MINISTRY OF HEALTH

National Continuing Professional Development Regulatory Framework

September 2014

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FOREWORD

My ministry is committed to safeguarding the health and well-being of all Kenyans in order to meet targets for the millennium as well as vision 2030. Providing quality health care to Kenyans requires human resource for health with updated knowledge and skill for effective practice.

The development of the Continuing Professional Development (CPD) Framework comes at a time when the health sector is implementing far reaching reforms to meet the constitutional requirement of the right to health.

The CPD is anchored on the attainment of the East, Central and Southern Africa Health Community Ministers' resolution on scaling up the Human Resources for Health in the African Region, Vision 2030 and the Kenya Constitution 2010. It is in line with the Kenya Health Policy 2012 – 2030 that gives directions to ensure improvement in overall health status in Kenya. Further, it demonstrates the health sector's commitment, under government stewardship, to ensuring that the country attains the highest possible standards of health. This framework is designed to provide guidance and coordination towards a comprehensive Continuing Professional Development system for all health care workers with a focus on national priorities. Further, it outlines the roles and responsibilities of regulatory bodies, professional associations, Human Resources Department (HRD), CPD providers and other stakeholders.

This framework seeks to operationalize the government policy that stipulates that 40 hours per year should be channeled towards continuous learning for all civil servants. The various regulatory bodies and councils will determine how the 40 hours will be spread out. Issues of cross-cadre CPD trainings development and implementation are also addressed.

Health services are the most devolved function of government and I am proud to note that we continue to devolve these services without compromising quality health care provision. I am pleased to note that in line with devolution, a county CPD implementation has been outlined. It is important that those working in the counties do not miss out on training opportunities merely because of their duty stations. We shall ensure that even at the devolved units, healthcare workers can enhance their knowledge and skills and competencies.

Vision 2030 has mandated the government and health sector leadership to establish a high quality affordable health care system. By improving on the skills of the healthcare workers, we shall achieve the Vision 2030 goal of opening Kenya to health tourism. We want others to travel to Kenya for world class medical care.

James Macharia
Cabinet Secretary of Health

PREFACE

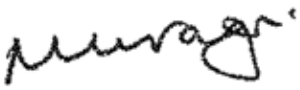
The health sector's Continuing Professional Development (CPD) regulatory framework provides for a harmonized mechanism that seeks to address the provision of ongoing professional development for the Kenyan health workers by their various regulatory bodies, associations and other relevant stakeholders.

It spells out the responsibilities of all agencies involved in regulation and provision of CPD and indicates the list of cross-cadre courses that are required by all health cadres and how the provision of these courses will be carried out.

Attainment of the highest standards of health envisioned in the Constitution 2010 requires continuous learning by health professionals in their respective specialties. This can be achieved through a well laid structure, harmonized and an effective system of CPD provision. The implementation of this framework will ensure efficiency, accessibility and equitability of CPD provision among healthcare workers.

The present challenges in CPD implementation include absence of a clear framework, CPD reporting, selection of a participants' criteria, identification and accreditation of courses for healthcare workers among others. These challenges shall be effectively addressed through the implementation of this framework.

It is also envisaged that all the regulatory bodies and councils shall identify, accredit and prescribe CPD training that significantly improve on competencies of healthcare workers and ensure compliance to CPD regulations.



Dr. Nicholas Muraguri
Director of Medical Services
Ministry of Health

ACKNOWLEDGEMENT

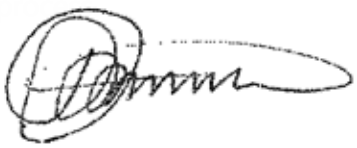
The development and actualization of this Continuing Professional Development (CPD) regulatory framework emphasizes the commitment and drive of the Kenya health sector in providing quality health services, through improving the competence of its healthcare workers. The application and use of this framework is expected to harmonize CPD provision among the various health professions. This framework was developed through a consultative process involving stakeholders drawn the healthcare sector.

We express our sincere gratitude to everyone who contributed to the development of this framework in one way or the other. In particular we thank staff from the Ministry of Health led by Dr. Lucy Musyoka for initiating and supporting the development of the framework and Dr. Mary Wangai, Head Division of Regulation and Legislation for her support in completion of framework. We also thank Mr. John Kabanya and Dr. Pauline Duya for coordinating the framework development process.

Our special thanks go to staff drawn from the various regulatory bodies including; Nursing Council of Kenya (NCK), Pharmacy and Poisons Board (PPB), Kenya Nutrition and Dietetics Institute (KNDI), Public Health Officers and Technicians Council Kenya (PHOTC), Medical Practitioners and Dentist Board (MPDB), Clinical Officers Council (COC), Kenya Medical Laboratory and Technologist Board (KMLTTB) and Radiation Protection Board (RPB).

We also express our gratitude to professional associations involved in the process of development including; Association of Kenya Medical Laboratory Scientific Officers (AKMLSO), Kenya Medical Association (KMA), National Nurses Association of Kenya (NNAK), Kenya Progressive Nursing Association (KPNA), Kenya Clinical Officers Association (KCOA), Pharmaceutical Society of Kenya (PSK), Nutrition Association of Kenya (NAK), Clinical Nutrition and Dieticians Association of Kenya (CNDAK), Kenya Community Nutritionist Association of Kenya (KECONA), Kenya Coalition for Action in Nutrition (KCAN) and Association of Public Health Officers of Kenya (APHOK).

The Kenya Government further appreciates the technical and financial support provided by the United States Government through USAID-FUNZOKenya project throughout the



Dr. Pacifica Onyancha
Head, Directorate of Health Standards and Quality Assurance (DHSQAR)

ACRONYMS

AKMLSO: Association of Kenya Medical Laboratory Scientific Officers

COC: Clinical Officers Council

CPD: Continuing Professional Development

DHSQAR: Directorate of Health Standards and Quality Assurance

HRD: Human Resources Development Unit

ICT: Information and Communication Technology

KMLTTB: Kenya Medical Laboratory Technologists and Technicians Board

KNDI: Kenya Nutritionist and Dieticians Institute

M&E: Monitoring and Evaluation

MOH: Ministry of Health

MPDB: Medical Practitioners and Dentists Board

NCK: Nursing Council of Kenya

NNAK: National Nurses Association of Kenya

PEPFAR: President's Emergency Plan for AIDS Relief

PHOTC: Public Health Officers and Technicians Council

PPB: Pharmacy and Poisons Board

RPB: Radiation Protection Board

1.0. INTRODUCTION

1.1. Background of CPD

Health is a basic human right and consumers expect the health professionals to provide services in a competent, effective and efficient manner that meets the best practice standards. The Ministry of Health (MOH) is committed towards achieving the Kenya Vision 2030, the millennium development goals and to meeting the overall goal of providing accessible, affordable and quality health care to all Kenyans as enshrined in the Constitution of Kenya 2010.

The quality of health service delivery is to a large extent dependent on the availability and performance of a well-trained, qualified and competent health workforce. The rapid changing technology, the rising burden of communicable diseases including HIV and AIDS as well as non-communicable diseases, emerging regional and macro-economic challenges triggered by global economic down turn have adverse impact on the health of population. Human resource for health development is among the steps that have been undertaken to respond to these challenges.

CPD is therefore fundamental to the development of all health professionals and is the mechanism through which quality health service delivery is identified and provided. In this regard, the CPD unit within the MOH was created to develop and sustain a well-motivated and committed workforce with relevant competencies.

In response to this, the MOH in collaboration with professional associations, regulatory bodies and other stakeholders came together to address this gap through a series of meetings that culminated in the formation of a TWG to develop a National CPD regulatory framework.

The National CPD regulatory framework is aligned to the health sector and MOH strategic goals and targets.

1.2. Vision

Attaining the highest possible standards of health

1.3. Mission

To develop policies standards and strategies that will facilitate the provision of health services that are progressive and responsive to clients' needs in all Kenya in a sustainable manner.

1.4. Mandate

To institute regulatory policies governing the Continuing Professional Development activities with an aim of having skilled and competent workforce to offer quality health services.

1.5. Core Values

The core values underpinning CPD implementation are:

- Professionalism
- Integrity
- Efficiency and Effectiveness
- Quality
- Timeliness
- Teamwork
- Innovativeness

1.6. The Role of Ministry of Health (MOH) in CPD Implementation

It's the mandate of the MOH to come up with regulatory policies and guidelines for the health sector. This is achieved through working with regulatory boards and councils, professional associations and other stakeholders. The ministry thus has been working with these agencies on issues concerning regulations including continuing professional development for enhanced quality of health care.

2.0. OVERVIEW OF CONTINUING PROFESSIONAL DEVELOPMENT

CPD is the systematic acquisition, maintenance of knowledge and skills and development of personal and technical competencies and qualities necessary for execution of professional functions.

The development of the national CPD regulatory framework was necessitated by the need to standardize and harmonize CPD activities for all professionals, provide a platform where the unregulated health professionals can be incorporated in CPD provision and provide guidance on cross-cadre CPD provision.

2.1. Approaches to CPD provision

The provision of CPD can take various formats namely through workshops, seminars, conferences, trainings, e-Learning among others. CPDs can be either cadre-specific or cross-cadre.

2.1.1. Cadre specific CPDs refers to learning targeted to a specific profession.

2.1.2. Cross-cadre CPD refers to learning that cuts across all professions.

2.2. Aims of CPD

The aims of CPD shall be to:

2.2.1. Improve quality and efficiency in health service delivery

2.2.2. Enhance competence in practice

2.2.3. Keep abreast with and update knowledge

2.2.4. Meet or exceed client needs and expectations

2.2.5. Meet professional obligations

2.3. Objectives of National CPD Regulatory Framework

The National CPD regulatory framework objectives shall be:

2.3.1. To provide for harmonization of CPD activities offered across the health professional cadres

2.3.2. To provide guidance on cross-cadre & profession specific CPD activities

2.3.3. To develop coordination, monitoring and evaluation plan for the cross-cadre CPD providers and stakeholders

2.3.4. To provide for the formulation of the policy and standard requirements of CPD implementation

2.3.5. To provide targeted and priority CPD training in response to national and professional priorities

2.4. CPD Communication Approach

The Ministry of Health (MOH) through Directorate of Health Standards, Quality Assurance & Regulations (DHSQAR) shall maintain open communication and consultation with the regulatory bodies, professional associations and other stakeholders regarding priority CPD areas. These areas include cross-cutting health priority training needs and emerging issues in health care environment.

The regulatory bodies and professional associations in the health sector through their networks shall inform the health professionals of the identified priority CPD areas and also implement the same through the CPD providers.

2.4.1. Feedback Mechanism

There will be constant communication between the regulatory bodies, professional associations and CPD providers. There shall be regular meetings held with the MOH-DHSQAR, regulatory bodies and professional associations to discuss issues of CPD. All regulatory bodies and professional associations shall share any CPD related updates and inventory of CPD providers with the MOH-DHSQAR. Regulatory bodies, professional associations and the MOH-DHSQAR shall publish a list of all registered health professionals who have valid practicing licenses as a sign of compliance to CPD regulations and requirements and disseminate at national and county levels.

Each county shall appoint a CPD county coordinator whose responsibility will be to provide feedback to the County Chief Officer of Health who shall in turn give feedback on a yearly basis to MOH-DHSQAR, regulatory bodies and professional associations on CPD implementation.

3.0. GUIDELINES FOR CPD ACTIVITIES

3.1. Introduction to CPD activities

Activities that are expected to improve knowledge, skills and competencies are considered as CPD. These activities fall into three categories: knowledge, skill and personal development. This shall include formal structured learning for example e-learning, conferences, workshops and practical sessions among others. CPD activities shall focus on technical competencies, teaching and learning, research, monitoring and evaluation, leadership, management and governance.

3.2. Principles guiding CPD

The aim of CPD is to build on knowledge, skills and competencies. Other principles include:

3.2.1. **Relevance:** CPD should be relevant and responsive to the community and client needs, health care professionals, providers and regulator's needs.

3.2.2. **Accessibility:** Regulatory bodies and professional associations shall ensure that CPD is accessible to healthcare professionals countrywide.

3.2.3. **Adopt adult learning approaches:** Adult learning principles should be employed in training as much as possible because the practitioners have undergone pre-service training and have acquired a set of competencies that he/she seeks to improve on. CPDs should focus on performance based training, active engagement, self-directed learning, and application of what is learned.

3.2.4. **Affordability:** CPD activities shall be affordable.

3.2.5. **Flexibility:** CPD shall be convened at timings, locations and through platforms that are convenient and less disruptive to service delivery.

3.2.6. **Equitability:** Equal CPD opportunities shall be provided to health service providers.

3.2.7. **Accountability:** CPD programs shall be regularly evaluated to assess their output, outcome and impact.

3.3. Cadre Specific CPDs

All regulatory bodies and professional associations shall allocate specific points for cadre specific CPDs in line with their CPD guidelines.

3.4. Cross-cadre CPD courses

Cross-cadre CPDs are activities that cut across more than fifty percent (50%) of the health professions. All cross-cadre CPD courses shall be accredited by a cross-cadre CPD committee comprising of representatives of regulatory bodies and professional associations coordinated by MOH-DHSQAR. All cross-cadre courses shall be awarded points upon review of content by regulatory bodies and/or professional associations.

Cross-cadre CPDs shall account for ten percent (10%) of the required points prescribed by respective regulatory bodies and professional associations.

3.5. Cross-cadre CPD Thematic Areas

Cross-cadre CPD activities shall include but not be limited to the following thematic areas:

3.5.1. Leadership and Management
3.5.2. Communicable diseases
3.5.3. Non-communicable diseases
3.5.4. Research
3.5.5. Reproductive Health
3.5.6. Maternal and Child Health
3.5.7. Information and Communication Technology (ICT)
3.5.8. Occupational Health and Safety
3.5.9. Disaster Management
3.5.10. Waste Management
3.5.11. Quality Management
3.5.12. Disability mainstreaming

The cross-cadre CPD committee will review the above thematic areas and any other CPD activities offered nationally or internationally from time to time and update accordingly. The committee will also work on sub-themes and periodically update the list based on training and performance needs.

3.6. Coding of courses

Cross-cadre CPD activities shall be coded according to both thematic areas and CPD providers. Regulatory bodies and professional associations shall assign specific codes to all CPD activities.

4.0. Guidelines for CPD Providers

4.1. Definition of CPD providers

CPD provider is an institution, organization or entity registered and licensed by the respective regulatory bodies and professional associations to provide CPD activities in a prescribed thematic area. A CPD provider can offer either cadre specific (specialized), cross-cadre courses (across professional specializations) or both.

Regulatory bodies shall not be CPD providers.

CPD providers include and are not limited to the following:

4.1.1. Certified and licensed professionals

4.1.2. Non-Governmental Organizations, Donors and Partners

4.1.3. Public and Private Training Institutions

4.1.4. Public and Private Hospitals

4.1.5. Research Institutions and Specialized programs

4.1.6. Professional Associations

4.1.7. Any other provider as certified by the cross-cadre CPD committee or respective regulatory body

4.2. Criteria for Selecting CPD Providers

CPD providers shall be selected using prescribed criteria. This will include but not limited to the following:

4.2.1. Certified or licensed to practice or/and operate by relevant professional regulated body.

4.2.2. Shall have qualified and competent facilitators, trainers, teachers, instructors with higher qualifications than the CPD content they are expected to provide.

4.2.3. Shall provide capability statement and evidence of appropriate teaching and learning infrastructure for the provision of CPDs.

4.2.4. Meet the relevant professional or regulatory body requirements for CPD programmes/activities.

4.2.5. Shall have physical location at national, county and/or sub county levels.

4.2.6. Shall have appropriate and relevant infrastructure, equipment and learning materials.

4.2.7. Shall use valid and reliable assessment methods that provide feedback on whether the learning objectives have been met.

4.2.8. Shall provide relevant documents and information about programme design and contents: number of contact hours/points; names and contact details of participants; and evaluation outcomes.

4.2.9. Shall submit a letter of good standing or certificate from relevant professional association or regulatory body and a valid practicing license.

4.2.10. Comply with the relevant registration authorities, inspections of premises, programmes, and related resources as and when the CPD committee deems necessary.

4.3. Roles of CPD Providers

The responsibilities of a CPD provider shall be to:

4.3.1. Conduct training needs assessment.

4.3.2. Develop CPD related activities.

4.3.3. Deliver and assess CPD activity content.

4.3.4. Develop or procure relevant teaching resources.

4.3.5. Collaborate with relevant authorities at National and County level.

4.3.6. Renew accreditation status as required by the respective regulatory body or cross-cadre CPD committee.

4.3.7. Participate in CPD provider forums.

4.3.8. Minimize any conflicts of interest related to commercial supporters and willingly disclose any conflicts of interests where applicable.

4.4. Requirements for CPD providers

A CPD provider shall:

4.4.1. Appoint a CPD coordinator to oversee CPD activities.

4.4.2. Maintain documentation of CPD activities conducted. These include but not limited to CPD program, signed attendance sheets, training content and activity report for a minimum of two (2) years.

4.4.3. Develop, administer and submit evaluations for respective CPD activities.

4.4.4. Maintain a database for training and share the same with regulatory bodies, professional associations, MOH-DHSQAR, MOH-HRD and link to the National MOH database (iHRIS).

4.4.5. Submit CPD activity reports within the prescribed time to the respective regulatory body or cross-cadre CPD committee.

4.4.6. Award certificates to CPD participants.

4.4.7. Display visibly the accreditation certificate at their respective premises.

4.4.8. Engage in monitoring and continuously improving the quality of CPDs based on evaluation findings and changing patterns of health care delivery.

4.5. Accreditation process for CPD Providers

Every cadre specific CPD provider will be accredited by respective regulatory bodies and professional associations in line with their CPD guidelines.

The cross-cadre CPD committee will accredit cross-cadre CPD providers. These CPD providers shall be allocated a unique identification number which shall be referenced in all CPD activities.

CPD providers willing to offer cross-cadre CPD activities shall be required to complete and submit a duly filled application form and meet the criteria as prescribed in section 4 sub-section 4.2 above.

4.6. Compliance

All approved CPD providers are expected to demonstrate accountability and ensure safe and quality CPD activities that build on knowledge and competencies and performance to the required proficiency. CPD providers should therefore ensure full compliance to the stated requirements as prescribed by respective regulatory bodies, professional association or cross-cadre CPD committee.

The following constitutes grounds for non-compliance:

4.6.1. Failure to address gaps identified within three months of notification by the respective regulatory body, professional association or cross-cadre CPD committee.

4.6.2. Failure to adhere to stated roles and requirements listed in Section 4 sub-section 4.3 and 4.4 above.

4.7. Penalties for Non-compliance

A CPD provider shall be supported and guided to remedy non-compliance issues. Failure to comply with stated requirements by respective regulatory body, professional association or cross-cadre CPD committee shall result in the following penalties:

4.7.1. Revocation of CPD provider license

4.7.2. Non-renewal of CPD provider accreditation license

4.7.3. Suspension of CPD provider accreditation license for a period of one calendar year.

4.8. Grounds for Appeal

Respective regulatory bodies and professional associations shall handle cadre specific CPD provider appeals as prescribed in their guidelines. Cross-cadre CPD providers shall appeal through MOH-DHSQAR for determination by the cross-cadre CPD committee. Grounds of appeal may include:

4.8.1. If the CPD provider does not agree with decision made by respective body, professional association or cross-cadre CPD committee

4.8.2. Non-compliance circumstances that are beyond the CPD providers control and may fall under social, political, economic factors and natural calamities.

4.8.3. Any other reasons not outlined in the regulations but are acceptable and justifiable by respective body, professional association or cross-cadre CPD committee.

4.9. Appeal Process

Cadre specific CPD providers shall appeal to the respective regulatory body or Professional Associations in line with their regulations. The cross-cadre CPD committee shall determine appeals by cross-cadre CPD providers.

The CPD provider shall be required to:

4.9.1. Fill a CPD provider appeal form

4.9.2. Attach the necessary accompanying evidence

4.9.3. Pay a non-refundable fee prescribed by respective regulatory body, professional association or cross-cadre CPD committee where applicable.

4.9.4. Submit appeal documents at respective regulatory body, professional association or cross-cadre CPD committee.

4.9.5. The CPD provider shall receive feedback on the verdict of the case within 30 days and the respective regulatory body, professional association or cross-cadre CPD committee decision shall be final.

5.0. GUIDELINES FOR HEALTH PROFESSIONALS

5.1. Mandatory Requirements

5.1.1. Every health professional must undertake continuing professional development to improve knowledge and skills in order to provide quality health services.

5.1.2. Minimum CPD requirements for regulated professions shall be prescribed by respective regulatory body.

5.1.3. Requirements for all non-regulated professions shall be prescribed by Professional Associations in consultation with MOH-DHSQAR.

5.1.4. All health professionals must be registered and licensed to practice in Kenya before engaging in CPD.

5.2. Obligation of Health Professional.

5.2.1. A health professional is expected to identify their own CPD needs that contribute to improved quality service delivery. The identification of needs should focus on technical and managerial aspects, training instruction and research as well as any other thematic area that may be of importance to the practitioners and service recipients.

5.2.2. The health professional should be self-directed in seeking relevant continuing professional development and earn CPD points through a recognized and accredited CPD provider.

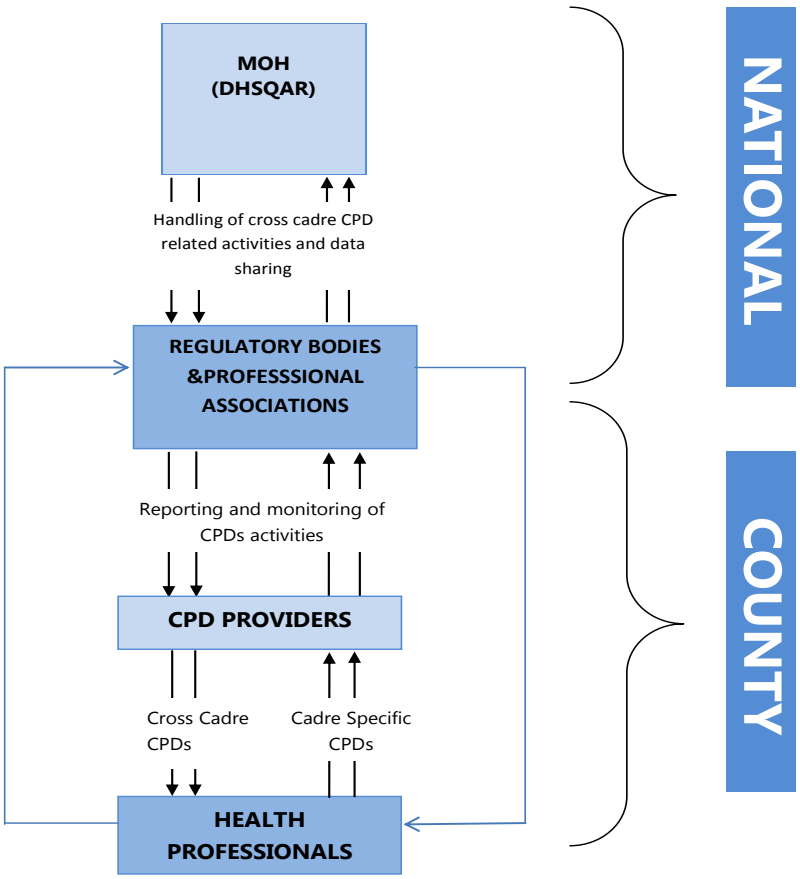
5.2.3. They should ensure certification upon completion of their CPD activity and avail the same for re-licensure to their respective regulatory body or professional association.

6.0. CPD Implementation Structure

6.1. MOH-DHSQAR, Regulatory Bodies, Professional Associations and County Level Operations.

The MOH-DHSQAR shall ensure that the regulatory body and professional association CPD functions are regulated and coordinated at the county governments in line with the Kenyan Constitution (2010).

Implementation Organogram



6.2. Feedback Mechanisms for CPD Quality Assurance

There shall be continuous monitoring and evaluation to assess the quality of services aimed at ensuring the intended impact of CPD has been achieved. There shall be a feedback mechanism across relevant stakeholders – MOH-DHSQAR, regulatory bodies, CPD providers and health professionals. Information on CPD implementation

shall flow from MOH to regulatory bodies and professional associations, CPD providers and health practitioners. Health practitioners shall be required to update their information with the respective regulator regarding the training taken and other academic qualifications that contribute to professional growth.

6.3. Review of National CPD Regulatory framework

The national CPD regulatory framework shall be disseminated nationwide to all counties. The review of this framework shall be undertaken every five years or earlier if deemed necessary.

7.0. MONITORING AND EVALUATION

7.1. Monitoring

There shall be a joint team that shall be coordinated by the MOH-DHSQAR to undertake monitoring of CPD activities. The representatives of the joint team shall be drawn from respective regulatory bodies and professional associations.

The mandate of the joint team shall include but not limited to the following:

7.1.1. To review and regulate content for cross-cadre CPDs.

7.1.2. To undertake cross-cadre CPD activity monitoring on a quarterly basis.

7.1.3. To establish and maintain database of cross-cadre CPD courses and providers.

7.1.4. To develop monitoring tools for cross-cadre CPD activities and providers.

7.1.5. To provide support supervision to CPD providers to ensure quality CPD trainings, activities and standards.

7.1.6. To ensure data is shared across all levels.

7.1.7. To conduct post training audit to assure quality improvement.

7.2. Evaluation

The joint team shall periodically appoint independent evaluators to assess impact of cross-cadre CPDs. To enhance professional development and quality of care, evaluation shall be conducted annually or when need arises.

Respective regulatory bodies and professional associations shall periodically appoint independent evaluators to assess cadre specific CPD activities.

7.3. Monitoring and Evaluation Plan.

The joint team shall develop a monitoring and evaluation (M&E) plan that shall be reviewed from time to time.

8.0. GLOSSARY OF TERMS

1. **Accreditation:** To recognize or attest to as conforming to standards.
2. **Cadre Specific CPDs:** Refers to learning activities targeted to a specific profession.
3. **Cadre Specific Providers:** These are providers who offer learning activities that are specific to a profession.
4. **Certification:** Formal procedures by which a credited and authorized person or agency assesses and certifies in writing by issuing a certificate.
5. **Continuing Professional Development (CPD):** CPD is the systematic acquisition, maintenance of knowledge, skills and competencies for the development of personal qualities necessary for execution of technical duties.
6. **CPD coordinator:** Refers to persons appointed by regulatory bodies, professional association or CPD provider to coordinate CPD activities at national and/or county level.
7. **CPD Provider:** This is an institution, organization or entity registered and licensed by a respective regulatory body, professional association or cross-cadre CPD committee to provide CPD activities in a prescribed thematic area.
8. **Cross-cadre CPD committee:** Refers to a committee appointed to accredit cross-cadre CPDs. This committee comprises of regulatory bodies and professional associations coordinated by MOH-DHSQAR.
9. **Cross-cadre CPD providers:** Refers to CPD providers offering learning activities that cuts across more than fifty percent (50%) of the health professions.
10. **Health Professional:** This is an individual who has been trained in an accredited health training institution and registered or recognized by a health professional body, regulatory body or professional association.
11. **Professional association:** This is a body of persons seeking to further a particular professional interests and welfare of its members whilst maintaining standards. Professional Associations represent CPD needs of the particular professions they represent including those of unregulated professions.
12. **Regulated profession:** Refers to health professionals' that have a legal mechanism or body established under an Act of Parliament to provide for registration and

licensure of professionals among other regulations as provided for under the laws of Kenya.

13. **Regulatory Bodies:** This is an entity that creates, promulgates, and enforces rules for a particular profession concerning delivery of a health service. These are registered under the laws of Kenya.

14. **Unregulated health professions:** Refers to health professions that have no formal mechanism, legal underpinning or statute to provide for regulations including registration and licensure of its members. These professions interest in CPD are represented by their respective Professional Associations.

9.0. NATIONAL CPD TECHNICAL WORKING GROUP MEMBERS

#	Name	Designation	Organization
1.	John Kabanya	Head, CPD Unit	Directorate of Health Standards and Quality Assurance (DHSQAR), Ministry of Health (MOH)
2.	Dr. Pauline Duya	Pharmacist	Directorate of Health Standards and Quality Assurance (DHSQAR), Ministry of Health (MOH)
3.	Alice Nyamao	Administrative Assistant	Directorate of Health Standards and Quality Assurance (DHSQAR), Ministry of Health (MOH)
4.	Winnie Shena	Vice Chair	National Nurses Association of Kenya (NNAK)
5.	Saleh A.Bardad	Chief Executive Officer	Clinical Officers Council (COC)
6.	Virginia Wanjiku Waithera	Senior Nutritionist	Kenya Community Nutritionist Association of Kenya (KECONA)
7.	David Maingi	Senior Manager, Regulatory Systems	Intrahealth International, FUNZOKenya Project
8.	Irene Chami	CPD and Accreditation Manager	Intrahealth International, FUNZOKenya Project
9.	Gicheru Stephen	Division In-charge	Public Health Department, Ministry of Health (MOH)
10.	Judy Jebotana	Senior Nursing Officer	Division of Reproductive Health, Ministry of Health
11.	Judith Chesa A. Kudoyi	Registration Officer	Nursing Council of Kenya (NCK)
12.	Christine Mwikali Musee	Assistant Chief Nurse, Nursing Standards	Kenyatta National Hospital (KNH)
13.	Idah Pam Ombura	CPD Training & Accreditation Officer,	Kenya Medical Laboratory Technologists and Technicians Board (KMLTTB)
14.	Mikal Ayiro	CPD & Accreditation Of Institutions Division	Pharmacy and Poisons Board (PPB)
15.	Dr. Were Andrew	Secretary, KMA Member, MPDB	Kenya Medical Association (KMA) Medical Practitioners and Dentists Board (MPDB)
16.	Silas Muguongo	Vice Chair	Kenya Medical Laboratory Technologists and Technicians Board (KMLTTB)

17.	Mary Kamau	Regional Hub Manager	Intrahealth International, FUNZOKenya Project
18.	Rose Wafula	Compliance & Training Officer	Intrahealth International, FUNZOKenya Project
19.	Dr. Hazel Mumbo	Public Sector Advisor	Intrahealth International, FUNZOKenya Project
20.	Wilder Moturi	Principal Human Resource Development Officer	Human Resource Development Unit (HRD), Ministry of Health (MOH)
21.	Peter M. Kagiri	Radiation Protection Officer	Radiation Protection Board (RPB)
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