credits.

## APPLICATION PROCEDURE

Organizers of CPD programmes and CPD Providers who wish to obtain accreditation of the proposed activities are required to apply to the CPDCC, well in advance of the scheduled events, for them to be registered. It is essential that the organizer indicate the duration (in hours) of each session, as this information is used in calculating credit points. When sessions last for periods of time that cannot be converted to credit points on this basis, a rough approximation is used by the CPDCC.

## ADVANCE NOTICE OF APPLICATION

The application for registration of proposed activities needs to reach the CPDCC well in advance of the scheduled starting date. This period of advance notice will be decided by CPDCC.

## APPLICATION FORMS

Application forms should be made available at the CPDCC website (after its design), for online registration. They can also be printed from the site, completed and sent to the CPDCC by fax or other means. Online registration, though, is the preferred option. Information is called for under the following headings:

- CPD Provider
- Title of programme
- Frequency of conducting programme
- Aims and objectives
- Content outline

- Scheduling of sessions
- Target audience - number and background
- Resource persons (lecturers, demonstrators, instructors, tutors etc.)
- Plans for assessment of outcome and for follow-up
- Plans for programme evaluation

For activities classified under Category 1, the above information is needed in nearly all the situations. With respect to ongoing scientific meetings and other frequent activities that come under Category 2, some of this information may not be applicable.

The organizer is not expected to calculate the credit points for the CPD event. The CPDCC would undertake this task based on the information supplied by the organizer and the criteria that have been announced. Once the CPDCC receives the application, it classifies the proposed activity under either Category 1 or Category 2. It then assigns a credit value to the programme considering the information available on objectives, content covered, educational contact hours of the activity, target audience, resource persons, venue and scheduling of sessions. The maximum number of CPD points that would be allotted to a single CPD activity (e.g., symposium, workshop, seminar, training programme etc.) is 25 CPD credits. When the information supplied regarding a prospective activity is incomplete, there is bound to be delay in registration. If the CPDCC does not receive all the information requested, it may not register the programme as an accredited CPD activity. Therefore, it remains the responsibility of the CPD organizer to ensure that all relevant information is included when the application is submitted.

## PRELIMINARY REGISTRATION

Some CPD activities such as major international conferences often involve communication between the organizer and a number of different parties. Therefore the organizers may need a considerable amount of time before complete schedules and programmes can be prepared. While the CPDCC is unable to allocate credit points to an activity until scheduling details are received, the sponsors or the administrative authority may want to ensure that the programme would be an accredited CPD activity before an offer of funds, etc., is confirmed. To deal with this situation, the CPDCC provides a scheme of preliminary registration. The organizer may forward the available information to the CPDCC although planning is not complete, and the activity could be considered for registration on a preliminary basis. With details received in due course, registration is confirmed

and credit points are assigned. Preliminary registration also enables the organizer to announce "CPD accreditation applied for" even in a First Announcement of a seminar or a conference.

## REGISTRATION OF ONGOING ACTIVITIES

Ongoing educational activities at health care institutions such as patient care review meetings, journal clubs, and morbidity/mortality meetings are accepted for credit under Category 2. For this, the institution has to appoint a suitable doctor to function as the organizer. He or she would submit an application in advance to the CPDCC for registration. The application could cover events that are to be conducted over an extended period (to be decided by CPDCC).

## RENEWAL OF REGISTRATION OF ONGOING ACTIVITIES

Ongoing educational activities that have already been registered under the CPD Programme need renewal of registration if they are to be repeated beyond the period of initial registration. A written request by the organizer, before the activities are held, would be sufficient for this unless there is a major change in the format of the activity.

## ANNOUNCEMENT AND PUBLICITY

Preparing the announcements and brochures, and taking steps to circulate them among the potential participants remains the responsibility of the organizer. It is essential that the Registration Number and the Category of CPD and credit points be clearly stated in all announcements. A programme should not be announced as a CPD activity, with details of CPD credits accredited by the CPDCC, until the organizer has received a letter of registration from the CPDCC.

## COMPLETION OF CPD ACTIVITY

When a CPD activity is completed, the organizer is expected to maintain relevant documentation, and to issue each participant a certificate of attendance. The documentation required is:

I. A list of the participants who completed the activity I. satisfactorily;

II. An evaluation report.

The 'certificate' that the organizer of the CPD activity is required to issue is only an official document, which may be printed on office stationery using standard office equipment. Professional artwork and page designs, and printing at a commercial establishment are not needed to satisfy the requirements of the CPD Programme. The CPD Registration Number, the Category of CPD and the number of CPD credit points the participant may claim should clearly be stated in the document issued. Each doctor or dentist is entitled to claim only those hours of credit that

he or she actually spent in the educational activity. In the case of some Category 2 activities, a number of events conducted over a specified period may be included in the same certificate. The organizer would decide where such an approach is appropriate after considering the practicality issues.

## EVALUATION OF CPD ACTIVITIES

The main purpose of the evaluation is to give feedback to the course organizer and the instructors on the strengths and weaknesses of the activity. This would help to introduce appropriate modifications, if similar programmes are to be conducted in the future. When preparing an evaluation report a series of comparable events that are held routinely and frequently may be grouped. Thus journal clubs, morbidity/mortality meeting or patient care review meetings conducted over a specified period may be included in a single report.

## VERIFICATION OF DOCUMENTATION BY CPDCC

The documentation maintained by the organizers of CPD activities will be reviewed on a regular basis to ensure that the implementation of the programme proceeds satisfactorily. The organizers would be contacted by the CPDCC for this purpose. The organizers are then expected to forward copies of the Attendance Lists and of the Evaluation Reports to the CPDCC or to the CPD coordinators, as requested. The CPD coordinators would also assist the CPDCC in the verification of the documentation.

## SPONSORSHIP

Most major CPD activities need financial and other forms of sponsorship. Prior to the commencement of planning activities, the organizer would estimate the expenses likely to be incurred and identify the potential sponsors. When an application for registration of a CPD activity is received by the CPDCC, it is taken for granted that the organizer had already dealt with the issue of resources, and has received the necessary assurances from the concerned parties, if relevant. Organizers of CPD activities are welcome to use the resources offered by private commercial establishments in organizing CPD activities.

## SPONSORSHIPS OF CPD PROGRAMMES BY PRIVATE COMMERCIAL ESTABLISHMENTS

Sponsorship by pharmaceutical firms and other private establishments could be used to support CPD activities organized under the CPD Programme. CPD Providers and organizers are requested to ensure that CPD activities that receive financial or other forms of sponsorship from such institutions meet the following guidelines:

Academic and Scientific Content

The CPD Provider is responsible for the scientific and academic merit of the CPD activities approved under the CPD Programme. Therefore, the course director, course organizer or the planning committee of the activity would take the overall responsibility for the subject content and the choice of speakers for conferences, symposia, workshops and other similar events. Activities that are primarily of a promotional nature such as displays of medical or dental equipment and materials are not considered as CPD.

Choice of Topics

The activities should focus on topics that would assist in the development of expertise in one or more areas of professional competence. Even if a formal needs analysis may not be possible prior to planning, the organizers should consider at least the perceived needs of the participants when defining the objectives and identifying the content for the proposed activity. This would help to ensure relevance to professional practice, promoting interest and involvement of the participants in the sessions.

Generic Names of Drugs

As a general principle, the use of generic names of drugs is preferred in presentations and discussions.

Appropriate Ethical and Professional Standards

During planning and implementing the programme, issues dealing with ethics and professional standards should receive appropriate consideration. Patients' rights and informed consent need to be given their due place by the organizers and the presenters of the sessions.

Evaluation of Activity

An essential component of the activity is its evaluation by the participants. This may be undertaken at conclusion of the sessions, or within a few days/weeks of completion if some post-programme action was expected. Many workshop evaluation forms are available for this purpose. The CPDCC has supplied its own formats considering the activities that would be conducted under the CPD Programme. The CPD organizer may modify these forms as required for the specific activity.

Social Events:

Social events may be arranged as part of the activity. However, the main emphasis in the programme should be on its academic or scientific aspects.

Travel and Accommodation

Arrangements for travel and accommodation of speakers or participants of the

CPD activities should be comparable to those that would normally be made if assistance from the sponsor were not available.

Acknowledgement of Support

Support provided by the sponsor may be acknowledged in the course brochures or other documents as appropriate. Identification or endorsement of the products marketed by the sponsor should not appear in the material circulated by the programme organizer. Additionally, promotional displays should not be held in the same room where the educational activity is conducted.

Process in CPDCC

The CPDCC will:

1. Receive from the CPD coordinator the application for accreditation of CPD activity.
2. The application will be reviewed and approved/rejected and CPD points awarded.
3. Once approved, the Provider of the activity will be informed
4. The CPDCC will maintain a database of all CPD educational activities
5. The CPDCC will receive the list of participants and providers of CPD activities from the CPD coordinator.
6. The CPDCC will maintain a database of all eligible health professionals.

The database will document the credit points awarded for each employee from the information supplied by the CPD coordinator and the portfolio.

Departmental Educational activities

1. Register Book will be maintained by the CPD coordinator.
2. The register book will be available in the venue in which the activity takes place.
3. The following information will be documented for each activity.
4. Title of activity, Date, Provider, List of participants: All participants on entry will record their name in the Register book.
5. The CPD coordinator will ensure that the Register is kept up to date and will send a monthly copy to the CPD office.

Hospital based educational activities

The documentation of attendance will be through the Attendance and Evaluation form.

The Provider of the activity will be responsible to distribute the forms to the participants and collect them and send them to the CPD office.

**Conferences:**

The documentation of attendance is the "certificate of attendance of Conference". The CPDCC will issue a certificate with number of credit points awarded for the year upon request.

Application for registration of CPD credit point

Credit points will be collected using a register (logbook) in addition to an electronic one (an excel sheet) and may be later an online form. Each registered doctor is expected to collect a logbook and an electronic registry worksheet from CVRC and use both for the registration of credit points. The logbook and the excel sheet contain a section describing the guidelines for registration and the process of submission.

Submission

The electronic logbook can be submitted by email every three month after which acknowledgement of receipt and entry in the database will be sent to the applicant The paper logbook must be submitted at the end of each year of the three or five years duration The applicant must also submit letter of acknowledgment of receipt of previous electronic and paper submissions (if any) and evidence of participation in on-the-job activities (endorsement, attestation or letter of confirmation) and evidence of participation on CPD activities (certificates)

## Appendix (10): Regulations for the accreditation of CPD activities

The following regulations will apply when a provider applies for the accreditation of an activity:

For an activity to be accredited and registered it

1. Must score at least 75% of the total marks in the application form and provided that it fulfils all the compulsory requirements
2. The applicant will be notified is the application is rejected and given the chance to reapply after the requirements are fulfilled.
3. Registration of an activity needs to be renewed every three years
4. The resources and conduction of the activity will be reviewed before re-registration is done

## *Appendix (11): Form for the accreditation of CPD activities*
## *TO BE DEVELOPED*

## Appendix (12): Guidelines for the documentation of CPD activities

(1) Registration:

All health care professionals will be eligible to register in the programme. Each registered participant will submit proof of participation in approved CPD activities at the end of each calendar year. The deadline for submission of proof of participation will be till the end of January following that calendar year.

(2) Participants will receive a certificate with the number of credit points of CPD activities they have earned for that calendar year.

(3) Ethical considerations for participants in CPD activities:

A CPD activity should be chosen for its educational value and not for activities unrelated to the educational purpose of the activity.

Participants should only claim credit according to the actual time spent on the activity.

(4) CPD might be one of the criteria considered when:

- Applying for promotion
- Applying for participation in International Conferences and Courses.

5. A Centralized database shall be established at the CPDD and the record of participation is maintained by each individual to whom Credit points are awarded. The institution awarding the Credit points and every individual who participates and successfully complete CPD activity/s bears the primary responsibility for the maintenance and availability of permanent records for verification by the accreditation body/Council.

The following Information shall be included in all the records:

a. Name and address of the Institution
b. Name and ID of the individual participant
c. Title of the programme or activity
d. Completion date of the programme or activity
e. Number of Credit hours/points awarded
f. Report of assessment results or other information
g. Address and telephone number of individual participant

## Appendix (13): Procedures for the documentation of CPD activities

TO BE DEVELOPED

## Appendix (14): Regulations for the documentation of CPD activities

1. Credit points registered each year must not be less than 60% and not more than 60%% of the required points.
2. Credit points must be submitted to the CVRC at the CPDD every three months. Evidence of participation in CPD activities must be attached with the submission at the end of the year
3. At the end of each year, the total number of credits registered during that year will be calculated and the registrant notified.
4. If the total number is less than 60%, the registrant is given time to complete them to 60% before a new year is started. This is done for each year of the three of five years of the required duration separately.
5. If the total number is more than 120% points, only 120% are considered for that year.
6. A registrant who completes the 120% points before the end of a year, no new points are registered before the year is completed
7. At the end of the three years of the required duration, the total number registered is calculated and if the number is less than the required 100%, the registrant is given the chance to complete the required number of credits before his application for registration and change of status is considered.

## *Appendix (15): Form for the documentation of CPD activities*

TO BE DEVELOPED