

THE UNITED REPUBLIC OF TANZANIA

Ministry of Health, Community Development, Gender,
Elderly and Children



National Continuing Professional Development Framework for Health Care Providers in Tanzania

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TABLE OF CONTENTS

Preamble.....	ii
Acknowledgements.....	iv
Abbreviations.....	v
Glossary.....	vi
SECTION 1	
1.1 Introduction.....	1
1.2 Purpose of CPD Framework.....	1
1.3 Principles supporting CPD Framework.....	2
SECTION 2	
2.1 CPD requirement.....	3
2.2 CPD scope.....	3
2.3 CPD documentation.....	4
2.4 Annual verification of CPD points attained.....	4
2.5 Accreditation of CPD content and providers	4
SECTION 3	
3.1 Administration of the CPD Framework.....	6
3.2 Monitoring compliance with the CPD Framework.....	6
3.3 Evaluation of CPD Framework.....	7
3.4 Key Stakeholders for Implementation of the CPD Framework.....	7
3.5 Implementation roles and responsibilities.....	8
SECTION 4	
Appendix One.....	11

PREAMBLE

Over the years, the Ministry of Health and Social Welfare (MoHSW) currently known as Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) aspired to develop a national consolidated Continuing Professional Development (CPD) framework for all health care providers in Tanzania. In 1992, the MoHSW produced a national continuing education guide which was reviewed in 1996 and again in 2003 (MoHSW, 2003). The Continuing Education (CE) Unit under Human Resources Development Directorate in MoHSW developed a later iteration of a national CPD guideline for practising health care providers in 2009 (MoHSW, 2009). While these guidelines served the purpose to some extent, there is still a need to institutionalize and standardize CPD for health care workers in Tanzania.

Currently, there is no formal system existing for organising, coordinating, measuring or accrediting CPD for health care providers. Multiple challenges exist for health care providers wanting to engage in continuous professional development due to lack of an organised streamlined framework for implementing CPD in the country. Almost all forms of CPD for health care providers happen sporadically, offered by multiple organizers such as NGOs, professional organizations and government departments, however they are not formally linked to an individual's learning needs.

Although the training has been very useful, lack of a formal system for standardizing and institutionalizing the training has resulted in some training being imposed on health care providers instead of responding to health care provider learning needs or the needs of patients, clients or the health system. A national CPD framework will create the mechanism for all health care providers to undertake CPD in a regulated and systematic way to meet their individual learning needs.

Evidence-based studies have shown that no health care provider can remain competent after initial training without a program of continuous active learning. There is a need for, and a responsibility to provide, lifelong learning for all health care providers.

In 2011, an analysis conducted by the Medical Association of Tanzania (MAT) on CPD practice in Tanzania identified the following challenges:

- There is no formal recognition of the in-service training that health care providers receive.
- In some cases, there is no difference in the quality of care provided between the trained and the untrained as health care providers do not, or are not able to utilise competencies attained through training.
- Some health care providers are appointed to attend trainings on issues that do not constitute their usual duties, hence the training is wasted.
- There is no appropriate choice of CPD providers. CPD providers are not coordinated, and there is no formal system of assessing the relevance of the training or accrediting the content or the CPD provider.
- The motivation of health care provider participation in training has also been questioned, whether they are motivated by financial incentives rather than the quest for new knowledge and skills.

In Country's Operational Plan Fiscal Year 2015, I-TECH was funded by the US Centers for Disease Control and Prevention (CDC) to facilitate the MoHCDGEC to develop a generic CPD framework for health care providers in Tanzania, both licensed health care providers and those not currently licensed.

The rationale for this initiative is that a streamlined approach to CPD for health care providers can give useful guidance to relevant policy makers, including health professional regulatory bodies, CPD providers, and practising health care providers in improving the overall system of continuing education in the country and thereby enhancing the provision of quality care to the population of Tanzania.

The development of a national CPD framework involves close collaboration and coordination amongst all relevant CPD stakeholders. An examination of existing examples of national, regional and international CPD frameworks, guidelines, and policies, helped inform the framework development process for key stakeholders in the MoHCDGEC's Continuing Professional Development Technical Working Group (TWG).

This framework is a tool for establishing a regulated and consistent system for CPD activities for health care providers, as well as facilitating the coordination of the administration of the framework among relevant CPD stakeholders.

CPD is defined in this document as 'a range of purposeful learning activities, both formal and informal, that health care providers undertake throughout their career to improve performance, develop, maintain and update knowledge, skills and attitudes in order to provide safe, ethical, legal, and effective care to patients, clients and the community'.



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Dr. Otilia Gowelle,
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ABBREVIATIONS

APHFTA	Association of Private Health Facilities in Tanzania
CDC	Centre for Disease Control and Prevention
CDE	Centre for Distance Education
CE	Continuing Education
CEDHA	Centre for Educational Development in Health Arusha
CPD	Continuing Professional Development
EHPRA	Environmental Health Practitioners Association
EHPRC	Environmental Health Practitioners Registration Council
GAP	Global AIDS Programme
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HCPs	Health Care Providers
HCWs	Health Care Workers
HIV	Human Immunodeficiency Virus
HLPC	Health Laboratory Practitioners Council
HRSA	Health Resources and Services Administration
I-TECH	International Training and Education Centre for Health
JHPIEGO	John Hopkins Program for International Education in Gynaecology and Obstetrics
MAT	Medical Association of Tanzania
MCT	Medical Council of Tanganyika
MeLSAT	Medical Laboratory Scientists Association of Tanzania
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MoHSW	Ministry of Health and Social Welfare
MRIPC	Medical Radiology and Imaging Professional Council
MUHAS	Muhimbili University of Allied Health Sciences
NACTE	National Council for Technical Education
NGO	Non-governmental organization
OC	Optometry Council
ORCI	Ocean Road Cancer Institute
PEPFAR	President's Emergency Plan for AIDS Relief
PHCI	Primary Health Care Institute
PhD	Doctor of Philosophy
PHLB	Private Health Laboratory Board
PST	Pharmaceutical Society of Tanzania
TAHPC	Traditional and alternative Health Practice Council
TANNA	Tanzania National Nurses Association
TARA	Tanzania Radiographers Association
TB	Tuberculosis
TNMC	Tanzania Nursing and Midwifery Council
TOA	Tanzania Optometric Association
TWG	Technical Working Group
ZHRC	Zonal Health Resources Centres

GLOSSARY.

Case Study Discussion: Meeting of two or more people to discuss and reflect on a particular health case.

Clinical Audit: Quality improvement process to improve patient care and outcomes through systematic review of care against explicit criteria.

Competency: An underlying characteristic of an individual which enables them to deliver performance in a given situation.

Compliance: The act or process of doing what one have been asked or ordered to do. Efforts to ensure that organisations are abiding by both regulations and legislations.

Conference: Pre-arranged meeting for consultation or exchange of information or discussion (especially one with a formal agenda).

CPD: a range of purposeful learning activities, both formal and informal, that health care providers undertake throughout their career to improve performance, develop, maintain and update knowledge, skills and attitudes in order to provide safe, ethical, legal, and effective care to patients, clients and the community.

CPD provider: A person or organisation accredited by the relevant regulatory authority to provide CPD .

Employer: An individual who or organisation which, contracts a health care provider to perform specific duties in return for a salary, with direct control over the health care provider and the work undertaken.

Formal learning: Any form of structured learning that has clear objectives and content. May be delivered face to face, by distance education or online and be of various lengths and may or may not lead to a qualification.

Guidelines: A rule or instruction that shows or tells how something should be done. An indication or outline of policy or conduct.

Health Care Provider: A person providing health care services to patients or clients direct or indirect

Informal learning: Self-directed or experiential learning that is relevant or related to the current or future work role, such as on-the-job skills acquisition, writing an article for publication, or attending an activity where the focus is on knowledge sharing.

Integrity: A personal quality of being honest and having moral principles (moral uprightness).

Interdepartmental meetings: Meetings convened which involves more than one department.

Journal Club: An educational meeting in which a group of health care providers discuss current literature and research findings, in order to enhance their knowledge and skill.

Meeting: Is a gathering of two or more people that has been convened for the purpose of achieving a common goal through verbal interaction, such as sharing information or reaching agreement.

Non-compliance: Failure to comply, as with a law, regulation, or terms of contract.

Presentation: An activity in which someone shows, describes or explains something to a group of people.

Policy: A statement of intent with a vision.

Professional Association: A formal body established to represent a specified group of health care providers with a mandate to work in their interests and the interests of the profession they are drawn from.

Promotion: The act of moving someone to a higher or more important position or rank in an organization.

Protocol: A system of rules that explain the correct conduct and procedures to be followed in formal situations.

Quality care: A service delivered according to a recognised standard.

Regulatory body /Authority: A body/authority established by legislation having an obligation to regulate and supervise specified health care providers in order to protect the public.

Re-licensure: The process of renewing an existing license to practice a particular profession

Retention: Maintaining a registered professional individual on the register of the regulatory body following successful re-licensure and in the workforce.

Seminar: A conference or other meeting convened for discussion or training. A small group of people engaged in study or work on a creative project or subject.

Short Course: Training offered face to face, online, or by distance education. May be less than one week to six months in duration. May offer an affordable, quick and accessible means to professional and self-improvement and career progression.

Stakeholders: Stakeholders are those entities that are integrally involved in the healthcare system and would be substantially affected by reforms to the system.

Workshop: A meeting at which a group of people engage in intensive discussion and activity on a particular subject or project.

Workplace Committee: A group of people selected to work on a particular issue within a working environment in the health care setting.

SECTION 1

1.1 INTRODUCTION

Continuing Professional Development is a range of purposeful learning activities, both formal and informal, that health care providers undertake throughout their career to improve performance, develop, maintain and update knowledge, skills and attitudes in order to provide safe, ethical, legal, and effective care to patients, clients and the community. It is any learning outside formal undergraduate or postgraduate education that helps the health care provider to maintain and improve work performance with the ultimate aim of improving patient and client care. CPD covers the development of knowledge, skills, attitudes and behaviours across all areas of practice. It includes both formal and informal learning activities.

The Tanzania Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) recognizes the importance of a national continuing professional development (CPD) program that provides assurance that all health care providers are continually improving their skills, knowledge and competencies in order to provide quality health care services.

Ensuring the availability of safe and quality health care services to the community is the responsibility of individual health care providers, professional regulatory bodies, professional associations, employers and government.

The quality of health care services provided to the public depends to a great extent on the expertise of health care providers (HCPs). Continuous change in the health needs of the population; new technologies, treatments and medicines; and the reoccurrence of old diseases and the emergence of new diseases requires HCPs to expand their understanding and update their skills on a regular basis.

The development of national CPD frameworks, guidelines, and policies can help provide the necessary standards to ensure better quality health care provider training within a country across various areas of clinical service delivery, including HIV, TB, other infectious diseases and non-communicable diseases. The successful implementation of the CPD Framework will require the commitment and involvement of many individuals and organisations including: the Ministry of Health, Community Development, Gender, Elderly and Children; the President's Office Public Service Management; the President's Office Regional Administration and Local Government; regulatory bodies; Zonal Health Resources Centres; employers (Government, Local Government, Private sector, NGOs, FBOs); professional associations; CPD providers, training and academic institutions; the Association of Private Health Facilities; development partners; politicians; Workers' Associations (Unions); the media; patients and clients; and the recipients of CPD, health care providers. The possible roles and responsibilities of these key stakeholders are outlined in Section 5.

This generic CPD framework is a document which describes how CPD will be implemented in Tanzania. The document is owned by the MoHCDGEC and covers all health care providers, both licensed health care providers and those currently not licensed (see appendix one).

1.2 PURPOSE OF CPD FRAMEWORK

CPD facilitates health care providers to acquire new knowledge and skills in order to change attitudes and keep pace with changing health care developments such as the emergence of new diseases, technological advances, new interventions; and gain professional confidence when changing roles or taking on new responsibilities.

It enables health care providers to demonstrate accountability and integrity in the provision of quality care and services of an acceptable standard to meet the needs and expectations of patients, clients and the community.

It also allows health care providers to identify gaps in practice and, through sustainable lifelong learning, enhance their professional competencies.

CPD is a motivating factor in meeting the requirements for re-licensure, retention, and promotion.

1.3 PRINCIPLES SUPPORTING THE CPD FRAMEWORK

CPD is based on the following principles and must be:

- Self-directed and based on an individual learning plan,
- Designed to meet identified gaps in an individual's knowledge and skills,
- An encouragement to an individual to be accountable for their own learning,
- Designed to enhance the provision of quality care to patient, clients and the community,
- Relevant to current and future health care practice,
- Affordable, accessible, equitable, sustainable, ethical and transparent,
- Evidence and competency based,
- Multidisciplinary sensitive and promoting inter-disciplinary collaboration,
- Flexible and versatile in mode of delivery,
- Based on adult learning principles,
- Accommodating to different learning styles,
- Based on respect for the rights of self and others.

SECTION 2

2.1 CPD REQUIREMENT

It will be a mandatory requirement for each health care provider in Tanzania to attain a minimum of 20 CPD points each calendar year. Regulatory bodies covering health care providers may establish a minimum requirement greater than 20 CPD points with the CPD cycle coinciding with re-licensure which may be longer than one year.

CPD points acquired outside Tanzania must be submitted to the relevant regulatory authority or employer for approval before they can be counted toward the CPD requirement.

2.2 CPD SCOPE

A wide range of learning activities, both formal and informal, will be recognised toward meeting the CPD requirement. CPD activities should be relevant to current or future practice. CPD learning activities are classified according to complexity and duration according to the following tables.

CATEGORY A: 1 point for each separate activity

<ul style="list-style-type: none">• Interdepartmental meeting or update• Case study discussion• Clinical meeting• Membership of professional association or society• Attending a journal club meeting• Being mentored or coached to acquire a specific skill	<ul style="list-style-type: none">• Participation in commemorations or special events relevant to work role• Reading professional journals and books and making a summary of learning and how it will be applied in practice• Community service or voluntary work relevant to practice
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CATEGORY B: 2 points for each separate activity

<ul style="list-style-type: none">• Executive member of professional association or society• Journal club presentation• Undertaking a short course 1-3 days• Being a member of a workplace committee• Attending workplace education, in-service sessions or skills development program	<ul style="list-style-type: none">• Facilitating a journal club meeting• Attending a conference, lecture, seminar or professional meeting outside the workplace• Keeping a monitored practice journal or reflective diary• Participating in clinical audits
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CATEGORY C: 3 points for each separate activity

<ul style="list-style-type: none">• Presenting at a conference, workshop, seminar or in-service session• Being a member of a national or regional health care committee or taskforce• Reviewing health related educational material: book chapter or research paper• Undertaking a short course up to one week in length	<ul style="list-style-type: none">• Participating in research or project work as a team member• Participating in the development of policies, protocols and guidelines• Acting as a preceptor, mentor, coach, or supervising staff or students
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CATEGORY D: 4 points for each separate activity

<ul style="list-style-type: none">• Chairing a workplace committee• Undertaking a short course; greater than one week but less than 3 months	<ul style="list-style-type: none">• Organising commemorations or special events relevant to work role• Being an expert examiner
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CATEGORY E: 5 points for each separate activity

<ul style="list-style-type: none">• Publishing a paper or report as co-author• Assuming a leadership role in developing policies, protocols or guidelines• Writing a research paper, book chapter or report as first author and submitting for publication• Consultant work (internal and external)	<ul style="list-style-type: none">• Attending a short course equivalent to three to six months in length• Planning, running or facilitating a seminar, workshop, in-service session, or lecture• Planning, running or facilitating a short course: classroom distance or online• Planning, running or facilitating a conference
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CATEGORY F: 10 points for each separate activity

<ul style="list-style-type: none">• Conduct research as principal investigator• Conduct a project as principal coordinator	<ul style="list-style-type: none">• Publishing a paper, book chapter or report as first author
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2.3 CPD DOCUMENTATION

All health care providers must develop a personal learning plan and are responsible for keeping documentary evidence to demonstrate they have met the CPD requirement. This documentation may be in the form of a professional portfolio (electronic or hard copy) or a logbook. Regulatory bodies should specify particular CPD documentation requirements for licensed health care providers.

Documentation should specify the date of the CPD activity; type of CPD activity; objectives of learning and points obtained. A certificate of attendance should be awarded whenever applicable for short courses, conferences, seminars, and workshops with the provider name, position, organisation, contact details, signature and stamp where applicable; as well as a copy of the program and objectives of the activity. Attendance at in-service trainings or meetings should be verified by the individual's immediate supervisor.

2.4 ANNUAL VERIFICATION OF CPD POINTS ATTAINED

At the annual appraisal of each health care provider, the immediate supervisor (or whoever is doing the appraisal) will verify the CPD activities undertaken in the previous twelve months and certify the number of CPD points accrued. This information will be sent by the employer to the relevant regulatory authority who will maintain a record of the CPD points of each health care provider both licensed and not currently licensed. In the absence of regulatory capacity to undertake this role, the relevant regulatory authority may devolve this function to another body, however in so doing, will retain responsibility for ensuring that a record is kept of the CPD points attained by each health care provider each annual period.

2.5 ACCREDITATION OF CPD CONTENT AND PROVIDERS

Providers of CPD must meet the CPD standards and be accredited by the relevant regulatory body for CPD points to be claimed. The relevant regulatory body will develop accreditation criteria, application forms and an accreditation process in collaboration with the relevant professional associations.

For CPD to be eligible for CPD points it must meet the standard outlined below.

Standard 1

CPD must consist of at least one hour of active learning

Standard 2

CPD provider must be familiar with and adhere to the CPD Framework.

Standard 3

CPD provider must be registered either in Tanzania or in their own country. If registered outside Tanzania, they must be in partnership with a recognised health organisation, professional association, training institution or health facility in Tanzania.

Standard 4

CPD must be provided by trainers or facilitators, who are experienced in the content area; whose qualifications are appropriate to the content area and can be verified by the regulatory body; who deliver high quality, up-to-date learning content; and use effective teaching and learning strategies matched to content, level and type of learners.

Standard 5

CPD provider must have adequate and appropriate resources to deliver the training.

Standard 6

CPD provider must use valid and reliable assessment tools that provide feedback on whether the learning objectives have been met.

Standard 7

CPD provider must have appropriate systems and procedures for collecting data and ensuring secure storage of documents that list participants who have undergone CPD activities.

Standard 8

CPD provider must understand the need to minimise any conflicts of interest related to commercial supporters and willingly disclose any conflicts of interest to participants at the beginning of the CPD activity.

SECTION 3

3.1 ADMINISTRATION OF THE CPD FRAMEWORK

The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)¹ will have overall responsibility in ensuring the National CPD Framework for Health Care Providers in Tanzania is appropriately administered and successfully implemented in collaboration with other stakeholders.

The relevant regulatory bodies in collaboration with the relevant professional associations will have responsibility for administration of the CPD framework for the health care providers they regulate.

For health care providers who are currently not licensed or listed with a regulatory body, the immediate employer will take responsibility for administration of the CPD framework.

Individual health care providers, academic and training institutions, professional associations, government and non-government health facilities; CPD providers; and health care partners, all have an important role to play in ensuring the CPD framework is successfully implemented.

3.2 MONITORING COMPLIANCE WITH THE CPD FRAMEWORK

Monitoring compliance and imposing penalties for non-compliance for licensed health care providers is the responsibility of the relevant regulatory body. The employer of licensed health care providers also has a responsibility to encourage involvement in CPD of their employees and monitor compliance.

Encouraging involvement in CPD, monitoring compliance and imposing penalties for non-compliance for health care providers who are currently not licensed is the responsibility of the employer in collaboration with the immediate supervisor of the individual.

Penalties will apply for individuals who are non-compliant with the CPD requirement. These include but are not limited to:

- The penalties outlined in legislation governing the practice of licensed health care providers,
- Initiation of disciplinary procedures at the workplace.

For the individual health care provider, compliance may be monitored at the time of annual performance appraisal; or if the health care provider is licensed, at the time of re-licensure. Random monitoring may occur at other times when the health care provider is asked to provide documentation of their CPD activities by either the employer or the relevant regulatory authority..

Before penalties are imposed, health care providers who are not compliant will be asked to provide reasons for their non-compliance.

- If the reason/s given for non-compliance are considered acceptable, compliance may be waived by the person monitoring compliance. A record should be maintained of the reason/s for non-compliance and the waiving of compliance signed by both the individual and the person monitoring compliance. A copy of the record should be kept in the individual's personnel file and a copy given to the individual for their records.
- The person monitoring compliance may give the individual who is non-compliant an extension of time to become compliant before imposing penalties.

¹ or whichever Ministry is responsible for health at the time

Penalties will apply to accredited CPD providers who fail to meet the accreditation standards and accreditation criteria established by the regulatory authority. Penalties will include but are not limited to:

- Formal warning,
- Imposition of conditions on the provision of CPD,
- Withdrawal of accreditation status.

For the CPD provider, compliance may be monitored by:

- Scheduled supportive supervision visits,
- Physical verification through visitation using a standard monitoring tool with indicators,
- Submission of required reports to the relevant regulatory authority following CPD activity attaching list of participants,
- Random communication with participants,
- Regular surveys.

3.3 EVALUATION OF CPD FRAMEWORK

The National CPD Framework for Health Care Providers in Tanzania should be evaluated on a regular basis with a maximum three year interval, the first evaluation taking place three years after full implementation.

Elements to be evaluated may include:

- Level of compliance with CPD requirements by individual health care providers,
- Number of CPD providers accredited across the regulatory bodies,
- Level of compliance of CPD providers with accreditation criteria and standards,
- The level to which CPD is perceived to have met the desired learning outcomes of the individual health care provider,
- The level to which employers perceive CPD has added value and contributed to quality of care,
- Acceptability of CPD framework to health care providers,
- Impact of an annual CPD requirement for health care providers on the capacity of regulatory bodies.

Methods of evaluation may include:

- Comprehensive report by CPD providers against specified criteria,
- Random survey of CPD recipients to assess:
 - Performance improvement,
 - Skills gained,
 - Objectives met,
 - Value of CPD: availability, relevance.
- Survey of CPD providers,
- Survey of employers,
- Comparisons of key health indicators over time with other health surveys,
- Self-evaluation by regulatory bodies,
- Key informant interviews.

3.4 KEY STAKEHOLDERS FOR IMPLEMENTATION OF THE CPD FRAMEWORK

Successful implementation of the National CPD Framework will require the commitment and involvement of a range of key stakeholders such as those listed below.

- Ministry of Health, Community Development, Gender, Elderly and Children
- President's Office Public Service Management
- President's Office Regional Administration and Local Government
- Regulatory bodies
- Zonal health resources centres
- Employers (Government, Local Government, Private sector, NGOs, FBOs)
- Professional associations
- CPD providers

- Training institutions, academic institutions
- Association of Private Health Facilities
- CPD recipients, health care providers
- Development partners
- Community, customers, clients, patients
- Politicians
- Workers' Associations (Unions)
- Media

3.5 IMPLEMENTATION ROLES AND RESPONSIBILITIES

The suggested roles and responsibilities of various listed stakeholders are outlined below.

Ministry of Health, Community Development, Gender, Elderly and Children

- Advocate for CPD
- Approve CPD framework
- Develop CPD policy and guidelines
- Initiate any required change or amendment to legislation or regulation
- Oversee and monitor the implementation of CPD framework nationally (hospitals, health centres, and dispensaries)
- Inform health facilities, NGOs, FBOs, and training institutions of new CPD requirements for health care providers
- Disseminate CPD policy and framework to health facilities
- Conduct supportive supervision for health facilities to monitor CPD implementation
- Release staff to attend CPD and encourage attendance
- Administer performance appraisal and penalties if required
- Establish CPD Programs
- Provide CPD programs

President's Office Public Service Management

- Advocate for CPD
- Administer performance appraisal and penalties if required

President's Office Regional Administration and Local Government

- Advocate for CPD
- Administer performance appraisal and penalties if required
- Release staff to attend CPD and encourage attendance
- Provide sponsorship

Regulatory Bodies

- Advocate for CPD
- Disseminate CPD framework and CPD information
- Set accreditation criteria against accreditation standards
- Link with other stakeholders to conduct training needs assessment
- Develop assessment and monitoring tools and accredit CPD providers, CPD programs
- Coordinate CPD Programs in collaboration with their respective Professional associations
- Monitor compliance of licensed health care providers
- Take disciplinary action against non-compliant health care providers
- Maintain records and data base
- Monitor provision of CPD
- Evaluate provision of CPD
- Establish CPD Programs
- Provide CPD programs
- Accredit CPD Providers

Zonal Health Resource Centres

- Advocate for CPD
- Disseminate CPD framework and information
- Conduct training needs assessment of health care providers
- Coordinate CPD programs in their respective Zones
- Provide supportive supervision for CPD programs
- Apply for accreditation as CPD provider
- Establish CPD Programs
- Provide CPD programs

Employers: (Government, Non-Government, Private Hospitals, NGO, FBO)

- Advocate for CPD
- Dissemination of CPD framework and information about new CPD requirement to health care providers in their employ
- Prepare strategies for implementation of CPD framework in their facilities
- Organise and coordinate CPD in facility
- Release staff to attend CPD and encourage attendance
- Incorporate CPD into routine performance appraisals
- Administer performance appraisal and penalties if required
- Apply to be accredited as CPD provider if relevant
- Provide CPD programs if relevant
- Monitor CPD program implementation in their facilities
- Validate CPD undertaken by health care providers employed at facilities
- Report CPD activities to relevant authority
- Evaluate CPD program in their facilities
- Maintain records and relevant documentation

Professional Associations

- Advocate for CPD
- Disseminate CPD framework and information about new CPD requirement to members
- Encourage health care providers to undertake CPD activities
- Liaise with other stakeholders within respective area
- Apply for accreditation as CPD provider
- Provide CPD programs
- Conduct supportive supervision of members
- Coordinate CPD Programs in collaboration with their respective regulatory bodies

CPD Providers

- Advocate for CPD
- Apply for accreditation as a CPD provider
- Adhere to the CPD standards
- Liaise with regulatory bodies and professional associations
- Advertise, recruit to and provide CPD programs
- Link with other stakeholders to conduct training needs assessment

Training and Academic Institutions

- Advocate for CPD and raise awareness of the new CPD requirement
- Establish CPD unit if necessary
- Link with other stakeholders to conduct training needs assessment
- Apply for accreditation as a CPD provider
- Establish CPD programs
- Conduct CPD Programs
- Adhere to standards for CPD providers including reporting requirements
- Release staff to attend CPD and encourage attendance

- Monitor provision of CPD
- Evaluate provision of CPD

Association of Private Health Facilities

- Advocate for CPD
- Create awareness of CPD requirement among members
- Develop CPD inventory and training plan
- Apply for accreditation as CPD provider
- Conduct CPD programs
- Facilitate and encourage members to access CPD
- Ensure quality management of CPD is in place
- Release staff to attend CPD and encourage attendance

Health Care Providers

- Prepare individual learning plan
- Identify CPD activities relevant to learning plan
- Undertake CPD activities
- Maintain required documentation in the form of a professional portfolio or logbook
- Submit CPD information to relevant authority as required

Development Partners

- Advocate for CPD
- Provide financial and technical support for CPD implementation
- Share experiences and updates about CPD from other countries
- Apply for accreditation as a CPD provider
- Establish CPD Programs
- Provide CPD programs

Community, customers, clients and patients

- Participate in needs assessment
- Contribute to development of CPD modules where appropriate
- Provide feedback on customer care and quality of care from health care providers

Politicians

- Support implementation of CPD activities within area of jurisdiction
- Advocate for CPD
- Encourage CPD providers to implement CPD activities
- Solicit funds from various stakeholders to support CPD implementation and activities

Workers Associations (Unions)

- Advocate for CPD
- Encourage health care providers to undertake CPD activities
- Uphold the right of health care providers to participate in CPD activities in collaboration with employer

Media

- Advocate for CPD
- Inform the public of CPD initiative
- Promote CPD programs

SECTION 4

APPENDIX ONE

LIST OF HEALTH CARE PROVIDERS IN TANZANIA

Health Cadre	Regulated	Regulatory Body
1. Assistant Dental Officer	Yes	Medical Council of Tanganyika (MCT)
2. Assistant Dental Technologist	Yes	MCT
3. Assistant Medical Officer	Yes	MCT
4. Clinical Assistant	Yes	MCT
5. Clinical Officer	Yes	MCT
6. Dental Assistant	Yes	MCT
7. Dental Laboratory Technologist	Yes	MCT
8. Dental Surgeon	Yes	MCT
9. Dental Therapist	Yes	MCT
10. Medical Doctor	Yes	MCT
11. Medical Specialists/Consultants	Yes	MCT
12. Assistant Environmental Health Officer	Yes	Environmental Health Practitioner Registration Council (EHPRC)
13. Environmental Health Officers	Yes	EHPRC
14. Health Assistant	Yes	EHPRC
15. Assistant Health Laboratory Technologist	Yes	Health Laboratory Practitioners Council (HLPC)
16. Health Laboratory Scientist	Yes	HLPC
17. Health Laboratory Technologist	Yes	HLPC
18. Assistant Nursing Officer	Yes	Tanzania Nurses and Midwives Council (TNMC)
19. Enrolled Nurse (EN)	Yes	TNMC
20. Nursing Officer	Yes	TNMC
21. Assistant Pharmaceutical Technologist	Yes	Pharmacy Council (PC)
22. Pharmaceutical Technologist	Yes	PC
23. Pharmacist	Yes	PC
24. Optometrist Technologist	Yes	Optometry Council (OC)
25. Optometrist Technologist Officer	Yes	OC
26. Assistant Radiologic Technologist	Yes	Medical Radiology and Imaging Professional Council (MRIPC)
27. Radiologic Technologist /Radiographer	Yes	MRIPC
28. Radiologist	Yes	MRIPC
29. Radiologic officer	Yes	MRIPC
30. Radiotherapist	Yes	MRIPC
31. Radiographic assistant	Yes	MRIPC
32. Sonographer	Yes	MRIPC
33. Nuclear medicine technologist	Yes	MRIPC
34. Radiation/Clinical Oncologist	Yes	MRIPC
35. Medical Physicist	Yes	MRIPC
36. Radio-pharmacist	Yes	MRIPC
37. Biomedical Engineering	No	
38. Biomedical Technician	No	
39. Assistant Biomedical Technician	No	
40. Community health worker	No	

Health Cadre	Regulated	Regulatory Body
41. Medical Attendants	No	
42. Social welfare officer	No	
43. Physiotherapist	No	
44. Physiotherapist Assistant	No	
45. Occupational Therapist	No	
46. Chemist & Chemists Assistants	No	
47. Health Recorder	No	
48. Health Secretary	No	
49. Orthopaedic Technologist/Assistant	No	
50. Medical Record Officer	No	
51. Medical Record Technician	No	
52. Nutrition Assistant	No	
53. Nutrition Officer	No	

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TANZANIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

 KUTOKA KWA WATU WA MAREKANI