REPUBLIC OF KENYA

# MEDICAL PRACTITIONERS AND DENTISTS BOARD

# CONTINUING PROFESSIONAL DEVELOPMENT GUIDELINES






MEDICAL PRACTITIONERS AND DENTISTS BOARD

# CONTINUING PROFESSIONAL DEVELOPMENT GUIDELINES

APRIL 2014

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# ABBREVIATIONS

| | | |
|---|---|---|
| **AIC** | - | Africa Inland Church |
| **AIDS** | - | Acquired Immune Deficiency Syndrome |
| **AKUH** | - | Aga Khan University Hospital |
| **AMCOA** | - | Association of Medical Councils of Africa |
| **CME** | - | Continuing Medical Education |
| **CPD** | - | Continuing Professional Development |
| **DCOP** | - | Deputy Chief of Party |
| **GPGH** | - | Garissa Provincial General Hospital |
| **HPCSA** | - | Health Professionals Council of South Africa |
| **IAMRA** | - | International Association of Medical and Regulatory Authorities |
| **JOOTRH** | - | Jaramogi Oginga Odinga Teaching and Referral Hospital |
| **KAA** | - | Kenya Association of Anaesthetists |
| **KAP** | - | Kenya Association of Physicians |
| **KMA** | - | Kenya Medical Association |
| **KMPDU** | - | Kenya Medical Practitioners and Dentists Union |
| **KMWA** | - | Kenya Medical Women's Association |
| **KOA** | - | Kenya Orthopaedic Association |
| **M&E** | - | Monitoring and Evaluation |
| **MOH** | - | Ministry of Health |
| **MPDB** | - | Medical Practitioners and Dentists Board |
| **NGO** | - | Non-Governmental Organization |
| **PEPFAR** | - | The United States President's Emergency Plan for AIDS Relief |
| **RF** | - | Results Framework |
| **RVPGH** | - | Rift Valley Provincial General Hospital |
| **TOT** | - | Trainer of Trainers |
| **UON-SDS** | - | University of Nairobi – School of Dental Sciences |
| **USAID** | - | United States Agency for International Development |

# DEFINITION OF TERMS

| | |
|---|---|
| **The Board** | Refers to 'The Medical Practitioners and Dentists Board'. |
| **CPD provider** | Refers to an institution, entity or organization that facilitates delivery of CPD activities and is accredited by the Board. |
| **Practitioner** | Refers to a person who is professionally engaged in medicine and dentistry practice and is registered by the Board. |
| **CPD Calendar Year** | This is the specified period by which CPD activities are implemented. The period in this case runs from 1st January to 31st December of every year. |
| **Presenter** | A person who makes a presentation, lecture or talk at a CPD forum lasting at least 30 minutes. |
| **Facilitator** | This is a person who brings about an outcome by providing assistance, guidance or supervision in a conference or symposium. |
| **Stakeholder** | A person, group or organization involved in and/or affected by the regulatory activities of the Board. |

# FOREWORD

The practitioner's lifelong professional practice of medicine and dentistry is underpinned by Continuing Professional Development (CPD). The practice of medicine and dentistry is characterized by constantly changing disease patterns, management approaches and advances in technology. Therefore, medical and dental practitioners have a responsibility to continually upgrade their knowledge and skills in order to provide quality and optimum health care to their patients. It is mandatory under CAP 253, Laws of Kenya (CPD rules, 2009) for every medical and dental practitioner to comply with CPD requirements in order to be retained in the register.

These guidelines outline professional development activities which enhance the competencies of doctors in their clinical skills, management, teaching, mentoring, research and the importance of ethical practice. The guidelines also seek to standardize the provision and uptake of CPD activities.

CPD is a quality assurance mechanism that the Medical Practitioners and Dentists Board has instituted to ensure that practitioners maintain their fitness to practice. Further, individual and collective commitment to CPD by practitioners and providers will help reduce cases of professional malpractice, build public confidence in our health care system and enhance the standing of the profession.

The CPD guidelines is anchored on a foundation of trust that health professionals facilitated by accredited CPD providers will commit to meeting the requirements for continuing education whose benefits cannot be over-emphasized.



**PROF. GEORGE A. O. MAGOHA, EBS. MBS.**
**CHAIRMAN**
**MEDICAL PRACTITIONERS AND DENTISTS BOARD**

# INTRODUCTION

The Medical Practitioners and Dentists Board (MPDB) CPD Regulations of 2009 aims at improving professional competence and linking CPD activities to retention of practitioners in the register. It also provides an impetus for the Board to accredit programs and institutions emphasizing ethical, professional and clinical practice relevant to the practice of medicine and dentistry. Currently there are 145 accredited CPD providers who comprise referral, county, private and faith-based hospitals, professional associations, medical and dental schools and non-governmental organizations.

The Medical Practitioners and Dentists Board found it prudent to review the CPD guidelines in order to address various challenges that were encountered by both the practitioners and providers. These new guidelines shall provide direction that the practitioner and the provider will use to ensure compliance.

The Board's responsibilities is to accredit CPD providers in line with set standards, as well as ensure compliance by the practitioners before retention in the register. It is the responsibility of the CPD providers to develop and update CPD activities that are relevant and ensure appropriate returns to the Board. Finally, it should be noted that the Board has set up an online CPD platform to facilitate the management of CPD activities. It is the responsibility of all medical and dental practitioners to fulfill the minimum CPD requirements required by law and verify and update personal records with the Board using the online system.

CPD activities in these guidelines have been divided into two levels: formal and informal. Both of these cover extensive areas of interest. For practitioners who may find it difficult to attend activities away from their workstations, online CPD activities can now be easily accessed.

It must be emphasized that every practitioner wishing to be retained in the register and thus allowed to practise in Kenya must familiarize themselves with these guidelines in order to comply with the minimum CPD requirements. The Board through these guidelines also seeks to engage with CPD providers to facilitate provision of CPD activities throughout the country.

This guideline supersedes all previous editions and shall take effect from 1st January 2014.



**DR. FRANCIS M. KIMANI**
**DIRECTOR OF MEDICAL SERVICES/REGISTRAR**
**MEDICAL PRACTITIONERS AND DENTISTS BOARD**

# ACKNOWLEDGEMENTS

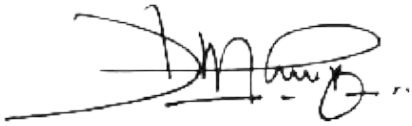
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**DANIEL M. YUMBYA**
**CHIEF EXECUTIVE OFFICER**
**MEDICAL PRACTITIONERS AND DENTISTS BOARD**

# 1 MANDATE OF THE BOARD

## 1.1 Preamble

The MPDB is established and constituted under the Medical Practitioners and Dentists Act (Cap.253) of the Laws of Kenya to regulate the practice of medicine, dentistry and medical institutions. The purpose of CPD is to acquire new knowledge and skills, improve attitudes and enhance competency. Under CAP 253 (CPD regulations, 2009), CPD activities became part of the retention criteria for medical and dental practitioners.

## 1.2 Vision

To be an efficient, effective and accessible world-class health regulatory body.

## 1.3 Mission

To ensure provision of quality and ethical health care through appropriate regulation of training, registration, licensing, inspection and professional practice.

## 1.4 Core Values

a) Integrity and professionalism
b) Respect for quality of human life and dignity
c) Ethical practice
d) Accountability
e) Timeliness
f) Justice and fairness
g) Honesty
h) Good governance
i) Total commitment to service delivery
j) Practice of knowledge-led and evidence-based medicine
k) Effective communication, and
l) Non-discrimination

## 1.5 Key Functions of the Board

**a) Training**

i) Approval of training institutions for medical and dental practitioners;
ii) Renewal of annual licences of training institutions for medical and dental practitioners;

iii) Approval of curriculum and training facilities for undergraduate and postgraduate training in medicine and dentistry;
iv) Approval and accreditation of continuous professional development providers;
v) Supervision of medical and dental education and regulation of training thereof; and
vi) Supervision of internship training.

**b) Registration**

i) Indexing of medical and dental students upon admission to a University;
ii) Register eligible medical and dental practitioners;
iii) Maintain an up-to-date annual register of eligible medical and dental practitioners; and
iv) Register eligible private, community and faith based medical and dental institutions.

**c) Licensing**

i) Issue internship licences;
ii) Issue annual private practice licences for¬ Specialist Practice.
iii) General Practice;
iv) Issue annual licences to private, community and faith based health care institutions; and
v) Issue locum licences.

**d) Education**

i) Conduct internship Qualifying and Pre-Registration Examination for foreign trained doctors and dentists;
ii) Conduct assessment for foreign trained specialists; and
iii) Monitor university examinations for medical and dental Students.

**e) Inspections**

i) Inspect and accredit institutions for medical and dental training;
ii) Inspect and approve internship training centers;
iii) Inspect and supervise public, private, community and faith based training institutions; and
iv) Inspect private and public premises of medical and Dental practice.

**f) Database**

**Maintain Annual Database for**

i) Approved training institutions for medical and dental practitioners;
ii) Approved register for private, community and faith based medical and dental institutions;

iii) Curriculum for undergraduate and postgraduate students in medicine and dentistry;
iv) Inspection reports;
v) Approved internship training centers;
vi) Approved and Accredited Continuous Professional Development providers

**g) Advice**

**The Minister(s) responsible for health on:**

i) Matters pertaining to health care and training;
ii) Medical and Dental training institutions;
iii) Institutions that provide Health care; and
iv) Research regarding human subjects.

**h) Collaboration and Partnership**

**The Board collaborates with the following bodies of similar mandate:-**

i) At the international level, with the International Association of Medical Regulatory Authority (IAMRA);
ii) At the African Region, with the Association of Medical Council of Africa (AMCOA);
iii) At the Regional level,with the East Africa Community Boards and/or Councils;
iv) Locally, with the Nursing Council of Kenyan, the Pharmacy Poisons Board, the Clinical Officers Council, the Kenya Medical Laboratory Technicians and Technologists Board, the Radiation and Protection Board, the Nutrition Council of Kenya and other relevant health regulatory bodies; and
v) With other relevant Professional Associations.

**i) Discipline**

i) Conduct preliminary inquiries on professional conduct and medical malpractice;
ii) Hold and conduct Tribunal meetings; and
iii) Conduct inquiry into the health and fitness of practitioners.

**j) Monitoring and Evaluation**

i) Set performance targets and sign Performance Contracts with the Minister;
ii) Prepare and submit annual appraisal reports on the Performance Contracts;
iii) Present audited accounts to Parliament at the end of each financial year pursuant to the Public Audit Act (No.12 of2003).

# 2 GUIDELINES FOR CPD ACTIVITIES

## 11.1 Definition

Continuing professional development (CPD) is defined as training that leads to broadening of knowledge and skills and enhancement of personal qualities related to continuous improvement in the performance of professional duties.

## 11.2 Purpose of CPD

11.2.1 To ensure professional competency at all times as a way of improving patients care.

## 11.3 CPD Principles

11.3.1 Respect: Basis of CPD is to enable the practitioners empower the patients to participate fully in the management of their health.

11.3.2 Beneficence: CPD activities must be responsive to the patient's needs and practitioner's interest.

11.3.3 Justice: CPD empowers practitioners to achieve ethical equipoise in the management of their patients.

11.3.4 Trust: That all practitioners and accredited CPD providers will comply with the stated CPD regulations.

11.3.5 Evidence-based: All CPD activities shall be evidence-based and be in line with accepted standards.

## 11.4 CPD Goal and Objectives

### 11.4.1 Goal

To achieve a structured and well facilitated CPD program.

### 11.4.2 Objectives

11.4.2.1 To provide a framework through which the Board will ensure the running of an effective CPD program throughout the country.

11.4.2.2 To provide minimum standards for CPD provision.

11.4.2.3 To provide an avenue through which practitioners are able to achieve the minimum CPD points.

## 11.5 CPD Standards

The CPD activities must meet the following minimum standards:

11.5.1 Should contribute to learning and improve quality of care.

11.5.2 Should adhere to a basic minimum standard of quality.

## 11.6 Guidelines for Allocation of CPD Points

All practitioners will be required to attain a minimum of 50 CPD points per CPD calendar year to qualify for retention in the annual register.

### 11.6.1 CPD Activities

| # | CPD Activities | Maximum CPD Points | Description | Evidence |
|---|---|---|---|---|
| a) | Conferences | 5 points per day | A meeting or conference to discuss a topic, especially one where the participant is part of the audience and makes a presentation. Maximum for a single event is 30 points. | • Certificate<br>• Attendance list<br>• Online token card |
| b) | Seminars, symposia and workshops | 5 points per day | A scheduled meeting to discuss a specific topic or area of interest. Maximum for a single event is 30 points. | • Attendance list<br>• Online token card |
| c) | Lectures | 3 points per activity | Attendance of a special lecture lasting at least 45 minutes. | • Attendance list<br>• Online token card |
| d) | Presenters in conferences, symposia, lectures, grand rounds | 5 points | A presenter is a person who makes a presentation lasting 30 minutes. Presenter earns 5 points per session. | • Invitation letter<br>• Presentation |
| e) | Facilitator/ coordinator/ organizer in conferences and symposia | 3 points | This is a person who provides assistance, guidance or supervision during a conference or symposium. They may include chairs of sessions and rapporteurs. | • Letter of invitation<br>• Conference/ symposium program |
| f) | Morbidity and mortality meetings | 3 points per activity | Meetings organized to review causes of illness and death. The meeting should last at least 30 minutes to qualify. | • Attendance list<br>• Meeting minutes<br>• Online token card |

| # | CPD Activities | Maximum CPD Points | Description | Evidence |
|---|---|---|---|---|
| g) | Grand rounds/ clinical meetings | 3 points per activity | Meeting of clinicians to discuss specific patient care. The meeting should last at least 30 minutes to qualify. | • Attendance list<br>• Meeting minutes<br>• Online token card |
| h) | Journal clubs | 3 points per activity | Meetings to critically evaluate recent articles pertaining to medicine and dentistry. The meeting should last at least 30 minutes to qualify. | • Attendance list<br>• Meeting minutes<br>• Online token card |
| i) | Hands-on and interactive skills workshops | 10 points per activity | Hands-on refers to active interactive learning, often with technology. It implies active participation in a direct and practical way. The trainers earn 20 points per activity. | • Certificate<br>• Attendance list<br>• Online token card |
| j) | Short courses | 10 points per course | Courses with a curriculum offered by an accredited CPD provider or government agency lasting a minimum of one day. | • Certificate<br>• Attendance list<br>• Online token card |
| k) | Attachment in centres of excellence | 1 point per day | This is an entity that provides leadership best practices, research, support and/or training for a focused area. Maximum of 10 points for the year. | • Letter of completion of attachment |
| l) | Principal author of peer reviewed publication | 20 points | The main author of a peer reviewed journal. | • Publication |
| m) | Co-author of a peer reviewed publication | 10 points | A collaborating author of a peer reviewed journal. | • Publication |
| n) | Author of a book | 40 points | The principal or main author of a book. | • Publication |
| o) | Author of book chapter | 15 points | The practitioner's name must appear as a contributing author in the book. | • Publication |

| # | CPD Activities | Maximum CPD Points | Description | Evidence |
|---|---|---|---|---|
| p) | Peer review activity | 5 points | When a practitioner is invited by the Medical Board to assess the credentials of another practitioner or assess files for purposes of a Board inquiry, or when a practitioner is appointed by the Board as an examiner. | • Board invitation<br>• Peer reviewed article |
| q) | External examiners | 15 points | External examiner appointed for an accredited university program. | • Invitation letter |
| r) | Keynote speaker or guest lectures | 15 points | An invited speaker in a conference, symposium or workshop who presents for at least 45 minutes and is the highlight of that particular activity. | • Invitation letter<br>• Certificate |
| s) | Online activities | 2 points per activity | An activity that involves interactive online learning and is accredited by the Board. Maximum of 30 points per calendar year. | • Certificate of completion |
| t) | Development of an online CPD course | 10 points | Peer reviewed and accredited course that is uploaded onto the internet. | • Peer reviewed online course |
| u) | Technical working groups | 10 points per assignment | Selected group of experts appointed to accomplish an assigned task to completion. | • Certificate<br>• Attendance list<br>• Appointment letters |
| v) | Non-profit medical-related activity for the community | 2 points | Examples include free medical camps. Maximum of 10 points per calendar year. | • Invitation letter |
| w) | Health-related activities in the media | 2 points | These are health-related activities in the media with specific public health relevance. The CPD committee will have the discretion to accredit these activities. Maximum of 10 points. | • Newspaper articles or clips<br>• Letter of invitation |

| # | CPD Activities | Maximum CPD Points | Description | Evidence |
|---|---|---|---|---|
| x) | Recognition awards | 5 points | The CPD committee will have the discretion to accredit. | • The CPD committee to determine |
| y) | CPD coordinator of an accredited provider | 5 points | The coordinator should have shown exemplary performance throughout the calendar year. The CPD committee will have the discretion to accredit this. | • The CPD committee to determine |
| z) | Post-graduate courses | 40 points | This includes masters programs in medicine, dentistry and related fields, fellowships, diplomas and PhDs. | • Proof of registration in the year and evidence of active involvement |

Please note that:

- In addition to meeting these requirements, the MPDB may in any particular year prescribe CPD activities that are cross-cadre in response to national and/or professional priorities.
- All CPD activities should be relevant to the field of medicine and dentistry.

Participation in activities outside the country is encouraged. All such activities should be verified by the respective CPD coordinators.

### 11.6.2 Activities that may not earn CPD Points

Informal CPD activities are those that do not earn CPD points. They include:

a) Routine ward rounds
b) Class lectures
c) Written assignments
d) Staff and/or administrative meetings
e) Tours and/or viewing of exhibits and technological demonstrations
f) Product promotional meetings

## 11.7 Quality of CPD Content

11.7.1 The Board will randomly request for CPD content from CPD providers.

11.7.2 The Board will conduct random checks on CPD activities being undertaken.

11.7.3 The Board will appoint peer reviewers from different sub-specialties for purposes of reviewing CPD content.

## 11.8 Communication Strategy for CPD Activities and Feedback

Communication of CPD activities is essential in ensuring all stakeholders will be actively engaged by providing feedback on the impact of CPD on service delivery. The strategy will articulate, explain and promote vision and direction by the Board in relation to CPD as well as detailing a set of well-defined goals. It will also create a consistent, unified "voice" that links diverse activities and goals in a way that will appeal to partners or stakeholders. The Board shall maintain an accessible and updated database of providers' and practitioners' activities.

# 3 ROLES AND RESPONSIBILITIES

## 12.1 Roles and Responsibilities of the Board

The Board shall:

12.1.1 Conduct regular needs assessment.
12.1.2 Initiate CPD policy formulation and implementation.
12.1.3 Accredit CPD providers in line with the standards and guidelines.
12.1.4 Approve the CPD activities developed by the providers.
12.1.5 Approve and harmonize the CPD calendar of activities.
12.1.6 Conduct quality audits on the providers of CPD activities.
12.1.7 Develop and maintain a CPD activity database.
12.1.8 Review and approve applications for the renewal of the provider's annual license.
12.1.9 Review compliance and institute sanctions for non-compliance in line with the defined rules and regulations.
12.1.10 Evaluate the impact of CPD activities on medical and dental practice in conjunction with stakeholders.
12.1.11 Support practitioners and CPD providers in resource-limited regions to enhance access.
12.1.12 Define CPD activities and corresponding points to be allocated.
12.1.13 Ensure quality of CPD activities.
12.1.14 Ensure authentication and validation of CPD returns.
12.1.15 Ensure coordination and dissemination of information regarding CPD.
12.1.16 Award CPD points to external activities (out of the country) in consultation with professional associations.
12.1.17 Review online submission of CPD activities.

## 12.2 Roles and Responsibilities of the Providers

Each accredited CPD provider shall appoint a CPD coordinator who will ensure that the following responsibilities are fully met:

12.2.1 Comply with standards and guidelines governing CPD provision.
12.2.2 Develop and update the CPD calendar of activities and submit to the Board for approval.
12.2.3 Publicize and offer approved CPD activities.
12.2.4 Upload CPD data (list of participants and thematic areas covered) onto the Board's database and maintain a copy of the same.
12.2.5 Provide documentation of CPD activities and attendance.

12.2.6 Facilitate the CPD activity logistics, content and designated trained coordinators.
12.2.7 Offer appropriate partnership in resource-limited settings.
12.2.8 Verify international CPD activities.
12.2.9 Ensure renewal of accreditation.
12.2.10 Notify the Board of any changes to CPD activities provided.
12.2.11 Participate in Board-organized provider meetings.
12.2.12 Submit CPD reports to the Board quarterly or at such other intervals as the Board may prescribe.

## 12.3 Roles and Responsibilities of the Practitioners

The practitioner shall:

12.3.1 Register and maintain an online CPD account as mandated by the Board.
12.3.2 Attain the mandatory CPD points required for re-licensure.
12.3.3 Attend designated relevant CPD activities that contribute to professional development.
12.3.4 Verify and ensure regular update of CPD points.
12.3.5 Keep a record of CPD activities undertaken.
12.3.6 Provide feedback to the providers on the quality of CPD activities.

# 4 GUIDELINES FOR CPD PROVIDERS

## 13.1 Requirements for CPD Providers

The Board has set out the following requirements to guide the provider in the identification, development and implementation of CPD activities:

13.1.1 Be registered online (*www.icpdkenya.org)* platform.
13.1.2 Communicate desired learning outcomes to the target audience.
13.1.3 Ensure CPD activities are informed by needs assessment findings and approved by the Board.
13.1.4 Ensure that CPD teaching and learning methodologies selected are suited to achieve desired outcomes.
13.1.5 Ensure that the course facilitators are selected based on their field of expertise.
13.1.6 Ensure there are adequate teaching and learning resources to support CPD programs and activities.
13.1.7 Ensure that time allocated for the CPD activity is adequate.
13.1.8 Appropriately advertise all CPD activities to increase participation.
13.1.9 Evaluate CPD activities regularly using standard evaluation tools provided by the Board (CPD III: Training Evaluation Form).

## 13.2 Eligibility to apply for accreditation as CPD Providers

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

13.2.1 Health facilities at national and county levels (public and private)
13.2.2 Training institutions (middle and tertiary institutions, public and private)
13.2.3 Recognized regional and international professional bodies such as the Association of Medical Council of Africa (AMCOA) and International Association of Medical Regulatory Authorities (IAMRA)
13.2.4 Faith-based Health Institutions
13.2.5 Public benefits organizations (NGOs)
13.2.6 National Medical and Dental Professional Associations
13.2.7 Research institutions
13.2.8 Ministry of Health and related special program divisions
13.2.9 Others as approved by the Board

***The Board will issue special CPD-provider licences for institutions that do not regularly carry out CPD activities but have an opportunity to offer the same. The categories of providers listed above may partner with other organizations to offer CPD.***

## 13.3 Registration Process for CPD Providers

All applicants who wish to be accredited as CPD providers must apply to the Board and pay the prescribed fees. The applicant is required to submit an application using the CPD Provider Application Form (CPD 1) and meet the following requirements:

13.3.1 Have qualified and competent facilitators and resource persons.
13.3.2 Show evidence of capacity to support CPD activities.
13.3.3 Comply with subsequent inspection of premises, activities, facilitators and related resources as and when the Board deems necessary.
13.3.4 Provide full disclosure on sponsorship and support.
13.3.5 Provide a calendar of activities.
13.3.6 Provide referees.
13.3.7 Pay the requisite application fee

Upon approval, the provider will be issued with the following by the Board:

13.3.8 Certificate of accreditation, which is valid for 3 years.
13.3.9 Unique identification number, which should appear on all CPD activity documentation.

The CPD provider is required to pay annual subscriptions before 31st December of each calendar year and submit the annual calendar of CPD activities for the following year.

Upon expiry of the 3-year term, the CPD provider is required to apply for renewal of accreditation.

## 13.4 Non-Compliance

All approved providers have the responsibility and should demonstrate accountability to ensure quality CPD activities. CPD providers should therefore comply with the stated requirements in Section 4.0, Sub-Section 4.1, failure to which they shall be deemed to be non-compliant.

The Board shall issue a letter of non-compliance to the provider to address the gaps identified within a given period of time. If at the end of the specified period the provider has not complied, the Board shall issue a letter revoking prior authorization and de-register the CPD provider.

Late renewal shall attract a penalty as prescribed by the Board.

## 13.5 Appeal Process

The provider has the right to appeal if:

13.5.1 They are not in agreement with the grounds for non-compliance as stated in Section 4.0, Sub-Section 4.4.

13.5.2 The Board recommends that a provider's registration be withdrawn.

13.5.3 Circumstances are beyond the provider's control, such as civil unrest, court cases, disasters, illness or death.

13.5.4 Prior information had been given to the Board indicating the reason why the provider was unable to comply with the requirements.

13.5.5 There are other reasons not outlined in the guidelines provided there is adequate proof.

The provider will be required to fill out a CPD Provider Appeal Form (CPD II), accompanied with the necessary evidence. Upon filing of the appeal, the Board will determine the hearing date within 28 working days.

# 5 GUIDELINES FOR PRACTITIONERS

## 14.1 Requirements for Practitioners

Practitioners must adhere to the following requirements:

14.1.1 Be registered online (iCPD platform)
14.1.2 Familiarize themselves with the MPDB CPD guidelines
14.1.3 Ensure that the CPD activity is registered with the Board
14.1.4 Maintain evidence of attendance to a CPD activity
14.1.5 Participate in the evaluation of the CPD activity
14.1.6 Comply with the minimum CPD requirements set by the Board
14.1.7 Ensure CPD activities are verified by the Board
14.1.8 Verify CPD points online (iCPD)

## 14.2 Non-Compliance

The CPD program is an integral part of the practitioner's professional life. All practitioners have the responsibility to demonstrate accountability in the delivery of services that safeguard the public. Failure to comply will result in suspension from the register and cancellation of the practising license as stipulated in CAP 253 Act of the laws of Kenya.

## 14.3 Appeal Process

14.3.1 The practitioner will be required to fill out a CPD Practitioner Appeal Form (CPD IV), accompanied with the necessary evidence.
14.3.2 Upon filing of the appeal, the Board will determine the date of hearing within 28 working days.
14.3.3 A practitioner may appeal against the penalty if:
- 14.3.3.1 There is an error in CPD allocation of points.
- 14.3.3.2 The Board did not process duly filled application forms.
- 14.3.3.3 The eligibility of the activity is in dispute.
- 14.3.3.4 The practitioner had earlier informed the Board the reason for his/her inability to adhere to the requirements and the Board found the explanation acceptable and provided additional time to comply.
- 14.3.3.5 The practitioner is removed from the annual register.
- 14.3.3.6 The practitioner is denied exemption.
- 14.3.3.7 The practitioner is not in agreement with penalty(ies) given.

14.3.3.8 For any other reason not outlined in these guidelines that the Board will be requested to deliberate on, provided the practitioner provides adequate proof.

14.3.4 Preparing an Appeal

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

## 14.4 Exemption Process

Exemption from CPD activities shall be subject to approval by the Board upon written application. The practitioner shall be exempted from penalties on the following grounds:

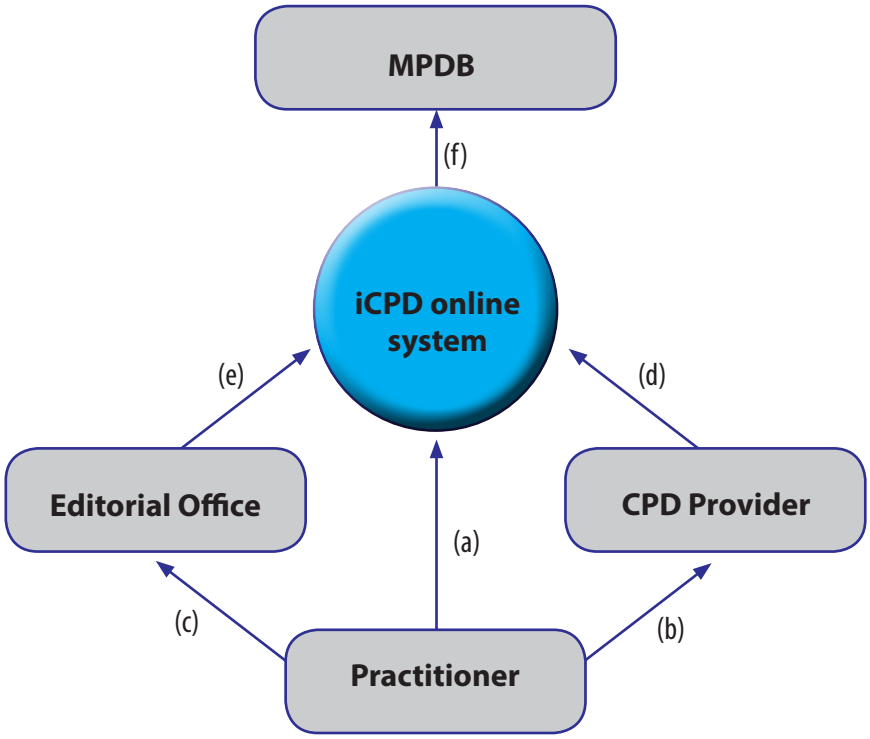
14.4.1 Proof of illness.

14.4.2 Substantial reason, such as special duty or as may be approved by the Board.

Exemption will be provided upon review of the evidence given.

# 6 CPD IMPLEMENTATION STRUCTURE

## 15.1 Operationalization of the CPD program




The Board, through the CPD office will be responsible for the operationalization of the CPD program. The Board will implement the CPD program using the Integrated CPD Management (iCPD) online system. All CPD providers and practitioners will be required to register online within a stipulated period prescribed by the Board.

All practitioners will be required to:

a) Log in all CPD activities, view CPD provider calendars and verify their CPD points on the online platform.
b) Attend and participate in CPD activities offered by CPD providers.
c) Submit peer review articles to the editorial office and receive feedback on the same.

All CPD providers will be required to:

d) Provide their CPD activity calendar, assign CPD points to practitioners and submit returns immediately and quarterly as prescribed by the Board.

The editorial office will be required to:

e) Review and upload approved peer reviewed articles onto the online system and assign corresponding CPD points.

The Board, through the CPD office, will:

f) Monitor the uptake of CPD activities; generate reports for both providers and practitioners and conduct bi-annual reviews of the iCPD online system to improve on its functionality and efficiency.

## 15.2 Online system

The iCPD online system will be used to register and track all CPD-related activities. The online system will be accessed through the following link: *www.icpdkenya.org*. A tutorial on how to navigate the system has been provided. The system will continually be upgraded to incorporate access from other external platforms to enhance data sharing.

## 15.3 Review process

The CPD program will be evaluated on a continuous basis to assess performance, identify gaps and areas of improvement. The review of the CPD guidelines will be undertaken every five years upon consensus of key stakeholders.

# 7 MONITORING AND EVALUATION OF THE CPD ACTIVITIES

The Monitoring and Evaluation (M&E) of CPD activities will be carried out by the Board through the CPD structure. The CPD Results Framework (RF) and Monitoring & Evaluation plan are outlined below.

**Table 1: The CPD Guidelines Results Framework**

**Goal: To create a structure that facilitates CPD provision, reporting and compliance**

| Objectives | Activities/Performance Indicators | Means of Verification | Critical Assumptions |
|---|---|---|---|
| To provide a framework through which the Board will ensure the running of an effective CPD program throughout the country. | 1.1 Formation of the CPD editorial team<br>1.1.1 Functional CPD editorial team formed<br>1.2 Regular meetings of the CPD committee<br>1.2.1 Number of meetings conducted<br>1.3 Online CPD management<br>1.3.1 Proportion of practitioners & providers registered online<br>1.3.2 Proportion of practitioners & providers active in the system<br>1.4 Training of Trainers for Online CPD system<br>1.4.1 Number of TOTs trained for online CPD system segregated by county<br>1.5 Dissemination of the CPD Guidelines among stakeholders<br>1.5.1 Number of dissemination meetings<br>1.5.2 Number of adverts<br>1.5.3 Number of stakeholders attending CPD Guidelines dissemination meetings | Terms of reference of the editorial committee<br>Appointment letters<br>Meeting minutes<br>Attendance list<br>Online system reports<br>Training reports<br>Training participants' lists<br>Copies of adverts<br>Dissemination workshop reports | Commitment of stakeholders<br>Availability of resources<br>Conducive political environment<br>Supportive legal framework |

| Objectives | Activities/Performance Indicators | Means of Verification | Critical Assumptions |
|---|---|---|---|
| To provide minimum standards for CPD provision | 2.1 Conducting Training Needs Assessment<br>2.1.1 Number of Training Needs Assessments conducted<br>2.2 Accreditation of CPD providers<br>2.2.1 Number of accredited CPD providers<br>2.3 Appraisal of activities of the CPD providers<br>2.3.1 Number of CPD activities appraised<br>2.4 Annual review of CPD implementation<br>2.4.1 CPD implementation reviewed<br>2.5 Monitor compliance during CPD implementation<br>2.5.1 Proportion of providers complying with minimum standards | Training Needs Assessment Reports<br><br>Accreditation reports<br><br>CPD activities appraisal reports<br><br>Review reports<br><br>Annual and quarterly reports<br><br>MPDB database<br><br>iCPD reports | Commitment of stakeholders<br><br>Availability of resources<br><br>Conducive political environment<br><br>Supportive legal framework |
| To provide an avenue through which practitioners are able to achieve the minimum CPD points | 3.1 CPD Policy formulation<br>3.1.1 CPD policy in place<br>3.2 Facilitate the sharing of peer reviewed CPD activities<br>3.2.1 Number of peer reviewed CPD activities shared<br>3.3 Retention of practitioners in the register<br>3.3.1 Proportion of practitioners retained in the register<br>3.4 Monitor compliance during CPD implementation<br>3.4.1 Proportion of practitioners complying with minimum standards | CPD policy document<br><br>Copies of peer reviewed CPD activities<br><br>Retention register | Commitment of stakeholders<br><br>Availability of resources<br><br>Conducive political environment<br><br>Supportive legal framework |

**Table 2: Monitoring and Evaluation Plan**

| Activities | Results | Indicator | Target | Frequency of Reporting | Data source |
|---|---|---|---|---|---|
| **Objective 1: To provide a framework through which the Board will ensure the running of effective CPD programs throughout the country** | | | | | |
| Formation of the CPD editorial committee | A functional CPD editorial committee | Functional CPD editorial committee formed | 1 | Quarterly | MPDB Reports |
| Regular meetings of the CPD committee | Increased coordination of CPD activities | Number of meetings conducted | 4 | Quarterly | MPDB Reports |
| Online CPD management | Increased online submission of CPD points | Proportion of practitioners registered online | Baseline: 33%<br>Target: 100% | Annually | MPDB database |
| | | Proportion of providers registered online | Baseline: 30%<br>Target: 100% | | |
| | | Proportion of providers active in the system | Baseline: 17%<br>Target: 100% | | |
| Training of Trainers on the online CPD system | Increased number of trainers for online CPD platform | Number of TOTs trained for online CPD system | Baseline: 8<br>Target: 20 | Quarterly | Training reports |
| Dissemination of the CPD guidelines among stakeholders | Sensitized stakeholders on the CPD guidelines | Number of dissemination meetings | 8 dissemination meetings per year | Quarterly | Quarterly reports |
| | | Number of adverts | Adverts in 2 national dailies | | |
| | | Number of updates to stakeholders | 1 update per quarter | | |

| Activities | Results | Indicator | Target | Frequency of Reporting | Data source |
|---|---|---|---|---|---|
| **Objective 2: To provide minimum standards for CPD provision** | | | | | |
| Conducting Training Needs Assessment | Training Needs Assessment conducted | Number of Training Needs Assessments conducted | 1 per year | Annually | Training Needs Assessment report |
| Accreditation of CPD providers | Accredited CPD providers | Number of accredited CPD providers | Baseline: 80<br>Target: 110 | Annually | MPDB database |
| Appraisal of activities of the CPD providers | Appraised CPD activities for the providers | 75% of total CPD activities posted in provider annual calendar attained | 60% of registered CPD providers | Annually | Appraisal reports |
| Annual review of CPD implementation | Increased coordination and uptake of the CPD activities | CPD implementation reviewed | 1 | Annually | Annual review reports |
| Monitor compliance during CPD implementation | Improved compliance to CPD activities | Proportion of providers complying with minimum standards | 95% of accredited providers | Annually | M&E report |
| **Objective 3: To provide an avenue through which practitioners are able achieve the minimum CPD points** | | | | | |
| CPD policy formulation | CPD policy formulated | CPD policy in place | 1 | Once | MPDB policy brief |
| Facilitate the sharing of peer reviewed CPD articles | Increased knowledge sharing through peer reviewed CPD activities | Number of approved peer reviewed CPD articles shared | 12 articles per quarter | Quarterly | Quarterly reports |
| Retention of practitioners in the register | Increased retention of practitioners | Proportion of practitioners retained in the register | 95% of the registered practitioners | Semi-annually | Annual reports |
| Monitor compliance during CPD implementation | Improved compliance to CPD activities | Proportion of practitioners complying with minimum standards | 95% of the registered practitioners | Annually | M&E Reports |

# 8 ANNEXES

## CPD I: CPD Provider Application Form

REPUBLIC OF KENYA

**MEDICAL PRACTITIONERS AND DENTISTS BOARD (MPDB)**

Application No:.....

## APPLICATION FORM FOR CPD PROVIDERS

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THE FORM

- The application form must be completed by a duly authorized person
- Fill in the document using BLOCK letters ONLY
- Every application must be accompanied by:
  - The application fee receipt (non-refundable). The fees shall be paid directly to the Board account at any KCB Branch countrywide, Board's Account No. 1103158643, Milimani Branch. Swift Code: KCBLKKENX, BRANCH: KCB, BANK CODE: 01175.
  - Calendar of activities
  - Names of two referees
  - Copy of registration certificates

PART A: ADMINISTRATIVE INFORMATION

| **1. Particulars of Applicant** | |
|---|---|
| a) Name of Institution: | |
| b) Permanent Address: | |
| c) Physical Address: | |
| d) City/Town: | e) County: |
| f) Postal Address: | g) Postal Code: |
| h) Plot No.: | i) LR No.: |
| j) Telephone No.: | k) Mobile No.: |

| | |
|---|---|
| l) Email: | m) Website: |
| n) Fax: | |
| **2. Name of Contact Person** | |
| Landline No.: | Mobile No.: |
| Email: | |
| Any additional information: | |

## PART B: DECLARATION BY APPLICANT

I, the undersigned confirm that all the information in this form and accompanying documentation is correct and true to the best of my knowledge. I further agree to inform the MPDB, about any changes or modifications made to the information given in the document submitted.

Name of Head of Institution/Department: .....

Signature:.....

Name of CPD co-ordinator: .....

Contact details of the co-ordinator:.....

Signature: .....

Date of Application:.....

Official Stamp:

## PART C: FOR MPDB OFFICIAL USE ONLY

Application Number: .....Date of Submission: .....

Receipt No: .....

Received by: .....

Signature: .....

Recommendation:.....

.....

.....

.....

.....

Date.....

Approved:

Name.....

Designation.....

Signature.....

Date.....

**Official MPDB Stamp:**

## CPD II: CPD Provider Appeal Form

REPUBLIC OF KENYA

# CPD PROVIDERS APPEAL FORM

DATE_____

**REQUIREMENTS FOR APPEAL TO THE BOARD**

PART A

1. The applicant should fill in this form in BLOCK LETTERS
2. A copy of approval certificate of providers
3. A copy of renewal license certificate
4. Relevant data capture tools (CPD attendance sheet,)
5. Attachment(s) of credible evidence for use in appeal grounds

DETAIL OF COMPLAINTS

CPD Provider registration number: .....

I wish to appeal against the decision of the Board

On the subject of below:

SUBJECT OF COMPLAINT.....

COMPLAINTS.....

.....

.....

.....

.....

EXPECTED OUTCOME:.....

.....

.....

Name.....Sign .....

Witness

Name.....Sign.....

## PART C: MPDB REVIEW

Comments:.....

.....

.....

.....

Conclusion:.....

.....

.....

.....

Recommendation:.....

.....

.....

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.....

COMMITTEE MEMBERS PRESENT

| | NAME | DESIGNATION | DATE | SIGNATURE |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

Name Signature Date
Committee Chairman

Name Signature Date
Committee Secretary

## CPD III: Training Evaluation Form

REPUBLIC OF KENYA

# MPDB CPD Participant Training Evaluation Form

Provider's name:.....Date:.....

Location (if appropriate):.....Duration of training:.....

Type of activity.....

As a regulator, we are always seeking ways to improve the training design and delivery. Please complete this evaluation at the conclusion of the training session. It is important to complete this in detail and to be frank in your observations. If you would like to share other comments with the MPDB, please contact us at *ceo@kenyamedicalboard.org* or 0720771478.

| **Please rate your level of agreement on whether the learning outcomes for the training were attained.**<br>5– strongly agree 4 – agree 3 – neither agree nor disagree 2 – disagree 1– disagree strongly<br>0 – not applicable | | | | | | |
|---|---|---|---|---|---|---|
| 1. The CPD training met my competency needs | 5 | 4 | 3 | 2 | 1 | 0 |
| 2. Training format was effective | 5 | 4 | 3 | 2 | 1 | 0 |
| 3. The facilitator was knowledgeable about topic | 5 | 4 | 3 | 2 | 1 | 0 |
| 4. The facilitator's presentation style was effective | 5 | 4 | 3 | 2 | 1 | 0 |
| 5. The room and amenities were conducive to learning (if applicable) | 5 | 4 | 3 | 2 | 1 | 0 |
| 6. The CPD activity was cost effective | 5 | 4 | 3 | 2 | 1 | 0 |
| 7. There was adequate publicity for this CPD activity | 5 | 4 | 3 | 2 | 1 | 0 |
| 8. Additional comments: | | | | | | |

## CPD IV: CPD Practitioner Appeal Form

REPUBLIC OF KENYA

# CPD PRACTITIONER APPEAL FORM

DATE:.....

**REQUIREMENTS FOR APPEAL TO THE BOARD**

PART A

1. The applicant should fill the form in BLOCK LETTERS
2. A copy of relevant data capture tools
3. Attachment(s) of credible evidence for use in appeal grounds

DETAIL OF COMPLAINTS

Doctor/Dentist Registration Number: .....

I wish to appeal against the decision of the MPDB

SUBJECT OF COMPLAINT.....

COMPLAINTS.....

.....

.....

EXPECTED OUTCOME:.....

.....

.....

Name.....Sign.....

## PART B

DECLARATION: I .....

declare that the information I will provide is correct and truthful to the best of my knowledge.

Sign.....

## PART C

NAME.....

MPDB Reg. No: .....

## PART D: COMMITTEE'S OFFICIAL REPORT

Comments:.....

.....

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Conclusion:.....

.....

.....

Recommendation:.....

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.....

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MEMBERS PRESENT

| | NAME | DESIGNATION | DATE | SIGNATURE |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Name Signature Date

Committee Chairman

Name Signature Date

Committee Secretary

## CPD V: CPD Activity Verification Form

REPUBLIC OF KENYA

| FOR USE BY THE PRACTITIONER | | | | | |
|---|---|---|---|---|---|
| FIRST NAME | | MIDDLE NAME | | SURNAME | |
| MPDB REGISTRATION NUMBER: | | | | | |
| DATE: | CPD ACTIVITY: | NO. OF HRS | NATURE AND VENUE OF THE CPD ACTIVITY | NAME OF PROVIDER INSTITUTION | PRACTITIONER'S SIGNATURE |
| | | | | | |
| | | | | | |

VERIFICATION BY MPDB AUTHORIZED CPD PROVIDER (PROFESSIONAL ORGANIZATION)

| | |
|---|---|
| Is the CPD activity credible? | |
| Number of CPD points awarded | |
| Name of CPD provider | |
| Authorizing officer | |
| Signature | |
| Date | |

## CPD VI: CPD Participant(s) Registration Form

**PROVIDER'S LOGO**

TRAINING/WORKSHOP THEME: .....

DATES:.....

VENUE:.....

| S/ NO | NAME | MPDB REG. NO | PHONE NUMBER | EMAIL ADDRESS | SIGNATURE |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

# CPD VII: CPD Provider Submission Form

## i) CPD provider details:

CPD PROVIDER NAME:.....

PROVIDER REG. NO:.....

VENUE:.....

COUNTY:.....

STARTING DATE:.....

ENDING DATE:.....

THEMATIC AREA(S)

PRESENTED:.....

## ii) Facilitator's details: (include CVs where applicable)

| NAME | SPECIALITY | EMAIL ADDDRESS | SIGNATURE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## iii) Participants' details

| NAME | GENDER | MPDB REG. NO | COUNTY OF PRACTICE | SPECIALTY/ PROFESSIONAL QUALIFICATION | MOBILE NO. | EMAIL ADDRESS | SIGNATURE |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

# 9 REFERENCES


1. Association of Medical Councils of Africa (AMCOA) CPD protocol guidelines
2. Government of Kenya (1978) CAP 253 Laws of Kenya: The Act under which the Medical Practitioners and Dentists Board is established. Nairobi: GOK
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4. HPCSA (2011) Health Professions Council of South Africa CPD guidelines *http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf*
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6. MPDB (2012) Professional Code of Conduct and Discipline: a Publication of the Medical Practitioners and Dentists Board (6th edition). Nairobi: MPDB
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