

MEDICAL COUNCIL OF MALAWI
CONTINUING PROFESSIONAL DEVELOPMENT

1. Introduction

Medicine is a dynamic field. It is important therefore that medical practitioners are regularly updated with knowledge and skills in order to fulfil their ethical responsibility of ensuring public safety and at the same time maintaining public confidence in the performance of members of the profession. In line with similar bodies elsewhere, the Medical Council of Malawi (MCM), as a regulatory body for medical practice **in the country**, has a duty to promote Continuing Professional Development (CPD) for members of the profession in order to maintain the requisite **knowledge**, skills and competencies. *Every medical and dental practitioner registered in Malawi in terms of the Medical Practitioners and Dentists Act, irrespective of the category of registration, must comply with the requirements relating to CPD.* While individuals eventually take the responsibility to improve their performance, the Medical Council will facilitate the process of making continuing educational activities available to all health professionals who are registered with it. In developing this document, the Medical Council reviewed CPD practice in a number of countries in the region.

Objective

To promote individual commitment to lifelong learning among health professionals in Malawi in order to develop and maintain professional competencies and win the confidence of the public in the profession. In order to achieve this, the Medical Council of Malawi, with support from other stakeholders will:

- Ensure that CPD activities are accessible to all cadres of practitioners throughout the country.
- Monitor CPD activities periodically in order to assess their effectiveness and compliance by practitioners, and will institute clear penalties for non-compliance.

2. Administration

For CPD to be implemented successfully nationwide, it is essential that the accreditable activities are fairly accessible to all practitioners registered with the Medical Council and that the process is simple. **The** following are some of the proposed structures for CPD implementation:

2.1 CPD Committee

The CPD committee will be set to **manage** CPD points achieved by practitioners. **The committee** will consist of:

- (a) Chairman of Council **as ex-officio member (Vice Chairperson to attend if chairperson not available)**
- (b) One representative each from the Medical and the Dental Associations of Malawi.
- (c) Private Medical and Dental Practitioners Association
- (d) Private Paramedical Practitioners Associations.
- (e) One representative from major teaching institution: College of Medicine; Malawi College of Health Sciences; Malamulo College of Health Sciences **and Mzuzu University**
- (f) **Ministry of Health (Clinical services Section)**
- (g) **Any other member/ person as the committee may decide from time to time.**

3. Accrediting Body

Due to the narrow professional base from which to choose, **Medical Council of Malawi** will be the main **Accreditor** of **CPD Providers**.

All **Providers** will be registered with Medical Council and provided with reference/ registration number.

Guidelines for Providers are to be set by the CPD **committee** and be presented to **Council for ratification** to ensure that standards set are fair, equitable and reasonable.

Providers to record points and send data to the clinician and Medical Council (**Quarterly**).

Medical Council inspection visits to include assessment of CPD activities at all health institutions registered by Council.

3.1 Professional Associations and institutions with potential for **Provider status subject to requirements in sections 3.2 and 3.3 are:**

3.1.1 All registered Professional Associations

3.1.2 College of Medicine

3.1.3 Malawi College of Health Sciences

3.1.4 Malamulo College of Health Sciences

3.1.5 Government hospitals / Min of Health

3.1.6 CHAM hospitals

3.1.7 Private hospitals

3.1.8 NGOs providing clinical care eg MSF, Banja la Mtsogolo

3.1.9 Research units affiliated to teaching institutions eg Wellcome Trust, Johns Hopkins, and UNC.

3.1.10 **Mzuzu University**

3.1.11 **Any other member/ person / organizations as the committee may decide from time to time.**

All health institutions involved in clinical practice and patient care will be required to have a CPD programme with an **established committee** responsible for CPD activities. **This committee will be** responsible for organising activities; allocation of points; advertising of activities; providing CPD on behalf of Council; recording and sending data to Council. Private providers of clinical services will be required to ensure regular CPD activities for their **clinical** employees. **However**, small private clinics and health Centres will be required to affiliate themselves to an approved CPD provider such as a govt or CHAM hospital.

3.2 Requirements for Provider status

3.2.1 A postal box number

3.2.2 A physical address

3.2.3 An exclusive e-mail address

3.2.4 Names of the **local CPD committee members**

3.2.5 Name of CPD contact person (**Focal Person**): **in the case of a District or CHAM Hospital, a Head of Clinical Department (who is also a member of DHMT) and for a Central Hospital, a CPD Coordinator or Organiser. As for colleges and Schools, Principals or Vice- Chancellor to nominate a suitable or appropriate individual as a focal person for CPD.**

3.2.6 **A list of staff and their qualifications.**

A professional body that does not meet the above requirements will not be given **Provider** status. Within Council, a database of **Providers** will be created and the names of the **CPD committee members** and CPD contact persons will be kept updated.

Institutions that do not have **Provider** status and other organizations whose purpose is primarily commercial will seek CPD points through an **approved Provider**. Such a provider may not award points without prior arrangement with an Accredited **Provider**.

3.3 Review of Provider status

The status of a **Provider** will be reviewed **regularly by the CPD committee**, based on its record of providing opportunities for CPD to its members.

4. CPD Requirements

4.1 All practitioners, **except** those on the provisional register, are required to accumulate at least **30** CPD points in a 12-month period. Practitioners who have been registered for less than a year will be expected to accumulate the points on a pro rata basis.

4.2 Fifty percent of the points (**15**) should be accumulated through attendance at CPD activities directly organised by the Accreditor body whose speciality or practice most closely fits that of the practitioner.

4.3 There will be no carry over of points from one 12-month period to the next and a deficit cannot be made in the following period.

5. Allocation of points

5.1 Time Allocation

The point system will be similar to that operating in other countries, in order to allow reciprocity between them and Malawi. In most countries one point equals one hour and practitioners are expected to spend at least one hour per week on CPD activities. The scheme of points in this document has been simplified in order to apply across the board. All practitioners and Accreditor bodies will have to use this scheme.

5.2 Criterion for CPD activities

The major criterion for CPD points will be whether there is peer interaction in the activity or whether there is a contribution to the education of other medical or dental practitioners.

Activities, which fall under the job description of a practitioner, such as lecturing to under- and postgraduate students, will not attract CPD points, neither will activities for which remuneration is normally given.

Practitioners who are honorary lecturers have always been involved in the education of medical/dental students, nurses, midwives, radiographers and others, out of a sense of professional responsibility. Medical Council commends these professionals and urges them to continue in the same spirit as before, and does not wish to start awarding CPD points for such activities.

5.3 Categories of activities

CPD activities will be categorised as clinical or non-clinical. Clinical activities impinge directly on clinical practice. Non clinical activities include administration and management courses.

5.3.1 Organisational activities

5.3.1.1 Clinical **and other health professional** activities that can count towards CPD, **shall include but not, limited to:**

- (a) Audits
- (b) Grand rounds
- (c) Self study
- (d) Formal courses
- (e) Research / publication

- (f) Workshops / seminars
- (g) In-house courses
- (h) Journal clubs
- (i) Acquiring of new practical skills

5.3.1.2 Non-clinical but health related educational activities will also contribute to CPD. However, a clinician can only accumulate a maximum of 10 points per year from such activities. Such activities **shall include but not limited to:**

- (a) Administration course
- (b) Management courses
- (c) ICT courses
- (d) HMIS courses

The points awarded will be as follows:

- (a) Regular educational meetings **2 points per meeting**
- (b) Annual congresses/conferences **5 points per conference (max 10)**
- (c) International Congresses/ Conferences **5 points per conference (max 10)**
- (d) Annual Medical Research Day **5 points**
- (e) **Scientific and Ethical Review Sessions 2 point per session(max 6)**

5.3.1.3 As for Environmental Health Professionals the activities has been categorised as core and supplementary, But shall include not limited to

- (a) Core subjects

The following are core subjects for the purpose of satisfying the CPD requirements

- (a) Occupational Health and safety
- (b) Health Education / Promotion
- (c) Pollution Control
- (d) Environmental Protection
- (e) Built environment
- (f) Waste Management
- (g) Foodborne and Communicable Diseases
- (h) Disaster Management
- (i) Water, Sanitation and Hygiene
- (j) Vector and Vermin Control

- (b) Supplementary Subjects

- (c)
 - (a) Information Technology
 - (b) Finance Management
 - (c) General Management
 - (d) Presentation Skills
 - (e) Personnel Management
 - (f) Quality Assurance
 - (g) Managing Change
 - (h) Any other relevant subject

5.3.1.4 Activities Associated with Core Subjects which qualify as CPD

- (a) Post graduate educational courses such as masters' degree diplomas, certificates
- (b) Meetings, courses s, seminars, workshops, conferences or public debates

- (c) Recognized distance learning courses
- (d) Approved Research
- (e) Preparation, presentation or publication of papers
- (f) Structured inhouse ,or inter –employer workshops
- (g) Working groups set up by MEHA, government departments, colleges, companies or other approved bodies
- (h) Structured individual study, which can be demonstrated as Complying with the objectives of the CPD scheme
- (i) Any other activity approved by MEHA

Activities Associated with Supplementary Subject which qualify as CPD

- (a) Educational courses leading to qualifications
- (b) Courses ,workshops, seminars and trainings
- (c) Structured individual Study capable of external assessment to ensure compliance with the objectives of the CPD SCHEME
- (d) Formalized training in one ,or a combination of subjects, indirectly related to environmental health
- (e) Any other activities approved by MEHA

5.3.2 Small group activities

Small group activities will include attendance at journal clubs, workshops, refresher courses, seminar, and departmental/di meetings, inter – disciplinary meetings organised expressly for the CPD programme. Several peers within that speciality or di should attend such meetings and the coordinator of the meetings should contact a **Provider** before advertising the meeting for CPD.

5.3.3 Individual activities

Self-study and acquisition of new skills is to be promoted for its own sake, not merely for the acquisition of CPD points. The Council accepts that many doctors read journals and textbooks already in their spare time and are to be encouraged to continue. It is very difficult to independently verify the time spent on individual activities to **Providers** and therefore only the following activities will be creditable:

- (a) Publication of an article in a **Peer Review** journal or textbook as a principal author (**10** points)
- (b) Publication of an article in a **Peer Review** journal or textbook as a co-author (**5** points)
- (c) Writing a CPD article circulated to members of an Accreditor body (**5** points)
- (d) Delivering a paper at a workshop, conference or refresher course attended by peers or medical/ dental practitioners (**5** points)
- (e) Achieving a diploma (**15** points)
- (f) **Bachelors degree(20 points)**
- (g) Masters degree (**25** points)

- (h) Doctorate (**30** points)
- (i) Delivering a practical session during an outreach visit (**2** points)
- (j) Presenting at scientific meeting (**5** points)
- (k) Presenting as invited lecturer or delivering key note address at scientific meeting (**5** points)
- (l) Writing a book as principal author (20 points)
- (m) Examination / evaluation / assessment on behalf of registering authorities or as external examiner for final year students or postgraduate students (**5**points)

For formal courses such as diplomas and degrees, the points are awarded in the year of completion of the course even if the course may have taken longer than 1 year. It is important that Accreditors be aware of the clinical / non-clinical nature of formal courses.

With increase in use of the web, approved web based self study activities will in future be considered for award of CPD points.

6.0 Administrative Costs

Medical Council will not subsidise the Accreditor bodies who will have to manage their own expenses. It is also evident that medical practitioners may have to meet certain expenses in order to meet their annual CPD requirements, e.g. attendance at a national seminar.

7.0 Weighting for rural members

Practitioners working in the rural areas and Providers administering CPD activities to the rural will acquire double points of the base. This means they will not have to attend as many CPD sessions as their **urban** counterparts to meet the requirements.

To encourage specialists from central hospitals to provide CPD activities to rural practitioners (for example during organised district visits), the specialist will be awarded 2 points for each hour of organised and approved CPD activity that he / she conducts as a resource person. A maximum of 5 points will be allowed per session.

8.0 Practitioners working outside Malawi

The system of points developed for CPD in this document allows for reciprocity since most countries require 50 hours of activities per year. Practitioners who wish to remain on the register whilst working in another country should comply with the CPD regulations of that country and then submit the points accumulated to **Medical Council of Malawi**.

If a country does not have a CPD programme, practitioners who wish to remain on the Medical Council of Malawi register should write to the Council to explain their circumstances.

Similarly Medical Council will contact other registering authorities to request reciprocal accreditation of points for practitioners who wish to remain on registers outside the country whilst working in Malawi.

9.0 Rehabilitation of practitioners

Practitioners who are currently not in active clinical practice are advised to continue accumulating points as this will stand them in good stead when they wish to resume clinical activities.

10. Tax exemption

Expenses incurred from CPD activities are tax deductible.

11. Non compliance

On non-compliance health Practitioner will written a warning letter with monetary penalty (100%) of annual renewal fees with a position of detestation

12. FREQUENCEY OF RENEWAL OF CPD GUIDELINES

Guide lines shall be renewed as the committee deems necessary