



CONTINUING PROFESSIONAL DEVELOPMENT (CPD) POLICY FOR HEALTH PROFESSIONAL COUNCILS IN RWANDA

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Finally, the advisory role of the Ministry of Health staff deserves special mention for making the process of developing this policy a success.

Chairpersons of the HPC

RMDC	Rwanda Medical and Dental Council
NCNM	National Council for Nurses and Midwives
NPC	National Pharmacy Council
RAHPC	Rwanda Allied Health Professionals Council

FOREWORD

The CPD programs provide a pathway for health professionals to maintain and develop their professional practice so that their knowledge, skills and performance standards are improved and empower them to provide competent and safe medical care.

The four Health Professionals Councils in Rwanda decided to develop one common CPD policy requiring that the CPD program be mandatory to all healthcare professionals.

This CPD Policy relates to all health professionals in the four Health Professional Councils in Rwanda namely; RMDC, NCNM, RAHPC, and RPC. The policy requires all health professionals to participate in the CPD Programs

The purpose of this CPD Policy is to support the professionals in the respective councils to develop a culture of continuing learning, acquire new knowledge and skills, and ensure efficient regulation and appropriate delivery of healthcare services to the community.

Health Professional Councils of Rwanda

ACRONYMS

AEPHAR	Association des Etudiants en Pharmacie du Rwanda
AIDS	Acquired Immunodeficiency Syndromes
ARPHA	Association Rwandaise des Pharmaciens
CME	Continuing Medical Education
CPD	Continuing Professional Development
GOR	Government of Rwanda
HIV	Human Immunodeficiency Virus
HPC	Health Professionals Councils
HRH	Human Resource for Health
ICT	Information, Communication, and Technology
KHI	Kigali Health Institute
LCD	Local Coverage determination
MCQ	Multiple Choice Question
M & E	Monitoring and Evaluation
MOH	Ministry of Health
NCBS	National Capacity Building Secretariat
NCNM	National Council for Nurses and Midwives
NGO	Non-Government Organization
NPC	National Pharmacy Council
PDP	Personal Development Plan
RAHPC	Rwanda Allied Health Professionals Council
RMA	Rwanda Medical Association
RMDC	Rwanda Medical and Dental Council
SMART	Specific, Measurable, Achievable, Realistic, Timely
TB	Tuberculosis

1. INTRODUCTION/BACKGROUND

In recent years, Rwanda has taken significant steps toward not only providing comprehensive health care for every citizen but also improving the quality of health care provided. Examples of the latter include a revision of the curriculum for medical school, nursing and midwifery school and for allied health professional, the introduction of post-graduate training in all fields, and the provision of the legal mandate for registration, licensing and certification to the Health Professional Councils in Rwanda (HPC). Since 1995, some continuing medical education has been available through the annual conferences of the Faculty of Medicine of the former National University of Rwanda and the Rwanda Medical Association (RMA), together with occasional conferences sponsored by professional medical organizations³. At the same time “Association Rwandaise des Pharmaciens (ARPHA)” in collaboration with “Association des Etudiants en Pharmacie du Rwanda (AEPHAR)” conducted annually scientific conferences since 2000.

There is a system for ongoing mentoring and supervision of nurses at the workplace which however is still weak and needs to be better-resourced and strengthened. There were several in-service trainings which were offered by the Ministry of Health and RBC to all health professionals especially those working in public health facilities⁴. However, many health professionals have not been able to participate in these conferences or trainings, and there have not been any structured and ongoing educational activities based on identified needs of Rwandan health professionals.

Given the rapid pace of new research and developments in all areas of health care, health professionals must continue to update their knowledge and skills on a regular basis to keep up with the benefits of health care innovations and research findings. In this regard, the Continuing Professional Development (CPD) will largely complement the formal training and will contribute to the performance of health care professionals.

The Rwanda Medical and Dental Council (RMDC) developed a national Continuing Professional Development (CPD) Program for all of its members and completed it in February 2009. This was emulated by the National Council for Nurses and Midwives (NCNM) who also developed their CPD strategic Plan in June 2013. Other councils have followed suit and all together including the RMDC, the National Council of Nurses and Midwives (NCNM), the National Pharmacist Council (NPC) and the Rwanda Allied Health Professional Council (RAHPC) have found it beneficial to work together and develop this joint CPD Policy.

Following these discussion a meeting which gathered representatives of all health professional councils was organized at the Ministry of health chaired by the Director General of Planning and Health Information System to launch the elaboration of a common CPD policy for all health professionals.

2. POLICY FOR CPD

2.1. RATIONALE

The knowledge needed to function effectively as a health professional continues to expand and change while customer demands and expectations continue to increase. Furthermore, new development in the health sector and technological revolutions require that health professionals continue to update their skills. One of the shared ethical mandates for health professionals is a commitment to competences. No matter which role one chooses in the spectrum of health profession, becoming and remaining competent in that role requires ongoing, lifelong learning as new knowledge, understanding, and experience require new ways of doing things.

Health professionals have an obligation to the Rwandan government and the people who offer legal recognition and remuneration for their professional services to maintain competences at all time and to aim for continuous improvement in the standard of service they provide. In recent years, many countries have instituted mandatory CPD for health professionals as one of important strategy to help health professionals maintain and demonstrate their competences required for safe, effective and high quality health services.

2.2. THE BENEFITS OF CPD

There are a multitude of benefits stemming from participation in CPD.

- a) For the individual Rwandan health professional these benefits include:
- The broadening of the fundamentals of health science knowledge,
 - The acquisition of new skills and attitude,
 - The ability to deliver new services,
 - Development of the habit of critical thinking on one's own practice,
 - Increased professional satisfaction.

Furthermore, participation in CPD can be attractive because it provides an opportunity for a health professional to enhance one's curriculum vitae and professional reputation and a sense of improved responsibilities towards the customers. Finally, regular updating of one's knowledge and skills serves as a model for younger health professionals and demonstrates the value of habit of lifelong learning.

- b) In addition to the benefits for the health professionals, there are a host of benefits which CPD offers for the Rwandan public and the nation as a whole. These include:
- The assurance of the most up-to-date application of scientific knowledge to the specific problems of each patient,
 - Provision of a broader range of services,
 - Improved level of patient confidence and trust in the health care provider in particular and the health system in general,
 - Increased competitiveness of Rwandan health care on a regional and international level,
 - Improved health statistics at a national level because of progressive improvement in health care.

In combination, these benefits provide a solid justification for a robust program of CPD for every registered health care practitioner in Rwanda.

2.3. PRINCIPLES

All health professionals registered with their respective health professional councils must undertake CPD to keep their license. All registered health professionals are required to complete a series of accredited continuing education activities each year. Any health professional who registers for the first time as a health care professional will commence with his or her CPD program immediately.

2.4. DEFINITIONS

(i) Continuing Professional Development (CPD).

CPD is a set of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a health care professional uses to provide services for patients, the public, or the profession. The content of CPD is that body of knowledge and skills acquired in services, generally recognized and accepted by the profession as within the health sciences, health regulations, and the provision of health care to the public¹.

¹ Definition improved from various sources including RCN, WHO and APA-CPD (UK)

(ii) CPD activities

They include all activities that enhance professional competences and lead to better delivery of health care services, and usually include a focus on one or more critical skills or values, such as the implementation of best practice recommendations for clinical care or community practice, quality improvement, new and improved procedural skills, improved communication skills, bioethics, leadership and management, patient safety issues, medicine safety issues, and medical computer applications.

These activities can be varied, and are generally divided between group and individual activities.

The group activities include not only the well-known group lectures or conferences/seminars, but also workshops, formal journal club discussions, morbidity and mortality conferences, patient chart reviews, etc.

The individual activities accepted by many national and international organizations commonly include journal reading (especially if accompanied by a self-assessment at the end); medical teaching activities; preparation and presentation of a lecture, paper, poster or other scholarly work; or clinical research activities.

The CPD activities for individuals are, by nature, more difficult to quantify and validate, but they are recognized to be of value in professional development, and are therefore included as recognized CPD, although often with some limitations.

(iii) CPD Provider.

This is an institution, organization, or group of professionals that is accredited by Rwanda Health Professional Councils to develop and provide CPD activities as well as to issue certificates of CPD completion under the authority of the accrediting body. These CPD providers such as faculties of health sciences, specialty divisions of the Ministry of Health (MOH), health professionals or professional organizations/bodies (national and international) have the expertise to produce and assume responsibility for CPD activities at a local or national level. These providers often delegate the actual implementation of CPD to recognized CPD organizers that work under the direction of the CPD provider.

(iv) CPD Accreditation and standards.

CPD accreditation is a status conferred by the Rwanda Health Professional Councils to their respective CPD Programs based on compliance with established standards of planning, content, and delivery. It is a process used to ensure that CPD activities meet acceptable educational standards and have scientific merit.

The CPD accreditation Standards are harmonized written directives which describe the required quality, elements, responsibilities, and expected levels of performance of a specific CPD activity.

(v) Provider Accreditation Standards.

These are the harmonized written directives that describe the academic quality, organizational skills, and ethical levels of performance required of a CPD provider to be authorized to provide CPD activity on behalf of and with the authority of the Rwanda Health Professional Councils.

(vi) CPD Provider Accreditation.

This is the status conferred by the Rwanda Health Professional Councils, based on written standards of academic and organizational excellence that authorizes CPD provider to identify training needs; organize, implement, and administer CPD to selected groups of practitioners; and issue Certificates of Completion with the authorization of the relevant regulatory authority. This accreditation is generally reviewed and renewed on a periodic basis to ensure continuing excellence in CPD development and implementation.

2.5. PROGRAM VISION

The CPD Program will ensure the provision of the highest quality of health care through a variety of structured educational opportunities that incorporate the most current knowledge, skills, and ethical attitudes in all disciplines of health sciences.

2.6. VALUES

The CPD Program is built upon long-accepted and honored values of health profession, including:

- Professionalism
- Integrity and trust
- Collaboration and teamwork
- Mutual recognition and respect
- Commitment to quality service

2.7. OBJECTIVES OF THE CPD PROGRAM

The following are the objectives of the National CPD Program:

- a) Assist health professionals to maintain and acquire new and up-to-date knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice and to enhance and promote professional integrity. The ultimately beneficiary will be the clients.
- b) Develop and implement accreditation standards for both CPD activities and CPD providers to ensure high quality CPD activities.

3. STANDARD AND PROCEDURES

3.1. CATEGORIES OF CPD ACTIVITIES AND CREDIT WEIGHTING

- a) Level 1: Activities with no measurable outcomes 1 point = 1 credit = 1 hour of active learning (Unit equal one point or one credit and is obtained after one hour of learning activity) Examples: small group activities (presentations, meetings, case discussions)
- b) Level 2: Activities with measurable outcomes
- c) Level 3: activities based on a formal structured learning program

N.B. Points can all be obtained in one level or cross-cut levels

3.1.1. CPD activities category 1

CPD Activities level 1- those with no measurable outcomes	Credit/point
Presenting at workshop, seminar, clinical session	2 credits per hour
Attendance to lectures, workshops or Symposia or seminars	1 credit per hour
Attendance to lectures, seminars on ethics	1 credit per hour
Participation in clinical audit, critical incident/adverse event monitoring, or cases review or case studies or drug use evaluation	1 credit per hour
Attendance to clinical training sessions	1 credit per hour
Attendance to practical training sessions	1 credit per hour
Presenting a scientific papers to other staff in Journal clubs	2 credits per hour
Attendance to a Journal club	1 credit per hour
Feedback presentation after attending international/national conference	1 credit per hour
Patient care review meetings	1 credit per hour
Case presentation and literature review in interdepartmental meetings	1 credit per hour
Online learning materials accredited by CPD committee	1 credit per hour

3.1.2. CPD Activities level 2: those with measurable outcomes

CPD Activities level 2: those with measurable outcomes	Credit/point
Approved educational material,	10 credits
Review educational material,	5 credits
External examiner of undergraduate, master's and Doctoral thesis	3 credits
First author of a scientific papers/review articles in peer-reviewed journals	20 credits
Co-author of a scientific papers/review articles in peer-reviewed journals	10 credits
First author of a scientific paper in local medical journal	10 credits
Co- author of a scientific paper in local medical journal	5 credits
First author of a chapter in a book in area of specialization	20 credits
Co- author of a chapter in a book in area of specialization	10 credits
Writing a book/monograph in area of specialization	30 credits
CPD approved self learning material evaluated by MCQ(Multiple Choice Question) with a pass of 70%	4 credits

3.1.3. Level 3: Formal Structured Learning Program

CPD activities level 3: formal structured learning program	Credit/point
Completion of a formal postgraduate program studies relevant to practice	50 credits
Completion of a formal sub specialized program studies relevant to practice	40 credits
Undertaking relevant short courses, either face to face, online or distance education relevant to practice	5 credits per module
Working with a mentor or supervisor to improve practice or develop new skills	2 credits per hour
Peer review of practice for individual competencies related to published standards	3 credits
Supervising undergraduates students in professional training in collaboration with an accredited training institution on a regular basis during the academic year (if not in the job description)	3 credits per student per year not exceeding 10 students
Supervising interns in professional training in collaboration with an accredited training institution on a regular basis during the academic year (if not in the job description)	3 credits per student per year not exceeding 10 students
Supervising postgraduates students in professional training in collaboration with an accredited training institution on a regular basis during the academic year (if not in the job description)	3 credits per student per year not exceeding 10 students

3.1.4. Non Clinical CPD Activities (Policy and Decision makers, Public Health Managers, Health Systems Regulators)

Non Clinical CPD activities	Credit/point
Leading development of policies, protocols or guidelines	10 credits/document
Participation in developing policies, protocols or guidelines	5 credits/document
Participation and contribution in committees (e.g. Quality improvement, accreditation, occupational health and safety, Drug and Therapeutic Committees) or audit,	5 credits per year
Lead the development of funded project or grant writing	20 credits
Significant contribution to the development of funded project or grant writing	10 credits

3.1.5. Online CPD Credits

Members may take online CPD programs from reputable international and accredited CPD Providers. However, approval for accreditation for the program should be sought and obtained from the CPD Committee prior to participation in that program.

3.1.6. Activities that do not qualify for credit

- Time spent planning, organizing, or facilitating any activity
- Published congress proceedings
- Non-referenced letters to the editor of accredited journals
- Daily ward rounds
- Written assignments
- Compilation of student training manuals for internal use
- Staff and/or administrative meetings
- Tours and/or viewing of exhibits and technological demonstrations
- Membership in professional bodies,
- Holding a portfolio on the professional body's executive or council structure
- Presentations and publications for the public
- Meetings arranged by pharmaceutical companies and manufacturers or importers of products and technical devices (including assistive device technology) or their representatives purely for the purpose of marketing and/or promoting their products are not eligible for accreditation.
- Activities for the purpose of training in the use of company products or technological devices may be presented by arrangement with an accredited service provider.
- Lecturing or teaching if it is in your Terms of Reference (TOR)

3.2. REQUIREMENTS

There are minimum requirements of learning for CPD in terms of CPD points for each category of health professionals. However, there is usually no limit. CPD requirements that must be met include a commitment to undertake continuing professional development (CPD). Specialists with more than one specialty will have to demonstrate their commitment to CPD in all areas of expertise but the total number of credit required for the designated period of CPD is no more or less than any other specialist or professional.

The minimum CPD standards for the following professionals are:

3.2.1. Medical Doctors and Dentists

- 150 points are required each three years
- relevant to the practice during the three years;
- prior to the renewal of the practicing license;
- Maintaining a professional profile of the learning activities;
- Comply with a request from the audit;

3.2.2. Pharmacists / Pharmacy technicians

- 75 points are required each three years
- relevant to the practice during the three years
- prior to the renewal of the practicing license
- maintaining a professional profile of the learning activities
- comply with a request from the audit

3.2.3. Nurses and Midwives

- 60 points are required each three years
- relevant to the practice during the three years
- prior to the renewal of the practicing license
- maintaining a professional profile of the learning activities
- comply with a request from the audit

3.2.4. Allied Health Professionals (All)

- 90 points are required each three years/undertake at least 90 hours of learning activities.
- relevant to the practice during the three years
- prior to the renewal of the practicing license
- maintaining a professional profile of the learning activities
- comply with a request from the audit

3.3. COMPLIANCE & NON COMPLIANCE

- Meeting the requirements of a CPD Program is mandatory for all members of Health Professional Council. Hence each year, health professionals are required to submit a satisfactory return to confirm that they have undertaken CPD activities related to their professional competence and PDP during the previous CPD year.

- Member who is absent from practice of his profession due to medical or personal reasons for more than one year will undergo a reorientation training program prior to re-license, however this will be done in accordance with rules and regulations of respective councils.
- Credits earned in another country may be approved on a case-by-case basis.

3.3.1. Compliance

- Participation in CPD programs is mandatory for all health professionals.
- Members must meet the requirements of their chosen program and show evidence of compliance if selected for a random audit conducted by the office of CPD program.
- One year CPD program runs from 1st July to 30th June which coincides with the Fiscal Year.
- CPD evidence should be submitted to CPD office or online on the CPD website before 30th September.
- Participation standard requirements and reporting forms for all CPD activities will be available online.
- Participation fees for beneficiaries of CPD will be required and the amount will vary depending of the nature of the CPD activity.
- For more accessibility to CPD activities there will be a strong administrative support to CPD providers and incentives to trainers of CPD program.

3.3.2. Non Compliance

- Where a member is not complying with the requirements, the following actions will be taken:
 - Notification will be sent in October to the member informing him or her of non compliance;
 - If the member does not respond within two months, a second letter will be sent in December of the same calendar year.
 - If there is no response within three weeks, notification will be sent to the member regarding the breach of CPD policy.
 - Failure to comply with the requirements within six months will lead to further measures determined in internal rules and regulations of respective council.

3.3.3. Appeals

The appeals process of the CPD Coordinating Committee of each council is available to individuals who are dissatisfied with the outcomes of determination of CPD credits in relation to this policy.

3.4. DOCUMENTATION & RECORD KEEPING

Documentation and providing evidence of completion of a certain type and number of continuing professional development activities is generally required often as part of renewal of registration or license to practice. Therefore health professionals shall document their CPD activities and include an explanatory note regarding the justification of the choice of the particular CPD activities undertaken, the relevance to their context of practice, contribution to their practice, and the achieved learning outcomes.

It is the responsibility of the individual health professionals to maintain a record of their CPD activities and be able to provide any evidence-based information to prove their participation in any activity where applicable.

The record of CPD evidence must include:

- dates of the CPD activities,
- a brief description of the outcomes of the activities,
- the number of hours spent in each activity
- the number of credits claimed.

It must demonstrate that the health professional has:

- Identified and prioritized their learning needs, based on an evaluation of their practice against the relevant competency or professional standard practice.
- Develop a learning plan based on identified learning needs.
- Participated in effective learning activities relevant to their learning needs.
- Reflected on the value of the learning activities or the effect that participation will have on their practice. All evidence should be verified whenever an audit is undertaken.

After documentation, the records are kept by the health professional until the end of the CPD year and submitted to the respective CPD coordinating committee of the council for audit.

3.5. ACCREDITATION OF CPD PROVIDERS

An accreditation process helps the regulatory body ensure that the CPD provisions meet the national standards established and that health professionals are acquiring evidence-based and up-to-date skills and knowledge.

The primary value of controlling who actually provides CPD programs and activities is to assure the ongoing quality of each offering (benchmarks for success). It is important to ensure that the CPD activities are thoughtfully designed and presented in a way that meets the complex needs of today's health industry.

At national level, the aim to accredit CPD providers is to determine and ensure that these programs:

- Have institutional capacity and support for educational activities (e.g., education department, appropriate venues)
- Offer up-to-date curricula and course content that meet current population health needs and national standards.
- Address key elements of a national plan of CPD that tailor specific learning/development needs to a given local or provincial area or institutional setting.

3.5.1. Requirements for Accreditation of CPD Providers

Elements of an accreditation process for providers of CPD activities for both regulatory authority and professional organizations include:

- Completion of up-to-date needs assessment for CPD activities in local or regional area or a justification of such needs particular CPD activity is being offered (a formal needs assessment may not necessarily be appropriate in some circumstances for instance new protocols; etc...)
- The CPD provider shall develop CPD activities and materials that are based on known educational needs of the target population(s).
- Availability of qualified health professionals to plan such CPD activities
- Willingness to approve training content that aligns course objectives with national standards
- Development of valid and reliable assessment methods
- Viable record keeping system in place
- Demonstrate a thorough understanding of conflict of interest principles
- Demonstrate quality of training facility/environment conducive to adult learning.

3.5.2. Accreditation Standards For CPD Activities and materials

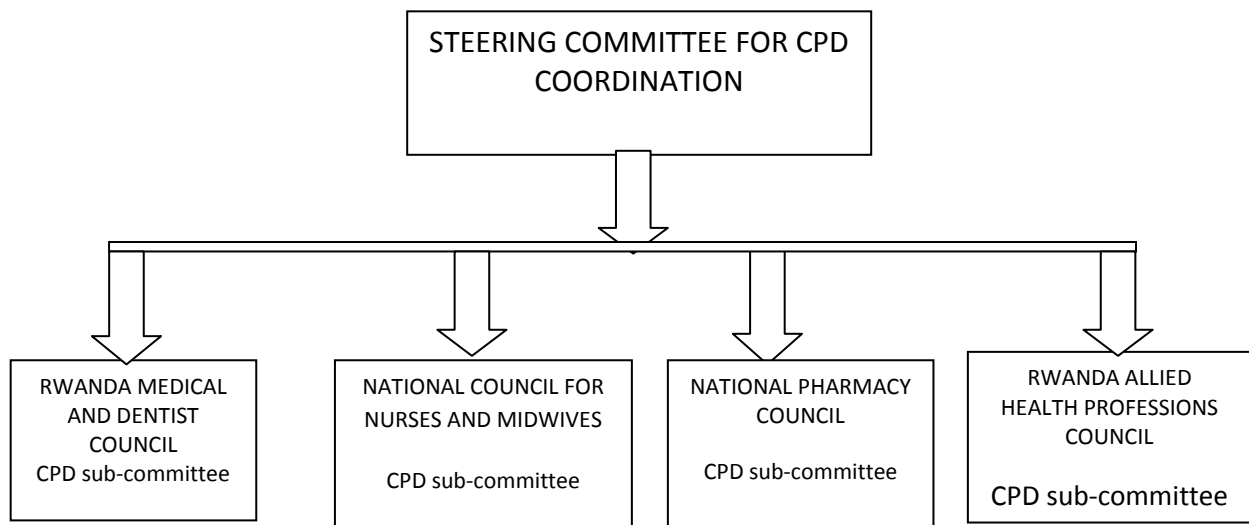
CPD activities and materials must demonstrate compliance with the followings standards:

- Educational objectives shall be clearly stated, in a form of outcomes and should be SMART.
- The educational content should address one or more demonstrated educational needs of the designated audience.
- The presentation of the material should use learning methodologies and formats that are appropriate to the activity's educational objectives.
- The competences and qualifications of the presenter(s) of CPD activity should be documented and appropriate for the content of the designated health professional audience.

- An evaluation process shall be applied to assess the quality of the presentation and the attainment of stated educational goals.
- The content of CPD activity should be described clearly to enable appropriate assignment of credit point.
- There shall be a verifiable mechanism for monitoring and documenting the attendance of health care professionals in the CPD program.

4. CPD POLICY IMPLEMENTATION AND MONITORING FRAMEWORK

4.1. ORGANIZATIONAL STRUCTURE OF CPD DELIVERY SYSTEM



4.2. ROLE AND RESPONSIBILITIES OF STAKEHOLDERS

4.2.1. The Steering Committee for CPD Coordination

The councils shall establish and maintain a National Secretariat for CPD Coordination at national level with the responsibilities of coordinating the CPD program, policies and strategies at National level. It shall Coordinate CPD planning, budgeting, communication, resource mobilization, monitor and implementation of integrated CPD policy. Members of the national coordination office will come from respective health professional councils

4.2.2. The CPD Sub Committee (at Council level)

Each health professional council shall appoint a CPD Committee with the following roles and responsibilities:

- Formulate CPD guidelines and regulations tailored to their council.
- Participate in long- and short-term planning and submitting this to the National Secretariat for CPD coordination
- Participate in CPD activity development at Council and inter-council level.
- Assist in CPD needs assessment and evaluation.
- Accredite CPD providers and activities according to established standards.

The CPD policy directs all those undertaking a CPD program to record the CPD activities so that the type and duration of the CPD activities can be properly monitored by the CPD sub-committee in conjunction with the professional bodies concerned. The quality assurance and the evaluation are the responsibility of the employer. Therefore for efficient monitoring and evaluation, the CPD programs should integrate evaluation of the impact of each activity on the health practice areas of the learners and where possible the impact to the patient.

A CPD program evaluation should start with a baseline assessment against which to track the changes so as to be able to measure the effectiveness in meeting identified needs. Finally, at every CPD session, the impact of CPD session on knowledge of health professionals shall be assessed using suitably designed pre and post training tools (questionnaires being one of the tools)

4.2.3. CPD Providers

CPD providers are individuals, institutions or professional organizations/societies. They are required to submit each of their learning activities to the council for review and accreditation prior to presenting the CPD activity.

The CPD Providers have the responsibility to publicize the proposed activity together with its credit units. They must keep the record that reflects attendance at the entire event, issue a certificate of attendance after the completion of the activity which reflects among other things the particulars of the professional, the dates and period of the activity, the number of credits for that activity, the level of activity, and the topic of the activity.

4.2.4. Health Facilities

Health facilities (public or private) at all level of the health system are among the premises where CPD activities are conducted. They should avail facilities (conference rooms) and equipments (computers, internet access, e-mail; photocopier, projectors/LCD, etc...) for CPD activities.

4.2.5. The Ministry of Health (MOH) and Health Regulatory Authorities

The Ministry of Health and other Health Regulatory Authorities (e.g. Rwanda Food and Medicine Authority) are the major stakeholders and therefore should play important role in supporting the CPD activities. The Ministry of Health and Health Regulatory Authorities shall include the CPD costs in its annual budget to supplement other sources of funds to ensure effective implementation of the CPD program, facilitate qualified health personnel to deliver CPD programs and find strategies to promote access to CPD at decentralized level, reorient all training for health professionals in such a way that these training meet the standards of CPD activities.

4.2.6. Partners

Besides the health professionals, the implementation of CPD program requires participation of stakeholders and partners in the health sector (medical/health institutions, research institutions, training institutions and funding agencies), to strictly honor committed responsibilities in order to make the CPD program a success. It is imperative to identify and partner with funding institutions and agencies such as the National Capacity Building Secretariat (NCBS) which are key players in capacity building to support the CPD program for health care professionals. Individual councils shall also partner amongst themselves to outsource respective organization for the support in this undertaking.

4.3. THE MONITORING AND EVALUATION (M&E) TOOLS:

An individual's CPD activities should be planned in advance through a Personal Development Plan (PDP), and should reflect and be relevant to his or her current profile of professional practice and performance. PDP is a tool which records the learning and development of the activities required to help the individual professional achieve the intended outcomes and future ambitions and answers questions such as what are the key areas for development. How will this happen? How will this improve the ability to do the job?

The Worker's CPD Progress Record which records the Activity and type of learning Evidence, Learning outcomes, Competences demonstrated and time. These can be presented in form of a table and there others for annual performance appraisal and assessment forms after each CPD activity completed.

5. FINANCING

CPD programs must be planned, financed, delivered, and evaluated in an effective manner. Hence there is a need to develop and improve resource mobilization strategies as a way of addressing financial constraints facing CPD program implementation. This could involve pooling resources from various sources (e.g., Government/National Capacity Building

Secretariat (NCBS), development partners, NGO, private sector) and participation fees from consumers of CPD. For proper CPD program implementation, it is necessary to bear in mind financial aspects such that by carrying out needs assessment and planning process, realistic costs and budgets are arrived at and eventually integrated into health care sector budgets. The detailed budgets can be thoroughly prepared and presented at a time when the Ministry of Health is preparing the Strategic Plan where all activities are costed. These can be submitted to identify funding partners such as the MOH, and NGOs for financial support.

6. CONCLUSION

Health care professionals need to regularly update, improve, and acquire knowledge and new skills in their respective fields. The CPD Program is essential to helping them achieve that goal. This program is mandatory and is directly linked to the re-licensure and recertification system as well as the future career development of health professionals. The program is guided by a policy statement that clearly indicates the role of the various stakeholders, including health authorities, professionals bodies, and CPD providers.

The implementation plan is based on the strengths and limitations of circumstances and resources in Rwanda. It is also based on international CPD practices. All aspects of implementing, maintaining, and supporting the CPD Program will require strong will and commitment from all concerned parties; their success will positively impact the quality of health care in Rwanda in the short, medium, and long-term future.

7. REFERENCES

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