



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

HEALTH PROFESSIONS COUNCILS OF NAMIBIA

CONTINUING PROFESSIONAL DEVELOPMENT

DIRECTIVES FOR THE HEALTH PROFESSIONS

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GLOSSARY

Accreditor is a group, person or institution that is appointed by the CPD Committee, once it has met the criteria set out by the HPCNA CPD committee. The role of the Accreditor is to review and approve applications for provision of CPD activities (within its professions ambit) by organizations and individuals without accredited service provider status; to monitor these activities; and to revise continuing education units (CEUs) allocated where the provider failed to comply with the rules and regulations of the CPD guidelines. Councils may delegate their responsibility for accrediting service providers to the HPCNA CPD Committee with the mutual agreement of the Council.

Accredited Service Providers are the profession specific higher education institutions and departments, professional associations or formally constituted professional interest groups who meet the specific criteria and have been accredited by the Councils to present learning activities for Continuing Professional Development.

Attendance register is the record of attendees at the learning activity reflecting the names, the HPCNA registration number of those present and their signatures on completion of the activity. This register must be held by the presenting organization or institution for three years following the activity; the original register may be audited in a compliance check.

Compliance checks on a randomly selected sample of health professionals from every register are undertaken by the CPD Desk of the HPCNA once a year. The health professionals should submit the information requested to that department within six (6) weeks on receipt of notification of being selected.

Continuing Education Units (CEUs) indicate the value attached to a learning activity for Continuing Professional Development.

Continuing Professional Development (CPD)

In terms of the following Sections: **33** (1) of the Allied Health Professions Act, 2004 (Act No.7 of 2004), **34**. (1) of the Social Work and Psychology Act, 2004 (Act No. 6 of 2004), **32**. (1) of the Pharmacy Act, 2004(Act No. 9 of 2004), **32**. (1) of the Medical and Dental Act, 2004, (Act No. 10 of 2004), **34**. (1) of the Nursing Act, (Act No. 8 of 2004) the Councils may determine from time to time -

- (a) the continuing professional development that will apply to registered or enrolled persons or to a class of registered persons so determined;
- (b) the nature, extent and duration of the professional development determined in terms of paragraph (a); and

(c) the conditions pertaining to the continuing professional development by registered or enrolled persons determined in terms of paragraph (a), including, but not limited to, the attending or completion or presenting of study courses or refresher courses, or the passing of examinations relating to such professional development.”

CPD Desk of the Health Professions Councils administers and monitors the entire CPD process.

Criteria and guidelines for Service Providers details the criteria for and requirements of Service Providers; the nature of the learning activities and the CEUs at each level of the hierarchy, together with the process to be followed to publicize, present and record the activities.

Deferment is formal permission sought by the health professional and granted by the HPCNA CPD Committee to suspend/postpone CPD requirements for a period of time. Conditions for re-entry into practice and CPD apply.

Ethics, Human Rights and Health Law is - an understanding of the bioethical principles that determine how health practitioners perform research and interact with patients/ clients and society as described in the Constitution of Namibia, 21 March 1990 (Article 130). Health care is a constantly advancing field and with these advances, conflicts often arise within the arenas of politics, law, religion, philosophy and economics. An understanding of bioethics helps us to recognise, admit and sometimes resolve these conflicts.

Health Professions Councils of Namibia (HPCNA) is made up of five Councils namely, Nursing Council, Medical and Dental Council, Pharmacy Council, Social Work and Psychology Council and Allied Health Professions Council.

HPCNA CPD Committee, which is accountable to Council, is made up of representatives from each Council to develop policy proposals for Continuing Professional Development.

HPCNA Individual CPD Activity Record (Form CPD 1) is the document kept by individual health professionals as a record of every learning activity attended or completed. It should be accompanied by the Attendance Certificates for each event or series of events. For level 3 qualifications, a certified copy of the qualification is required. The record must be regularly updated and kept current. In the event that a professional's name is drawn in the compliance check the original Individual CPD Activity Record (Form CPD 1) for the previous 2 years, together with the attendance certificates and certified copies of qualifications that may have been obtained during this period, must be sent to the CPD desk of the Councils within 21 days of receipt of notification.

Learning activity/ies are the CPD activities for which Continuing Education Units are obtained. There are three levels of activities: those with non-measurable outcomes; those with measurable outcomes that do not necessarily constitute a full year of earned CEUs (including education, training, research and publications); and those associated with formally structured learning programmes.

Learning Portfolio (Level 3 Activity) is the record of a health professional's learning and self-development over time, reflecting the health professional's growth and improved practice.

Non-compliance is the failure of an individual to annually obtain 30 CEUs (or the required CEUs for their register as determined by their Council) which includes at least 5 CEUs for Ethics, Human Rights and Medical Law. There are various penalties, which will be applied in the event of non-compliance in collaboration with the HPCNA CPD Committee.

Practice Audit involves a health professional's undertaking of a systematic review of aspects of patient care and comparing these against explicit criteria.

Presenters Ideally, they should all be accepted as experts in their fields and good communicators. "Expert" refers to a person with considerable/comprehensive knowledge, experience and skill based on research or occupation in the field of activity being presented.

Recognition of CEUs refers to the fact that if a CPD activity has been accredited by the HPCNA CPD Committee all health care professionals may attend that activity if it is relevant to **their scope of practice**.

Restoration after removal takes place according to conditions that vary, depending upon the duration of the removal. The HPCNA CPD Committee considers the application and may consult a Council if necessary; the Manager of the CPD desk attends to the technical aspects of restorations to the register once these have been approved.

Service Provider/s are individuals/institutions/organizations/societies who have to submit each of their learning activities to the HPCNA CPD Committee for review and accreditation prior to presenting the CPD activity.

Shelf life refers to the time the CEUs will be valid, which is 24 months from the date the activity took place or ended (in the event of post graduate studies).

PREAMBLE

Ethical practice of the health professions requires consistent and ongoing commitment from all concerned with lifelong learning to update and develop the knowledge, skills and ethical attitudes that underpin competent practice. This perspective protects the public interest and promotes the health of all members of the Namibian society.

Guided by the general principle of **beneficence** health professionals aspire to standards of excellence in health care provision and delivery. The Namibian Health Professions legislation prescribe CPD as the means for maintaining and updating professional competence, to ensure that the public interest will always be promoted and protected, as well as ensuring the best possible service to the community. Continuing Professional Development (CPD) is the tool to maintain and update professional competence. CPD should address the **emerging health needs and be relevant to the health priorities of the country**.

In this spirit of dedication to best practice and a desire to act and serve wisely and well, the following directives for Continuing Professional Development, through engagement with continuing education activities are presented for all health professionals who are registered and enrolled with the relevant Health Professions Councils of Namibia. The hierarchy of activities include traditional learning experiences such as attendance at conference presentations and workshops, as well as structured courses and quality assurance audits of practices or groups of professionals in their work environments. CPD providers are encouraged to offer learning activities in line with adult education principles and greater learner involvement, with the goal of not only acquiring new or updating knowledge, but also of improving competence and ultimately the performance of the health professional with an end benefit to the patient/client/community.

The system rests on a foundation of trust. The HPCNA believes that health professionals will commit themselves to meeting the requirement for continuing education in the belief that both they and their patients/clients community will reap the benefits of ongoing learning and personal and professional development.

1. ROLES AND RESPONSIBILITIES

1.2. HEALTH PROFESSIONALS

The purpose of CPD is to assist health professionals to maintain and acquire new and updated levels of knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice and to enhance and promote professional integrity. The beneficiary will ultimately be the patient/client community. All registered health professionals are required to complete a series of accredited continuing education activities each year. The activities are clustered together to represent a hierarchy of learning. Health professionals may select activities at any level of learning that meet their particular needs and the demands of their practice environments.

Any health professional who registers for the first time as a health care professional will commence with their CPD programme immediately. Health administrators who are not in clinical practice are required to comply with CPD requirements, unless they applied and are exempted from complying with CPD requirements.

When health professionals who are actively practicing in Namibia attend an accredited professional or academic meeting or activity abroad it will be recognized for CPD purposes. The activity attended abroad should be accredited by the HPCNA CPD Committee in Namibia if not accredited/recognized for CEU equivalent in the country where it was held.

1.1.1. Continuing Education Units (CEUs)

Every registered health professional is required to engage in CPD and accumulate **30 CEUs** per 12 - month period, of which at least 5 CEUs should be for ethics, human rights and medical law. Accrued CEUs for CPD activities will be valid for a period of 24 months from the date that the activity took place/ended. Thus, health professionals should aim to accumulate a balance of 60 CEUs by their end of their second year of registration and thereafter "top up". The requirement for compliance is to reach and MAINTAIN a level of 60 CEUs (of which at least 10 CEUs should be for ethics, human rights and medical law) at all times.

Health professionals who are registered in two professions from two Councils are required to obtain **30 CEUs per profession or 15 for supplementary professions.** Health professionals registered in more than one profession within the same Council should accrue 30 CEUs per profession.

Cross Recognition of CEUs: If a CPD activity has been accredited by the HPCNA CPD Committee for a specific Council all health care professionals may attend that activity **if it is relevant to their specific scope of practice.** Health professionals will therefore not need to apply for that activity to be re-accredited by their own Council in order to claim the CEUs accrued for attending that activity.

The number of CEUs to be accumulated by health professionals who are on the supplementary registers was determined by the relevant Councils.

MEDICAL AND DENTAL COUNCIL

Professionals	30 CEUs
Supplementary	15 CEUs

NURSING COUNCIL

Professionals	30 CEUs
Supplementary	15 CEUs

ALLIED HEALTH PROFESSIONS COUNCIL

Professionals	30 CEUs
Supplementary	15 CEUs

PHARMACY COUNCIL

Professionals	30 CEUs
Supplementary	15 CEUs

SOCIAL WORK AND PSYCHOLOGY COUNCIL

Professionals	30 CEUs
Supplementary	15 CEUs

See addendum for explanation of "professionals" and "supplementary".

1.1.2. Certificate of Attendance - Form CPD 4

All health professionals shall ensure that they are in possession of a certificate of attendance for every activity they have attended. They shall keep these for at least two years so that their certificates will be available, if required, for a random compliance check.

1.1.3. CPD Activity Record – Form CPD 1

Every health professional shall maintain a record of their own learning activities and document these on an official **HPCNA Individual CPD Activity Record (Form CPD I)** which includes the following:

- The name and registration number of the health professional;
- The name and number of the Accredited Service Provider or individual activity accreditation number;
- The topic of the activity (ethics, human rights and medical law must be specified separately);
- The level of the activity;
- The number of CEUs; and
- The attendance/completion date.

This record is the only data required of individual health professionals. It should be duly completed so that it accurately reflects health professionals CPD activities for the previous 24 months. This is the record that needs to be submitted should the health professional be selected in the randomly selected audits.

An individual drawn in the audit may submit the data and copies of CPD certificates in one of the following three ways:

- A paper copy of the Excel spreadsheet record of their Individual CPD Activity Record (submitted by post to the CPD Desk at HPCNA at P/Bag 13387, Windhoek, Namibia);
- Electronic copy of the record of their Individual CPD Activity Record (Form CPD 1) (submitted electronically to the CPD Desk at HPCNA at cpddesk@hpcna.com.na);
- An electronic copy of the Excel spreadsheet that has been captured and held by arrangement between the health professional and a relevant individual or business (submitted electronically to the CPD Desk at HPCNA at cpddesk@hpcna.com.na).

Health professionals who are non-complaint or who do not submit their CPD records will automatically be included in the next audit.

1.2. ACCREDITORS

The HPCNA CPD Committee will be the Accreditors for all planned activities. The role of the Accreditor is to review and approve applications for the provision of CPD activities (within its profession's ambit) by organizations and individuals without accredited service provider status; to monitor these activities; and to revise continuing education units (CEUs) allocated where the provider failed to comply with the rules and regulations of the CPD directives. Councils may delegate their responsibility for accrediting service providers to the HPCNA CPD Committee with the mutual agreement of the Committee. The criteria and processes to be followed as well as the procedures for record keeping have been developed by the HPCNA CPD Committee. These directives enable the HPCNA CPD Committee to standardize the process of accreditation and to fulfil their mandate effectively and timeously.

The HPCNA CPD Committee will continue to function for the duration of the Council's term of office. Council shall, within their first year of office, review the existing HPCNA CPD Committee and appoint a new HPCNA CPD Committee or reappoint the existing Committee for a further period of five years.

1.3. SERVICE PROVIDERS

There are 2 categories of service providers namely (1.3.1) accredited service providers, and (1.3.2) service providers who are not accredited.

1.3.1. Accredited Service Providers

Accredited Service Providers are the profession specific higher education institutions and departments, professional associations or formally constituted professional interest groups who meet the specified criteria and have been accredited by the HPCNA CPD Committee to present learning activities for Continuing Professional Development. Accredited Service Providers are required to apply annually on Form CPD 2 to the Council or its designated Accreditor to be formally accredited to offer CPD activities. Accredited Service Providers will be allocated a Service Provider specific identification number.

1.3.2. Service Providers for individual activities (Once-off)

All interested parties (who are not Accredited Service Providers) who wish to be a Service Provider and present CPD activities, must submit an application (Form CPD 3) for accreditation, as well as all the relevant documentation and fees to the HPCNA CPD Committee or to the relevant Council. The Service Provider will be allocated a Council specific activity number, which should appear on the documentation.

1.3.3. Responsibilities of Accredited Service Providers/Service Providers

An Accredited Service Provider/Service Provider shall publicise the proposed activity together with its CEUs. The activity will take place as advertised. An Accredited Service Provider/Service Provider shall keep a record that reflects attendance at the entire event/completion of activity and should retain these **for a period of three years after the activity**, as these may be required in a compliance audit. Following the CPD activity an Accredited Service Provider/Service Provider shall issue to all health professionals who attended the activity, an attendance certificate containing:

- The accreditation and activity number (the Council specific identification) (e.g. ORG00001-2010 / IND00001-2010)
- The topic of the activity (ethics, human rights and medical law must be specified separately);

- The level of the activity;
- The number of CEUs for that activity;
- The attendance/completion date; and
- The name and HPCNA registration number of the attendee.

An Accredited Service Provider shall provide the certificates to attendees on completion of the activity/event or a series of events. If these are not available on the day/on completion of the activity or event the certificate/s should be sent to attendees **within one month.** (Note: In those instances where a health professional completes a structured learning programme for degree or certification purposes, the health professional may be constrained by the administrative processes of the provider institution with respect to a delay between the completion and the formal recognition of the programme of study. The HPCNA CPD Committee will take this into consideration if the health professional is selected in a compliance audit.

1.4. Councils

Councils shall appoint the members of the HPCNA CPD Committee. The HPCNA CPD Committee will approve Accredited Service Providers in accordance with the HPCNA CPD Committee's criteria and directives. The Councils shall ensure that high standards are set and maintained for their CPD Committee and Accredited Service Providers. The Council or designated functionary will be responsible for conducting quality checks from time to time on the activities presented by their respective health professionals.

1.5. HPCNA CPD Committee

Members of the CPD Committee are appointed by their relevant Council. A member of the CPD Committee hold office for a period of five years, but is eligible for re-appointment, re-nomination or re-designation as the case may be, as a member at the expiration of that period of time.

The HPCNA CPD Committee together with the Councils develops policy proposals for a uniform, but flexible system of CPD that will accommodate the diversity of health professions;

facilitates continuing development of all health professionals registered with the HPCNA:
addresses all CPD related issues within the existing policy parameters of the Councils.

The HPCNA CPD Committee takes cognizance of the following Sections:

- 33 of the Allied Health Professions Act, (Act No.7 of 2004),
- 34 of the Social Work and Psychology Act, (Act No.6 Of 2004),
- 32 of the Pharmacy Act, (Act No. 9 of 2004),
- 32 of the Medical and Dental Act, (Act No.10 of 2004),
- 34 of the Nursing Act, (Act No. 8 of 2004), whereby the relevant Council may from time to time make rules which prescribe:
 - a) Conditions relating to continuing education and training to be undertaken by persons registered in terms of these Acts in order to retain such registration;
 - b) The nature and extent of continuing education and training to be undertaken by persons registered in terms of this Act; and
 - c) The criteria for recognition by the Council of continuing education and training courses and of education institutions/professional associations offering such courses.

1.6. HPCNA CPD Desk

The HPCNA CPD System will be administered and monitored by the HPCNA CPD Desk of the Council. The CPD Desk of the HPCNA will randomly select individual health professionals for compliance checks once a year. The sample size will be 10% of the names on all the registers. Health Professionals are obliged to submit the required documents within 21 workings days on receipt of notification of being selected. The results of the compliance check will be submitted to the HPCNA CPD Committee as well as the relevant Council for further action, if any.

2. HIERARCHY OF LEARNING ACTIVITIES

These are three levels of activities, those with non-measurable outcomes, those with outcomes that do not necessarily constitute a full year of earned CEUs, and those associated with formally structured learning programmes. **A health professional may obtain CEUs at any level depending on personal circumstances and individual learning needs.**

Level 1

These are activities that do not have a clearly measurable outcome and are presented as a once - off non-continuous basis. CEUs are allocated according to time, 1 CEU per hour to a maximum of 8 CEUs per day.

Presenters/co-presenters can only claim once for CEUs if the same presentation is given more than once.

These activities include:

- a) Breakfast meetings or presentations;
- b) Formally arranged hospital or inter-departmental meetings or updates;
- c) Case study discussions;
- d) Formally organised special purpose teaching/learning ward rounds (not including routine service ward rounds);
- e) Formally organised special purpose lecture that are not part of a business meeting;
- f) Mentoring/supervision and activities that are specific to certain professions;
- g) Conferences, symposia, refresher courses, short courses without a measurable outcome, international conferences (must be approved by the HPCNA CPD Committee if not accredited/ recognised for CEU equivalent in the country where it was held);
- h) Interest groups meeting less than six times per year.
- i) Pro bono services with a maximum of 5 CEUs (5 hours) over two years. Proof of services rendered needs to be provided.

Presenters of such activities can be allocated double CEUs, e.g. if attendee receives one CEU, presenters can get two CEUs, excluding presenters at large group activities who would be allocated CEUs from level 2.

Level 2 (must be approved by the HPCNA CPD Committee if not accredited/ recognised for CEU equivalent in the country where it was held);

This level includes activities that have an outcome but do not constitute a full year of earned CEUs. It includes education, training, research and publications. (Teaching and examination of undergraduate and postgraduate students will not be accredited if these activities fall within a registered health professional's job description.)

		CEUs
a	Principal author of a peer reviewed publication or chapter in a book	15
b	Co-author/editor of a peer reviewed publication or chapter in a book	5
c	Review of an article/chapter in a book/journal	3
d	Principal presented/author of a paper/poster at a congress/symposium/refresher course	10
e	Co-presenters/co-authors of a paper/poster at congress/symposium/course or refresher course	5
f	Presenters of accredited short courses	10
g	Co-presenters of accredited short courses	5
h	Interactive skills workshop with an evaluation of the outcome (i.e. training workshops leading to qualification in technique/skills area)	5
i	All learning material (which could include DVD, CD, multi choice questionnaires, internet or email activities) with MCQs for evaluation with a pass rate of 70%	1 point up to 10 MCQ, 2 points up to 20 MCQ etc. max 3 points
j	Guest/occasional lecturer at an accredited institution	3 per lecture
k	Health personnel who supervise undergraduates/interns/postgraduates in clinical/technical training in collaboration with an accredited training	2 per student (max 16)

	institution on a regular basis during the academic year (if not in the job description)	CEUs per calendar year)
l	External examiner of Master's and Doctoral thesis	5 per thesis
m	Workshops, lectures, seminars on ethics (not including general presentations with a so-called component on ethics)	2 per hour
n	Single modules of Masters degrees with part-time enrolment for study for non-degree purposes	5 on completion of module
o	Professional Interest Groups (this could include Journal Clubs if compliant with the criteria) that are formally constituted and present a regularly recurring programme that extends for one year with a minimum of 6 meetings per year. These activities should be ongoing or have a measurable outcome that is assessed according to criteria determined by the group, which may be interdisciplinary.	3 per meeting

Level 3

This level comprises structured learning, i.e. a formal programme that is planned and offered by an accredited training institution, is evaluated by the HPCNA CPD Committee and has a measurable outcome.

Successful completion of an activity at this level will earn 30 CEUs.

Activities include:

- (a) Postgraduate degrees and diplomas that are recognised as additional qualifications by the relevant Council. At the end of each year of study (not exceeding the normal duration of the degree), 30 CEUs may be claimed upon submitting an academic report on progress. An additional 30 CEUs may be claimed on successful completion of the qualification.
- (b) Short courses with a minimum of 25 hours with additional clinical hands-on training, plus a formal assessment of the outcome.
- (c) Learning portfolios – see page 33
- (d) Practice audits – see page 37

Ethics, human rights and medical law

CEUs are allocated according to time, 1 CEU per hour. Presenters can be allocated double CEUs, but can only claim once for the same presentation given.

3. ACTIVITIES THAT DO NOT QUALIFY FOR CEUs

The following activities will not qualify for CEUs:

- Time spent in 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 of professional bodies or associations; and
 - Holding a portfolio on the professional body's executive or Council structure.
- Presentations and publications to 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 the HPCNA CPD Committee or Accredited Service Provider.

4. NON-COMPLIANCE

The CPD desk will investigate the reasons for non-compliance where after the names of *bona fide* non-compliant health professionals will be sent to the Councils for noting. At the same

time those names will be submitted to the HPCNA CPD Committee for action in consultation with the relevant Council.

The following actions may be taken:

- A letter will be sent to the non-compliant health professional requesting a reason for the non-compliance. A health professional will be required to furnish the CPD desk with a letter of explanation within four weeks of receipt of the letter of enquiry from the CPD desk.
- The health professional will be given three (Jan-March) months to comply with the CPD requirements should the explanation be acceptable. The CPD desk must receive evidence of such compliance within four weeks of the end of the three months period.
- The health professional's name will be forwarded without delay to the relevant Council should the health professional not comply with the requirement. The relevant Council may decide on the basis of evidence to grant a final additional three-month period to comply with the CPD requirements.

Should the health professional still not comply with the CPD requirements within the second three-month period, one of the following actions may be taken by Council according to the Regulations.

The Council may:

1. (a) refuse to maintain the registration of that registered person; or
(b) grant, on good cause shown, that registered person an extension of time for a period of not more than one year to comply with the continuing professional development applicable to him or her; or
(c) require that registered or enrolled persons to write an examination determined by the Council, which examination must determine the professional knowledge and skills of that registered person relating to the continuing professional development that he or she has failed to comply with.

5. DEFERMENT

Health Professionals may apply for deferment of CPD and the HPCNA CPD Committee will review such applications individually on an *ad hoc* basis. The application should be strongly motivated with appropriate evidence/documentation.

Deferment may be granted in the case of -

- a) A health professional who is outside Namibia for a period of time exceeding 12 months **and is not practicing their profession;**
- b) A health professional who is outside of Namibia and practicing in a country where there is no access to CPD activities;
- c) A health professional who is registered for an additional qualification but is of the view that s/he will not meet the outcome within two years and thus will not be able to claim CEUs for such qualification.

Deferment may be granted for a maximum period of three years. Deferment will not be granted for a period of less than 12 months (in view of the fact that a health professional may collect CEUs in a following year).

Any health professional mentioned in the above paragraphs wishing to re-enter the system after deferment will be subject to the following conditions:

- If deferment was granted for more than 12 months but less than 2 years, proof of full employment in the profession during that time should be submitted and the health professional will, on review by the HPCNA CPD Committee, be allowed to recommence the CPD year immediately.
- If deferment was granted for more than 2 years but less than 3 years, the health professional must submit proof of their employment during that time and the health professional will, on the recommendation of the HPCNA CPD Committee, be required to complete a period of supervised practice as determined by the relevant Council in their area of practice, and will recommence the CPD year immediately
- If deferment was granted for longer than 12 months and the health professional did not practice their profession during the deferment period, they will be required to complete a period of supervised practice as determined by the relevant Council in their area of practice.
- If deferment was granted because the health professional was engaged in formal education and training for an additional qualification, CEUs will be allocated for obtaining the additional qualification. Proof of the additional qualification must be supplied to the CPD desk and the health professional will recommence the CPD year immediately.

6. HEALTH PROFESSIONALS ABROAD

Health professionals who are practicing abroad in countries where a continuing professional development system is in place **should comply** with the requirements in that country. They should retain documentary proof of attendance at CPD activities for submission in the event of being drawn in the sample audit. For re-registration or re-enrolment purposes documentary proof of compliance must be submitted for continuing professional development purposes in Namibia. This may be in the form of a letter from the accrediting authority in the country concerned.

When health professionals who are actively practicing in Namibia attend an accredited professional or academic meeting or activity abroad, it will be recognized for CPD purposes. The activity attended abroad may be accredited by the HPCNA CPD Committee as required by the HPCNA CPD directives.

7. RETIREMENT AND NON- CLINICAL PRACTICE

Deferment will not be granted to health professionals who are retired or professionals who are not practicing due to ill health if they are still on the register or roll. Applications for returning to the clinical registers must be submitted to the relevant Council.

8. COMMUNITY SERVICE AND INTERNSHIP

Health professionals in internship and community service as part of studies are not required to comply with CPD requirements during the internship and community service years, but are encouraged to attend and may accrue CEUs, which will be to their credit for 2 years from date of accrual.

9. VOLUNTARY REMOVAL FROM REGISTER: DEREGISTRATION

A health professional must apply in writing to the HPCNA before the **last day of March** for voluntary removal of their name from the register or roll in terms the relevant Act. If a health professionals name is voluntarily removed from the register or roll and the professional was in no way practicing their profession, the following will apply on request for a reinstatement:

- □If a person requests reinstatement following a period of 1-3 years, a period of supervised practice as determined by the relevant Council will be required or alternatively a written and clinical examination in relevant areas of practice may be recommended.
- □If a person requests reinstatement after a period of 3 years, a written and clinical examination as determined by the relevant Council will be conducted in relevant areas of practice.

If a person has been registered or enrolled with a competent Council or an equivalent licensing institution/body outside Namibia and has complied with the CPD requirements of that institution/body, they may apply for the reinstatement of their name by submitting proof of that registration or enrolment and compliance with the CPD of that country/institution/body.

10. RESTORATION AFTER REMOVAL

1. Restoration after removal in terms of Sections: 25 of the Allied Health Professions Act, 2004 (Act No. 10 of 2004), 26 of the Social Work and Psychology Act, 2004 (Act No. 6 of 2004), 27 of the Pharmacy Act, 2004(Act No. 9 of 2004), 24 of the Medical and Dental Act, 2004, (Act No. 10 of 2004), 26 of Nursing Act, (Act No. 8 of 2004).
 - (a) When a health professionals name has been removed from the register or roll for more than a year but not exceeding two years and the professional has been attending CPD activities, the health professional shall submit proof of CEUs that may have been collected during this period to the HPCNA CPD Committee before their name can be restored to the register or roll.
 - (b) Should such applicant then have **at least 67% of the required CEUs for that period** and she/he complies with the other requirements for restoration of their name to the register or roll, the Registrar/Assistant Registrar may approve the application. The HPCNA CPD Committee and the relevant Council should be advised of the fact that the health professional has been restored to the register or roll as soon thereafter as possible.
 - (c) Applicants may be requested to submit to the CPD desk further proof of CEUs that they have collected within 3 months following restoration to ensure that they are complying with CPD and to identify whether they will have sufficient CEUs for compliance by the date of the following compliance check.
 - (d) When a health professionals name has been removed from the register or roll for more than a year but not exceeding two years and she/he **has not collected any CEUs** the

application for restoration must be submitted to the CPD Committee for a resolution, which may be any or all of the following:

- (i) Passing a Council examination;
 - (ii) Working under supervised practice; and
 - (iii) Collecting at least one year's total CEUs.
- (e) When a health professionals name has been removed from the register or roll for **three years or more** the application must be submitted to the CPD Committee for a recommendation to the relevant Council for resolution.

2. Restoration after removal in terms of the Medical and Dental Act, 2004 section 25; the Nursing Act, 2004 section 26; the Allied Health Professions Act, 2004 section 25; the Social Work and Psychology Act, 2006 section 26 and the Pharmacy Act, 2004 section 26: Guilty of unprofessional conduct: These applications do not fall within the ambit of the CPD Committee and must be submitted to the relevant Council.

PROPOSED INTERIM PROCEDURE FOR THE RESTORATION OF NAMES OF HEALTH PROFESSIONALS TO THE RELEVANT REGISTER OR ROLL:

In light of the mandate given to the HPCNA CPD Committee and in order to assist with the administration of these applications to prevent long delays in the restoration process, the Registrar is authorised to -

- Restore the names of health professionals to the register or roll in terms of the existing procedure without information regarding their CPD status; and
- Process these applications until further notice as determined by the CPD Committee of the Council.

Secretariat:

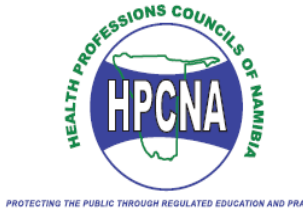
HPCNA has established a CPD desk. All correspondence relating to CPD should be addressed to the CPD desk, HPCNA, Private Bag 13387, Windhoek or e-mailed cpddesk@hpcna.com.na.

11. REFERENCES

1. HPCSA: Continuing Professional Development Guidelines for the health care professionals (2009)
2. The Allied Health Professions Act, 2004 (Act No.7 of 2004).
3. The Medical and Dental Act, 2004 (Act No. 10 of 2004).
4. The Nursing Act, 2004 (Act No.8 of 2004).
5. The Pharmacy Act, 2004 (Act No.9 of 2004).
6. The Social Work and Psychology Act, 2004 (Act No.6 of 2004).

12. ACKNOWLEDGEMENT

The Health Professions Councils of Namibia would like to acknowledge The Health Professions Council of South Africa who kindly gave permission for the use of their document: Continuing Professional Development Guidelines for the Health Care Professionals. Approved April 2009.

	<p><i>Form CPD 1</i></p> <p>HEALTH PROFESSIONS COUNCILS OF NAMIBIA</p> <p>INDIVIDUAL ACTIVITY RECORD</p>
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Please complete and return to:

The CPD Desk, HPCNA, Private Bag 13387, Windhoek

This record is the only data collection required for individual health professionals. It must be duly completed and accurately reflect your CPD activities for the year. Please attach completion certificates (form 4).

Council	
Registration No. with HPCNA	
Surname	
First Names	
ID Number	
Date of the Audit	
Client No.	

CEUs submitted for 20.....

(Please attach certificates)

Name/Number of Provider	Description of Activity	Date		CEUs Level 1	CEUs Level 2	CEUs Level 3	Ethics, Human Rights and Medical Law	Total
		From	To					
GRAND TOTAL								

I, the undersigned, certify that the information contained in this Individual Activity Record and the attached certificates are correct in all respects.

Signature

Date

Name in block letters



HEALTH PROFESSIONS COUNCILS OF NAMIBIA

APPLICATION FOR APPROVAL OF ACTIVITIES BY AN ACCREDITED SERVICE PROVIDER

SUMMARY: CRITERIA AND GUIDELINES FOR APPROVAL OF CPD ACTIVITIES

Activities approved for CPD purposes should serve to maintain or enhance the knowledge, skills and professional competence of all those who participate in them.

They should meet an educational and developmental need and provide an effective learning experience for the participants. To help arrive at a decision as to whether or not a proposed educational and developmental event should be approved for CPD purposes, it is suggested that CPD providers address the following questions:

1. **What are the educational/developmental objectives of the proposed activity?**

These should be clearly stated on the application form and on the programme. They must be appropriate to a specified group or groups of health professionals (be they general practitioners and/or specialists/sub specialists as specified).

2. **Is there a clear educational/developmental need for the proposed CPD activity?**

Ideally the need should already have been demonstrated or should be clearly perceived, for instance, because the CPD activity covers significant recent advances relevant to the practice of the intended participants.

3. **Are the location, cost, timing and duration of the proposed CPD activity appropriate?**

They should be practicable and convenient for the intended participants.

4. **Is the proposed CPD activity likely to meet the educational/developmental needs of the intended participants?**

The proposed activity and the needs of the intended participants should clearly be related. The programme should cover the subject matter in the depth and breadth appropriate to the intended participants and should allow ample time for discussion.

5. **Is the content and learning methodology of the CPD activity appropriate to the stated educational/developmental objectives?**

6. **Is the proposed activity free of undesirable commercial influence?**

The proposed activity should be ethically acceptable, of educational value, should provide a balanced view and must not be unduly promotional.

7. **Are the proposed presenters appropriate?**

Ideally, they should all be accepted as experts in their fields and good communicators. "Expert" refers to a person with extensive knowledge, experience and ability based on research or occupation in the field of activity to be presented.

8. **Is any evaluation of the relevance of the programme, its quality and effectiveness included in the proposed activity?**

The providers should be obtaining feedback on the programme by providing participants with a means by which they can easily record their rating of the relevance, quality and effectiveness of the activity.

Form CPD 2



APPLICATION TO BE ACCREDITED AS A SERVICE PROVIDER

TRAINING INSTITUTIONS/PROFESSIONAL ASSOCIATIONS/PROFESSIONAL INTEREST GROUPS

Please complete and submit online or in hard copy to the CPD Desk

Name of Training Institution/Professional Association/Professional Interest Group/ Affiliation with a professionally recognised institute	
Name of Committees/Organisations/ Associations and/or Societies that has the capacity to deliver CPD	
Name of the Manager or Chairperson	
Name of CPD co-ordinator or administrator	
Address	
Contact Telephone	
Contact Fax No	
E-mail address	

The following information must be submitted in support of your application

A broad outline of the programme for the forthcoming year. (The names qualifications and expertise of the presenters of the CPD activities and the topics are to be submitted on finalisation/completion of the programme)	
--	--

What facilities are available for the presentation of CDP activities (lecture rooms, etc)	
What method will be used to record attendance? (hard copy or electronic)	

What fees will be levied for CPD activities in Level 1	
Level 2	
Level 3	
Ethics, Human Rights and Medical Law	
What method will be used for obtaining feedback or evaluation of the event?	
What involvement or experience do you/your institution have in health care service education?	
Who are your proposed target audience, e.g. general medicine, optometrists, laboratory technicians	
A non refundable fee of N\$.....	

In order to be accredited as a service provider you have to agree to –

1. record attendance and CEUs awarded for each attendee
2. record the identity of every participant at the CPD activities and validate attendance for the entire event
3. validate completion of the CPD activity by the participant
4. provide the participant with a completion certificate (Form 4)
5. safe keep the records for at least 3 years
6. be subjected to quality assurance checks as may be deemed necessary by the HPCNA from time to time

Signed

Date

Name in block letters



HEALTH PROFESSIONS COUNCILS OF NAMIBIA

APPLICATION FOR APPROVAL OF ACTIVITIES ORGANISATIONS/INDIVIDUALS

SUMMARY: CRITERIA AND GUIDELINES FOR APPROVAL OF CPD ACTIVITIES

Activities approved for CPD purposes should serve to maintain or enhance the knowledge, skills and professional competence of all those who participate in them.

They should meet an educational and developmental need and provide an effective learning experience for the participants. To help arrive at a decision as to whether or not a proposed educational and developmental event should be approved for CPD purposes, it is suggested that CPD providers address the following questions:

1. **What are the educational/developmental objectives of the proposed activity?**

These should be clearly stated on the application form and on the programme. They must be appropriate to a specified group or groups of health professionals (be they general practitioners and/or specialists/subspecialists as specified).

2. **Is there a clear educational/developmental need for the proposed CPD activity?**

Ideally the need should already have been demonstrated or should be clearly perceived, for instance, because the CPD activity covers significant recent advances relevant to the practice of the intended participants.

3. **Are the location, cost, timing and duration of the proposed CPD activity appropriate?**

They should be practicable and convenient for the intended participants.

4. **Is the proposed CPD activity likely to meet the educational/developmental needs of the intended participants?**

The proposed activity and the needs of the intended participants should clearly be related. The programme should cover the subject matter in the depth and breadth appropriate to the intended participants and should allow ample time for discussion.

5. **Is the content and learning methodology of the CPD activity appropriate to the stated educational/developmental objectives?**

6. **Is the proposed activity free of undesirable commercial influence?**

The proposed activity should be ethically acceptable, of educational value, should provide a balanced view and must not be unduly promotional.

7. **Are the proposed presenters appropriate?**

Ideally they should all be accepted as experts in their fields and good communicators. "Expert" refers to a person with extensive knowledge, experience and ability based on research or occupation in the field of activity to be presented.

8. **Is any evaluation of the relevance of the programme, its quality and effectiveness included in the proposed activity?**

The providers should be obtaining feedback on the programme by providing participants with a means by which they can easily record their rating of the relevance, quality and effectiveness of the activity.

FORM CPD 3

APPLICATION FOR APPROVAL OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) ACTIVITY

Please complete and submit to the CPD Desk

Name of Providing Organisation/Individual (Including Registration Number if applicable).	
Name of the Department/s or Units, Divisions or Branch/es within the organization that will offer CPD (only for Organisations).	
The name and professional qualification/s of the Manager or Chairperson of the above (or a formally designated CPD officer).	
Address of Organisation/Individual/CPD officer.	
Name of Contact Person.	
Telephone Number.	
Fax Number.	
e-mail Address.	
Name of Activity/Program.	
Date(s) of Activity/Program.	
Venue (Full Address) of Proposed Activity (if applicable).	
Specify fee involved for participants.	
Target group or Audience	
Number of hours involved.	
Suggested CEUs.	
Specify intended method of evaluation.	

Specify the intended mechanism of monitoring attendance).	
Signature of Applicant.	
Accreditation Number & Country (if activity is already accredited in another country).	

In further support of my application I submit the following documentation:

ONLY FOR ORGANISATIONS	ONLY FOR INDIVIDUALS
<p>A broad outline of the program for the forthcoming year. (The names and qualifications of the presenters of CPD activities and the topics are to be submitted on finalisation/completion of the program); Ideally they should all be accepted as experts in their fields and good communicators. “Expert” refers to a person with considerable/comprehensive knowledge, experience and skill based on research or occupation in the field of activity being presented.</p> <ul style="list-style-type: none"> • A copy of the attendance register form that will be used to record attendance; • A copy of the certificate that will be provided on completion of the activity. 	<ul style="list-style-type: none"> • A certified copy of their HPCNA registration certificate (or other relevant statutory Council e.g. Nursing, Social Work, Pharmacy); • A certified copy of their qualifications; • An indication that they are currently in practice related to the health services (clinical, teaching, research or management) and have been active in these contexts for at least three consecutive years; Ideally they should all be accepted as experts in their fields and good communicators. “Expert” refers to a person with considerable/comprehensive knowledge, experience and skill based on research or occupation in the field of activity being presented; • An indication of attendance at a minimum of three national or local professional activities or events of direct relevance to the field of interest during the previous two years; • A reference from a training institution or professional association in support of the application. (This should reflect the relevance of the activities that will be provided, an indication of the code of conduct that guides and informs the individual’s professional practice; the standing of the applicant as member of a professional association or other relevant formal group.); • A reference from a colleague in an education and training institution to

	<p>support the claim to current knowledge and special expertise;</p> <ul style="list-style-type: none"> • A copy of the attendance register form that will be used to record attendance; • A copy of the certificate that will be provided on completion of the activity.
--	---

This is to certify that(name of Accreditor) -

has agreed to the proposed CEUs or approvedCEUs.

Specify the reasons why the above-named Accreditor does not agree to accreditation:

.....

.....

.....

.....

.....

.....

.....

.....

.....



**Signature on behalf of designated
HPCNA CPD Committee**


Official stamp

Date:

Designation

.....

HEALTH PROFESSIONS COUNCILS OF NAMIBIA



FORM CPD 4

NAME OF ACCREDITED SERVICE PROVIDER:.....

ACCREDITATION NUMBER OF SERVICE PROVIDER OR:.....

ACCREDITATION NUMBER OF ACTIVITY OR:.....

TOPIC AND LEVEL OF THE ACTIVITY:.....

NAME OF PRACTITIONER: **REGISTRATION NUMBER:**.....

NUMBER OF CEU'S IN LEVEL(S)

Level 1	Level 2	Level 3	Ethics, Human Rights and Medical Law

Signature of Provider _____

Date _____

Name in block letters _____

ADDENDUM E: PROFESSIONS

HEALTH PROFESSION	PROFESSIONAL 30 CEUs	SUPPLEMENTAR Y 15 CEUs
ALLIED HEALTH PROFESSIONS COUNCIL		
Audiologist	√	
Audiometrician		√
Ayurveda Medicine Practitioner	√	
Biokineticist	√	
Chinese Medicine Practitioner and Acupuncturist	√	
Chiropractor	√	
Clinical Technologist	√	
Community Speech and Hearing Worker		√
Dental Technician	√	
Dental Therapist	√	
Diagnostic Radiographer	√	
Dietician	√	
Dispensing Optician	√	
Electro-Encephalographic Technician		√
Emergency Care Practitioner – basic		√
Emergency Care Practitioner – intermediate		√
Emergency Care Technician		√
Environmental Health Practitioner	√	
Environmental Health Practitioner Assistant		√
Food Inspector		√
Hearing Aid Acoustician		√
Homoeopath	√	
Masseur		√
Medical Laboratory Technician		√
Medical Orthotist/Prosthetist	√	
Medical Orthotist		√
Medical Prosthetist		√
Medical Rehabilitation Worker		√
Medical Technologist	√	
Medical Prosthetist /Orthotist	√	
Music Therapist	√	
Naturopath	√	
Nuclear Medicine Radiographer	√	
Nutritionist	√	
Occupational Therapist	√	
Occupational Therapy Assistant		√
Occupational Therapy Technician		√
Ocularist		√
Operational Emergency Care Orderly		√
Optometrist	√	
Orthomedic Orthotist		√
Orthopaedic Footwear Technician		√

Orthopaedic Prosthetist		√
Orthopedic Technical Assistant		√
Orthopedic Technician		√
Orthopedic Technologist	√	
Orthoptist		√
Osteopath		√
Paramedic Advanced Life Support	√	
Physiotherapist	√	
Physiotherapy Assistant		√
Phytotherapist	√	
Podiatrist		√
Radiographer	√	
Radiography Assistant		√
Radiation Technologist	√	
Remedial Gymnast		√
Single Medium Therapist in Occupational Therapy		√
Speech and Hearing Assistant		√
Speech and Hearing Correctionist		√
Speech Therapist	√	
Speech Therapist and Audiologist	√	
Therapeutic Aromatherapist		√
Therapeutic Masseur		√
Therapeutic Radiographer	√	
Therapeutic Reflexologist		√
Ultrasound Radiographer	√	
SOCIAL WORK AND PSYCHOLOGY COUNCIL		
Clinical Psychologist	√	
Educational Psychologist	√	
Psychological Counsellor	√	
Psychometrist	√	
Social Auxiliary Worker		√
Social Worker	√	
PHARMACY COUNCIL		
Pharmaceutical Technician		√
Pharmacist	√	
Pharmacist's Assistant		√
NURSING COUNCIL		
Registered Nurse	√	
Registered Midwife	√	
Registered Nurse/Midwife/Accoucheur	√	
Enrolled Nurse/Midwife/Accoucheur		√
Enrolled Nurse		√
Nursing Auxiliary		√
MEDICAL AND DENTAL COUNCIL		
Biomedical Engineer	√	
Clinical Biochemist	√	
Clinical Officer	√	

Dentist	√	
Genetic Counsellor	√	
Medical Assistant		√
Medical Biological Scientist	√	
Medical Physicist	√	
Medical Practitioner	√	
Medical Scientist	√	
Ophthalmic Assistant		√
Oral Hygienist BOH	√	
Oral Hygienist (Diploma)		√
Rural Medical Aid		√

CONCEPTUALISATION

WORKSHOP: A workshop is a series of educational and work sessions. Small groups of people meet over a short period of time to concentrate on a defined area of concern. Purposes for workshops may vary, such as for *Informing, Problem-solving and or Training*. Typically, a workshop has two components namely technical and applied workshop; Technical e.g. presenting theory in lectures and readings; and Applied e.g. doing a project such as producing a product or writing a paper (Webster Dictionary, 2007;)

CONGRESS refers to regular coming together on a representational basis of several hundred – or even thousands – of individuals belonging to a single professional, cultural, religious or other group. A congress is often convened to discuss a particular subject. Contributions to the presentation and discussion of the subject matter come only from members of the organizing body. *Frequency:* usually stabled in advance and can be either multiannual or annual. Most international or world congresses are of the former type while national congresses are more frequently held annually. A congress will often last several days and has several simultaneous sessions (Webster Dictionary, 2007).

CONFERENCE refers to a participatory meeting designed for discussion, fact-finding, problem solving and consultation. As compared with a congress, a conference is normally smaller in scale and more select in character – features which tend to facilitate the exchange of information. The term “conference” carries no special connotation as to frequency. Though not inherently limited in time, conferences are usually of limited duration with specific objectives (Boulton, 2004; Webster Dictionary, 2007)

LECTURE refers to presentation to one or a group of people to teach them about a particular subject as new or refresher information (Oxford Dictionary, 2005)

REFRESHER COURSE refers to a course designed to improve or update a person’s knowledge of a subject; a course that reviews and updates a topic for those who have not kept abreast of developments (Oxford Dictionary, 2005).

SMALL GROUP DISCUSSION: refers to an organized discussion group of few people usually not less than eight and more than twelve people, who are set out to explore a specific subject/phenomenon. E.g. examining a single health education message or simply debating a particular set of questions. Small groups are not ideal for distributing information, but they are helpful for students to develop their understanding of concepts and to acquire or improve strategies and approaches to problems. To achieve these higher-order thinking and learning activities promoted by small group teaching, it is helpful for the student to engage in meaningful communication directed towards a goal or set of goals (Boulton, 2004)

BREAKFAST MEETING refers to opportunity for marketing professionals and suppliers to network in a professional, comfortable and non-threatening atmosphere. The group meets on specified days of every month at a location geared toward hosting events, parties, dinners and meetings. An informative guest speaker provides insight into current trends in the specific profession or the marketing industry (Oxford Dictionary, 2005).

LEARNING PORTFOLIOS

Preamble

“The purpose of Continuing Professional Development (CPD) is to assist practitioners to maintain and acquire new and updated levels of knowledge, skills and ethical attitudes that will be a measurable benefit in professional practice and enhance and promote professional integrity. All registered health professionals are required to complete a series of accredited continuing education activities each year”.

There are three levels of activities. At Level 3, ‘Structured Learning’, learning portfolios have been included. Engaging in this activity will earn 30 Continuing Education Units (CEUs).

A practitioner can elect to prepare a learning portfolio as envisaged below for submission to the Chairperson of the CPD Committee to be credited with 30 CEUs in any CPD cycle.

Learning Portfolios

A portfolio² argues for professional and personal growth during practice. It assists in documenting learning over time in a variety of contexts while making the practitioner engage in reflection, self-monitoring and self-evaluation. It further enhances professional identity and skills through a conscious learning cycle.

It is a record of a practitioner’s learning experiences, supported by whatever evidence can be presented to verify the statements made. It documents a practitioner’s learning and is developed in a structured, reflective manner. ³ Further, it has been argued that portfolio development will increase a practitioner’s involvement in, responsibility of and ownership for their learning⁴. In conclusion, a portfolio has come to mean a collection of evidence that demonstrates that learning has taken place.⁵

¹HPCSA, 2006. CPD Guidelines for the Health Professions. Final document of the HPCSA Council CPD Committee.

² A purposeful collection of work that exhibits a practitioners efforts, progress and achievements over time (Järvinen and Kohonen, 1995), mirroring the practitioners growth and accomplishments in a variety if contexts (Bastidas,1996).

³Brimer, A. 1999 Academic Registrar, University of Durban – Westville. Draft RPL proposal for the institution.

⁴Järvinen A ,and Kokonen, V. 1995. Promoting professional development on HE through Portfolio Assessment, Assessment and Evaluation in Higher education. 20 (1), 25-30.

⁵Snadden, D. Thomas, M and Challis, M. 1999. The use of portfolio – based learning in medical education. AMME Centre for Medical Education, University of Dundee.

What should the learning portfolio look like?

There is no set guideline for what this learning portfolio should look like. It can take any format from a notebook, diary to an A4 folder with loose page entries. The question to ask is not what should it look like, but rather what is the purpose of this exercise? A portfolio is essentially a container for planned and systematic collection of evidence over time, in support of a learning objective(s) or outcome (s) set by the practitioner. It is therefore caters for individual style and technique and is highly flexible in terms of composition and construction.

The purpose of the learning portfolio.

The purpose⁶ of the learning portfolio is to serve as a means of enhancing a practitioner's professional identity and skills. The compilation of the Learning Portfolio promotes professional growth and the ongoing exercise of having to organize and share one's learning assists the practitioner to gain a deeper understanding of themselves as professionals.

Constructing the Portfolio

Within the portfolio, a practitioner would need to provide⁷ the following:

1. The identification of an individual learning need(s) supported by an argument as to why/how it has arisen.
2. A learning plan with specific learning objectives, in relation to the learning need identified, that the practitioner believes they would need to meet. This could include, but is not limited to, the identification and development of strategies to meet these identified learning needs. What does the practitioner think they need to do/undertake/master in order to meet their identified need(s)?
3. Structures reflection on their engagement in the identified learning strategies, and the subsequent application of their new learning in practice. This can take of the form of using a protocol for reflection as suggested by Alsop (1995);

A protocol for reflecting⁸

- What was the nature of the event or experience?
- What aspects went well, or what was good about the experience?
- What aspects did not go well, or what was not good about the experience?
- What were my feelings about the experience?
- What were the feelings of others?

- What have I learnt from the experience?
 - What did others think that I should learn?
 - How can I use what I have learnt in professional practice?
 - What happened when I used what I learnt in professional practice?
 - What would I need to do next?
4. Recording of significant events in application of the new learning, demonstrating how this has led to the formulation of new, revised, learning objective(s) with a subsequent revision of the original learning plan identified at point 2 above.

This section of the portfolio should include valid (i.e. it answers the question posed), reliable and current evidence from a variety of sources that conveys to the reader (evaluator) the qualities, abilities and capacity of the practitioner to now act more competently as a practitioner in their field⁹.

Evidence¹⁰ can include the following:

- Documents produced during a short learning course for example. Writings on reading done during the short course. Further exploration and personal interrogation of literature, etc, on the topic.
- Documents about typical daily events not usually captured in written format, for example, a transcript of a recorded feedback session with the client/caregiver/referral agent that would demonstrate newly acquired technique(s) or the use of newly acquired knowledge. This could also include exploration of practice, for example a written treatment guideline with a subsequent reflection on how the intervention proceeded.
- Documents about the work of the practitioner prepared by someone else – peer evaluations, testimonials, for example.
- Items specially prepared for the portfolio like notes, journal entries, drawings and sketches, photographs, action plans, reflections on experience using, for example, Alsop's protocol for reflecting (1999). This could also include research undertaken, or a proposed Journal article from the practitioner.

⁶ Järvinen, A. And Kokonen, V. 1995.

⁷ Snadden, D. Thomas, M. And Challis, M. 1999

⁸ Alsop, A. 1995. The Professional Portfolio – Purpose, Process and Practice. BJOT **58**(8) 337-340

⁹ Alsop, A. 2002. Portfolios: Portraits of our Professional Lives, BJOT **65**(5), 2010-206

¹⁰ Barton, J. and Collins, A. 1993. Portfolios in Teacher education. Journal of Teacher Education. **44**(3), 200-210.

5. A self-appraisal of learning during the past year with a proposal in terms of what the practitioner plans to undertake in the following year in terms of newly identified continuing learning objectives.

(PROPOSED) Evaluation of the learning portfolios, and evaluation criteria

As the HPCNA CPD Desk will only conduct compliance checks on a randomly selected sample of individual health professionals¹¹ every year, the Council has instituted an additional accreditation process. (A process whereby the practitioner can have their portfolio accredited for the required 30 CEUs).

This process will take the following format, and any practitioner wishing to have their learning portfolio accredited, needs to submit their portfolio to the Chairperson of the CPD Committee, ... *(by date)* This accreditation will provide the necessary certification of having achieved the required 30 CEU's.

The following evaluation criteria will be used:

- Has the practitioner demonstrated having completed a learning cycle? (identified learning need(s), establishment of learning outcome(s), evidence of having achieved the outcome(s), reflections on the implementation of newly acquired learning, the formulation of new/revised learning need(s) and outcome(s) with a future learning plan in place.)
- Has the practitioner demonstrated the ability within their reflections to identify and question the assumptions and beliefs underlying their own practice?
- Has the practitioner demonstrated the ability to creatively explore/create opportunity to meet their learning objective(s)?
- Did the practitioner meet their initial learning objectives? And were they able to establish further learning objectives from their subsequent practice?
- Does the practitioner demonstrate some understanding of the learning process?

¹¹ HPCSA. 2006. Final Document. CPD. Guidelines for the Health Professions.

OUTLINE FOR THE CPD CLINICAL PRACTICE AUDIT PROCESS AS DESCRIBED IN THE CPD GUIDELINES

PREAMBLE

Within the concept of a hierarchy of learning activities, the best form of learning is one where there is an active process of study, review and assessment. These activities fall under level 3 of learning and point accumulation in the 2009 CPD guidelines as described below.

Level 3

This level comprises structured learning, i.e. a formal programme that is planned and offered by an accredited training institution, is evaluated by an accredited assessor and has a measurable outcome.

Successful completion of an activity at this level will earn 30 CEUs.

Activities include:

- (a) Postgraduate degrees and diplomas that are recognised as additional qualifications by the relevant Council. At the end of each year of study (not exceeding the normal duration of the degree), 30 CEUs may be claimed upon submitting an academic report on progress. An additional 30 CEUs may be claimed on successful completion of the qualification;
- (b) Short courses with a minimum of 25 hours with additional clinical hands-on training, plus a formal assessment of the outcome.

Other Activities:

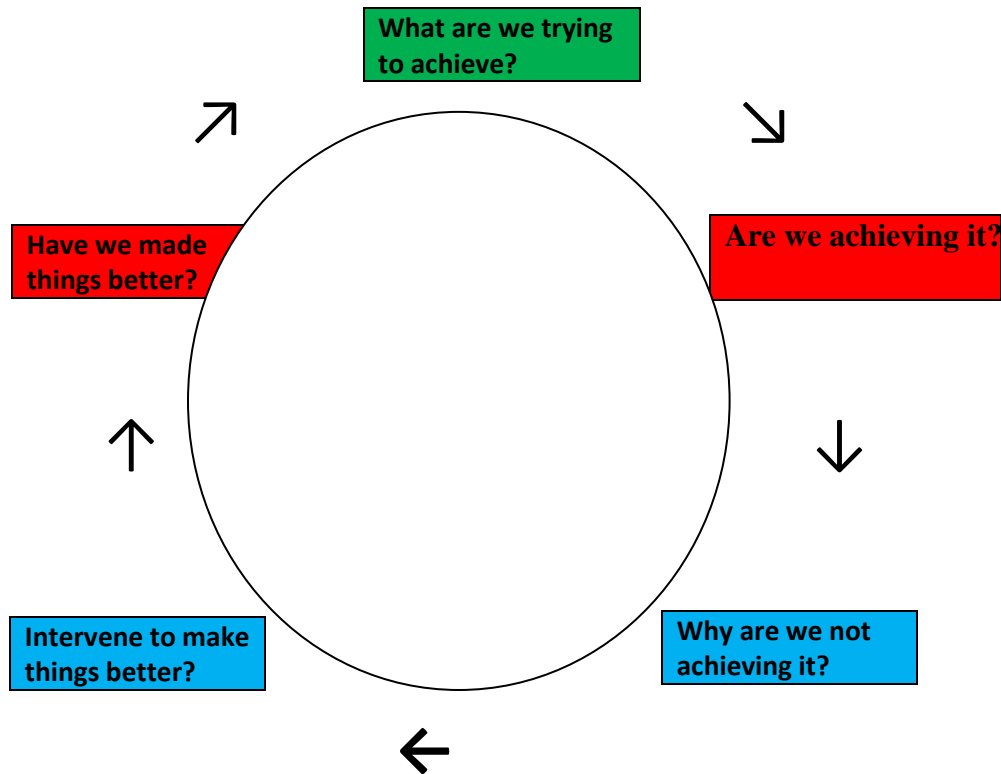
- (c) Learning portfolios;
- (d) Practice audit.

WHAT IS A PRACTICE AUDIT?

Audit involves the systematic review of aspects of patient care and outcomes and compares this against explicit criteria. Where appropriate, changes to practice are implemented and systems put in place to monitor the results. Audits are often performed by a multidisciplinary team of people with significant resources being used for large national audits. For the purposes of CPD however we will look at a simplified approach applicable to a single practice and performed by no more than 2 medical professionals.

THE AUDIT CYCLE

Rather than a once - off process audit should be seen as setting up a long-term quality control review that continuously updates and strives for a better level of care.



THE PROCESS

Step 1- Selecting a topic

Many aspects of a practice may be examined in an audit. A good place to start when selecting a topic to examine may be to answer the question, "what are we trying to achieve in an area of practice". For example, when caring for diabetic patients we try to obtain good glucose control and little end organ damage while maintaining a good quality of life. Practices differ and professionals may choose to examine different aspects of patient care. In the above example we may decide to audit how well glucose levels in patients are controlled or the pick-up of end organ damage or the psychological well-being of patients. We may even decide to look at another aspect of care such as compliance with recommended lifestyle modification in this group of patients.

Step 2- Design of the audit

Are we achieving what we would like for our patients? Answering this question has 2 aspects. This first is deciding against which criteria to judge our patients treatments or outcomes. This generally requires a review of published information. National or international guidelines may provide a good source of external criteria. If none are available a systematic review would be suitable. Where no clear published external criteria exist, other methods may be employed such as panel consensus.

Once suitable comparative criteria have been established, data needs to be collected from the practice being audited. It is now possible to assess an aspect of practice against a standard.

Continuing with the example from Step 1 it might be decided to evaluate lifestyle management of diabetic patients within a practice. As a starting place, the International Diabetes Federation has a document outlining the standard of care for lifestyle modification in the management of diabetes. Others may be sought out too, until criteria are chosen for the audit Data from the practice would then be compared to the recommendations on how frequently patients should get dietary and exercise advice according to these recommendations.

The data would then be evaluated to determine if patients are being cared for according to these guidelines or not.

Step 3- Analysis

Once the results of the audit are available, an analysis should be made of any shortcomings or compliance with the chosen external criteria. It might become apparent that patients are not being offered dietary advice beyond the initial consultation and that all follow-up visits focus on clinical issues and treatment regimes. Perhaps there is no time to deliver education at consultations or patients are not interested. Why are we not achieving what we should be in terms of a desired patient care strategy?

Step 4- Intervention

Once we know what the problems are we should be able to design an intervention that can improve patient care. To continue with the diabetes example. If time and patient apathy turn out to be the reasons why patients are not getting annual diet and exercise advice then what can be done to solve this? An appropriate intervention may be holding monthly group meetings for patients with a dietician.

Step 5 - Re-assessment

At the time of designing an intervention, it is appropriate to decide on a way of assessing its success. The object is to see that the intervention actually advances patient care towards the standard that has been set. A patient data base could be used in the above example to make sure that patients do get annual advice, patients could assess the impact of education on their disease, or doctors may choose to record patient weight or fitness in terms of intervention impact.

CHECKLIST FOR CLINICAL AUDIT

This list of questions may be used to help in setting up an audit and as a guideline for marking or assessing a completed audit.

Preparation

1. Sufficient time set aside for doing the audit?
2. Single practitioner or teaming with a partner?

Topic

1. The topic is simple and clear.
2. The topic will improve patient care.
3. The topic is one where the practitioner will learn?

External criteria

1. Explicit rather than implicit criteria
2. Criteria are appropriate in that they are backed up by good, adopted guidelines, evidence review or suitable process?
3. Are the chosen criteria appropriate to answer the question being asked?

Data collection

1. Will the collected data be comparable to the external criteria chosen?
2. Are the parameters for collection well defined? Data should be collected from a defined patient group under certain circumstances over an appropriate time period.
3. Having sampling issues been addressed? Enough patients should be included to make the results representative.
4. Are routinely kept records going to be used and if so are they likely to be complete and accurate?

5. Will prospective data be required and if so will approval be required from an ethics committee.

Analysis

1. Have the patient data and external criteria been appropriately compared?
2. Have all the possibilities been examined for discrepancies between the data?

Intervention

1. Is the intervention more than just feedback?
2. Where possible has an interactive solution been sought?
3. Is the solution likely to be sustainable?
4. Is the solution practical and cost effective?

Re-assessment

1. Is there a time set for re-assessment as defined in the initial audit?
2. Have new processes been implemented to constantly assess the level of care?
3. Has the practitioner's skill improved?
4. Are patients receiving better care?

PROPOSAL FOR ASSESSMENT

Completing an audit will require considerable effort and time from practitioners, it is appropriate that this is rewarded with a formal assessment and feedback. It is also appropriate that where an audit is insufficient it should be improved upon or given a failing mark.

1. The HPCNA CPD Committee will supervise and mark audits. This could be done through paper submission or through an interactive web interface by chosen experts.
2. Practitioners can use their peers to assess their completed audits. A summary written by the marker must be submitted to HPCNA. This could be in the form of the attached checklist with an added pass-fail assessment.