



REPUBLIC OF KENYA

MINISTRY OF HEALTH PHARMACY AND POISONS BOARD

GUIDELINES FOR IMPLEMENTATION OF CONTINUING PROFESSIONAL DEVELOPMENT FOR PHARMACY PRACTITIONERS

2013



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PRACTITIONERS

2013

Guidelines for Implementation of Continuing Professional Development for Pharmacy Professionals

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FOREWORD

Continuing Professional Development (CPD) is an internationally accepted approach that facilitates professionals to acquire the necessary knowledge, skills and ethical attitudes so as to remain current and competent in their practice. This requirement was enshrined in the Kenya National Pharmaceutical Policy (KNPP) also referred to as sessional paper no. 4 of 2012. Continuing education encompasses the period of learning from post registration/ enrolment to end of career. CPD is intended to enable pharmacy practitioners to keep their knowledge and skills up to date with the ultimate goal of helping them provide the best pharmaceutical practices, improve treatment outcomes and protect patient safety. The hallmark of a well prepared pharmacy practitioner include five core competences: employing evidence based practices, applying quality improvement, providing patient centred care, working in inter-professional teams and making use of ICT.

These CPD guidelines encompass continuous education (CE), continuous professional education (CPE), continuous medical education (CME) and continuing professional development (CPD). They embrace a holistic view of pharmacy practitioners' learning, with learning opportunities stretching from didactic classroom-like settings to the point of practice or patient care. It is envisaged that based on their needs, pharmacy practitioners will be able to tailor the learning process, settings, and curriculum to their requirements. Moreover, the use of information technology (IT) as one of the proposed approaches will provide pharmacy professionals with greater opportunities to engage in CPD and learn effectively.

These guidelines provide for setting up of a CPD and Accreditation Division within PPB whose mandate will be to coordinate and guide efforts to align approaches in the area of:

- (a) Content and knowledge of CPD among pharmacy practitioners.
- (b) Regulation of CPD providers.
- (c) Development and strengthening of scientific basis for the practice of CPD.

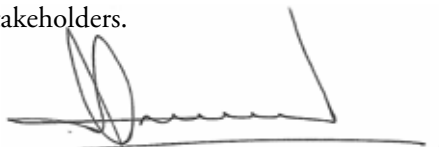
Implementation of these guidelines will influence several aspects of regulation including renewal of practice licences for pharmacy practitioners and the need to accredit CPD providers. The board will work with national professional bodies and other stakeholders to establish national standards that can underpin stronger systems. Efforts to eliminate and avoid conflict of interest in the accreditation of CPD providers and implementation of CPD courses are provided in these guidelines.

Regular consultations were done with stakeholders to share information on the role of CPD in advancing the practice of pharmacy and improving practitioners' performance. A survey was conducted amongst all cadres of pharmacy practitioners to determine the status of implementation of CPD in the country. The findings and recommendations from the survey were incorporated in the review process of these policy guidelines.

I would like to extend my gratitude to the Board in particular the Training and Assessment Committee, Training and Assessment Technical Committee and the Secretariat, for their commitment and dedication in developing these CPD guidelines. I would also like to thank the many individuals and organizations who contributed to the development and editing of this document.

I wish to acknowledge the participation and contribution of the Pharmacy professional associations-Pharmaceutical Society of Kenya (PSK) and Kenya Pharmaceutical Association (KPA).

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ABBREVIATIONS

ACPE	Accreditation Council of Pharmacy Education
CPD	Continuing Professional Development
CE	Continuing Education
CPE	Continuing Pharmacy Education
CUE	Commission for University Education
DHSR	Department of Health Standard Regulations
EDC	Enquiries and Disciplinary Committee
ICT	Information Communication Technology
KIE	Kenya Institute of Education
KNEC	Kenya National Examination Council
KNPP	Kenya National Pharmaceutical Policy
KPA	Kenya Pharmaceutical Association
NGO	Non-Governmental Organization
PPB	Pharmacy and Poisons Board
PSK	Pharmaceutical Society of Kenya
TAC	Training and Assessment Committee (of the Pharmacy & Poisons Board)

GLOSSARY OF TERMS

Board

Refers to the Pharmacy and Poisons Board

Conference

This is a formal meeting of people with a shared interest, typically one that takes place over several days.

Congress

A formal meeting for discussion, arrangement or promotion of some matter of common interest; the act of coming together or meeting

Continuing Pharmacy Education (CPE)

This is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmaceutical technologists to maintain and enhance their competence. CPE should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

Continuing Professional Development (CPD)

This is the on-going development undertaken to maintain technical and professional skills and capacities at a level suited to the practitioners' job responsibilities throughout their career. It is a process of reflection, action and evaluation that may be cyclical and includes everything a practitioner learns that enables the person to perform his or her job better.

CPD Provider

This refers to an institution, organizations, or entity approved by the PPB, possesses expertise and assumes responsibility to provide CPD activities.

Deferment

A postponement or delay in undertaking CPD programs.

Health Care Professionals

A health care service provider in a cadre which is licensed, registered, or certified under the laws of the Government of Kenya.

Pharmacy practitioner

A pharmacist registered by the PPB or a pharmaceutical technologist enrolled by the PPB or any other pharmaceutical specialists recognized/registered by PPB.

Presentation to the lay public

These activities include, but not restricted to the following: lectures presented, modules, reports, videos, training manual, other educational materials intended for use amongst the lay public.

Seminar

This is generally a form of academic instruction, either at an academic institution or offered by a commercial or professional organization. It has the function of bringing together small groups for recurring meetings, focusing each time on some particular subject, in which everyone present is requested to actively participate.

Symposium

A meeting or conference for the discussion of a particular subject or theme, at which several speakers talk on or discuss a topic before an audience.

Workshop

This is a meeting at which a group of people engage in intensive discussion and activity on a particular subject or project.

PART I

**GENERAL GUIDELINES FOR ACCREDITATION OF
CONTINUING PHARMACY EDUCATION/DEVELOPMENT**

RESPONSIBILITIES OF STAKEHOLDERS

PHARMACY AND POISONS BOARD

- To establish, maintain, standardize and regulate CPD for pharmacy practitioners in both the public and private sector by ensuring that CPD providers, users and programmes meet the minimum standards set and are well coordinated.
- Accreditation of CPD providers.
- Approval of CPD programs.
- Ensuring implementation of CPD programs with the objective of enhancing skills of pharmacy practitioners
- Monitoring and evaluation of CPD programs and the management of allocation of CPD points.

PROFESSIONAL ASSOCIATIONS (PSK & KPA)

These are CPD providers for pharmacist and pharmaceutical technologists respectively. Their key responsibility is to ensure that their members continuously maintain and update their competencies by providing accredited CPD programmes that meet the required standards and guidelines.

CPD PROVIDERS

- Participate in training needs assessments
- Developing CPD programs for accreditation, and publish a CPD training calendar.
- Advertise, administer, assess and maintain records of accredited CPD activities.
- Collaborate with relevant authorities at national and county level.
- Remitting quarterly training reports to the regulating body.
- Continuously undertake quality improvement measures for CPDs and adhere to stipulated CPD guidelines.
- Develop an evaluation process by the consumers that should form part of the quarterly report.

PHARMACY PRACTITIONERS

CPD is mandatory; therefore pharmacy practitioners have the responsibility of;

- undertaking CPD programs as a pre-requisite for annual licensure to practice pharmacy.
- be registered pharmacist/enrolled pharmaceutical technologist.

1. INTRODUCTION

1.1. Background

The Pharmacy and Poisons Board (PPB) was established as a regulatory authority under the Pharmacy and Poisons Act, Cap 244 and commenced operations on 1st May 1957. It was established as a body corporate under section 3(6) of the Pharmacy and Poisons Act (Legal Notice No. 11 of 1993) with the responsibility of regulating the practice of pharmacy by pharmacists, the manufacture, trade in drugs and poisons. In 2002, under Legal Notice No. 61, its scope was widened to include regulation of pharmaceutical technologists and accreditation of professional pharmacy degree and diploma programs. Overall, the Board is the national institution responsible for regulation of pharmacy education/training and practice in Kenya. Within the Board, regulation of pharmacy practitioners is the responsibility of the Division of CPD and Accreditation which falls under the Directorate of Pharmacy Practice and Regulation of Training. The vision statement of the Board is to be a global leader in the control and regulation of drugs, poisons and the practice of pharmacy. The Division of CPD and Accreditation enhances this by assuring and advancing quality in pharmacy education and practice.

1.2. History of CPD for Pharmacy Practitioners

Responding to social, economic, ethical and technological changes, the Ministry of Health seeks to provide quality healthcare to all Kenyans through a comprehensive approach. This includes meeting the basic, post-basic training and continuing professional development needs of health workers at all levels of the healthcare system in Kenya. Maintenance of ethical practices and excellent healthcare provision by health professionals requires consistent and on-going commitment from the professionals and all players in the health sector to implement continuous learning strategies that emphasize on competence.

In 2006, the Ministry of Health, mandated regulatory bodies and professional associations to carry out continuing educational programs for their respective professionals. In view of the above, PPB endorsed mandatory

CPD as one of the avenues for maintaining and updating knowledge, skills and ethical attitudes that underpin professional competence in the pharmaceutical sub-sector.

1.3. Implementation of CPD Guidelines, 2006

In the year 2006, the Board developed the first edition of CPD guidelines with CPD programs being administered by Kenya Pharmaceutical Association (KPA) and Pharmaceutical Society of Kenya (PSK) for pharmaceutical technologists and pharmacists respectively. The lessons learnt during the seven years have greatly informed this revised edition.

The Board envisaged gradual introduction of CPD initially through the voluntary CPD scheme that has been in place since 2006 and eventually transitioning to a mandatory system when the appropriate legislation is in place. At that point it will be a requirement that pharmacy practitioners earn a predetermined number of CPD points for re-registration or re-licensure. The current CPD system rests on a foundation of trust:- that all pharmacy practitioners will commit themselves to meeting the requirements for CPD whose benefits cannot be over-emphasized. The structure of the proposed CPD system/program is consistent with the philosophy of life long learning and builds on adult education principles.

1.4. Revision of the CPD Guidelines of 2006

The revision of the CPD guidelines of 2006 by the Board was prompted by the following reasons:

- a. Lessons learnt from implementation of CPD activities organized by PSK and KPA and others using the CPD guidelines of 2006.
- b. Challenges in implementation of the CPD Guidelines of 2006.
- c. Revision of the structure of PPB that creates county offices for decentralization of services to conform to the constitution of Kenya 2010.
- d. Revision of the Accreditation Standards and Guidelines for professional degree programs from four to five years.

- e. Revision of the Accreditation Standards and Guidelines for the professional diploma programs from the KIE curriculum to the harmonized KIE and PPB curriculum (2421 to 2429).
- f. The growing number of pharmacists and pharmaceutical technologists who require continuing pharmacy education to renew their certification and/or registration.
- g. Need to align with international standards.

1.5. Applicability of the Guidelines

These guidelines apply or will be presented and not limited to the following:

- a) All registered pharmacists.
- b) All enrolled pharmaceutical technologists.
- c) Tutors, trainees, lecturers and mentors who provide CPD to health professionals.
- d) Health training institutions and other providers of CPD - NGO's, development partners, health facilities, faith based organizations, research institutions and ministries.
- e) Professional Associations - PSK and KPA.
- f) Ministry of Health and related special programmes divisions (NASCOP etc)
- g) Development/implementing partner hubs.

1.6. Role of Pharmacy Practitioners in CPD Programs

The standards set in these guidelines emphasize that pharmacy practitioners should:

- a) Identify their individual education needs.
- b) Pursue training activities that will produce and sustain more effective professional practice in order to improve practice, patient, animal, and population health care outcomes.
- c) Link knowledge, skills, and attitudes learned to their application of knowledge, skills, and attitudes in practice.
- d) Continue self-directed learning throughout the progression of their careers.

1.7. Objectives of the CPD guidelines

1.7.1. General Objectives

To maintain and update professional competence of pharmacy practitioners through CPD in order to comply with statutory requirements as set by the Pharmacy and Poisons Board.

1.7.2. Specific Objectives

- a) To maintain or improve on the level of individual practitioner's technical and professional competence.
- b) To extend the range of relevant professional skills.
- c) To develop new areas of expertise.
- d) To promote humility, confidence and satisfaction in one's professional achievements/work done.
- e) To promote links with fellow health professionals.
- f) To increase career options for the professionals.

1.8. Scope of the CPD guidelines

These guidelines provide for the position of CPD Administrators, accreditation for CPD programs, payment of accreditation fees by CPD providers and criteria for awarding CPD points. The scope of CPD providers is large covering the public, private and faith based sectors. It may include professional associations (KPA and PSK), training institutions, non-governmental organizations, private sector organizations and hospitals.

There are provisions for deferment as well as actions to be taken for non-compliance. These guidelines also outline activities that qualify for allocation of CPD points and those that do not. The financing of CPD activities in relation to conflict of interest is addressed. The guidelines also address issues related to improvement of pharmacy practice such as research, monitoring and evaluation.

2. CPD-ADMINISTRATION AND GOVERNANCE

2.1. Administration of CPD

CPD programs will be administered by the Pharmacy and Poisons Board. However, other accredited CPD providers such as professional associations, NGOs, development partners, health training institutions or individuals may administer the program on its behalf. The Board will keep a record of programs, activities and attendance for all the CPD activities of the accredited CPD providers including those offered by the Board itself.

Pharmacy practitioners will be encouraged to give feedbacks to CPD providers regarding the quality of the activities presented by the Board or accredited service providers.

2.2. CPD Governance Structure

The Board through its regional/county offices and in consultation with all stakeholders will establish a staff development committee in every region/county. The membership and leadership of the committee will be as per the guidelines to be developed by the Board. The regional/county committee will be answerable to the Board's CPD Technical Committee which will in turn be answerable to the Training and Assessment Committee (TAC).

The regional/county committee will primarily be concerned with:

- a) Identification of training needs for pharmacy practitioners in their area of jurisdiction. This function will be carried out in consultation with approved CPD providers.
- b) Planning and strategic development.
- c) Implementation of CPD guidelines and enforcement of adherence to guidelines.
- d) Monitoring and evaluation of the implementation process including CPD point allocation.

The national and county levels will work closely to support efficient CPD implementation

2.3. CPD Technical Committee

2.3.1. Membership of the CPD Technical Committee

The CPD Technical Committee will be appointed by the Registrar on consultation with TAC. This committee will be responsible for CPD implementations for pharmacists and pharmaceutical technologists according to the terms of reference prescribed by the Board from time to time. It will be stationed at the Board's Headquarters, Nairobi.

2.3.2. Terms of Reference for CPD Technical Committee

- a. Identify competence areas for pharmacists, pharmaceutical technologists and pharmacy specialists
- b. Promote awareness of the need for CPD in collaboration with relevant professional associations, stakeholder groups, government and private institutions.
- c. Make recommendations to the Board on the criteria for accreditation of CPD providers, programs and activities.
- d. Make recommendations to the Board regarding revision of guidelines on evaluation, point allocations and weighting.
- e. Evaluate point allocation for activities not listed in the guidelines.
- f. Evaluate requests for deferment/appeals and make necessary recommendations to the Board.
- g. Evaluate and make recommendations on applications for accreditation of CPD programmes and activities.

3. CPD PROGRAMS

The pharmacy practitioners must fulfil their responsibilities by adopting the concept of CPD which includes regular participation in continuing education. CPD programmes shall have the following four cyclical activities.

- a) Identification of training needs by self, employer, PPB, professional associations, service providers and others. This is a key part of CPD where practitioners identify their practice needs through reflection.

This requires practitioners to think about their practice as pharmacy professionals, deciding whether they want to change the way things are done or develop their career.

- b) Putting in place a plan on how to go about fulfilling the training needs: Planning is important to CPD because it enables a practitioner to identify and set priorities according to their urgency and importance to the patients and the public, professional colleagues and to the objectives of their organization.
- c) Undertaking training activities which involves completing and recording what a practitioner has done, what they have learnt and when the learning was undertaken or completed.
- d) Assessing the results of the training activities: This involves a practitioner critically thinking about what they have learnt in terms of the success of the learning activities and the benefit to the practice as a pharmacy professional.

It is important that all CPD activities undertaken are recorded from the start up to the evaluation stage. These records should be maintained in a secure form on paper or in an electronic format by self and/or the provider for subsequent submission to the Pharmacy and Poisons Board.

It should be appreciated that learning through CPD does not have to involve all the four cyclical activities. Some activities may begin at any of the stages for example the action stage. Again some learning may not be planned, e.g. one may attend a meeting or read a journal with no particular learning need in mind and in the process discover that he/she has learnt something beneficial to one's practice.

CPD providers must structure each CPD activity to meet the knowledge, skills and/or practice-based competence needs of practitioners. The following categories of CPD activities may be conducted:

3.1. Category 1 Activities

These are activities that do not have a clearly measurable outcome and are presented on a one-off non-continuous basis. They include activities such as:

- Small group activities [presentations, meetings, case discussions, preceptorship and supervision].

- Large group activities [attendance or participation at conferences, seminars, symposia, congress and workshops where relevant topics and themes are discussed].

3.2. Category 2 Activities

These are activities that have a demonstrable/measurable outcome but do not constitute formal training. They include activities such as self-directed learning, training, research and publications in scientific journals, conference papers, review of other professional papers and providing professional development materials for other professionals.

Note: Teaching and examination of undergraduate and post graduate students will not be accredited if these activities fall within a practitioner's job description.

- Self-directed learning: This is when an individual undertakes training through a structured learning plan from a source that is accepted by the Board as CPD. This includes studying relevant publications, appropriate scientific journals, textbooks, e-learning and others. It is important that adequate proof be provided before CPD points can be awarded. All the activities included should be submitted to CPD technical committee for point allocation.
- Providing education, training or professional development materials or other related materials for practitioners: These activities include, but are not restricted to developing and providing modules, reports, videos, training manuals and other educational materials intended for use amongst health professionals. These can be submitted to an accredited CPD provider for a recommendation and approval by the CPD technical committee.

3.3. Category 3 activities

These are activities that comprise structured learning programs or special unstructured training programs for instance formal programs that are planned, offered and evaluated by an accredited training institution/provider or a development partner with a measurable outcome. These include activities such as:

- **Formal Education:** This includes relevant post-graduate degrees, diploma or certificate courses recognized as additional qualifications by the Pharmacy and Poisons Board taking six months or more. It could be full-time or part-time. However these are classified as CPE activities which will be covered in a separate guideline.
- Short course/refresher courses taking less than six months with additional professional hands-on training or a formal assessment of the outcome. This includes courses run by accredited institutions, government bodies, professional associations, non-government organizations, development partners and accredited CPD providers.
- **On-the-Job Training:** This involves training at the place of work by an experienced practitioner who serves as an instructor/tutor using hands-on training often supported by formal classroom training. This includes formal, structured and employer sponsored experience on the job, in house training schemes and personal activities aimed at development and enhancement of professional skills. Examples of such activities include, but are not limited to:
 - (a) Developing and implementing standard operating procedures.
 - (b) Preparation of lectures, course and papers for on-the-job programs.
 - (c) Part-time academic lecturing.

3.4. Category 4: Other Activities and Information

Any other activity that potentially advances one's CPD and professional competence but does not come under any of the above classification may be considered for awarding of CPD-points.

NB: Examinations/Evaluations/Assessments: These activities include, but are not restricted to the following: postgraduate examinations, evaluation undertaken on behalf of the registering authority; assessment of theses or scripts and pre-registration/enrolment examination.

Points will only be awarded upon proof of participation in the evaluation exercise and release of results for enrolment or registration.

4. PRINCIPLES OF CPD POINTS ALLOCATION

The allocation of points is based on the following principles and is applicable to all categories of pharmacy practitioners:

- a) Forty (40) CPD points must be accumulated per year of which 10 points must be obtained from activities organized by professional associations.
- b) No more than 80% of CPD points may be accumulated from any one activity category over the CPD calendar year.
- c) All activities are accredited for a period of one calendar year.
- d) The maximum number of CPD points that will be accredited for a specific day is one CPD point to a maximum of 5 points.
- e) CPD points can be allocated for either presentation or attendance of an activity. Presenters/facilitators can only claim once for CPD points if the same presentation is given more than once in year.
- f) No extra CPD points will be allocated for the assessment of the participants of any CPD activity.
- g) The maximum numbers of CPD points that can accrue for professional involvements other than being a member are 6 points per year.
- h) There will be no carry-over of points from one calendar year (12 month period) to the next and a deficit cannot be made up for in the following period.

Table 1: Summary of Categories of CPD Activities

Activity	Category	CPD points attainable
1 Attendance of a professional association meetings, council or committee meetings; involvement in professional association activities e.g. medical camps and community projects.	1	1 point per meeting to maximum of 6 points per year.
2 Presentation/facilitation of a lecture at a scientific meeting or to the lay public.	1	2 points per presentation to maximum of 10 points per year provided the principles of point allocation part (e) are followed.
3 Attendance or participation at a workshop, seminar, conference and annual scientific congress or symposium.	1	5 points per day to a maximum of 10 points per event. The maximum points that can be accrued in a year in this activity shall be 20 points.
4 Presentation/ facilitation of a lecture during a workshop, seminar, conference, symposium and congress.	1	4 points per local presentation and 8 points for an international presentation to maximum of 24 points per year.
5 Attendance of continuous professional development presentations	1	1 point per CPD activity to a maximum of 10 points in a year.
6 Preceptorship and supervision of trainees.	1	5 points per trainee to maximum of 10 points in a year.
7 Self-directed learning	2	5 points per proved record to a maximum of 10 points per year.
8 Developing education, training or professional materials or other related materials for practitioners.		3 points to a maximum of 12 points in a year.
9 Research and publication of paper or article in a scientific journal or a current book.	2	10 points per paper/ article to a maximum of 20 points per year.
10 Peer reviewing of a scientific paper or a Book.	2	5 points to a maximum of 10 points in a year.
11 Peer review of conference papers, research protocols, and publications.	2	2 points per item to a maximum of 10 points in a year.
12 Upon successful completion of relevant and recognized Post-graduate Diploma, Professional Fellowship, Masters and PhD degrees.	3	40 points for the prescribed period of study
13 Upon successful completion of relevant and recognized under-graduate degree, diploma and certificate courses taking six months or more.	3	40 points for the prescribed period of study

	Activity	Category	CPD points attainable
14	Student attending a relevant and recognized Post-graduate degree, Professional Fellowship, under-graduate degree, diploma and certificate courses taking six months or more.	3	Exempted from CPD requirements as long as at the end of each year of study there is proof of studentship to the CPD technical committee.
15	Short course/refresher courses taking one to six months.	3	10 points per course to a maximum of 30 points in a year.
16	On-the-Job Training (OJT) of not less than 40 hours of professional hands-on training that consists of assessment of the outcome.	3	5 points to a maximum of 10 points in a year.
17	Committee members of PSK, KPA or any other recognized professional association at an executive level or branch level.	4	3 points per year.
18	Ad hoc committee member of PSK, KPA or any other recognized professional association at an executive committee level.	4	2 points per year
19	Members of editorial Boards for Pharmaceutical/Scientific Journals.	4	1 point per year
20	Pre- registration / pre-enrolment assessment examiners for pharmaceutical technologist, pharmacists and pharmaceutical specialists.		5 points per year
21	Other board activities e.g. evaluation of clinical trials, EDC		5 points per year

***NOTE:** The minimum number of CPD points to be accrued in one year for re-licensure or renewal of the annual practice license is forty (40). However, pharmacy practitioners are encouraged to accrue more than this minimum recommended number of points as this will be advantageous/useful with regard to professional recognition and in conferring special awards.*

5. DEFERMENTS

5.1. Pharmacy practitioner may apply for deferment of CPD

The CPD Technical Committee will consider such an application individually on the basis of reasons acceptable to the Pharmacy and Poisons

Board. This committee will make recommendations to the Registrar for action.

5.2. Pharmacy practitioners abroad

Pharmacy practitioners practicing abroad should meet the same requirements as those in Kenya and will not be granted deferment. However, documented proof of compliance with CPD requirement in any particular country where such requirement applies will be accepted as equivalent.

5.3. Exemptions

5.3.1. Full-time Students

Pharmacy practitioners pursuing full-time studies or courses running for a period of more than six (6) months will be exempted from CPD requirements for the prescribed duration of training.

5.3.2. Medical considerations

A pharmacy practitioner suffering from any medical condition that may prevent him/her from engaging in CPD will be exempted upon considerations by the Board.

5.3.3. Engagement in non-pharmacy related activities

A pharmacy practitioner who decides to engage in a non-pharmacy related activity shall apply to the Registrar, PPB for exemption from CPD requirements. The CPD technical committee will review such applications and make recommendations to the Registrar for action.

6. NON-COMPLIANCE

In the event that a pharmacy practitioner does not comply with the CPD requirements, the Registrar, after considering the recommendations of the CPD technical committee may impose one or more of the following sanctions:

- a) Requirement to follow a remedial CPD program as specified by PPB.
- b) Requirement to write an examination as determined by PPB.
- c) Recommend the practitioner to EDC for disciplinary action.
- d) Denial of practice license.
- e) Requirement to comply with any other requirement which the Board may determine from time to time.

7. CPD REWARDS

- a) Attendance and performance of CPD activities shall be considered when renewing practice licenses for the pharmacy practitioners.
- b) High performers will be recognized through the use of journals.
- c) Price awards will be organized and given to the highest CPD point earners in the cadres regulated by the Board annually.

8. ACCREDITATION OF CPD PROVIDERS

8.1. Requirement for CPD Providers

The Board requires the CPD providers to comply with the following:

- a) Advocate lifelong learning of pharmacy practitioners.
- b) Emphasize systematic, self-directed learning.
- c) Educate pharmacy practitioners on available activities in their specific areas of practice.
- d) Identify and meet the educational needs of pharmacy practitioners.
- e) Focus on the training/educational needs of pharmacy practitioners rather than on the number of participants or activities conducted.
- f) Ensure that course tutors or facilitators take active role in delivering content so that pharmacy practitioners are actively engaged in their learning.
- g) Include active learning strategies to enhance knowledge retention

and application in practice.

- h) Assess participants learning from a CPD activity.
- i) Evaluate the impact of CPD activities in pharmacy practice.

8.2. Criteria for accreditation of CPD providers

The following criteria shall apply when considering application for accreditation as a CPD provider.

- Administrative Responsibility
- Administrative Qualifications
- Appropriate Subject Matter
- Educational/Training Needs Assessment
- Educational/Training Objectives
- Topic Development
- Instructional Delivery Methods
- Participant Involvement in Learning
- Learning and Assessment
- Program Evaluation
- Co-sponsorship with Non-Accredited Providers
- Co-sponsorship with other Boards Accredited Providers
- Continuing Education Credit
- Record keeping
- Statements of credit
- Budgeting
- Qualitative Considerations
- Quantitative Considerations
- Support Staff
- Program Announcement Literature
- Non commercialism

- Grievance Policy and Procedures
- Facilities Matched to content Method
- Facilities Matched to Audience and Objectives
- Instructional Materials

Refer: Minimum standards for accreditation of CPD providers.

8.3. Application for Accreditation as a CPD provider

A prospective CPD provider will be required to submit an application in a prescribed format for approval. Refer to Application form for Accreditation as a CPD provider in annex 3. The applicant will be required to specify expertise in the proposed area(s) as well as the administration infrastructure which must include a CPD *administrator who MUST be a pharmacy practitioner with relevant content and expertise.*

8.3.1. Application and approval process

- I. Receipt of an application for accreditation or re-licensure and self-inspection report.
- II. Distribution of the application documents to a team of evaluators (two members of the secretariat, two members of CPD technical committee and one member of the TAC). This should be done within seven (7) days from the date of receipt.
- III. Meeting of the CPD technical committee to review the reports from the evaluators and the self-inspection report to come up with one common report and allow for re-licensure.

8.3.2. Appeal process

Appeals can be made to the Board for consideration within thirty (30) days of receipt of Board's decision.

8.4. Application for Accreditation of CPD programs and activities

Accredited CPD providers are required to submit their proposed programs of activities to the CPD officer at the Pharmacy and Poisons Board, who will arrange for assessment of the professional content and CPD point values thereof. On approval of proposed activities and on receipt of PPB allocated reference number, a CPD provider may publicize the proposed activities as approved for CPD purposes.

8.4.1. Applications and approval process

- I. A prospective CPD provider will be required to submit an application in a prescribed format for approval. Refer to Annex 1: Application form for Accreditation as a CPD provider.
- II. Receipt of an application for accreditation or re-licensure and self inspection report.
- III. Distribution of the application documents to a team of evaluators (two members of the secretariat, two members of CPD Technical Committee and one member of the TAC). This should be done within seven (7) days from date of receipt.
- IV. Meeting of the CPD Technical Committee to review the reports from the evaluators and the self-inspection report to come up with one common report and allow for re-licensure.

8.5. Renewal of Accreditation

Accreditation for CPD-providers and programs will last for one (1) calendar year and will expire on 31st December of that year after which the approvals will have to be renewed.

Applications for renewal will be done on prescribed format (refer to annex 1)-Application form for Accreditation as a CPD Provider available on the Board website or from its offices.

9. ACTIVITIES THAT DO NOT QUALIFY FOR CPD

The following activities will not qualify for allocation of CPDpoints:

- a) Teaching undergraduate and /or post graduate students and examining where this falls within a registered practitioners job.
- b) Time spent in planning, organizing or facilitating any activity be it professional or otherwise.
- c) Non-referenced letters to editors of accredited journals.
- d) Daily ward rounds.
- e) Written assignments.
- f) Compilation of student training manual for internal use.
- g) Staff and/or administrative meetings.
- h) Tours and or viewing of exhibits and technological demonstrations.
- i) Meetings arranged by pharmaceutical companies and manufacturers or importers of products and technical devices or their representatives purely for the purpose of marketing and/or promoting their products.

10. FINANCING

The Board shall provide adequate and sustainable long-term financial support to the CPD and Accreditation Division.

10.1. Financing of CPD programs

The Board will analyze the sources and adequacy of funding for CPD, develop sustainable business model free from conflicts of interest and promote the use of CPD to improve quality of pharmacy practice, patient safety and public health.

10.2. Conflict of Interest

The Board in collaboration with the CPD providers and other stakeholders shall put systems in place to eliminate or avoid conflicts of interests in the accreditation of CPD providers and CPD implementation.

11. INTER-PROFESSIONAL TEAM LEARNING

Health care often benefits when professionals from within and across disciplines work together. A shared education framework can align communication and share advances across all health professions. The Board will identify, recognize and fast track models of CPD that build knowledge about inter-professional team learning and collaboration.

12. RESEARCH AND DEVELOPMENT

The Board in collaboration with stakeholders will promote and support research in CPD programs and come up with innovative and effective approaches to advance pharmacy practice.

New methods for providing CPD must prove their effectiveness through rigorous testing using research and development structures.

13. MONITORING AND EVALUATION OF CPD SYSTEM

13.1. M&E Framework

CPD systems are complex, involving many stakeholders playing various roles. Continuous evaluation therefore will be needed to ensure that progress is being made towards better pharmacy practice and patient outcomes.

Evaluation could occur at four levels: individual pharmacy practitioners, stakeholder organizations, PPB and the overall CPD system. To hold the Board accountable for its activities and stewardship of the CPD system, the Board shall be making periodic report to the relevant department of the Ministry of Health.

The Board shall report annually to the public and private stakeholders by holding a national symposium on the performance and progress of CPD and its role in enhancing quality of practice, care and patient safety.

13.2. Verifiable Indicators

The verifiable indicators for the M &E will include but are not limited to the following:

- Number of participants and providers meeting minimum CPD requirements.
- Number of CPD Providers accredited.
- Number of pharmacy practitioners licensed/renewing their practice licenses.
- Numbers and quality of CPD reports submitted by CPD providers.
- Numbers and quality of reports submitted.

PART II

**STANDARDS FOR ACCREDITATION OF CONTINUING
PHARMACY EDUCATION/DEVELOPMENT**

A. ACCREDITATION OF CPD PROVIDERS

Accreditations of CPD providers will be done based on the standards listed here below and are divided into eight (8) sections namely:

Section 1: Administration and training objectives

Section 2: Sponsorship

Section 3: Credits and recording

Section 4: Finances

Section 5: Faculty

Section 6: Conflict of interest

Section 7: Complaints

Section 8: Facilities

1. Section 1: Administration and Educational Objectives

Standard 1: Administrative Responsibility

There shall be a visible, continuous, and identifiable authority charged with the administration of the provider's training programs. The administrative authority shall have the responsibility and be accountable for assuring and demonstrating compliance with the quality criteria.

***NOTE:** Provide evidence of an organizational structure within the organization defining the Job descriptions of the CPD administrator.*

2: Administrative Qualifications

The person in whom the administrative function is vested shall be qualified by virtue of background, education, training and/or experience-CV.

Standard 3: Appropriate Subject Matter

Training programs shall address topics and subject matter areas which are pertinent to the contemporary practice of pharmacy and well-balanced in presentation.

Standard 4: Educational Needs Assessment

Training programs shall be designed to satisfy needs that have been determined to be appropriate for the targeted audience(s). Providers shall regularly assess training needs and involve members of the intended pharmacist audience(s) in identifying their own continuing education needs.

Standard 5: Educational Objectives

Training programs shall involve planning which includes written performance goals and specific performance objectives that are measurable and which may serve as a basis for an evaluation of the program's effectiveness.

Standard 6: Topic Development

The training activity shall be designed to explore one subject or a group of closely related subjects. If the activity involves multiple components, such as in a lecture series, all segments shall be devoted to integrally related subjects.

Standard 7: Instructional Delivery Methods

The method(s) of delivery utilized in a training program shall be determined by giving appropriate consideration to such factors as the educational content and learning objectives, as well as the size and the composition of the intended audience.

Standard 8: Participant Involvement in Learning

The method of delivery shall allow for and encourage active participation and involvement on the part of the pharmacy practitioner.

Standard 9: Learning and Assessment

An evaluation mechanism shall be provided at each program for the purpose of allowing all participants to assess their achievement in accordance with the program's learning objectives.

Standard 10: Program Evaluation

The provider shall develop and implement a program for the evaluation component for each CPD program.

2. Section 2: Sponsorship

Standard 11: Co-sponsorship with Non-Accredited Providers

If an accredited provider works with others for the development, distribution and/or presentation of training programs, the responsibility for assurance that all quality criteria are met rests with the accredited provider. Early in the planning, the functions of each party shall be identified and documented.

Standard 12: Co-sponsorship with Other Board-Accredited Providers

If two or more accredited Providers work together for the development, distribution, and/or presentation of training programs, the responsibility for assurance of compliance with the quality criteria is held jointly. Early in the planning, decisions shall be made relative to the specific areas or the division of responsibility of each accredited provider and shall be identified and documented.

Standard 13: CPD Credit

Providers shall adhere to a uniform quantitative system of measurement for CPD credit based on the contact hour (defined as 45-60 minutes of participation or its equivalent). Each contact hour shall accrue 1 point. The number of contact hours to be awarded for participation and successful completion shall be determined by the provider in advance of offering the activity.

3. Section 3: Credit and recording system

Standard 14: Record Keeping

The provider shall maintain and assure the availability of records adequate to serve the needs of the participants, the Board and others requiring such information. Records of participation and credit awarded should be kept for a minimum period of five years.

Standard 15: Statements of Credit

The provider shall give evidence to each participant, in the form of a statement or other official document such as a certificate, on successful

completion of the CPD program, in a timely fashion and such as the participant may reasonably require.

4. Section 4: Finances

Standard 16: Budgeting

The budget and resources for continuing training shall be adequate to the activities undertaken and their continued improvement. In cases where training is one element of a provider's activities, the budget and resources for training shall be a clearly identifiable component of the provider's budget and resources.

5. Section 5: Faculties

Standard 17: Qualitative Considerations

The faculty for each particular training program shall be competent in the subject matter and qualified by experience, training and/or preparation to the tasks and methods of delivery.

Standard 18: Quantitative Considerations

An appropriate number of qualified faculty members shall be utilized for each CPD program.

Standard 19: Support Staff

There shall be adequate supportive personnel to assist with administrative and technical matters related to the preparation and presentation of programs.

6. Section 6: Conflict of interest

Standard 20: Program Announcement Literature

The promotion and advertising of each training activity shall be conducted in a responsible fashion.

Standard 21: Non-commercialism

All CPD programs should provide for an in-depth presentation with fair, full disclosure and equitable balance. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

7. Section 7: Complaints

Standard 22: Handling of Grievances

The provider shall develop, disseminate and implement procedures for the management of grievances including, but not limited to tuition and fee refunds.

8. Section 8: Facilities

Standard 23: Facilities Matched to Content and Method

The facilities utilized shall be appropriate and adequate to the content and method of delivery of the program.

Standard 24: Facilities Matched to Audience and Objectives

The facilities shall be adequate to the size of the audience and promote the attainment of the objectives of the program.

Standard 25: Instructional Materials

All supportive and supplemental instructional materials shall be suitable and appropriate, and shall be periodically reviewed to assure technical quality, timeliness and accuracy of content.

B. ACCREDITATION OF CPD PROGRAMS

Accreditation of CPD programs will be done following the standards listed here below, that are divided into five sections namely:

Section 1: Content of CPD activities

Section 2: Delivery of CPD Activities

Section 3: Assessment

Section 4: Evaluation

Section 5: Termination authorizations

1. Section I: Content of CPD Activities

The purpose of the standards in this section is to ensure that the provider's CPD program has clearly articulated mission, desired goals and a planning process to achieve the mission and goals. The mission, goals, and activities must be related to the vision and training needs of the profession of pharmacy to better serve society. As recommended by the Kenya National Pharmaceutical Policy (sessional paper 4 2012), pharmacy practitioners must be trained to deliver patient-centred care as members of an inter-professional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

Standard 1: Goal and Mission of the CPD Program

The provider must develop a CPD goal and mission statement that defines the basis and intended outcomes for the majority of CPD activities the provider offers.

Guidance

The CPD goal is a concise written statement of what the provider intends to achieve for pharmacy learning and education. It should address how a provider will assist pharmacy practitioners to maintain and enhance their professional competencies to practice in various settings. These may include, but are not limited to;

- ensuring optimal medication therapy outcomes and patient safety.
- managing practice settings e.g. hospitals, community pharmacy/chemist, industries and others.
- satisfying requirements for pharmacy practitioners re-licensure.

The CPD mission statement should be consistent with the goals and specifically indicate the provider's short-term intent in conducting CPD activities, including the intended audience and the scope of activities. The mission and goals should be systematically evaluated and periodically updated to assure consistency among the mission, overall goals, and individual activities.

CPE is a structured educational activity designed to support the continuing professional development of pharmacy practitioners' in order to help them maintain and enhance their competence. A CPE activity should promote problem solving and critical thinking and be applicable to the practice of pharmacy. CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacy practitioners.

***Note:** The standards use the phrase pharmacy practitioners as the recipients for CPD activities. Please note that it is acceptable for some providers to design CPD activities for pharmacists or pharmaceutical technologists separately, according to different levels of practice; and, for some providers to design CPD activities for both pharmacists and pharmaceutical technologists.*

Standard 2: Training Needs Assessment

The provider must develop CPD activities based on a multifaceted process where training needs are prospectively identified.

Guidance

Needs assessment should be completed before planning specific CPD activities and should guide content development and delivery. A needs assessment should employ multiple strategies to identify the specific gaps, in knowledge or skills or areas for enhancement for pharmacy practitioners' competence. The provider should identify gaps between what pharmacy practitioners do and what is needed and desired in practice. Strategies for

needs assessment should incorporate a method(s) in which representatives of the intended audience participate in identifying their own continuing education needs.

Standard 3: CPD Activities

The provider must structure each CPD activity to meet the knowledge-application and /or practice-based training needs of pharmacy practitioners.

Guidance

Knowledge-based CPD activity: These CPD activities should be designed primarily for pharmacy practitioners to acquire appropriate knowledge. This information must be based on evidence as accepted in the literature by the health care professions.

Application-based CPD activity: These CPD activities should be designed primarily for pharmacy practitioners to apply the information learned in the time allotted. The information must be based on evidence as accepted in the literature by the health care professions.

Practice-based CPD activity: These CPD activities should be designed primarily for pharmacy practitioners to systematically acquire specific knowledge, skills, attitudes, and performance behaviours that expand or enhance practice competencies. The information within this activity must be based on evidence as accepted in the literature by the health care professions and its format should include a didactic component and a practice component.

The CPD activities should be consistent with the provider's mission and appropriate to meet the identified pharmacy practitioner's needs. Providers are encouraged to guide pharmacy practitioners to the best combination of CPD activities to meet their practice needs. Providers are not required to offer all three activity types.

Standard 4: CPD Activity Objectives

The provider must develop objectives for each CPD activity that define what the pharmacy practitioners should be able to do at the completion of each CPD activity.

Guidance

Objectives must be:

- SMART (specific, measurable, achievable, realistic and time-bound)
- Developed to address the identified educational need (Standard 2).
- Addressed by an active learning activity (Standard 7) and
- Covered by a learning assessment (Standard 9).

Standard 5: Standards for Commercial Support

The provider must plan all CPD activities independent of commercial interest. The educational and training content must be presented with full disclosure and equitable balance.

Appropriate topics and learning/training activities must be distinguished from topics and learning/training activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug, device or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guidance

The provider must;

- ensure independence in planning and delivery of CPD activities,
- implement a mechanism to prospectively identify and resolve conflicts of interest during the planning process,
- use commercial support appropriately,
- present content that is without commercial bias,
- disclose required information.

2. Section 2: Delivery of CPD Activities

The purpose of the standards in this section is to ensure that the provider delivers CPD activities to promote pharmacy practitioners' learning and application of learned principles to practice. The teaching and learning methodologies used should foster the continued development of critical thinking and problem-solving skills, be applicable to the diverse learning needs of the pharmacy practitioners and encourage the continuing professional development of pharmacy practitioners.

Standard 6: Trainers

The provider must communicate and collaborate with CPD activity trainers regarding the identified educational needs, intended audience, objectives, active participation, and learning assessments for each CPD activity.

Guidance

- a. Faculty should be selected based upon their knowledge of the subject matter; experience and teaching ability; and ability to meet the training needs of the pharmacy practitioners.
- b. Information, verbal and written, should be provided to the faculty to ensure that CPD activities meets the Board's standards.
- c. The provider must have implemented a mechanism to identify and resolve any conflicts of interest prior to the activity being undertaken (Standard 5).

Standard 7: Teaching and Learning Methods

The provider must assure that all CPD activities include active participation and involvement of the pharmacy practitioner.

Guidance

The methodologies employed should be determined by the CPD activity planned (Standard 3), objectives, training/educational content, and the size and composition of the intended audience. The provider should design and implement active learning exercises as a component of live and home study instructional methods.

Standard 8: Educational Materials

The provider must offer training materials for each CPD activity that will enhance participants' understanding of the content and foster applications to pharmacy practice.

Guidance

Training materials should serve as a guide, provide additional sources of information, and include reference tools usable in practice.

3. Section 3: Assessment

The purpose of the standards in this section is to ensure that CPD activities employ appropriate learning assessments and that feedback is provided to pharmacy practitioners in a timely manner, enabling them to apply the learnt content to practice.

Standard 9: Assessment of Learning

The provider in collaboration with faculty must include learning assessments in each CPD activity to allow pharmacy practitioners to assess their achievement of the learned content. Completion of a learning assessment is required for CPD credit.

Guidance

The provider may select formal and informal techniques for assessment of learning. Informal techniques typically involve participant discussions. Formal techniques, such as tests and quizzes, are typically individualized, written, and graded. The assessment should be consistent with the identified CPD activity objectives (Standard 4) and activity type (Standard 3).

Knowledge-based CPD activity: Each CPD activity in this category must include assessment questions structured to determined recall of facts.

Application-based CPD activity: Each CPD activity in this category must include case studies structured to address application of the principles learnt.

Practice-based CPD activity: Each CPD activity in this category must include formative and summative assessments that demonstrate that the pharmacy practitioners achieved the stated objectives.

Standard 10: Assessment Feedback

The provider must ensure learner assessment feedback is provided to participants in an appropriate, timely and constructive manner.

Guidance

The feedback provided should be consistent with the learning assessment (Standard 9), activity objectives (Standard 4), and activity type (Standard 3). Verbal and written feedback may be provided as follows:

Knowledge-based CPD activity: Feedback may include the correct response to questions. For incorrect responses, the provider is encouraged to communicate that the question was answered incorrectly and provide the rationale for the correct responses.

Application-based CPD activity: Feedback may include the correct evaluation of case studies. When responses are incorrect, the provider is encouraged to explain the rationale for the correct responses.

Practice-based CPD activity: Feedback should be provided based on the formative and summative assessments that were used to demonstrate that the pharmacy practitioner achieved the stated objectives.

4. Section 4: Evaluation

The purpose of the standards in this section is to ensure that providers evaluate the effectiveness of CPD activities and program. Providers must have an evaluation plan that allows for a determination of the degree to which the mission and goals have been achieved. They must use this information for continuous quality improvement of their CPD programs.

Standard 11: Evaluation of CPD activity

Providers must develop and conduct evaluations of each CPD activity. The evaluations must allow pharmacy practitioner to provide feedback on the

following items:

- Applicability of the CPD activity to meet their educational needs.
- Achievement of each stated objective.
- Quality of faculty.
- Usefulness of training material.
- Effectiveness of training material.
- Effectiveness of teaching and learning methods, including active learning.
- Appropriateness of learning assessment activities.
- Perceptions of bias or commercialism.

Guidance

The above items are the minimum requirements for CPD activity evaluations. Providers are encouraged to evaluate additional items and assess whether the providers stated mission and goals are achieved. The feedback should be summarized for pharmacy practitioners separately and used in a systematic fashion for the purpose of on-going improvement of the overall CPD program.

Standard 12: Achievement and Impact of CPD Mission and Goals

Providers must establish and implement evaluation plans that assess achievement and impact of stated mission and goals (Standard 1). They must use this information for continuous development and improvement of the CPD.

Guidance

An evaluation plan, that includes data collection and analysis, should be developed to document achievement of the provider's CPD mission and goals should be periodically updated. In general, the impact of the provider's CPD program should be measured using the following levels:

Participation: Number of participants attending CPD activities.

Satisfaction: Directly measuring satisfaction with learning activities, topic, level of content, and speaker's organization of the material.

Learning: Pre-and post –tests, self-assessment tools, multiple choice, short answer, essays, presentations.

Performance: Demonstration of skills, application of treatment guidelines.

Patient Health: Compliance rates, reduced physician visits.

Population Health: Morbidity/mortality, infection rates, readmission rates.

Depending on the activity type, the six levels may be evaluated as follows:

Knowledge-based CPD activity: The levels that must be evaluated are participation, satisfaction, learning, and performance (demonstration during the activity and intended application in practice.

Practice-based CPD activity: The levels that must be evaluated are participation, satisfaction, learning, performance (demonstration during the activity and application in practice post-activity), and, if applicable, patient and/or population satisfaction with level of services rendered.

5. Section 5: Termination of authorization

Providers may terminate their authorization at any time by notification in writing to the Registrar, Pharmacy and Poisons Board.

The Board may terminate the authorization if;

- the Board considers that continuation of the authorization would be detrimental to the interests of the profession or those who attend courses, or
- there is evidence of a poor standard of administration by the provider, or
- there is evidence that the provision of courses is below a standard that is acceptable to the Board, or

- a bankruptcy order or voluntary arrangement is made in respect of the provider or
- the provider enters into administration, receivership or liquidation or is dissolved or has a receiving order made against it or enters into an arrangement with creditors, or
- the renewal fee is not paid.

Terms and conditions of authorization

The provider should undertake to:

- Pay the appropriate prescribed fee.
- Administer and award points to courses accredited by the PPB only.
- Maintain a detailed record of CPD credits for each practitioner which can be made available as need be.
- Provide course materials and all relevant details as requested in case of any audit.
- Notify the Board, in writing, of any changes to the business address or the nominated contact person.

Applications for Renewal of License

All accredited CPD providers will be expected to carry out self-assessment and make a report which **MUST** be provided during application for renewal of license every calendar year. The periodic review of all the standards for quality is important to maintain a functional and conceptual understanding of the standards the Board has set for its approved providers of CPD. These standards are necessary to guarantee the provision of quality training programs to pharmacy practitioners around the country. A strong understanding of these standards is an essential responsibility of each provider and its CPD administrator.



**MINISTRY OF HEALTH
PHARMACY AND POISONS BOARD**

APPLICATION FORM FOR ACCREDITATION AS A CPD PROVIDER

**The Registrar
Pharmacy and Poisons Board
P.O. Box 27663-00506
Nairobi**

1. Type of application

New Application Renewal Amend Review Change
of Particulars

2. Name of Institution/Organization.

.....
.....

3. Office Address:

.....
.....

Physical address:

.....
.....

Telephone numbers:

.....

E-Mail:

Website:

Fax:

4. Category of Organization

Government

NGO

Private

Others

Specify:.....

5. Registration with relevant authorities (Tick where applicable and attach copy)

Limited Liability

Public limited company

Enterprise/Business Name

NGO coordination Board

Registrar of societies

6. List of Director(s)

1.
2.
3.
4.
5.

**7. Staff list/administrative / support staff
(Attach Separate Sheet)**

8. Type of Accreditation Requested (Tick where applicable)

- | | |
|--|--------------------------|
| Basic Medical Sciences | <input type="checkbox"/> |
| Administration/Management | <input type="checkbox"/> |
| Information and Communication Technology | <input type="checkbox"/> |
| Law/Medico -Legal | <input type="checkbox"/> |
| E-learning | <input type="checkbox"/> |
| Others | <input type="checkbox"/> |

9. CPD Program (s) to be provided (Provide a hard and soft copy of the program)

.....

.....

.....

.....
.....

10. Experience/Evidence of previous Performance (if any)

.....
.....
.....
.....

11. Activity Details (attach copies where necessary)

Attendance Fee (s)

Number of attendees expected

Details of program structure, content and timetabling

What is the target audience?

Pharmacist

Pharmaceutical technologist

Pharmacist and Pharmaceutical technologist

Pharmacist, Pharmaceutical technologist and other
medical professionals

What are the key learning aims?

.....
.....
.....

Delivery methods to be used

.....
.....
.....

12. List of Prospective Persons to Deliver CPD, Qualifications and evidence of Expertise (attach separate sheets, including photocopies of credentials) originals will be cited.

NB: All practitioners involved must show evidence of current Practicing License.

13. Accreditation fees (attach photocopy of receipt)

.....
.....

Full Names of CEO:

Signature: Date:

DECLARATION

I declare that to the best of my knowledge and belief that the particulars I/ we have given in this form are correct and complete.

.....
Name of applicant

.....
Designation

.....
Date Signature of applicant

NOTE:

1. *Applicants should note that it is an offence to make false and misleading statements in connection with an application for a license.*
2. *This is a legal document. Any changes to the application once submitted must be made in writing detailing the requested variation and be signed by the authorized person above.*

FOR OFFICIAL USE ONLY

I certify that has

(Name of Institution)

fulfilled/not fulfilled the requirements necessary for the purpose of serving as a CPD provider in the area of.....

.....

.....

(Type of Activity)

.....

Name of the Accreditor

Signature

Date

REGISTRAR, PHARMACY AND POISONS BOARD APPROVAL

..... is

(Name of Institution)

hereby accredited /not accredited as a CPD Provider in the area of

.....

.....

.....

(Type of Activity)

Signature.....

.....

Registrar,

Date

Pharmacy and Poisons Board

All enquiries should be addressed to:

**The Registrar
Pharmacy and Poisons Board
Lenana Road
P.O. Box 27663-00506
NAIROBI**

Email: info@pharmacyboardkenya.org

Website: www.pharmacyboardkenya.org

**Telephone 020 2716905/06 or if calling from overseas please
telephone +254**

Lines are open 0800 - 1300 and 1400-1700 hours, Monday-Friday.

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