CONTINUING PROFESSIONAL DEVELOPMENT STRATEGIC PLAN (2010 –2013)

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EXECUTIVE SUMMARY

The Rwanda Medical Council is committed to contributing the national health systems strengthening particularly focusing on regulating the medical and dental profession, Continuing Professional Development and the promotion of best practices in a bid to raise the standards of care. Medical and dental practitioners have little access to continuing medical education (CME) and even less opportunity for continuing professional development (CPD) after graduation from the Faculty of Medicine. Given the rapid pace of new research and developments in all areas of medical care, it is imperative that professionals must continue to update their knowledge and skills regularly.

The rationale of CPD is to improve patient care and concurrently ensure that medical and dental profession maintain and improve the competencies in their scope of practice.

The program will obviously foster the delivery of equitable, quality services, and crucial for the improvement of health outcomes and future technical sustainability.

Implementing CPD will ensure the most up-to-date application of scientific knowledge to the specific problems with which the patient presents, provision of a broader range of services to the patient, improve levels of patient confidence and trust, increased competitiveness of Rwandan medical care on a regional and international level, and improved health outcomes at a national level because of progressive improvement in medical care.

The program will be run and provided by appropriate institution providers who will comply with the set accreditation standards in the CPD policy. The institutions may be public or private but must qualify as providers and be certified. This will be achieved through a continuous capacity building of CPD providers and committee members to be able to respond to identified knowledge and skill gaps and for effective delivery.

The Major Strategic intervention in this framework is to build a national CPD institution that will be guided by the policy, procedures and standards set by the RMC.

The program will be supported by a governance structure with an administrative logistical support services that effectively respond to the healthcare needs of CPD. It is clear that the CPD Training activities will be run in responsiveness to the challenging emergency and non-emergency needs in the health system.

An implementation plan has been developed with specific activities designed to meet each of the above objectives. A budget required to implement the plan over a period of three years is 732,364,821 RWF (USD$1,273,678). The details of this can be found in the table of the Strategic Plan. Monitoring and evaluation plan will be developed and implemented to measure the effectiveness of the program and adjust its parameters. This plan will be measured against the impact indicators of the HSSP II, together with the timely completion of the proposed timeframe and program indicators listed in the CPD Strategic Plan. This will also include periodic
assessment of training needs, compliance of CPD providers with accreditation standards, and the impact on the quality of medical care.

CPD program should be mandatory for Medical and Dental Practitioners and directly linked to re-licensure and recertification system and future career development of professionals.

A CPD coordination office should be established to implement and coordinate the program and both financial and technical support is imperative for this program to have a good start and meet the expectations of public and professionals.
ACKNOWLEDGEMENT

The Rwanda Medical Council would like to express its sincere and heartfelt appreciation to the CPD Committee for the development of this strategy and all its members who contributed to the development of this Continuing Professional Development (CPD) Strategy. Our deepest gratitude goes to the Ministry of Health more so to Honorable Minister Dr Richard Sezibera for their encouragement and support all through the whole process.

Special thanks to Integrated Health System Strengthening (IHSS Project) USAID Funded Project in its bid to strengthen Health Systems, to have appreciated the need for CPD Strategy and facilitated its development and sponsorship. Similarly, the enormous contribution and commitment of the CPD Committee and the HR& QA Teams of MSH/Rwanda who made it happen.
List of Acronyms

CHUB          Centre Hospitalier Universitaire de Butare
CHUK          Centre Hospitalier Universitaire de Kigali
CME           Continuing Medical Education
CPD           Continuing Professional Development
EDPRS         Economic Development and poverty Reduction Strategy
GOR           Government of Rwanda
HR            Human Resources
HSSP          Health Systems Strengthening Framework
HSSP          Health Sector Strategic Plan
ICT           Information, Communication Technology
IHSSP         Integrated Health Systems Strengthening Project
KFH           King Faisal Hospital
MDG           Millennium Development Goals
MOH           Ministry of Health
MSH           Management Sciences for Health
QA            Quality Assurance
RMC           Rwanda Medical Council
SWOT          Strengths, Weaknesses, Opportunities, and Threats
USAID         United States Agency for International Development
WHO           World Health Organization

1. Introduction

Rwanda health sector has been engaged in the reform process to improve the quality of health care services from 1995 and has made substantial improvement. The medical and Dental council in its mandate to regulate the profession and protect the public from unsafe practices has many challenges from the past. Reflecting on the history before 1994, there were no structured CPD activities; continuing medical education activities that were organized consisted mainly of lectures and seminars. Since 1995, reconstructing the medical system comprised training activities related to different areas of health care services.
The Faculty of Medicine of the National University of Rwanda and the Rwanda Medical Association have regularly organized their annual medical conferences since 1996 and 1997 respectively. Both conferences are attended by a great number of medical doctors. Some professional associations also regularly organize conferences and teaching activities, but still this lacks a coordinating organ.

The RMC as a regulatory body is intending to help develop and drive forward work on regulation. The Council recognizes that there is much to be done and that many changes are needed if the medical profession is to contribute effectively to the strengthening of health systems. The Council will focus on promoting best medical practices and will seek to ensure the participation of all physicians and health care facilities. The Council will play a great role in improve the quality of patient care by promoting professionalism in practice and compliance with international standards. To achieve this RMC will also seek to build its own internal capacity by strengthening collaboration with other professional bodies and developing a more secure funding base for its future work.

2. RWANDA HEALTH SYSTEM

2.1. Situational Analysis

The Rwanda health system is currently characterized by:
- A shortage of well qualified and experienced health personnel
- Variable quality of basic medical education and no little systematic continuing professional development program
- Inequitable distribution of health workforce with limited services outside the main urban areas
- Health professionals operate in an environment characterized by inadequate technical, financial resources and a weak legal framework.

Despite the challenges, there are many positive developments:
- The Faculty of Medicine at the National University of Rwanda providing training leading to a medical doctor's degree after a 6 year program, including a 1 year internship has seen the number of graduands increase these recent years
- The faculty is also offering postgraduate studies in the main specializations of general surgery, pediatrics, internal medicine, obstetrics and gynecology, anesthesiology and Family Medicine. The University teaching hospitals (CHUB, CHUK and KFH) house the practical trainings under close supervision of qualified hospital staff.

The political leadership is strongly committed to promoting change and raising standards of care.
The figure below shows the current situation of physicians in Rwanda by hospital type and province. It is envisaged that Rwanda has big shortage of physician like African countries.

**Current number of physicians by hospital type and province**

<table>
<thead>
<tr>
<th>Areas</th>
<th>GPs</th>
<th>Specialist</th>
<th>Totals</th>
<th>No of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Province</td>
<td>43</td>
<td>1</td>
<td>44</td>
<td>12</td>
</tr>
<tr>
<td>Southern Province</td>
<td>54</td>
<td>3</td>
<td>57</td>
<td>10</td>
</tr>
<tr>
<td>Eastern Province</td>
<td>78</td>
<td>0</td>
<td>78</td>
<td>9</td>
</tr>
<tr>
<td>Northern Province &amp; Kigali</td>
<td>114</td>
<td>11</td>
<td>125</td>
<td>10</td>
</tr>
<tr>
<td>District Hospital total</td>
<td>289</td>
<td>15</td>
<td>304</td>
<td>41</td>
</tr>
<tr>
<td>Tertiary Hospital</td>
<td>78</td>
<td>98</td>
<td>176</td>
<td>3</td>
</tr>
<tr>
<td>Totals</td>
<td>367</td>
<td>113</td>
<td>480</td>
<td>44</td>
</tr>
</tbody>
</table>

**2.2. Health Sector Strategic Framework (HSSP II)**

The HSSP II was developed to operationalize the EDPRS in the health sector to help attain national priorities and international targets, including the Millennium Development Goals (MDGs), which Rwanda is committed to achieve. The MDG’s goals below are health related and interventions have been developed to attain each goal.²

Goal 1: Eradicate extreme poverty and hunger (malnutrition)
Goal 4: Reduce child mortality
Goal 5: Improve maternal health
Goal 6: Combat AIDS, malaria and other diseases

Among others the HSSP-II has set key targets to achieve the above MDGs that are health related by 2012: a maternal mortality ratio of 600 per 100,000 (reduction from 750), an infant mortality ratio of 50/1000 (coming from 62/1000 in 2008), an under five mortality ratio of 70 per 1000, an HIV prevalence among 15-24 year old men and women of 0.5% and only 27% of children with chronic malnutrition/stunted (compared to 45% in 2005).³

It is very important to note that achieving this will require health professionals to continuously update their knowledge and skill to have the ability to respond to the challenging needs and

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¹ *Rwanda Seven year projection of physicians: This does not Include foreign physicians and those working in projects and programs*

² *National Health Sector Strategic Plan II (2009 – 2012)*

³ *Rwanda Health system strengthening framework Strategic Plan 2010-2014*
contribute to the achievement of the Health Sector strategic objectives. Below is the strategic direction that guides the Health Sector plan.

**Vision**

The MoH vision of the Rwandan health sector is to “continually improve the health of the people of Rwanda, through coordinated interventions by all stakeholders at all levels, thereby enhancing the general well-being of the population and contributing to the reduction of poverty.”

**2.3. Strategic objectives**

The HSSP II strategy is guided by the following seven objectives and their interventions:

<table>
<thead>
<tr>
<th>Strategic program area</th>
<th>System strengthening program objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional capacity</td>
<td>To strengthen the sector's institutional capacity</td>
</tr>
<tr>
<td>Human resources for health</td>
<td>To increase the availability and quality of human resources</td>
</tr>
<tr>
<td>Financial accessibility</td>
<td>To ensure financial accessibility to health services for all and sustainable and equitable financing of the health sector</td>
</tr>
<tr>
<td>Geographical accessibility</td>
<td>To ensure geographical accessibility to health services for all</td>
</tr>
<tr>
<td>Drugs, vaccines and consumables</td>
<td>To ensure the (universal) availability and rational use at all levels of quality drugs, vaccines and consumables</td>
</tr>
<tr>
<td>Quality assurance</td>
<td>To ensure the highest attainable quality of health services at all levels</td>
</tr>
<tr>
<td>Specialized Services National Referral Hospitals and Research capacity</td>
<td>To strengthen specialized services, National Referral Hospitals and research capacity</td>
</tr>
</tbody>
</table>

**2.4. Health System Strengthening Strategic Framework in Rwanda**

After analyzing different Department and service strategic plans that operationalize the HSSP II, it was clear and therefore necessary to develop a System Strengthening Framework. The Proposed framework is to: ensure greater coherency across sub-sector policies; reduce overlaps and inconsistencies, provide a clear vision and strategic direction for health systems strengthening, improve coordination of partners supporting HSS and provide roadmap and strategy for future financers of HSS.

This was developed on the six health system building block harmonized with the current HSSP II to support its implementation. Priority intervention were selected and the Human Resource
building block highlighted that Continuing Profession Development will have a substantial contribution to health system strengthening (HSSP II 2009–2014)

2.5 Health System Overview

Rwanda’s health system, still rudimentary, was harshly disrupted during the genocide—much health facilities were destroyed or abandoned, and the issue of limited trained health personnel was exacerbated. Despite the significant progress achieved over the last 10-16 years however, a marked progress has been achieved: the 2008 DHS results show that IMR has decreased from 86 per 1,000 live births to 62 per 1000 live births; under five mortality rate decreased from 152 to 103 per 1,000 live births; and life expectancy has risen to above 50 years for the first time. The Government of Rwanda is committed to improving access to healthcare for all Rwandans, and hopes to be able to do this through increased decentralization, whereby resources and responsibility for implementations are increasingly being shifted to districts.

Ministry of Health Central level

The Ministry of Health is to provide leadership of the health sector to ensure universal access to affordable promotive, preventive, curative and rehabilitative health services of the highest attainable quality. MOH with the specialized institutions are responsible for establishing public health policies and national strategies; for developing norms and standards, protocols and guidelines and ensuring these they are properly implemented; mobilizing resources; and monitoring and evaluation. Specialized institutions at the national level that are part of the health sector and these offer specialized services.

Similarly, the Government of Rwanda is committed to improving access to healthcare for all Rwandans, and this is done through increased decentralization, whereby resources and responsibility for implementation are increasingly being shifted to districts.

District level

There are 30 districts and each coordinates all health activities in the district. Every district has at least one district hospital or more. There are 40 District Hospitals and these have the overall responsibility for all clinical activities in the District, oversee and technically support Health Centers in their districts to provide health services to the community.

Health Center Level
There are 402 Health centers at providing a minimum health care package as determined by the national standards for health care. One health Centre covers an average population of approximately 20,000. Health Centers provide technical (supervisory) supervision to Health Post and the community regarding health services. As per national policy, there should be a health center in each sector; this is an administrative entity below the district.

2.6. The Rwanda Medical Council (RMC)

The RMC was established and was given its legal status as an autonomous public establishment in Dec 2001. Since that time, the membership of the Council gradually increased 2003 with 56 members, 2004 with 321 members. As of June 2010, there were 1395 members. The Council has worked to raise awareness of issues affecting the art of healing. Since 2008, the Council has worked with many other stakeholders including Rwanda Medical Association, Nurses and Midwives Council in the health sector, alongside MOH, to contribute to the health systems strengthening particularly focusing on Continuing Professional Development and the promotion of best practices in a bid to raise the standards of care.

Since its establishment, the Council is governed by National Board elected by its members. This national board is composed of the Chairman, Vice-Chairman, Secretary and Treasurer who serve for a four year term. Increasingly, the RMC is benefiting from an increasing number of people who are volunteering their services to support the Council.

The Council’s core function is to serve as the guardian of the ethical rules, of the honor and dignity of the medical profession. The RMC is responsible for keeping moral principles, honesty and devotion, which are essential for the practice of the medical art and of the observance, by all its members, of professional duties as well as code and rules of medical ethics.

3. Rwanda Continuing Professional Development (CPD) Framework

3.1. Background

In recent years, Rwanda has taken significant steps toward not only providing comprehensive medical care for every citizen, but also in improving the quality of medical care provided. These have included initiatives such as revision and reform of the medical school curriculum, initiation of national post-graduate specialty training in the major medical specialties, and providing the legal mandate for physician licensing and specialty certification to the Rwanda Medical Council. However, many physicians have little access to continuing medical education (CME) and even
less opportunity for continuing professional development (CPD) once they graduate from the Faculty of Medicine. Given the rapid pace of new research and developments in all areas of medical care, it is well recognized that physicians must continue to update their knowledge and skills on a regular basis to keep up with the benefits of new innovations and medical research findings.

There are a multitude of benefits for the individual Rwandan physician of participation in continuing professional development (CPD). This can include a broadening of the base of their medical knowledge, the acquisition of new skills and services, development of the habit of reflection on one’s own practice of medicine, and increased professional satisfaction. On a personal level, CPD should be attractive because of the improvement of the individual curriculum vitae and enhancement of the reputation of the doctor. Finally, regular updating of one’s knowledge and skills serves as a model for younger physicians and demonstrates the value of a habit of life-long learning.

In addition to the personal benefits to the physician, there are a host of benefits which CPD offers for the Rwandan public and the nation as a whole. These include ensure the most up-to-date application of scientific knowledge to the specific problems with which the patient presents, provision of a broader range of services to the patient, improve levels of patient confidence and trust, increased competitiveness of Rwandan medical care on a regional and international level, and improved health outcomes at a national level because of progressive improvement in medical care. All of these benefits combined provide a solid justification for a robust program of CME and CPD for every physician in Rwanda.

3.2. Objectives and Rationale of CPD

The Health Sector Strategic Plan II identifies that substantial efforts still needed to increase the quantity of health professionals to meet the staffing norms (in particular for medical doctors), and more emphasis needed to continuously enhance technical capacity of trained health professional to deliver quality services.

Similarly, the Rwanda Quality Management Strategy stresses the need for Licensing of doctors, nurses, and pharmacists based on meeting basic requirements, and well adapted to include ongoing competence in quality management, improving and maintenance of professional skills. Include continuing professional development as part of re-licensing on a regular basis.

The CPD program responds current push to strengthen health systems in Rwanda this is predicated on the belief that the health system is the engine that propels the delivery of equitable, quality services, crucial for the improvement of health outcomes and future technical sustainability.

The intent of this is to:
Include all physicians in Rwanda in a mandatory national program of CPD directly linked to relicensure and recertification system. This should include both specialists and generalists, dentists and should utilize various CPD alternatives to include those residing in the more remote rural as well as the urban areas.

Ensure a high quality of CPD activities and appropriate delivery by CPD providers through the development and implementation of accreditation standards for CPD providers.

To upgrade and develop further knowledge, skills and competencies of all physicians and dentists in Rwanda in order to attain and maintain internationally recognized standards of care.

3.3. Strategic planning process

The Rwanda Medical Council is mandated to develop and administer the national CPD program, and is committed to making this a reality. It is on this note that the RMC organized a workshop early Feb 2009 to discuss on the roles of CPD and start the development of a three year strategy that will help operationalize the CPD policy. The workshop was attended by over 100 physicians from all districts. The Hon Minister of Health attended and emphasized the importance the CPD and the role of Council in strengthening health systems and improving quality of services. Early 2010 two more retreats were organized and working teams established to develop CPD policy and strategy. This was preceded with brainstorming sessions held at Kibuye and Byumba. After drafting the policy it was necessary to draft a three year strategy that will ensure successful implementation of the CPD policy.

The vision, mission, values, key success factors and strategic objectives were discussed and a consensus made. A series of consultations were held with some members and relevant reference documents consulted.

Activities to achieve the set objective have been proposed and a budget developed using an activity base costing approach.

Given the scope of the program, additional funding may be needed to fully implement this strategy, but should result in wide range benefits to both patients and physicians.

3.4. CPD Strategic Direction

Vision, Mission and Values

Vision

The Continuing Professional Development Program (CPD) will ensure the highest quality of medical care to the population of Rwanda through a variety of structured educational opportunities that incorporate the most current medical knowledge, skills, and ethical attitudes in
all disciplines of medicine and dentistry, with the support of Rwanda Medical Council and other stakeholders.

**Mission**

The Continuing Professional development (CPD) is to support health professionals maintain and acquire new and updated their knowledge, skills and ethical attitudes that will benefit both the patients’ care, professional practice and enhance and promote professional integrity. The commitments of health professional to meet requirement for continuing education will be a major success factor.

**Values**

Pursuit of the mission and vision, the CPD program will be underpinned by the following values:

- **Professionalism**
  - Skilful, committed and conscientious; having an attitude of duty, responsibility and accountability, especially in regard to one’s profession and one’s conduct. Medical and Dental professionals, are expected to be exemplary in their conduct and this will be re-enforced by the Council in all its activities.

- **Accountability**
  - The medical professional will be accountable for the professional actions, guided by professional code of conduct, ultimately responsible for the people they serve.

- **Team spirit**
  - This is essential for CPD and reflects that it is not just a set of activities, but also a fundamental set of beliefs and values that should become a “way of doing things” in the medical profession to strengthen our internal capacities.

- **Efficiency and Effectiveness**
  
  In the running of the program, the medical professionals will deliver services that adhere to available published evidence and work towards results to improve health outcomes in communities. CPD will ensure that services are delivered in a manner that maximizes the use of available resources thereby avoiding waste.

**Key Success Factors**

To realize this vision, achieve the mission and ensure successful implementation of the CPD program the following key success factors will be paramount:

1. Having a Shared vision, mission and values among all professionals and providers
2. Having required resources and adequate budget to support the implementation of this strategy
3. Continuous Political commitment
4. Commitment of Professionals and providers
5. Harmonization of CPD program and professional career development
6. Strong Effective transparent leadership of both council and CPD, and collaboration with relevant stakeholders
7. Availability of adequate infrastructure and facilities for the Council’ headquarters

3.5. **SWOT Analysis**

During the process to prepare the strategic plan, a SWOT analysis was used to analyze what is existing with regard to CPD, and to identify of some strength that the program could build on. Weak areas were also highlighted and strategies have been proposed to improve them. Opportunities the one would exploit and maximize, and threats that might affect the implementation of the program were identified and proposed interventions to overcome them were proposed.

- **Strengths:**
  - Existence of Regulatory body: committed Rwanda Medical Council
  - Medical Doctors and Dentists, enthusiastic to learn
  - Existence of medical Professional Associations
  - The willingness of Specialists to train other professionals
  - Existence of institutions/Organizations with potential to be Provider
  - Existence of strategic plan of Rwanda Medical Council

- **Weaknesses**
  - Lack of standard operating policies, procedure and Guidelines
  - Medical and Dental Practitioners not motivated for continuing training
  - Inadequate Resources for the medical council to operate efficiently
  - CPD Providers not enough
  - Training needs not yet Identified (Skill and Knowledge gap)
  - Trainings, conferences and seminars done but not in an organized manner and no feedback from beneficiaries, outcome not measured
  - Insufficient medical equipment and materials for CPD providers
  - Lack of reading culture

- **Opportunities**
  - Strong political will and commitment from GOR
  - Easy accessibility of medical and dental professional within the country
  - ICT development in the country that will support the CPD program
  - The establishment of E-Learning services
  - Open system to external resources
  - Collaboration with other health professions’ regulatory bodies
  - Support by the MOH and its development partners
  - Existence of the quality improvement and accreditation programme in the University Teaching Hospitals

- **Threats**
  - Failure to link CPD to career development
Resistance to change of certain stakeholders

4. **CPD Strategic development areas and objectives**

There are two development areas for the proposed national CPD program, which will help to guide the development and implementation of the program:

1. To build the national CPD institution
2. To run the CPD program

**Strategic Objectives**

As outlined above, there are many challenges to be addressed if physicians and dentists are to contribute effectively to the provision of quality health care for the nation. The following issues have been identified as priority areas for action for the CPD program over the next three years:

i. To develop and adopt the national CPD policy, standards and procedures

ii. To establish a CPD governance structure with an administrative logistical support services that effectively respond to the needs of CPD program

iii. To publicize the CPD program and sensitize the stakeholders

iv. To build the capacity of CPD providers and committee members for effective delivery

v. To conduct the needs assessment survey to identify knowledge and skill gaps in practice

vi. To run CPD training activities in response to the challenging emergency needs in the health system.

**Strategic Objective 1: To build the national CPD institution**

**Objective 1: To develop and adopt the national CPD policy, standards and procedures**

a) Finalize the national CPD policy, standards and procedures

b) Develop guidelines, application forms and internal regulations

c) Propose Ministerial instructions to reinforce mandatory National CPD program

d) Develop and advocate the integration of CPD Program to the Professional career development

**Objective 2: To establish a CPD governance structure with an administrative logistical support services that effectively respond to the needs of CPD program**

a) Appoint the CPD committee and subcommittees and define their terms of reference

b) Define the job description of the CPD Executive Director and necessary staff members and employ the appropriate people to fill these posts.

c) Mobilize resources to implementation sustain a robust CPD program

d) Build the capacity of the CPD office to run the program

e) Establish a dynamic CPD information management system with an interactive website.

f) Develop a monitoring and evaluation plan
g) Ensure timely Quarterly report to the Medical Council
h) Organize annual workshop with stakeholders to share results and experiences

**Strategic Objective 2: To run CPD program**

**Objective 3: To publicize the CPD program and sensitize the stakeholders**
- a) Organize a national stakeholder workshop to launch CPD program
- b) Sensitize the public, providers and professional for the CPD Program
- c) Publish the CPD program on website

**Objective 4: To build the capacity of CPD providers and committee members for effective delivery**
- a) Organize workshop for Providers to communicate and disseminate CPD Policy documents
- b) Develop and disseminate CME training tools
- c) Facilitate CPD providers to prepare and conduct CME activities
- d) Organize meeting for all CPD provider to share experience
- e) Organize exchange programs to share experiences with in the region and internationally.
- f) Train of the CPD Committee members in program management

**Objective 5: To conduct the needs assessment survey to identify knowledge and skill gaps in practice**
- a) Prepare assessment tools and mobilize necessary resources
- b) Constitute team of surveyors and train them on tools
- c) Conduct a needs assessment survey at all levels in the health system
- d) Report findings and provide recommendations
- e) Review and re-align the program to responsive to the findings and recommendations of the survey

**Objective 6: To run CPD Training activities in response to the challenging emergency needs in the health system.**
- a) Skills development in clinical methods
- b) Case management in Obstetrics and Gynecology
- c) Case management in Surgery and Specialties
- d) Case management in Pediatrics
- e) Case management in General medicine
- f) Case management in Internal Medicine and its specialties
- g) Basic skills in Medical Imaging
- h) Conduct continuing professional training in Anesthesia and resuscitation
- i) Ensure preparedness of medical professionals to respond to epidemics and disasters
- j) Provide Research methodology trainings to Medical practitioners
- k) Training support to allied professionals
- l) Community Health Management
- m) Training in developing standards and guidelines

5. Potential challenges to implementation of the CPD Program
Various challenges to the full and timely implementation of a national CPD program are to be anticipated, and accommodation and alternatives can be proposed meet the challenge. Given the current national, international economic situation and the developing state of the national health system, some of the greatest challenges and potential solutions could be the following:

There are significant differences in the CPD needs between rural general physicians and urban specialists. This will require the development of several different CPD approaches and sets of activities to adequately meet the needs of these disparate groups.

There may be problems with physician to access CPD activities, especially for those in the rural district hospitals, who find it difficult and expensive to travel to Kigali or other urban area for regular CPD activities. This will probably require a regionalized approach to CPD, in which CPD activities respond to the most common needs of the region offered in a location which is accessible to a reasonable group of local physicians. In the long run, teleconferencing or distance education materials can be used to supplement regional CPD meetings.

The sustainability of CPD program will require major additional resources and infrastructure of the Rwanda Medical and Dental Council. These have been planned and a budget proposed, requesting appropriate funding to meet these needs. An effective national CPD program cannot be sustained on the voluntary efforts of physicians alone but full-time professional staff with administrative and IT support will be needed for the long run.

6. **Implementation Plan**

   i. Recruitment of staff  
   ii. Rental of premises  
   iii. Office equipments  
   iv. Launching  
   v. CPD Providers Sensitization  
   vi. Health Professionals sensitization  
   vii. Run the CPD program
<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
<th>Responsibility</th>
<th>Indicator</th>
<th>Results</th>
<th>Budget/Year 1 (RWF)</th>
<th>Budget/Year 2 (RWF)</th>
<th>Budget/Year 3 (RWF)</th>
<th>3-year Cumulative (RWF)</th>
<th>3-year Cumulative ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Objective 1: To build the National CPD Institution</strong></td>
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<td>1.1</td>
<td>Feb-10</td>
<td>Jun-10</td>
<td>CPD Steering Committee</td>
<td>Standards policies, and procedures available</td>
<td>Committees have policies &amp; procedures to guide their operations</td>
<td>3,200,000</td>
<td>0</td>
<td>0</td>
<td>3,200,000</td>
</tr>
<tr>
<td>1.2</td>
<td>Jul-10</td>
<td>Dec-10</td>
<td>CPD Steering Committee</td>
<td>Administrative tools and internal regulations</td>
<td>Program has tool to guide management</td>
<td>1,596,000</td>
<td>0</td>
<td>0</td>
<td>1,596,000</td>
</tr>
<tr>
<td>1.3</td>
<td>Apr-10</td>
<td>May-10</td>
<td>CPD Steering Committee</td>
<td>Ministerial instructions communicated</td>
<td>National CPD program is reinforced by Ministerial instructions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1.4</td>
<td>Jul-11</td>
<td>Dec-10</td>
<td>CPD Steering Committee</td>
<td>A national advocacy workshop is held</td>
<td>CPD is integrated in the professional career development</td>
<td>4,258,000</td>
<td></td>
<td></td>
<td>4,258,000</td>
</tr>
<tr>
<td><strong>Specific Objective 1: To develop and adopt the national CPD policy, standards and procedures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Feb-10</td>
<td>May-10</td>
<td>CPD Steering Committee</td>
<td>CPD Committees exist with terms of reference</td>
<td>Well functioning CPD committees</td>
<td>2,449,800</td>
<td>0</td>
<td>0</td>
<td>2,449,800</td>
</tr>
<tr>
<td>2.2</td>
<td>May-10</td>
<td>Jul-10</td>
<td>Rwanda Medical Council</td>
<td>Executive Director and support staff recruited</td>
<td>CPD is manned with the right staff and they knows what to do</td>
<td>64,620,000</td>
<td>71,082,000</td>
<td>78,190,200</td>
<td>213,892,200</td>
</tr>
<tr>
<td>2.3</td>
<td>Apr-10</td>
<td>Jun-13</td>
<td>CPD Committee</td>
<td>Resources are available</td>
<td>Program sustainability is guaranteed</td>
<td>9,712,000</td>
<td></td>
<td></td>
<td>9,712,000</td>
</tr>
<tr>
<td>2.4</td>
<td>Jul-10</td>
<td>Dec-10</td>
<td>Rwanda Medical Council</td>
<td>Capacity for the CPD program office is built</td>
<td>CPD office has capacity to support the program</td>
<td>30,928,600</td>
<td>2,675,600</td>
<td>2,943,160</td>
<td>36,547,360</td>
</tr>
<tr>
<td>2.5</td>
<td>Aug-10</td>
<td>Jun-13</td>
<td>Rwanda Medical Council</td>
<td>A management information system with an interactive website is in place</td>
<td>CPD Program is supported by a dynamic management information system</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**Specific Objective 2: To establish a CPD governance structure with an administrative logistical support services that effectively respond to the needs of CPD program**

<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
<th>Responsibility</th>
<th>Indicator</th>
<th>Results</th>
<th>Budget/Year 1 (RWF)</th>
<th>Budget/Year 2 (RWF)</th>
<th>Budget/Year 3 (RWF)</th>
<th>3-year Cumulative (RWF)</th>
<th>3-year Cumulative ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Feb-10</td>
<td>May-10</td>
<td>CPD Steering Committee</td>
<td>CPD Committees exist with terms of reference</td>
<td>Well functioning CPD committees</td>
<td>2,449,800</td>
<td>0</td>
<td>0</td>
<td>2,449,800</td>
</tr>
<tr>
<td>2.2</td>
<td>May-10</td>
<td>Jul-10</td>
<td>Rwanda Medical Council</td>
<td>Executive Director and support staff recruited</td>
<td>CPD is manned with the right staff and they knows what to do</td>
<td>64,620,000</td>
<td>71,082,000</td>
<td>78,190,200</td>
<td>213,892,200</td>
</tr>
<tr>
<td>2.3</td>
<td>Apr-10</td>
<td>Jun-13</td>
<td>CPD Committee</td>
<td>Resources are available</td>
<td>Program sustainability is guaranteed</td>
<td>9,712,000</td>
<td></td>
<td></td>
<td>9,712,000</td>
</tr>
<tr>
<td>2.4</td>
<td>Jul-10</td>
<td>Dec-10</td>
<td>Rwanda Medical Council</td>
<td>Capacity for the CPD program office is built</td>
<td>CPD office has capacity to support the program</td>
<td>30,928,600</td>
<td>2,675,600</td>
<td>2,943,160</td>
<td>36,547,360</td>
</tr>
<tr>
<td>2.5</td>
<td>Aug-10</td>
<td>Jun-13</td>
<td>Rwanda Medical Council</td>
<td>A management information system with an interactive website is in place</td>
<td>CPD Program is supported by a dynamic management information system</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Sequence</td>
<td>Description</td>
<td>Start Date</td>
<td>End Date</td>
<td>Responsible Body</td>
<td>Monitoring and Evaluation Plan</td>
<td>M&amp;E Plan</td>
<td>Budget 1</td>
<td>Budget 2</td>
<td>Budget 3</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------</td>
<td>----------</td>
<td>------------------</td>
<td>--------------------------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>2.6</td>
<td>Develop a monitoring and evaluation plan</td>
<td>Sep-10</td>
<td>Dec-10</td>
<td>CPD Committee</td>
<td>M &amp; E plan</td>
<td>M&amp;E plan</td>
<td>708,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.7</td>
<td>Ensure timely Quarterly report to the Medical Council</td>
<td>Jun-10</td>
<td>Jun-13</td>
<td>Executive Director</td>
<td>Progress of program well monitored</td>
<td>Quarterly reports</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.8</td>
<td>Organize annual workshop with stakeholders to share results and experiences</td>
<td>Jul-11</td>
<td>Jun-13</td>
<td>CPD Committee</td>
<td>Stakeholders share experience and program improved</td>
<td>Workshop report</td>
<td>751,500</td>
<td>826,650</td>
<td>909,315</td>
</tr>
</tbody>
</table>

**Strategic Objective 2. To run the CPD program**

| Specific Objective 3: To publicize the CPD program and sensitize the stakeholders |
|----------------------------------------|-----------------|--------------|-------------------------------------------------|-----------------|--------------|-----------------|--------------|-----------------|-----------------|--------------|-----------------|--------------|-----------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|--------------|
| 3.1 | Organize a national stakeholder workshop to launch CPD program | Jun-10 | Jun-10 | CPD steering Committee | Workshop conducted | CPD Program is launched | 1,324,000 | 0 | 0 | 1,324,000 | 2,282.76 |
| 3.2 | Sensitize the public on the CPD Program (advertisement, TV, radio spots, newspapers) | Jun-10 | Jul-10 | CPD steering Committee | Number of sensitization session | Providers and professional enroll into the program and public know the benefits of the program. | 2,300,000 | 2,530,000 | 2,783,000 | 7,613,000 | 13,125.86 |
| 3.3 | Publish CPD program on website | Sep-10 | Jun-13 | CPD Committee | CPD program on website | Program can be accessed on website | 3,960,000 | 960,000 | 1,056,000 | 5,976,000 | 10,303.45 |

**Specific Objective 4: To build the capacity of CPD providers and committee members for effective delivery**

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Responsible Body</th>
<th>Monitoring and Evaluation Plan</th>
<th>M&amp;E Plan</th>
<th>Budget 1</th>
<th>Budget 2</th>
<th>Budget 3</th>
<th>Actuals</th>
<th>KPIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Organize workshop of providers and beneficiaries to communicate and disseminate CPD Policy documents</td>
<td>Jul-10</td>
<td>Aug-10</td>
<td>CPD Committee</td>
<td>Workshop to communicate and disseminate policies to Providers results is done</td>
<td>Providers have CPD policies and understand them well</td>
<td>19,140,000</td>
<td>3,878,000</td>
<td>4,265,800</td>
<td>27,283,800</td>
<td>47,041.03</td>
</tr>
<tr>
<td>4.2</td>
<td>Develop and disseminate CME training tools</td>
<td>Jul-10</td>
<td>Dec-10</td>
<td>CPD Committee</td>
<td>CME tools available and disseminated</td>
<td>CME Providers are supported with training tools</td>
<td>8,634,000</td>
<td>0</td>
<td>0</td>
<td>8,634,000</td>
<td>14,886.21</td>
</tr>
<tr>
<td>4.3</td>
<td>Facilitate CPD providers to prepare and conduct CME activities</td>
<td>Jul-10</td>
<td>Jun-13</td>
<td>CPD Committee</td>
<td>CPD providers are facilitated</td>
<td></td>
<td>16,640,000</td>
<td>18,304,000</td>
<td>20,134,400</td>
<td>55,078,400</td>
<td>94,962.76</td>
</tr>
<tr>
<td>4.4</td>
<td>Organize meeting for all CPD providers to share experience</td>
<td>Jul-10</td>
<td>Jun-13</td>
<td>CPD Coordination</td>
<td>Meeting reports</td>
<td>Providers share experiences and continuously improve services</td>
<td>3,616,000</td>
<td>3,977,600</td>
<td>4,375,360</td>
<td>11,968,960</td>
<td>20,636.14</td>
</tr>
<tr>
<td>4.5</td>
<td>Organize exchange programs to share experiences within the region and internationally.</td>
<td>Jun-10</td>
<td>Jun-13</td>
<td>Rwanda Medical Council</td>
<td>CPD Exchange program reports</td>
<td>Experience share and services improve accordingly</td>
<td>5,215,000</td>
<td>5,736,500</td>
<td>6,310,150</td>
<td>17,261,650</td>
<td>29,761.47</td>
</tr>
</tbody>
</table>

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**CPD Strategic Plan**

Page 22
<table>
<thead>
<tr>
<th>4.6</th>
<th>Training of the CPD Committee members on the program management</th>
<th>Sep-10</th>
<th>June-11</th>
<th>CPD Committee</th>
<th>Number of CPD Committee members trained</th>
<th>Committee members can effectively manage the program</th>
<th>2,993,500</th>
<th>4,560,000</th>
<th>0</th>
<th>7,553,500</th>
<th>13,023.28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Objective 5: To conduct the needs assessment survey to identify knowledge and skill gaps in practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,649,000</td>
<td>0</td>
<td>4,378,800</td>
<td>8,027,800</td>
<td>13,841.03</td>
</tr>
<tr>
<td>5.1</td>
<td>Prepare assessment tools and mobilize necessary resources</td>
<td>Jan-11</td>
<td>Jun-13</td>
<td>CPD Committee</td>
<td>Assessment tool available and resources mobilized</td>
<td>Assessment can be conducted efficiently</td>
<td>542,000</td>
<td>0</td>
<td>650,400</td>
<td>1,192,400</td>
<td>2,055.86</td>
</tr>
<tr>
<td>5.2</td>
<td>Constitute team of surveyors and train them on tools</td>
<td>Feb-11</td>
<td>Feb-11</td>
<td>CPD Committee</td>
<td>Team of surveyors trained on tools</td>
<td>Budgeted in 5.1</td>
<td>0</td>
<td>Budgeted in 5.1</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Conduct a needs assessment survey at all levels in the health system</td>
<td>Mar-11</td>
<td>Jun-11</td>
<td>CPD Committee</td>
<td>Assessment Report</td>
<td>Training Needs indentified</td>
<td>2,565,000</td>
<td>0</td>
<td>3,078,000</td>
<td>5,643,000</td>
<td>9,729.31</td>
</tr>
<tr>
<td>5.4</td>
<td>Report findings and provide recommendations</td>
<td>Jul-11</td>
<td>Jul-11</td>
<td>CPD Committee</td>
<td>Survey Feedback report</td>
<td>Program is improved</td>
<td>Budgeted in 5.3</td>
<td>0</td>
<td>Budgeted in 5.3</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>Review and re-align the program to responsive to the findings and recommendations of the survey</td>
<td>Jul-11</td>
<td>Sep-11</td>
<td>CPD Committee</td>
<td>Program reviewed</td>
<td>Improved services</td>
<td>542,000</td>
<td>0</td>
<td>650,400</td>
<td>1,192,400</td>
<td>2,055.86</td>
</tr>
<tr>
<td>Specific Objective 6: To run CPD training activities in response to the challenging emergency needs in the health system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>74,149,336</td>
<td>81,564,270</td>
<td>89,720,697</td>
<td>245,434,302</td>
<td>423,162.59</td>
</tr>
<tr>
<td>6.1</td>
<td>Skills development in clinical methods</td>
<td>Jul-10</td>
<td>Jul-10</td>
<td>Executive Director/Provider</td>
<td>120 medical practitioners are trained in clinical methods</td>
<td>Medical practitioners have skills development in clinical methods</td>
<td>9,268,667</td>
<td>10,195,534</td>
<td>11,215,087</td>
<td>30,679,288</td>
<td>52,895.32</td>
</tr>
<tr>
<td>6.2</td>
<td>Case management in Obstetrics and Gynecology</td>
<td>Jul-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>120 Medical Practitioner are trained in emergency &amp; non emergency in Obstetrics and Gynecology</td>
<td>Medical professionals can appropriately manage emergencies and non emergencies case management in Obstetrics and Gynecology</td>
<td>9,268,667</td>
<td>10,195,534</td>
<td>11,215,087</td>
<td>30,679,288</td>
<td>52,895.32</td>
</tr>
<tr>
<td>6.3</td>
<td>Case management in Surgery</td>
<td>Jul-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>120 Medical Practitioner are trained in emergency &amp; non emergency in Surgical</td>
<td>Medical professional can appropriately manage emergencies and non emergencies surgical cases.</td>
<td>9,268,667</td>
<td>10,195,534</td>
<td>11,215,087</td>
<td>30,679,288</td>
<td>52,895.32</td>
</tr>
<tr>
<td>6.4</td>
<td>Case management in Pediatrics</td>
<td>Jul-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>120 Medical Practitioner are trained in emergency &amp; non emergency in Pediatrics</td>
<td>Medical professionals can appropriately manage emergencies and non emergencies pediatrics cases</td>
<td>9,268,667</td>
<td>10,195,534</td>
<td>11,215,087</td>
<td>30,679,288</td>
<td>52,895.32</td>
</tr>
<tr>
<td>6.5</td>
<td>Case management in Internal Medicine</td>
<td>Jul-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>120 Medical Practitioner are trained in emergency &amp; non emergency in Internal Medicine</td>
<td>Medical professionals can appropriately manage emergencies and non emergencies in internal medicine</td>
<td>9,268,667</td>
<td>10,195,534</td>
<td>11,215,087</td>
<td>30,679,288</td>
<td>52,895.32</td>
</tr>
<tr>
<td>6.6</td>
<td>Basic Skills in Ultrasonography</td>
<td>Jul-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>120 MPs are trained in basic US</td>
<td>MPs are able to do basic US</td>
<td>9,268,667</td>
<td>10,195,534</td>
<td>11,215,087</td>
<td>30,679,288</td>
<td>52,895.32</td>
</tr>
<tr>
<td>6.7</td>
<td>Conduct continuous professional training in Anesthesia and Resuscitation</td>
<td>Jul-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>120 Medical Practitioner are trained in Anesthesia and Resuscitation</td>
<td>Medical professionals can adequately manage emergencies and non emergencies case Anesthesia</td>
<td>9,268,667</td>
<td>10,195,534</td>
<td>11,215,087</td>
<td>30,679,288</td>
<td>52,895.32</td>
</tr>
<tr>
<td>6.8</td>
<td>Ensure preparedness of medical professionals to respond to any epidemic</td>
<td>Jun-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>60 Medical Practitioners are trained in epidemic preparedness</td>
<td>Medical professionals prepared to manage any epidemic</td>
<td>4,634,334</td>
<td>5,097,767</td>
<td>5,607,544</td>
<td>15,339,644</td>
<td>26,447.66</td>
</tr>
<tr>
<td>6.9</td>
<td>Provide research methodology trainings</td>
<td>Jun-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>60 Medical Practitioners are trained in research methodology</td>
<td>Medical professionals can conduct clinical research with GCP Standards</td>
<td>4,634,334</td>
<td>5,097,767</td>
<td>5,607,544</td>
<td>15,339,644</td>
<td>26,447.66</td>
</tr>
<tr>
<td>6.10</td>
<td>Training support to allied professionals</td>
<td>Sep-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>Number of Allied Health professionals supported in relevant trainings</td>
<td>Allied professional receive appropriate support from CPD providers</td>
<td>4,634,334</td>
<td>5,097,767</td>
<td>5,607,544</td>
<td>15,339,644</td>
<td>26,447.66</td>
</tr>
<tr>
<td>6.11</td>
<td>Training practitioners in Community Health Management</td>
<td>Sep-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>Number of medical practitioners trained</td>
<td>Medical practitioners have required competences in community health management</td>
<td>4,634,334</td>
<td>5,097,767</td>
<td>5,607,544</td>
<td>15,339,644</td>
<td>26,447.66</td>
</tr>
<tr>
<td>6.12</td>
<td>Training practitioners on e-learning policies and e-health</td>
<td>Sep-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>Number of Medical practitioners trained</td>
<td>Medical practitioners have required competences in effective use of e-learning tools</td>
<td>4,634,334</td>
<td>5,097,797</td>
<td>5,607,544</td>
<td>15,339,644</td>
<td>26,447.66</td>
</tr>
<tr>
<td>6.13</td>
<td>Training of medical practitioners in developing and use of guidelines, procedures and care standards</td>
<td>Sep-10</td>
<td>Jun-13</td>
<td>Executive Director/Provider</td>
<td>Number of medical practitioners trained</td>
<td>DH have competencies to develop guidelines, procedures and care standards</td>
<td>4,634,334</td>
<td>5,607,544</td>
<td>5,607,544</td>
<td>15,339,645</td>
<td>26,677,648</td>
</tr>
</tbody>
</table>

| **GRAND TOTAL (SO1 + SO2)** | | | | | | | 278,382,073 | 216,485,690 | 237,497,058 | 732,364,821 | 1,273,678 |

CPD Strategic Plan
7. Resourcing the plan.

The implementation of this strategy will by any means not be possible unless the necessary funding is secured in time. It is indeed crucial for its successful implementation. As Rwanda Medical and Dental Council is not able to generate the necessary funding from its own internal revenues; this will enable it to sourcing funds from all possible various sources including the GOR, its members and other external sources.

Henceforth, a costing process as part of this strategic process was undertaken with the objective of deriving the total estimated and projected costs of implementing this CPD Strategic Plan.

An activity based costing approach, whereby the plan was divided into core activities, defined the costs for those activities, and then allocated those costs to results based on how much of a particular activity is needed to produce a result.

In converting local currency to USD, a conversion factor of 575 RWF to 1 USD was used.

It is anticipated that the USD will remain relatively stable in the next three years, the period of this strategic plan. It is also envisaged that inflation will increase by 10% per annum on average.

The total cost amounts to an estimate of $1,273,678 (all inclusive) with no amount available at this time.

The table below shows the budget by specific objective.
8. Financing the CPD Program

At the initiating phase, the program will be supported by the MOH and interested partners from both public and private. However after this phase when the CPD Program is fully established it will be self sustaining. This should be clear that given its role of improving competence of health professionals and contribution to continuous quality improvement and responding to the public health issues in a bid to contribute to the strengthening of health system, all beneficiaries of this program: the medical professionals, employing institutions and the public should ensure sustainability of CPD by guaranteed support of each stakeholder meeting the cost of services provided. The continuous training budget allocated to health facilities annually should be one of

<table>
<thead>
<tr>
<th>Objective/Activity</th>
<th>Budget/Year 1 (RWF)</th>
<th>Budget/Year 2 (RWF)</th>
<th>Budget/Year 3 (RWF)</th>
<th>3-year Cumul (RWF)</th>
<th>3-year Cumulative ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Objective 1: To build the National CPD Institution</strong></td>
<td>118,223,900</td>
<td>74,584,250</td>
<td>82,042,675</td>
<td>274,850,825</td>
<td>478,001</td>
</tr>
<tr>
<td>Specific Objective 1: To develop and adopt the national CPD policy, standards and procedures</td>
<td>9,054,000</td>
<td>0</td>
<td>0</td>
<td>9,054,000</td>
<td>15,746</td>
</tr>
<tr>
<td>Specific Objective 2: To establish a CPD governance structure with an administrative logistical support services that effectively respond to the needs of CPD program</td>
<td>109,169,900</td>
<td>74,584,250</td>
<td>82,042,675</td>
<td>265,796,825</td>
<td>462,255</td>
</tr>
<tr>
<td><strong>Strategic Objective 2. To run the CPD program</strong></td>
<td>160,158,173</td>
<td>141,901,440</td>
<td>155,454,383</td>
<td>457,513,996</td>
<td>795,677</td>
</tr>
<tr>
<td>Specific Objective 3: To publicize the CPD program and sensitize the stakeholders</td>
<td>7,584,000</td>
<td>3,490,000</td>
<td>3,839,000</td>
<td>14,913,000</td>
<td>25,936</td>
</tr>
<tr>
<td>Specific Objective 4: To build the capacity of CPD providers and committee members for effective delivery</td>
<td>56,238,500</td>
<td>36,456,100</td>
<td>35,085,710</td>
<td>127,780,310</td>
<td>222,227</td>
</tr>
<tr>
<td>Specific Objective 5: To conduct the needs assessment survey to identify knowledge and skill gaps in practice</td>
<td>3,649,000</td>
<td>0</td>
<td>4,378,800</td>
<td>8,027,800</td>
<td>13,961</td>
</tr>
<tr>
<td>Specific Objective 6: To run CPD training activities in response to the challenging emergency needs in the health system</td>
<td>92,686,673</td>
<td>101,955,340</td>
<td>112,150,873</td>
<td>306,792,886</td>
<td>533,553</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td>278,382,073</td>
<td>216,485,690</td>
<td>237,497,058</td>
<td>732,364,821</td>
<td>1,273,678</td>
</tr>
</tbody>
</table>
the sources of financing training changes as the there is always a certain percentage allocated to capacity building of medical professional.

9. Structure of the CPD Program

The Proposed Structure will have the following very important entities: (Add Reference to CPD policy)

- **CPD Committee** which is the oversight organ

- **CPD Office** that runs the day to day operations management and coordination of the program

CPD Committee: This is delegated by the Medical and Dental Council and will play an advisory role to the program in collaboration with the Rwanda Medical and Dental Council as it is in the mandate of the RMDC to implement the CPD Program. It is proposed that the program will be successfully implemented by a fully functional operational office, RMDC committee in partnership and with the MOH and other interested partners. To enforce CPD as a mandatory program to all medical professionals a Ministerial Decree will be required (Refer to Annex i for structure) The terms of reference for the Executive officer can be seen on Annex ii. It is proposed that when the nurses organize a similar program for professional nurses, the administration support services should share for efficient management of resources. Finally it should be considered very important to institutionalize CPD for long term benefits by creating an independent joint for both private and public. This will be a joint effort of MOH, the Medical and Dental Council and Health Facilities. Finally CPD should be part of re-licensing of medical and dental professionals and directly linked to the future career development of professional.

The starting E-Health is an opportunity that will obviously support and facilitate the program in rural areas.

10. Monitoring and Evaluation

The strategy will be implemented at the same time with the monitoring and evaluation plan. A framework to guide this activity will be developed which identifies high level indicators to measure input, output, progress, outcome and impact. It’s very obvious that the impact of CPD program will be measured against the impact indicators in the Health Sector Strategic Plan II as the program directly contributes to the achievement of HSSP II. Other parameters that the program will use to monitor implementation of this plan are the time frame for each activity and specific performance indicators.

The RMC and the CPD office will periodically assess training needs, monitor the compliance of providers to the pre-set accreditation standards, beneficiaries and impact on quality practice.
Data will be taken from the periodic quarterly progress reports, patient surveys, targeted surveys, and operations research. The information will be shared during conferences among members.


The performance indicators identified are specific with this plan and will be used to measure input to this plan, progress of implementing this strategy. Additionally the identified indicator will be used to measure achievement of expected outcome but for the impact of this program it may not be easy to measure as this is long term. One of the CPD Sub-Committees will quarterly evaluate the contribution of each activity to the achievement of the strategic objectives.

The main sources of data for monitoring, review and evaluation of the strategic plan will be from quarterly progress reports from CPD training data base and reviews and evaluations reports.

12. Conclusion

As Rwanda’s government makes substantial progress in strengthening health systems, regulation of health care services and professionals, both the CPD Policy and the strategic plan emphasize on institutionalizing continuous professional development and running a comprehensive CPD Program.

The evident commitment of the leadership at the MOH and medical practitioners is a key success factor to consistently support the program. Development of (CPD) is obviously one means of maintaining and updating professional knowledge, skills and ethical attitudes that underpin competent practice.

Rwanda like any other African Countries is likely to meet numerous challenges: Implementing and enforcing CPD program without legal backing CPD is difficult although this cannot alone regulate the CPD but also need for motivation of medical and dental professional to appreciate the benefit of the program.

The coordination office should ensure the development and improvement of resource mobilization strategies in a bid to deal with financial constraints likely to face implementation of CPD programs.

Although there might be several challenges, it is very important to note that there is need for both financial and technical support to the program given its role in strengthening health systems.
13. References

1. *National Health Sector Strategic Plan II (2009 – 2012)*
2. Rwanda Health system strengthening framework Strategic Plan 2010-2014
3. *Ministry of Health*
5. *Government of Rwanda’s Vision 2020*
7. *Law No 30/2001 of 12/06/2001 on the organization, functioning and scope of activities of the medical Council*
8. *HRH Strategic Plan II (2009 – 2012) draft of June, 2009*