



## THE UGANDA HEALTH PROFESSIONALS' COUNCILS

### Guidelines and Standards for Accreditation of Continuing Professional Development for Health Workers

October 2008



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## **Preface**

Health is a fundamental right for all. Government offices, development partners, health professionals, nongovernmental organizations, communities and individuals should endeavor to provide this right for the people of Uganda.

Health professionals must maintain their skills and knowledge in order to adequately deliver quality health care. This is particularly challenging due to a changing disease pattern in which diseases that had been eradicated are now reemerging, as well as an increase of noncommunicable diseases.

Recent technological advances, increased expectations for quality health care delivery, an increasing life expectancy, legal litigation, ethical and economic factors and a move towards evidence-based health care are all driving rapid change in health service delivery. Furthermore, due to increasing health care regulations and the perception of health care as a commodity in a market-oriented world, it is imperative for health professionals to keep abreast of new developments.

Health professionals have an obligation to self-regulate. To maintain regulations, health professionals must carry out continuing professional development (CPD) activities.

In effort to satisfy the needs and expectations of patients and clients, the Health Professional Councils have jointly developed guidelines and standards for CPD in Uganda. The Health Professional Councils endorse CPD as the means of maintaining and updating professional competence and ensuring quality health services for the community. CPD will address the current and emerging health needs and be relevant to the health priorities of Uganda.

We believe that patients, clients and health professionals will benefit from the CPD guidelines when properly implemented.

Dr. Stephen Mallinga, Hon. Minister of Health

## Foreword

Continuing education is necessary for all health care providers to remain up-to-date with the rapid technological advances and accumulation of new knowledge resulting from constant research.

The specific term used to categorize a continuing education program depends on the target profession (e.g., continuing medical education for physicians; continuing nursing education for nurses; continuing dental education for dentists; continuing pharmacy education for pharmacists; and continuing allied health professional development. Hereafter, the term continuing professional development (CPD) will be used generically to refer to all continuing education for health professionals, as recommended by the East, Central and Southern Africa (ECSA) Health Community meeting of professional associations and councils held in Zanzibar in 2006.

All health professional councils in Uganda require the professionals on their registers to undertake a minimum of 50 hours of continuing education per year for the renewal of their licenses to practice.

This booklet is intended to provide guidelines for planning, accrediting and implementing CPD in Uganda.

Dr. Sam Zaramba, Director General of Health Services, Ministry of Health

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## List of Acronyms

AHPC	Allied Health Professionals Council
CME	Continuing Medical Education
CPD	Continuing Professional Development
HRD	Human Resources Development
ICT	Information Communication Technology
MOH	Ministry of Health
UNANM	Uganda National Association of Nurses and Midwives
UNMC	Uganda Nurses and Midwives Council
UMDPC	Uganda Medical and Dental Practitioners Council

## Glossary

**Accreditation Program Administrator (APA):** The individual responsible for the direction of the accreditation program; the individual authorized to approve an educational activity for CPD credit. The APA identifies and uses internal and external advisors to accomplish the mission of the accreditation program.

**Accreditation Program Manager (APM):** The individual responsible for the administrative management of the accreditation program, including the maintenance of files and records, and the issuance of CPD statement of credit.

**Accreditation Statement:** A CPD provider must present a statement attesting to the fact that the provider is accredited by a competent authority to offer the planned activity and takes full responsibility for the content, quality and scientific integrity of the activity. The accreditation statement must be included in the information circulated to participants of the CPD activity in advance.

**Accrediting Body or Authority or Council:** Ideally a not-for-profit agency, independent of government and CPD providers, responsible for the identification, development, dissemination and enforcement of standards for CPD.

**Category I CPD Activities:** Formal, highly structured learning opportunities (usually the responsibility of specialists). Examples include lectures, performance-based learning (PBL) tutorials, workshops and practical or clinical training

**Category II CPD Activities:** Self-learning undertakings usually locally conducted individually or in groups. These may include journal clubs, teaching health professionals, using computer- and web-based instructional materials, conducting research, etc.

**Commercial Support or Sponsorship:** Financial or in-kind contributions given by a commercial interest, which may be used to pay for all or part of the costs of a CPD program or activity.

**Contact Hours:** The period in hours taken by the participant in active participation in a formal or self-learning CPD activity.

**Continuing Professional Development (CPD):** The Accreditation Council for Continuing Medical Education defines CPD as educational activities which serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that a licensed health 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 as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public.



Credit will also be granted for best practice recommendations for clinical care or community practice, quality improvement, procedural and communication skills development, bioethics, leadership and management and patient safety.

CPD includes all activities that enhance professional competence for better delivery of health care, such as the acquisition of communication skills, computer training, entrepreneurship, etc.

**Continuing Professional Development Accreditation:** The status conferred by an accrediting body to a CPD program and/or activity that meets set criteria or standards of planning and delivery. Also the system or process used to ensure that CPD activities meet acceptable educational standards and scientific merit.

**Continuing Professional Development Committee or Unit:** Comprised of members of the relevant profession, serving in an advisory capacity to the CPD organizer with regards to recommending policy, developing programs, designating credit and monitoring quality of CPD activities. Strong professional representation on the committee ensures that:

- Professionals with interest in CPD are identified and appointed to serve on the CPD committee
- Major sub-specialties of the profession are represented on the CPD committee
- The committee consists of, among others, representation from the MOH, Human Resources Development Department, HRMD, Clinical Service Department, Nursing Service Department, Health Professional Councils, professional associations and institutions of higher learning. It will have the following office bearers:
  - Chair
  - Vice chair
  - Secretary
  - Professionals from major sub-specialties.
- Responsibilities:
  - Designate CPD credit for category I activities
  - Help formulate policies and procedures pertinent to CPD
  - Participate in long-term and short-term planning efforts
  - Participate in CPD activity development
  - Assist in CPD needs assessment and evaluation
  - Provide liaison between CPD staff, faculty, health facilities and target group of professionals.

**Continuing Professional Development Organizer:** A professional in the field with relevant clinical (or technical) and educational expertise delegated by the provider and

responsible for identifying training needs, initiating, planning, developing, seeking accreditation for and implementing CPD.

**Continuing Professional Development Provider or Sponsor** (hereafter referred to as **Provider**): An institution or organization that possesses expertise and assumes responsibility for CPD at a national level, such as faculties of health sciences, specialty divisions of MOH, health professional associations, etc.

**Continuing Professional Development Standards:** Statements or directives describing the qualities, responsibilities and expected levels of performance of a specified CPD activity.

**Distance and Distributed Learning:** A learning process that allows a learner to study relevant material at a location far removed from the trainer/facilitator with short intervals of face-to-face contact between learner and facilitator for overview, guidance and reference.

**E-learning or Web-based Learning:** A learning process through which a learner and the facilitator work together through the medium of Information Communication Technology (ICT).

**Enduring Materials:** Printed, recorded or electronic materials designed to be used for CPD that also need to be presented for accreditation. The CPD provider will be expected to designate CPD credit to each one of them.

**Facility-based Learning:** Learning based on activities of the learner at his/her own work location, health unit or practice.

**Joint CPD Accreditation Council or Committee (JCPDAC):** A not-for-profit agency, formed by the Health Professional Councils, responsible for the identification, development and promotion of standards for quality CPD used by physicians, nurses, pharmacists and allied health professionals in their maintenance of competencies and incorporation of new knowledge to improve the quality of care for patients and communities.

**Self-learning Activities:** Arrangements made by an individual health professional to update professional competencies. Examples include conducting research, participating in distance-learning activities or reading.

**Tracer Study:** A consistent follow-up of CPD participants to assess impact of CPD on the quality of their practices.

**Training Needs Assessment:** A process by which the CPD training needs of the target professional population are identified. Examples include expert opinions, surveys and reviews of health data.

# **I. Mandate and Role of the Uganda Health Professional Councils**

There are four Health Professional Councils in Uganda:

- The Uganda Medical and Dental Practitioners Council (UMDPC), established by Statute No. 11 of 1996
- The Uganda Nurses and Midwives Council (UNMC), established under Act No. 2 of 1996
- The Allied Health Professionals Council (AHPC), established by Statute No. 10 of 1996
- The Pharmacy Council of Uganda, to be established by a bill before Parliament at present.

According to the Accreditation Council for Continuing Medical Education, the UMDPC is mandated to “monitor and exercise general supervision and control of professional medical and dental educational standards including continuing education.” The other councils are authorized to undertake similar regulation and supervision of training their respective professionals. The four councils are therefore directed to accredit continuing professional education (CPD) programs, which entails reviewing and making determinations as to the usefulness and standards of an intended CPD activity and thereby giving permission for it to be offered and for the participant to claim CPD credits he/she can use while seeking renewal of practicing licenses.

## **2. Accreditation of CPD Activity**

A CPD organizer is required to apply to a CPD accreditation authority or agency for accreditation of every CPD activity before it is given. For a CPD activity to be accredited, the organizer will have to provide the following information, classified under three essential areas:

### **2.1 Essential Area I: Purpose and Mission**

- 2.1.1 A written statement of the CPD mission, including the purpose or reason for providing CPD, the content area(s), the target group of professionals, the type of activities planned and the expected outcomes. [A sample CPD mission is attached as Annex A.]
- 2.1.2 Evidence that the CPD mission is congruent with the mission of the parent organization or CPD provider (if such an organization exists).

## **2.2 Essential Area 2: Educational Planning**

- 2.2.1 Evidence of having undertaken a CPD needs assessment and that the data so obtained have been used in planning the CPD activity. 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. [Results of a rapid CPD needs assessment survey are attached in Annex B.]
- 2.2.2 Verification that CPD learning objectives, content, methodology, learning materials and evaluation to be used are selected by CPD committee based on data from needs assessment. [For an example statement of learning objectives, content, methodology and learning resources and evaluation methods, see Annex C.]
- 2.2.3 Desired learning outcomes, in terms of knowledge, skills and/or attitudes and plans to communicate them to the target audience before the activity is conducted.
- 2.2.4 Confirmation that CPD educational formats are selected based on the most effective and efficient methods of meeting the stated learning objectives.
- 2.2.5 Confirmation that course facilitators are selected by a relevant professional planning group based on expertise in the field and the resources available. Curricula vitae of the selected facilitators should be appended for committee review.
- 2.2.6 Proof that time allocated for the activity is adequate and allows for adequate rest periods between sessions. Time must also be allowed at the end of the program for participants and course facilitators to interact.
- 2.2.7 Clear indication of credit allocation to the activity and its basis. [A sample of a credit allocation guide is attached as Annex D.]
- 2.2.8 A selection of promotional brochures and fliers for the CPD activity to be disseminated widely among the target group of professionals to allow as many as would like to apply and participate in the program. Promotional materials should include an accreditation statement. [A sample accreditation statement is attached as Annex E.]

- 2.2.9 Assurance that enduring materials, handouts, videotapes, DVDs and web-based materials used for self study are of the highest quality possible.
- 2.2.10 An evaluation of all CPD activities, plans and tools to measure effectiveness in meeting the identified needs, such as measured satisfaction of knowledge, skills and/or attitudes acquired by the participants.
- 2.2.11 Plans to evaluate the impact of the activity on the practice and health status of the community served.
- 2.2.12 Plans for overall program evaluation based on CPD mission and previous year's experiences.
- 2.2.13 Plans for annual CPD needs assessment survey of the target group of health professionals.
- 2.2.14 Evidence of improvements made in the CPD program based on such feedback.

### **2.3 Essential Area 3: Administration**

- 2.3.1 Evidence of an organizational framework that provides support and financial resources for the CPD committee to enable it to carry out its functions in line with the CPD mission of the provider.
- 2.3.2 A business and management operating manual detailing policies and procedures of the CPD program with regard to human resources, financial resources and legal obligations.
- 2.3.3 Evidence of available adequate funding for the CPD activity and a separate budget for it. Revenue sources may include registration fees, medical industry, etc.
- 2.3.4 Documentation of all expenditures and revenue relevant to the course. Honoraria for facilitators and accommodations and meals for all participants are acceptable; honoraria for *participants*, however, should be regarded as inducements and should not be allowed.
- 2.3.5 Disclosure of all commercial sponsorship of the proposed CPD activity and any commercial conflict of interest. Such disclosure must be communicated to potential participants along with other promotional materials.

- 2.3.6 Acknowledgement that commercial sponsors (usually pharmaceutical companies) do not directly or indirectly influence the content and method selected for the CPD activity.
- 2.3.7 Acknowledgement that commercial sponsors will not be allowed to use the CPD activity as an opportunity for advertisement.
- 2.3.8 The accreditation authority should insist on receiving a copy of the sponsorship agreement between the CPD provider and the commercial sponsor.
- 2.3.9 A resolution of personal conflict of interest. The CPD provider must show that everyone who is in position to influence the content and conduct of a CPD activity has disclosed all relevant commercial relationships with the commercial sponsor of the activity.

### 3. Credit Allocation and Credit Designation Statement

Table 1: Guide for Credit Allocation

Category I activity	Credit
Workshop	1 / hour
Lecture series	1 / hour
Symposia/Seminars	1 / hour
Group learning sessions	1 / hour
Practical training sessions	0.5 / hour
Reading scientific papers in journals	0.5 / hour
Scientific paper/review articles published in refereed journals: 1 <sup>st</sup> (or single) author	10
2 <sup>nd</sup> author (and beyond)	5
Chapters in a book in area of specialization: 1 <sup>st</sup> (or single) author	10
2 <sup>nd</sup> author (and beyond)	5
Writing a book/monograph in area of specialization	10
Presentations in conference, lecture, posters	5
Teaching/conducting workshop	2 / hour
Specialty board recertification	25
Obtaining medically-related advanced degrees	25
Participation in residency training programme	50
Category II activity	Credit
Patient care review meetings	0.5 / hour
Teaching of medical students and other health professionals	0.5 / hour
Writing questions for examination	0.5 / hour

Journals clubs	0.5 / hour
Approved self instruction	0.5 / hour
Computer assisted	0.5 / hour
Audio-visual instruction	0.5 / hour

### **Credit Designation Statement**

The [Name of CPD provider] designates this [Category 1 or 2] CPD activity for a maximum of [number of credits]. Physicians [or other professionals] should only claim credit equivalent to the extent of their participation in the activity. This credit will also be applied to the CPD certificate.

## **4. Documentation**

It is the responsibility of individual health professional to prove that he/she undertook CPD.

At the conclusion of every CPD activity, the accredited CPD provider is required to issue every participant a signed certificate specifying the extent of participation and the number of CPD credits earned. The language and style of the certificate must be approved by the accrediting authority in order to guarantee authenticity.

Participants are required to keep a log of all activities they participate in and to produce documentary evidence to the re-licensing authority. Their claims for CPD credit may, from time to time, need to be verified. The accrediting authority may then call on the accredited CPD provider for help.

The CPD provider must, therefore, maintain accurate records of the following:

- Participants' attendance records for at least two years (four years for nurses whose period of renewal is every three years)
- Record of CPD credit earned by participating physicians or other health professionals
- Needs assessment data
- Evaluation summaries
- Minutes of professional development committee where activities are planned in terms of content, selection of facilitator, etc.

The CPD provider should maintain an up-to-date library containing reference materials relevant to CPD activities and needs of the participants. These will include electronic and web-based resources.

## 5. Quality Assurance

The relationship between CPD and improvements in professional conduct has hitherto been difficult to demonstrate. If CPD is to be relied upon as a means of maintaining professional competence, and therefore quality of health care, its quality and effectiveness must be assured. It is important to ensure that health professionals, in their efforts to meet the requirement of 50 hours per year for renewal of registration, do not sacrifice quality for quantity of credit hours. For a CPD activity to be accredited, the provider must show evidence of a plan (deliberate steps) to ensure quality and effectiveness. Such a plan will include, but not be limited to, proof of the following:

1. The CPD activity was planned based on a well-conducted assessment of practice needs of the target group of health professionals (not merely the keenness and interest of the providers).
2. The environment in which the CPD activity is conducted is conducive to effective learning; it is comfortable, well lit, aerated, free from distractions of noise and human traffic, has adequate amenities such as toilet facilities, adequate/appropriate learning aids such as an LCD projector, laboratory facilities and ward facilities.
3. The delivery method ensures student participation and sharing of experience.
4. The CPD activity will be evaluated by participants with regards to the extent to which they enjoyed participating in it and the extent to which the activity met their expectations and learning needs.
5. Opportunities exist for participants to make their own workplans for improvements in their practice.
6. Plans exist for tracking improvements in practice and health care outcomes, through visits to practice sites, periodic surveys of utilization trends, extent to which performance meets prescribed standards, case studies, chart reviews, standardized patients and statistical reviews.
7. Plans exist for overall evaluation and improvement of the entire CPD program.

## 6. Monitoring and Evaluation of CPD

### 6.1 What to monitor?

- Councils to conduct baseline surveys on CPD training needs and level of participation of health professionals in CPD
- All aspects of the CPD delivery system: trainers, topics, instructional methods, quality and availability of learning resources, the learning environment, etc.
- Numbers of target professionals and levels of participation



- Compliance of both providers and participants of CPD activities with pre-set standards.

## 6.2 Why monitor?

- To maintain high standards of health care.

## 6.3 Who is to monitor?

- The relevant Health Professional Councils
- Other accredited bodies to which responsibility is delegated
- Accredited CPD providers.

## 6.4 How to monitor?

- Scheduled visits to CPD providers during or in between CPD activities and reports on such visits
- Telephone conversations
- E-mail
- Written reports
- Mini-surveys.

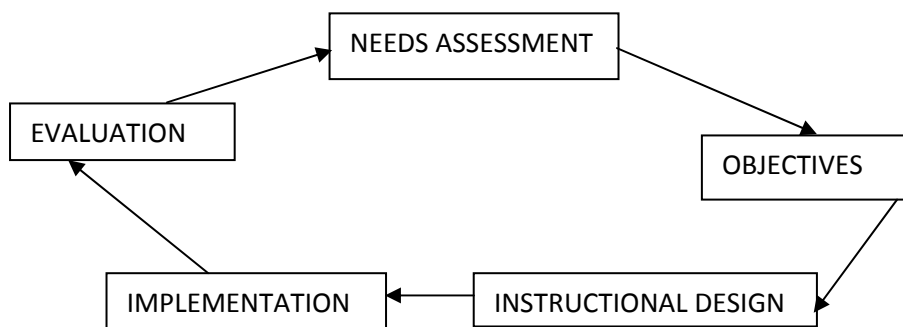
## 6.5 When to monitor?

- Yearly
- Whenever need arises.

## 6.6 Evaluation

- By the health professional councils or selected (contracted) independent consultants
- Once every five years
- Will be done in order to determine the impact of CPD
- Undertaken by accredited CPD providers.

**Figure 1: Concept Map for Quality Assurance of CPD Activities**



## **6.7 Documentation and information-sharing**

- Develop a CPD training information system (TIS) linked to the health professional councils' information system for registered and licensed health professionals
- Disseminate reports to stakeholders regularly
- Share CPD study findings with stakeholders
- Maintain records of all relevant information about CPD performance in the country
- Disseminate information on sources of funding for CPD.

## **7.0 Application Process**

### **7.1 Accreditation fees**

Each council will determine the fees it will charge from time to time. These could include:

- Application fees to be paid by each CPD provider at the time of application for accreditation of a CPD activity or program
- An annual fee paid by accredited providers, who may also need to file an annual report to keep their accredited status.

## **Annex A: Sample CPD Mission Statement**

### **Purpose**

The purpose of [name of CPD provider] is to maintain and improve the health status of the people of Uganda. Providing CPD is consistent with this goal.

The provider is dedicated to providing quality CPD for the purpose of providing doctors or other health professionals in Uganda with the most current and scientifically sound information available. Evidence-based approaches will be utilized and experts of national and international reputation will be called upon to serve as resource persons for the CPD activities.

### **Content areas**

The CPD content will include basic, clinical and public health sciences generally accepted by the profession as pertinent to the highest standards of the practice of medicine or other health professions. Best practice recommendations for clinical care or community practice, quality improvement, procedural and communication skills development, bioethics, leadership, management and patient safety will also attract credit. Continuing medical education activities will be based upon expressed needs and interests of the health care providers and will be free of commercial bias.

### **Target audience**

The planned CPD activities target doctors or other health professionals working in Uganda. It is also our desire to provide leadership, creativity and advice to hospitals and practice groups throughout the country.

### **Type of planned CPD program activities**

The CPD activities will be often be multidisciplinary in nature to cater for the specialties that have a major presence in Uganda. They will include conferences, workshops, lecture series, practice-based activities, problem-based learning, small group tutorials, enduring materials, etc. The instructional methods will be varied and tailored to fit diverse individual learning needs, learning styles and practice settings.

### **Expected results of the program**

These activities alone or in combination will result in continuous enhancement of professional competence of the health workers participating in them; improvement in the quality of the health outcomes of their practices; and, consequently, improvement in the health status of the people they serve. [Name of CPD provider] is committed to assessing the effectiveness and impact of the CPD program using both qualitative and quantitative methods such as post-activity evaluation by participants indicating their levels of satisfaction, intent to make immediate changes and surveys of patient outcomes over time.

## **Annex B: Needs Assessment**

Needs assessment is an essential pre-requisite for planning a CPD activity. Needs assessment data can be obtained from any one of the following:

### **1. Needs as expressed by experts**

- Planning committees
- CPD activity faculty
- Expert panels
- Peer-reviewed literature
- Required by a medical school authority
- Required by government authority for certification or licensure.

### **2. Needs as expressed by participants or potential participants**

- Previous course evaluations
- Focus group discussions
- Needs assessment surveys
- Requests from physicians, nurses, pharmacists or allied health professionals
- Requests from affiliated institutions or groups of health professionals.

### **3. Observed needs**

- Hospital/clinic quality assurance analysis
- Chart audit reports
- Mortality/morbidity data
- Epidemiological data
- New diseases, e.g. HIV/AIDS
- Outbreaks, e.g. Ebola
- Demographic changes leading to more chronic pathologies, e.g. HT, heart diseases, diabetes mellitus
- National clinical guidelines
- Guidelines developed by specialty societies
- Database analyses (diagnosis trends, prescription changes, etc.)

### **4. Environmental scanning**

- Hot topics
- New therapeutics
- Lay press
- Direct-to-consumer advertising

- Other social trends
- Disasters, e.g. wars, earthquakes, floods, etc.

### Sample CPD needs assessment results

The following example shows the results of a rapid needs assessment survey carried out in 2008 amongst various health workers:

#### 1. NURSES' CPD NEEDS

Need	Frequency
Update on HIV/ AIDS and STDs	14
Infection control	13
Pediatric illnesses and nursing	8
Counseling skills	7
Business management	7
Computer training	7
Family planning	6
Gynecological assessment	6
Malaria	5
Public health education	4

#### 2. PHARMACISTS' CPD NEEDS

Need	Frequency
Application of pharmacokinetics	1
Rational use of antibiotics	1
Drug formulation and compounding	1
Proper interpretation of drug prescription	1
Conservation and conditioning of stored drugs	1

#### 3. ALLIED HEALTH PROFESSIONALS' CPD NEEDS

Need	Frequency
1. Infection control	14
2. Patient counseling	7
3. Business management	6
4. Radiological techniques	6
5. Combating HIV/ STDs	5
6. Oral health	5
7. Improvement of health management information systems	3
8. Orthopedic surgery practice	2
9. Pathology	2
10. Quality assurance	2

#### 4. DOCTORS' CPD NEEDS

Need	Frequency
1. Business management	16
2. Infection control	11
3. Advances in surgery	7
4. HIV/ AIDS and oral manifestation	6
5. Emergency medicine	5
6. Present development in medicine	5
7. Trauma management	5

8. <i>Drug abuse and drug reaction</i>	4
9. <i>Medical ethics</i>	3
10. <i>Antibiotic therapy in surgery</i>	3

# **Annex C: Sample of CPD Learning Objectives, Content, Methodology, Learning Resources and Evaluation Methods**

## **Topic**

Current Perspectives of What Doctors Need to Know for Effective Infection Control

## **Purpose**

This CPD course is intended to help doctors address the challenge of hospital-acquired infection which is often multidrug resistant, difficult to manage and frequently has fatal consequences.

## **Learning objectives**

By the end of the course, participants should be able to:

- List the common infective agents responsible for hospital infection
- List the commonest sources of hospital-acquired infection
- Lists the commonest routes of transmission of hospital infection
- List three most effective laboratory tests for the detection of hospital-acquired infection
- Demonstrate four most effective measures for protecting patients and health workers against hospital infection.

## **Content**

Epidemiology of nosocomial infections  
Disease burden  
Commonest agents of nosocomial infections  
Mechanisms of transmission  
Disease evolution  
Economics of infection control  
Standard precautions  
Transmission-based precautions  
Hand hygiene  
The aseptic technique  
Environmental hygiene  
Sterilization and disinfection  
Waste management  
Injection safety  
Multiply-resistant organisms in the health care setting  
Surveillance of nosocomial infections  
Organization of infection control activities

## **Learning methods**

- Two overview lectures by experts in microbiology and clinical practice with special experience with management of hospital-acquired infection
- Small group problem-based learning tutorials
- Practice-based demonstration of infection control measures
- Case presentation and discussion.

**Learning resources**

- Flip charts
- Markers
- Demonstration laboratory
- Demonstration practice setting (e.g. hospital ward)
- LCD projector
- Protective facilities.

**Assessment**

- Evaluation forms
- Pre-test and post-test
- Follow-up practice visit
- Surveillance report on rates of hospital-acquired infections.

**Desired outcomes**

- It is hoped that this CME course will result in a drop in the rate and severity of hospital-acquired infection in Ugandan hospitals.



## **Annex D:Accreditation Statement**

The [name of the accredited CPD provider] is accredited by [name of accrediting authority] to provide continuing education to physicians [or other professional grouping]. The [name of CPD provider] takes responsibility for the content, quality and scientific integrity of this CPD activity.

# Annex E: Sample Accreditation Application Form (Adapted from MAPP 4550.5)

## Activity Details

<b>Title:</b>
<b>Date(s):</b>
<b>Time(s)</b>
<b>Number of CPD hours requested:</b>
<b>Target audience:</b> <b>Percentage of expected audience</b> <b>Doctors ----- Pharmacists ..... Nurses ..... Other.....</b>
<b>Prerequisites:</b>
<b>Course organizer(s):</b> <b>Name(s), qualification(s), phone numbers(s), e-mail address(es)</b>
<b>CPD provider:</b> <b>Name ..... Legal status.....</b> <b>Specialization.....</b>

## Sponsoring Organization

**Name .....**  
**Legal status ..... Address .....**  
**Phone number ..... Fax .....**  
**E-mail address ..... Product line .....**  
**Name of contact person .....**

## Sponsorship Agreement

*Attach letter of agreement (responsibilities and conditions of sponsorship)*

## PLANNING AND DEVELOPMENT

### Method of needs assessment: (Tick and attach documentation)

- Survey of target audience
- Training deficit
- New policy
- New techniques
- Previous evaluations
- Other (specify)

How will the activity meet the need?

-----  
-----  
-----

**Goal:** What is the overall goal of this activity?

-----  
-----  
-----

**Learning objectives:** Statement that reflects what each participant will learn by attending this programme or activity. "At the conclusion of this activity, the participant will be able to do the following:"

1. -----
2. -----
3. -----

**Instructional method:** Tick one(s) to be used

- Lecture
- Case study
- Practice session
- Small group discussion
- Informal discussion
- Demonstration
- Other (specify) -----

How will the selected instructional method(s) achieve the learning objectives?

-----  
-----  
-----

*Attach copy of outline/abstract of the content to be presented.*

**Delivery method(s)**

- Computer based instruction
- Live instructor led
- Satellite broadcast
- Internet
- Videoconference
- Self-study
- Other (specify) -----

## EVALUATION

**Evaluation method:** How will this educational activity be evaluated to see that it met its objectives?

**(Attach a copy of the evaluation tool)**

- Questionnaire
- Group discussion
- Case study
- Pre-post test
- Follow-up survey
- Other (specify) -----

**FACULTY**

**Faculty information:** Please attach the following information for each faculty member:

Name: -----

Affiliation: -----

Mailing address: -----

Phone number ----- Fax -----

E-mail address -----

Recent CV (attach a copy)

Faculty disclosure of conflict of interest (attach completed form)

Identify faculty members seeking Category I credit (attach list)

**APPROVAL ACTION**

Date submitted for review: -----

Recommended for ----- hours of Category I continuing medical education (CME) credit

Not recommended for CPD for the following reasons:

-----  
-----  
-----

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Chair of CPD Accreditation Authority

# Annex F: Program Evaluation

(Adapted from Division of CPD and Knowledge Translation University of British Columbia)

**PROGRAM:**  
**DATE:**  
**LOCATION:**

Please provide us your feedback, which will help us to plan future CME/CPD events. Your response will be kept anonymous.

**Physician:** \_\_\_ General Family Practice       **Resident**       **Other** \_\_\_  
Please specify: \_\_\_\_\_                                  \_\_\_ Specialty Practice

**Year of Graduation:** \_\_\_\_\_

### **INSTRUCTIONS:**

Please circle the number that reflects your assessment of each of the following:

### **PART I – LEARNING & APPLICATION OF KNOWLEDGE**

**1 = Very Little      5 = A Great Deal**

1. The amount I have learned in this program:                                  |   2   3   4   5

2. The information I learned will be used in my future practice.                                  |   2   3   4   5

3. The key lessons I learned were:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is there anything you plan to do differently as a result of having attended this program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PART 2 – PROGRAM**

**1 = Unsatisfactory; 3 = Satisfactory; 5 = Exceptional**

1. **FORMAT:** Lectures, discussions, audience size, etc.                                  |   2   3   4   5

2. **CONTENT:** Relevance to my job    |   2   3   4   5

3. **CONTENT:** Compatibility with my expectations    |   2   3   4   5

4. **INTERACTIVITY:** Adequate opportunities for interaction    |   2   3   4   5

5. **OVERALL RATING OF THIS PROGRAM**    |   2   3   4   5

Comments: \_\_\_\_\_

\_\_\_\_\_

6. SESSIONS:	Question (a)	Question (b)
	<u>1 = Not Valuable</u> <u>5 = Very Valuable</u>	<u>Did Not Attend</u>
Session ____	1 2 3 4 5	<input type="checkbox"/>
Session ____	1 2 3 4 5	<input type="checkbox"/>
Session ____	1 2 3 4 5	<input type="checkbox"/>

Please list any learning objectives not achieved in the session(s) and/or overall program:

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7. What was the most effective part of the program? Why?

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7. What was the least effective part of this program? Why?

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8. Do you feel that there was any industry bias in any of the presentations?  Yes     No

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9. How could this program be improved?

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10. Please list *topics* and *speakers* for future programs:

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11. Additional comments or suggestions:

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**Thank you for completing the evaluation.  
Please return this to the Registration Desk at the end of the program.**

This publication is made possible by the support of the American people through the United States Agency for International Development. The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.



**The Capacity Project** is an innovative global initiative funded by the United States Agency for International Development (USAID). The Capacity Project applies proven and promising approaches to improve the quality and use of priority health care services in developing countries by:

- Improving workforce planning and leadership
- Developing better education and training programs for the workforce
- Strengthening systems to support workforce performance.

#### ***The Capacity Project Partnership***



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