

**MEDICAL AND DENTAL PRACTITIONERS
COUNCIL OF ZIMBABWE**

**CONTINUING PROFESSIONAL
DEVELOPMENT**

GUIDELINES



"Promoting the health of the population of Zimbabwe and guiding the medical and dental professions"

1. **Introduction**

Continuing Professional Development (CPD) is the process by which a doctor or dentist not only maintains his/her knowledge and competence up to date, but improves them. The concept of CPD has now superseded Continuing Medical Education (CME). When CME started some years ago, it focused mainly on maintaining knowledge up to date, but there is now an appreciation that a holistic approach in developing a practitioners' knowledge, skills and competencies is required. This latter approach demands peer interaction. The Medical and Dental Practitioners Council of Zimbabwe (MDPCZ) therefore stresses that CPD activities should be organized by peers, for peers and with peers.

CPD is a lifelong ethical responsibility for practitioners and the MDPCZ expects them to do more than the minimum requirements described in this document. For CPD to be implemented successfully nationwide, it is essential that the accreditable activities should be fairly accessible to all practitioners and that the process should be simple.

2. **Administration**

2.1 **Education and Liaison Committee**

The MDPCZ already has a committee involved in CPD activities, the Education and Liaison Committee (ELC). This committee has already been involved in developing proposals for CPD. During the initial three –year phase, this committee has been expanded to include more representatives of specialties, It is the function of this committee to monitor the activities of the accrediting bodies.

2.2 **CPD Sub Committee**

Within Council an ad hoc subcommittee may be set up annually to assess the CPD points achieved by practitioners. The subcommittee will consist of:

- Chairperson of Council
- Vice Chairperson of Council
- Chairperson of Practice Control Committee
- Chairperson of ELC
- Chairperson of Preliminary Inquiries Committee
- One representative from CAA, ZIMA and the Zimbabwe Dental Association

3. **Accrediting Bodies**

In large countries such as South Africa, accreditors are clearly distinguished from providers, In Zimbabwe; due to our smaller base this will not be possible. The accreditors will also clearly be the main providers of CPD activities.

3.1 The Professional Associations which have been identified so far for potential accreditor status are:

- 3.1.1 Association of Radiologists and Radiotherapists of Zimbabwe
- 3.1.2 Association of Pathologists of Zimbabwe
- 3.1.3 College of Primary Care Physicians of Zimbabwe (CPCPZ)
- 3.1.4 Ophthalmological Society of Zimbabwe
- 3.1.5 Paediatric Association of Zimbabwe
- 3.1.6 National Association of Physicians of Zimbabwe
- 3.1.7 Surgical Society of Zimbabwe (SSZ)
- 3.1.8 Zimbabwe Anaesthetic Association (ZAA)
- 3.1.9 Zimbabwe College of Public Health Physicians (ZCPHP)
- 3.1.10 Zimbabwe Society of Otolaryngologists (ZISOL)
- 3.1.11 Zimbabwe Society of Obstetrician and Gynaecologists
- 3.1.12 Zimbabwe Dental Association (ZiDA)
- 3.1.13 Zimbabwe Medical Association (ZiMA)
- 3.1.14 Psychiatric Association of Zimbabwe
- 3.1.15 Provincial Medical Service
- 3.1.16 Zimbabwe Dental Therapy Association

If the practice of a practitioner does not fall within any of the above accreditor bodies, he/she may write to council. Such cases will be dealt with on a case by case basis.

3.2 **Requirements for accreditor status**

- 3.2.1 A constitution lodged with Council
- 3.2.2 A postal box number
- 3.2.3 A physical address
- 3.2.4 An exclusive e-mail address
- 3.2.5 Names of the executive committee
- 3.2.6 Name of CPD contact person
- 3.2.7 Minimum number of six persons

A professional body that does not meet the above requirements will not be given accreditor status. Within council, a database of accreditor bodies will be created and the names of the executive committee and CPD contact persons will be kept updated.

3.3 **Review of accreditor status**

The status of an accreditor will be reviewed on an annual basis, based on its record of providing opportunities for CPD to its members.

- 3.4 An accreditor body shall be charged a penalty of \$250.00 for submitting CPD points for its members to Council later than the end of the second week of October of each year.

4. **Non-accreditor providers of CPD**

Institutions that do not have accreditor status such as hospitals, university departments and other professional associations will seek CPD points through an accreditor body.

Such a provider may not award points without prior arrangement with an accreditor. An organization whose purpose is primarily commercial will not be allowed to award points.

5. **CPD Requirements**

- 5.1 All practitioners, including those on the provisional register, should accumulate at least 50 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 quarterly pro rata basis.
- 5.2 Fifty percent of the points (25) should be accumulated through attendance at CPD activities directly organized by the accreditor body whose specialty or practice most closely fits that of the practitioner or organized inter-professional meetings where the accreditor body is a main participant.
- 5.3 There will be no carry over of points from one 12 month period to the next. Any deficit should be made in the following period.

6. **Allocation of points**

6.1 **Time Allocation**

The point system will be similar to that operating in other countries, in order to allow reciprocity between them and Zimbabwe. 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, irrespective of any they might have been using before.

6.2 **Criterion for CPD activities**

The major criterion for CPD points will be whether there is significant 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. 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.

Council does not wish to interfere with the responsibilities of other institutions such as university departments or central hospitals. If lectures are not being given to students the university has mechanisms to address the problem. If grand ward rounds are not being done, hospital superintendents have the power to enforce the necessary discipline. Council should not award CPD points to ensure that lectures are given or grand ward rounds are attended. In any case, it has no infrastructure to monitor such activities on the ground.

6.3 Categories of activities

6.3.1 Organizational activities

Attendance at activities organized by national or international organizations will be credited with one point per hour. Meetings organized by the accreditor/provider organizations listed in section 3.1 will fall into this group.

The points awarded will be as follows:

Regular educational meetings	1 point/hr
Annual congresses/conferences	10points per day (max 20)
International Congresses/ Conferences	10 points per day (max 20)
Annual Zimbabwe Medical Research Day	10 points

6.3.2 Small group activities

Small group activities will include attendance at journal clubs, workshops, refresher courses, seminar, departmental/divisional meetings, inter-disciplinary meetings organized expressly for the CPD programme. Such meetings should be attended by several peers within that speciality or discipline and the coordinator of the meeting should contact an accreditor before advertising the meeting for CPD. One hour of small group activity equals one point. Inter-professional meetings are encouraged as they may be used by the other councils for CPD points for their members.

6.3.3 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 accreditors and therefore only the following activities will be creditable:

- 6.3.3.1 Publication of an article in a referral journal or textbook as a principal author (5 points)
- 6.3.3.2 Publication of an article in a referral journal or textbook as co-author(2 point)
- 6.3.3.3 Subscription to Central Africa Journal of Medicine or an acceptable journal for dental practitioners or any other sub-specialty (5 points)
- 6.3.3.4 Writing a CPD article circulated to members of an accreditor body (2 points)
- 6.3.3.5 Delivering a paper at a workshop, conference or refresher course attended by peers or medical/dental practitioners (2 points urban, 4 points rural)
- 6.3.3.6 Achieving a higher qualification
 - Diploma (5 points)
 - Masters degree (15 points)
 - Doctorate (25 points)
 - Points only awarded in the year of graduation
- 6.3.3.7 Delivering a teaching session to a mixed professional audience (2 points urban, 4 points rural)
- 6.3.3.8 Delivering a practical session during an outreach rural visit (4 points)
- 6.3.3.9 Writing a book as principal author (maximum 20 points)
- 6.3.3.10 E learning (maximum 5)

7. **Procedures for collating CPD points**

It will be the responsibility of the accreditor bodies/professional associations to collate CPD points on behalf of their members. On a half yearly the accreditor bodies will submit them to council who will enter them into the database. Accreditor bodies should also give their members signed certificates of the CPD points accumulated half yearly, and practitioners should keep these for later submission. During the course of the year, council will only receive points collated by the accreditor bodies and not from individual practitioners. An electronic database for CPD will be created which will facilitate the handling of such data and make it possible for practitioners and accreditors to submit and access the information on line.

Two standard forms will be developed by council:

7.1 A form which accreditors use to send information to council in each half.

7.2 A form which accreditors issue as a personal certificate for points accumulated by a practitioner in each half

8. **Exemptions**

The following categories of practitioners may be exempted from accumulating points:

8.1 Retired practitioners.

8.2 Individual practitioners, on a case by case basis for special reasons.

8.3 Practitioners attending recognized post graduate studies by the Council either locally or abroad.

8.4 **Practitioners working outside Zimbabwe:** - The system of points developed for CPD in this document allows for reciprocity since most countries require 50 hours of activities per year. If a country does not have a CPD programme, practitioners who wish to resume practice on return to the country should write to the council to explain their circumstances.

8.5 **Practitioners under rehabilitation:-** Practitioners who are currently not in active clinical practice for any reason may be exempted from CPD. They are however advised to continue accumulating points as this will enable them to be in good standing when they wish to resume clinical activities. Practitioners in such a category who have not been accumulating points may have to undergo a period of professional review before they are allowed to practice again.

9. **Weighting for rural members**

Due to the costs and inconvenience of travel, specialists practising outside Harare and non-specialists practising outside Harare and Bulawayo will receive an extra ½ point for every point they acquire. This means they will not have to attend as many CPD sessions as their counterparts to meet the requirements.

10. **Non-Compliance**

A monthly penalty of \$50.00 shall be charged to a practitioner who submits CPD points later than 1 October of each year.

CONTINUING PROFESSIONAL DEVELOPMENT POINTS/MEDICAL PRACTITIONERS

CATEGORY	POINTS
ORGANISATIONAL ACTIVITIES	
Attendance at local annual congress/conference	10/day (max 20)
Attendance at international congress/conference	10/day (max 20)
Attendance at annual medical research day	10 points
Attendance at regular educational meetings	1 point/hr
SMALL GROUP ACTIVITIES	
Attendance at update refresher course/seminar	1 point/hr
Attendance at professional association meeting	1 point/hr
Attendance at structured journal club	1 point/hr
Attendance at any small group CPD accredited meeting	1 point/hr
INDIVIDUAL ACTIVITIES	
Delivering a practical session during a rural visit	4 points (max 20)
Presenting a paper at a conference/workshop/refresher course for peers/medical dental professional	2 urban, 4 rural
Delivering a teaching session of one hour or more to a mixed professional audience	2 urban, 4 rural
Publication of article in referred journal (principal author)	5
Publication of article in referred journal (other listed author)	2
Subscription to the CAJM or a journal for dentists	5
Writing a CPD article circulated to members of an accreditor body	2
Achieving extra appropriate qualification	See text section 6.3.3.6
Writing a book as principal author	20 points