



ANNUAL CAPACITY BUILDING
WORKSHOP 2023
FEBRUARY 23-25 · NAIROBI

**CONTINUING MEDICAL EDUCATION/ CONTINUOUS
PROFESSIONAL DEVELOPMENT**

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OUTLINE

1. Introduction: Why CPD?
2. Recertification/Licensing
3. Fit for purpose-continued fitness to practice
4. In service training
5. 360 degrees evaluation of practitioners
6. Appropriate CPD for non-clinical(administrators) practitioners
7. Practitioners to undertake CME's relevant to their practice

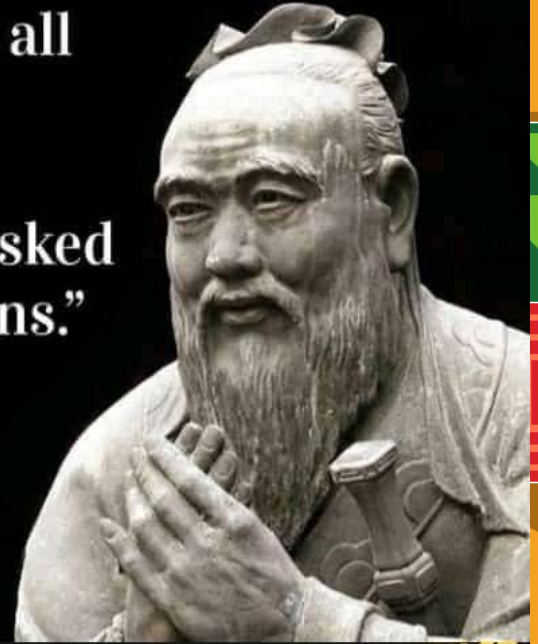


知道所有答案的人并没有问
过所有问题

Zhīdào suǒyǒu dá'àn
de rén bìng méiyǒu
wènguò suǒyǒu
wèntí

“He who knows all
the answers
has not been asked
all the questions.”

Confucius



ifunny.co



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1. BACKGROUND

Given the rapid pace of new research and developments in all areas of health care, health professionals must continue to **update their knowledge and skills on a regular basis**

Continuing professional development (CPD) encompasses all of the activities that health workers undertake to maintain, update, develop, and enhance their professional skills, knowledge, and attitudes.....to increase personal and professional effectiveness.

Regulators should make CPD a requirement for medical practitioners to be able to **renew their annual practicing licenses.**



=====“to facilitate the development of CPD in Africa, there is a need to give CPD legitimacy by establishing a legal framework for CPD...clear policies and structures to support CPD should be put in place.”

Across Africa, countries are at different levels of developing CPD systems. In some countries, regulatory bodies require a specific number of credits for LICENSURE=====



2. RECTIFICATION/LICENSING

1

Regulators should develop have in place CPD policies and guidelines and continuously update the same.

2

- Regulators should ensure compliance with CPD for licensure
 - to undertake a certain number of points (i.e 50 Credits/year)



The Institute of Medicine of the National Academies (IOM) states that an effective CPD system should prepare health professionals to provide patient-centered care, work in interprofessional teams, employ evidence-based practice,

Continuing professional development is *ineffective* if:

- Health workers are spending time away from their practice participating in classes or workshops that are irrelevant to their practice setting
- Attended only because participants receive per diem
- Geared toward improving a skill for which there is no demonstrated need
- Taken only to meet regulatory requirements rather than to close a competency gap
- Simply unsuccessful in developing skills and competencies (IOM 2009; Muula et al. 2004).

Continuing professional development is *effective* if:

- There is a clear need or reason for the particular CPD to be undertaken
- Learning is based on such an identified need or reason
- Follow-up provision is made for reinforcing the learning accomplished (WFME 2003)
- In-service training is linked to preservice faculties as far as possible to create a seamless CPD system (Global Health Workforce Alliance 2008).



3. FITNESS TO PRACTICE (FTP)

Regulators should ensure that the following is observed in order to have standardized processes at national, regional and continental levels in the following areas namely:

A safe and effective practitioner is defined in terms of (knowledge, attitude, practice and skills; including mental and physical fitness*) that facilitates the execution of the practitioner's scope of work

Physical and mental fitness is dependent on the type of disability and the specialty involved as defined by member country councils

FTP should not be an absolute concept and is dependent on the circumstances as defined by the regulatory authority.



FTP Continued.....

Due consideration should be made with regards to the prerequisites for FTP:

Practice requirements (environment vs the skills of the practitioner) being met

Due to human resource constraints, AMCOA needs to develop policy frameworks surrounding credentialing and privileging policies in a holistic manner

The language used in FTP policies should be friendlier than that used in disciplinary policies

Member countries to establish independent FTP panels



FTP Continued.....

When evaluating practitioners on fitness to practice:

Regulatory authorities should have in place a notification system available to patients, the public and other practitioners

Renewal of licences should have a way of capturing any personal impairment they may have had since the last time.

Regulatory authorities should put in place an independent system of evaluating a practitioner whose FTP has been questioned.

In addition, regulators should where applicable, develop a system of re-introducing the practitioner e.g retrain or work under supervision (proctorship).

Regulators should also encourage professional associations to develop systems of offering support services for colleagues who are impaired=====ROLES OF PROFESSIONALS ASSOCIATIONS

III. IN SERVICE TRAINING

Postgraduate

- This includes
 - Mmed, MDS
 - Fellowship
 - PhD
 - (for Medicine and Dentistry)

Internship

- This includes internship training in medicine and dentistry



ASSOCIATION OF MEDICAL COUNCILS OF AFRICA



AMCOA PROTOCOL ON CONTINUING PROFESSIONAL DEVELOPMENT

29 AUGUST 2013

ASSOCIATION OF MEDICAL COUNCILS OF AFRICA



AMCOA PROTOCOL ON INTERNSHIP TRAINING

29 AUGUST 2013

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IV. THE 360 DEGREES EVALUATION OF PRACTITIONERS

Ensure that CPD teaching and learning methodologies selected are suited to achieve desired outcomes



Ensure that the course facilitators are selected based on their field of expertise.



Ensure that time allocated for the CPD activity is adequate.



Continued.....

Appropriately advertise all CPD activities to increase participation



Evaluate CPD activities regularly using standard evaluation tools



CPD Providers are required to renew the Annual CPD Licence

===Late renewal shall attract a penalty as prescribed by their regulatory bodies.

Practitioners to engage in CPD learning relevant to their practice / discipline

-

- Maintain evidence of attendance to a CPD activity

-

- Ensure that the CPD activity is registered with the regulatory bod

Appropriate CPD for non-clinical(administrators) practitioners

- Practitioners in administration may be issued with non-clinical licenses
- They may not be required to produce proof CPD points and proof of professional indemnity
- The practitioners may be at anytime before issuing the license be requested for additional information as such may be necessary for the determination of issuing out the license.
- Practitioners are encouraged to attend scientific conferences



IV. Practitioners to undertake CME's relevant to their practice

Quality assurance

Councils should set criteria for accreditation of activities, providers and accreditors

Councils shall appoint and maintain responsibility for quality assurance and oversight for accreditors and CPD providers.

Harmonization Partnership

Councils should recognize accredited CPD activities offered by AMCOA countries

Councils shall work towards harmonization of CPD credits for:

- learning activities (e.g. 1 hour = 1 point??)
- An AMCOA CPD coordinating committee constituted to work on harmonization

National access # M&E

CPD modes of delivery should be flexible and responsive to local contexts

Councils must ensure that accredited CPD providers offer a variety of delivery platforms

Councils should monitor and evaluate the CPD program
===electronic records, CPD diaries, certificate=====





Thank You

Better Information, Better Decisions & Better Health



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