As-Is Process for Continuing Professional Development and Relicensing Health Care Professionals in Jordan

Local Health System Sustainability Project

Task Order 1, USAID Integrated Health Systems IDIQ

Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, $209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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ACRONYMS

CME	Continuous Medical Education
CPD	Continuing Professional Development
CNE	Continuous Nursing Education
ETITD	Electronic Transformation and Information Technology Directorate
GoJ	Government of Jordan
HCP	Healthcare Provider
HHC	Higher Health Council
HRD	Human Resources Directorate
IT	Information Technology
JMA	Jordan Medical Association
JMC	Jordan Medical Council
JNMC	Jordan Nursing and Midwives Council
JNC	Jordan Nursing Council
JPA	Jordan Pharmacists Association
LHSS	Local Health System Sustainability
LPHID	Licensing Professionals and Health Institutions Directorate
MODEE	Ministry of Digital Economy and Entrepreneurship
MOH	Ministry of Health
NCPDC	National CPD Committee
RMS	Royal Medical Services

1. EXECUTIVE SUMMARY

USAID's Continuing Professional Development Program (CPDP) supports the Government of Jordan's (GOJ) efforts to improve health care professionals' (HCPs) competencies to deliver quality health services through the institutionalization of a mandatory Continuing Professional Development (CPD) system for professional license renewal. The purpose of this report is to develop an As-Is process analysis of the CPD Relicensing System to identify and evaluate existing business processes.

The As-Is report discusses CPD's current processes and workflow within the Ministry of Health's (MOH) Licensing Professionals and Health Institution's Directorate (LPHID), which is responsible for licensing and relicensing of HCPs. In addition, it describes and analyses the CPD current processes and workflow within MOH directorates, High Health Council (HHC), Jordan Medical Council (JMC), Jordan Nursing Council (JNC), the Royal Medical Services (RMS), health associations, and any other stakeholders currently engaging in the CPD process. The report analyses gaps and examines the current performance related to the stakeholders' CPD process' human resources, information technology (IT) infrastructure, CPD activities' content and communication, data, HCPs' access to information, delays in process activities, budget issues, accrediting CPD providers and activities, and quality control.

1.1 SUMMARY OF FINDINGS

- Currently, there are no active or operational CPD or relicensing processes.
- There are bylaws, guidelines, and standard operating procedures but they are not operational.
- Number of councils' staff assigned to the CPD program is low and they are mainly assigned to existing CME, CNE, and other training programs.
- Most of the CPD providers who are accredited by default in the "CPD-Relicensing instruction 1:2019" have active CME or CNE programs. They internally accredit CME and CNE activities.
- Stakeholders' IT infrastructure is insufficient, and they rely on paper-based operations such as Excel sheets or Word processor software.
- Stakeholders' operations depend on custom and practices, and staff's expertise. There are very few procedures' manuals or guidelines.
- Few stakeholders have training facilities and equipment. Almost all CPD providers rely on outsourced trainers.
- Few stakeholders have well-defined training plans and management processes.
- CME and CNE activities are certified and accredited for incentives or professional classification.
- Training and workshops are advertised on the institution's website or Facebook page.
- HCPs have no online access to CPD activities and workshop information.
- Few stakeholders are engaged with accreditation bodies (i.e., JMC and JNC), especially for CME and CNE activities, and accreditation is used for HCPs' technical classification.
- There is no quality assurance other than the participants' training evaluation.
- No information is available on budgets allocated to CPD programs since these programs do not currently exist.
- JMC and JNC councils have conflicting roles and are at the same time the accreditors and providers of CPD activities
- Some professional practices and non-Jordanian practitioners are yearly licensed, and CPD requirements for them are not clear.

- It is not clear whether the CPD Providers who are accredited by default in the "CPD-Relicensing instruction 1:2019" have an expiration date of their accreditation. There is a clause[1] in the requirements' document issued by NCPDC limiting CPD Provider accreditation for three years.

1.2 RECOMMENDATIONS

- Resolve any conflict of interest in councils' CPD program roles (i.e., JNC and JMC)
- Harmonize repetitive HCPs' data among different stakeholders to avoid generating errors.
- Develop online services (e-services) for CPD Relicensing instead of paper-based services. Few stakeholders have taken measures to achieve this. Current employees would need to be trained to shift from paper-based to online services.
- Online training and education have become standard practice. CPD Providers are expected to establish online training and education infrastructure and systems.
- There are disagreements over the CPD Relicensing Instructions 1:2019, which is based on bylaw 46:2018, and roles and jurisdictions of the different stakeholders (Annex-B, Table B-2; CPD Process Roles). Need to clarify the roles and the jurisdictions among stakeholders.
- Stakeholders conflate CME and CPD trainings and do not distinguish between them in terms of activities, accreditation, and purpose. The difference between them needs to be clarified with all stakeholders.
- Address the lack of communication among the stakeholders and with HCPs about the CPD requirements and regulations.
- The relationship between NCPDC and HHC should be clearly defined to determine whether the CPD Providers' certificates are issued under NCPDC or HHC.
- Standards should be established to ensure there are CPD Services and CPD Content quality control.
- CPD Relicensing system requires financial, HR and other resources to be developed and operated effectively. Stakeholders should allocate budgets and resources for it.

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[1] National CPD Committee approved bases and requirements for accrediting CPD-Providers and CPD-Activities. Fourth Clause, HHC, December 9, 2019.

2. INTRODUCTION

Table 1. Baseline Status of Actionable Tasks Identified

Hospital	Tasks Identified	Completed Tasks by May 2021	Percentage (%) Completed Tasks by May 2021	Incomplete Tasks by May 2021	Percentage (%) Incomplete Tasks by May 2021
Al-Bashir Hospitals	77	58	75%	19	25%
Dr. Jamil Al-Tutunji Hospital	64	40	62%	24	38%
Prince Faisal Hospital	63	42	66%	21	33%
Al-Hussein Al-Salt hospital	83	70	84%	13	16%

2.1 PURPOSE

The purpose of this report is to develop the As-Is process mapping for the CPD Relicensing System.

2.2 BACKGROUND

USAID's CPDP supports the GOJ efforts to improve HCPs competencies to deliver quality health services through the institutionalization of a mandatory CPD system for professional license renewal. LHSS provides technical assistance to the MOH to support the CPDP. It also supports the health professional's councils (JMC, JNC, HHC) and engages the private sector.

Jordan developed and published the Health Professional License Renewal Bylaw Number 46 in the Official Gazette on April 1st, 2018 and issued Guidelines Number 1 on October 31st, 2019: all licensed HCPs in Jordan (approximately 180,000) are to complete a required number of CPD hours every five years to renew their practice license. Article 5 of Instructions stipulates that an HCP must submit their application for re-licensure three months minimum before the end of their license period of performance in January 2023.

2.3 SCOPE

The scope of this report is to develop an As-Is process mapping and report for CPD and licensing in Jordan. The report includes the following:

1. Current CPD activities' process maps and workflow within the stakeholders' (i.e., HHC, JMC, JNC, MOH, and RMS, health associations, and any other stakeholders currently engaging in CPD).
2. Stakeholders' CPD process gap analysis and recommendations for HR, IT infrastructure, CPD content, CPD communication, data, and access to information for HCPs, delays in process activities, budget, CPD providers' accreditation and activities, quality control, etc.

3. LPHID HCP Relicense As-Is process mapping.
4. Analysis of the As-Is process mapping to identify areas for improvement and implement a new integrated To-Be process.

2.4 METHODOLOGY

The methodology designed to perform the As-Is Mapping accounts for the fact that the CPD Relicensing system is shared among several partner organizations and entities. It comprises the following activities:

1. Identify stakeholders and their duties and roles:
   a. Review scope of work that lists partner organizations
   b. Review CPD Relicensing documents (Annex A)
   c. Interview key staff of concerned organizations
2. Identify business processes:
   a. Review scope of work that lists partner organizations
   b. Review CPD Relicensing documents (Annex A)
   c. Interview relevant organizations' key staff
   d. Review relevant organizations' documents
3. Collect business process information:
   a. Interview relevant organizations' key staff
   b. Review relevant organizations' key procedures
   c. Map out the existing business process
4. Identify business process steps (As-Is) and develop As-Is processes mapping.
5. Identify business process ownership, description, objectives, inputs, outputs, start-finish points, triggers, risks, controls, and performance measures.
6. Identify process gaps and areas of improvement related to the following aspects:
   a. HR: organizational unit and personnel assigned to perform the tasks of the process.
   b. IT Infrastructure: hardware, software and networks devoted to host and operate the process.
   c. CPD Content: content related to the process such as activities and providers of CPD.
   d. CPD Communication: CPD information and channels available to share among stakeholders.
   e. Data: captured, processed, and stored, which is usually collected using forms, algorithms, and stored in databases.
   f. HCP Access to Information: related to the activities available for HCPs to access, and providers and their records maintained by the process.
   g. Delay between Activities: the delay between process steps or activities that needs to be eliminated to improve the process performance.
   h. Budget: number of financial resources allocated to the process for operations, maintenance, and improvement.
   i. Access to CPD Provider's Activities: Methods to make the activities' information available on the providers' systems or other collaborating systems.
   j. Quality Control & Quality Assurance: Methods to control the process's quality to prevent errors and ensure process accuracy, reliability, and integrity.
7. Validate As-Is Process
   a. Develop and distribute As-Is process Mapping Gaps (Annex B) to MOH-LPHID-Licensing Section, CPD-Accreditors and CPD-Providers.
   b. Meet with Health Councils to validate As-Is report and collect more information.

c. Present As-Is report to National CPD Committee and collect their feedback and reflect comments to As-Is report.
d. Conduct meetings with CPD stakeholders upon their request to collect more information about the CPD gaps.
e. Distribute As-Is report to CPD stakeholders for feedback.
f. Finalize As-Is report.

3. CPD RELICENSING SYSTEM STAKEHOLDERS

3.1 IDENTIFIED STAKEHOLDERS

The following stakeholders were identified and interviewed for data gathering and process mapping relevant to the CPD Relicensing system in Jordan:

- HHC
- JMC
- JNC
- MOH
  - Licensing Section - LPHID
  - CPD Section – EHRD
  - ETITD
- RMS
- Other stakeholders currently engaging in CPD, including:
  - NCPDC
  - JNMC
  - JPA
  - JMA
  - Specialty Training Center and Specialty Hospital

3.2 STAKEHOLDERS' ROLES & RESPONSIBILITIES

National CPD Committee (NCPDC)

The duties of NCDPC[2] are the following:

- Identify activity requirements for medical and health professions that do not have CPD or continuing professional education bylaws.
- Set and develop CPD activities' programs for medical and health professions.
- Review and accredit CPD activity topics for different medical and health professions.
- Encourage research and scientific studies and organize conferences, seminars, and workshops related to the activities.
- Coordinate among different medical or health sectors to conduct activities.
- Consider any other matters proposed by the Committee Chair.

The main role of the NCPDC is to accredit[3] CPD-Providers for CPD-Activities and CPD-Programs. The Councils (HHC, JMC, and JNC) are accreditors of CPD-Activities.

The Duties[4] of the HHC, JMC, and JNC as Accreditors of CPD-Activities are the following:

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[2] Bylaw 46-2018 relicensing of Healthcare Professionals. Clause 6: Translated to English in "HRH2030_CPD roadmap EN to USAID-MAK updated-to USAID clean (3): Annex C. Key CPD Stakeholders' Roles and Responsibilities."

[3] National CPD Committee approved bases and requirements accrediting CPD-Providers and CPD-Activities. Third Clause, HHC, December 9, 2019.

[4] CPD Instructions for Relicensing of Healthcare Professionals, No. 1:2019. Clause 10-a.

- Approve/accredit CPD-Programs and CPD-Activities in accordance with agreed-upon standards and procedures.
- Issue CPD certificates of completion for relicensing HCPs after ensuring that their completed CPD training adhered to standards and guidelines.
- Monitor the quality of CPD programs and activities and provide an annual report of CPD provision with an As-Is assessment of progress against CPD-National indicators for improvement purposes.

The main role of the three councils is to accredit CPD-Activities and CPD-Programs, and issue CPD Certificates of completion for HCPs. The JMC is responsible for accrediting CPD activities targeting medical doctors, dentists, and pharmacists; JNC is responsible for CPD activities targeting nurses and legal midwives; and the HHC is responsible for CPD activities targeting all other medical and health professions. These professions are licensed by the MOH.

CPD-Providers of Activities and Programs

The duties[5] of the health institution (employing more than a 100 HCPs) are the following:

- Conduct CPD-Activities and CPD-Programs in compliance with accredited requirements and established standards.
- Create a supportive environment for CPD implementation. This includes:
  o Availability of appropriate infrastructure, qualified staff, and access to a library
  o Availability of a database and electronic registry for their HCPs
- Allocate an annual line-item budget to support CPD activities.
- Provide needed administrative support to their HCPs for both internal and external training.

The main role of the CPD-Providers is to have their CPD programs and activities accredited by the relevant council before implementing them; conduct CPD activities for HCPs; and issue certificates of completion of CPD activities for participating HCPs. The following CPD-Providers are accredited[6] by default in the CPD Instructions 1:2019 under CPD-Relicensing bylaw 46:2018.

1. MOH
2. RMS
3. Health Councils (HHC, JMC, JNC)
4. Accredited hospitals and centers
5. Health associations and their scientific societies
6. Health faculties at universities
7. Health education online platforms accredited nationally or internationally
8. Any other entity accredited by the National CPD Committee

It is not clear whether the CPD Providers who are accredited by default in the "CPD-Relicensing instruction 1:2019" have an expiration date of their accreditation. There is a clause[7] in the requirements' document issued by NCPDC limiting CPD Provider accreditation for three years.

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[5] CPD Instructions for Relicensing of Healthcare Professionals, No. 1:2019. Clause 10-b.
[6] CPD Instructions for Relicensing of Healthcare Professionals, No. 1:2019. Clause 6.
[7] National CPD Committee approved bases and requirements for accrediting CPD-Providers and CPD-Activities. Fourth Clause, HHC, December 9, 2019.

Health Care Professionals (HCPs)

The duties[8] of the HCPs are the following:

- Maintain up-to-date, accurate information on their CPD activities.
- Demonstrate professional competence with respect to their CPD activities which key components are responsibility, trust, and self-evaluation.
- Demonstrate that their CPD activities are a mixture of learning activities relevant to their needs and current or future practice.
- Ensure that their CPD credentials have contributed to the quality and safety of their practice and service delivery.
- Identify and prioritize their learning needs, based on an evaluation of their practice against the relevant competency or standard professional practice and develop a learning plan based on identified learning needs.
- Present written proof of the completion of their CPD activities supported by evidence from their CPD accrediting and certifying institutions (JMC, JNC, or HHC)
- Apply a request for license renewal to the MOH three months prior to the license expiry date.

The main role of HCPS is to participate in accredited CPD activities conducted by accredited CPD-Providers relevant to their profession and competency framework and renew their practicing license.

Licensing/Relicensing Section of LPHID at MOH

The duties[9] of the LPHID are the following:

- Relicense HCPs for five years upon completion of CPD requirements and other professional licensing requirements defined in other laws, bylaws, and instructions. Relicensing application should be submitted at least three months before the license expiry date.
- Revoke/cancel HCP license, if the HCP does not complete CPD requirements for relicensing, and he/she is considered non-compliant according to the bylaw 46:2018. He/she is given a warning and a grace period of 6 months to complete the requirements. If he/she fails to complete the requirements within the grace period, his/her license is revoked/cancelled, and the relevant association is informed of the HCP's license revoking/cancelation.

The main role of the licensing/relicensing section of LPHID at MOH is to relicense HCPs upon completion of CPD requirement; ensure compliance with laws, bylaws, and guidelines' requirements to maintain HCPs' practice license; and renew expired licenses.

Currently, there are disagreements over the CPD Relicensing instructions 1:2019, which is based on bylaw 46:2018, and there are disputes about the stakeholders' roles and jurisdictions (Annex-B, Table B-2; CPD Process Roles).

The stakeholders can be divided into five categories as follows:

1. Accreditor of the CPD-Providers, which is the NCPDC.

2. Accreditors of CPD-Activities and CPD-Programs, which are the HHC, JMC and JNC.

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[8] HRH2030_CPD roadmap EN to USAID-MAK updated-to USAID clean (3): Annex C. Key CPD Stakeholders' Roles and Responsibilities.

[9] Bylaw 46-2018 relicensing of Healthcare Professionals. Clause 11-c.

3. Providers of CPD-Activities and CPD-Programs, which are the following:
    a. MOH
    b. RMS
    c. Health Councils (HHC, JMC, JNC)
    d. Accredited hospitals and centers
    e. Health associations and their scientific societies
    f. Health faculties at universities
    g. Health education online platforms accredited nationally or internationally
    h. Any other entity accredited by the National CPD Committee
4. Licensor/re-licensor of HCPs, which is the licensing section of the LPHID in MOH.
5. HCPs licensed to practice in Jordan.

4.   CPD RELICENSING SYSTEM

4.1   CONTEXT DIAGRAM

Based on the identification of stakeholders and their roles and responsibilities, the CPD Relicensing system context diagram was developed and is shown in Figure 1. Five entities were identified that collaborate and manage the system. They interact using four business processes:

1. **CPD Provider Accreditation**: This process is not active.

2. **CPD Activity Accreditation**: This process is not active.

3. **HCP CPD Requirements Completion Certificate**: This process is not active.

4. **HCP Relicensing/License Renewal**: This process is not active, not implemented and does not exist.

Figure 1. CPD Relicensing Context Diagram

CPD-Relicensing Context Diagram
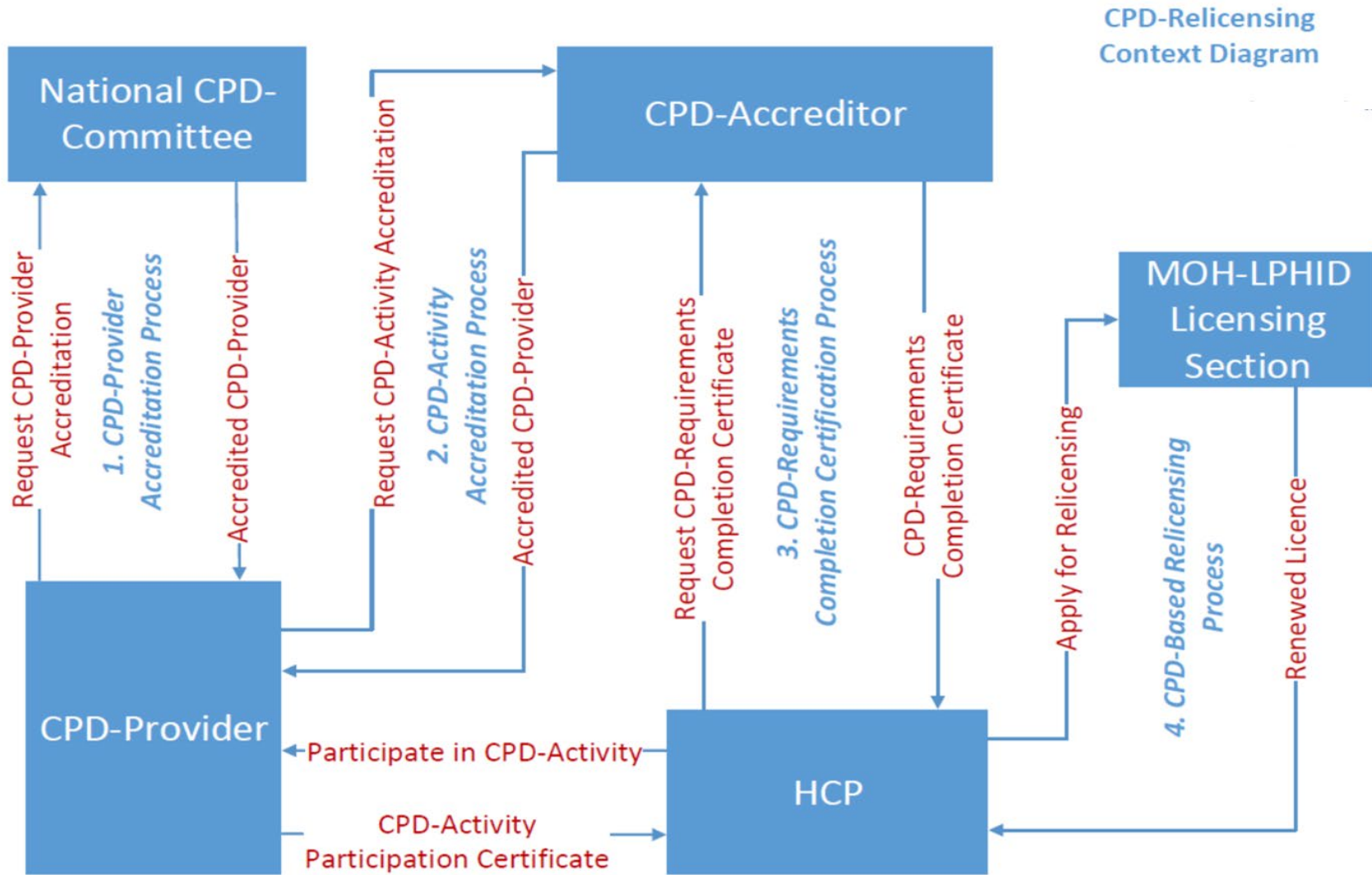
4.2 AS-IS PROCESS MAPPING

Currently, there are no active business processes. Therefore, there are no As-Is processes. However, there are two documents that outline procedural steps used to map out demonstrative business processes. These documents are the following:

- NCPDC/HHC[10] document that outlines the requirements for accrediting CPD Providers, a procedure for accrediting CPD Providers, general rules, and requirements for accrediting CPD activities and CPD programs.
- JNC[11] policy document that outlines the procedural steps and requirements for accrediting CNE activities.

In addition, the process for issuing certificates for HCPs upon completion of CPD requirements is a hypothetical process mapping that will be detailed in the To-Be process mapping phase. The process for LPHID's relicensing HCPs was defined based on the existing licensing process. These As-Is processes are identified in the CPD relicensing system context diagram. The following stakeholders' processes' gaps were analyzed:

- MOH-LPHID-Licensing Section (Dr. Aliaa Al Sa'eh)
- MOH-ETITD (Eng.Fatima Hammad)
- MOH-EHRD-CPD Section (Dr. Asmaa Rababbah)
- HHC (Ms. Shorouq Jibreel)
- JNC (Mrs. Aysha Damrah, Reem Qadah)
- JMC (Mrs. Ghada Al Zoubi)
- JNMC (Mr. Khalid Rababah, Ms. Ishraq)
- JMA (Dr. Mohammad Tarawneh)
- JPA (Dr. Shatha Al Qasas)
- RMS (Dr. Monther Hijazat)
- Specialty Training Center- Specialty Hospital (Lauy Sahawneh)

Tables in Annex B summarize the status and gaps in the identified processes during the interviews of the CPD relicensing program's stakeholders.

4.3 CPD-PROVIDER ACCREDITATION PROCESS

The CPD-Provider Accreditation Process is shown in Figure 2 below. The process has shared responsibilities and accountabilities among the following stakeholders:

1. Process owner is expected to be the NCPDC.
2. Process customers/clients are the CPD Providers:
   a. MOH
   b. RMS
   c. Health Councils (HHC, JMC, JNC)
   d. Accredited hospitals and centers
   e. Health syndicates and their associations
   f. Health faculties at universities and scientific centers
   g. Health education online platforms accredited nationally or internationally

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[10] National CPD Committee approved bases and requirements accrediting CPD-Providers and CPD-Activities. HHC, December 9, 2019. (اسس اعتماد جهات وانشطة وبرامج التطوير المهني المستمر)
[11] JNC Policy for accrediting CNE-Activities, CME/Training section of JNC, 2017

        h.   Any other entity accredited by the NCPDC
3. HHC supports the process.
4. Process information should be shared with all CPD relicensing stakeholders, especially HCPs and interested entities.

The process should start by an application submitted to HHC from an institution to become an accredited CPD Provider. The application is processed by the NCPDC and may require site evaluation by a team of three members of the NCPDC, who will submit a site-visit report and a recommendation to NCPDC on whether to approve accreditation of the institution or reject application. If the recommendation is for accrediting the CPD Provider, an accreditation certificate is issued, and the institution is added to "accredited CPD-Providers database." This process is not active; however, an accreditation procedure and requirements were issued by NCPDC.

The status and gaps of this process and its main stakeholders are:

- **Human Resources**: NCPDC does not have operational staff; it is supported by one staff member from HHC, who has other job duties as an employee of HHC. Interviewed CPD Providers, including health associations, have only one or two staff members assigned to CPD related tasks but are mainly assigned CME training responsibilities. There is a need to assess the number and competencies of HR and stakeholders' staff for this process, which will be addressed in the To-Be process design phase.
- **IT Infrastructure**: No IT Infrastructure exists.
- **CPD-Content**: No CPD content exists.
- **CPD-Communication**: No CPD communication exists.
- **Data**: Does not exist, except for the list of accredited organizations which exists by default.
- **Access to information for HCPs**: No information to access.
- **Time delays between process activities**: No information exists about delays since the process is not operational.
- **Budget**: No information is available on the budget allocated for this process.
- **Accredited CPD Activities**: Not applicable to this process.
- **Quality Control**: No quality control information is available for this process.

The relationship between NCPDC and HHC should be clearly defined to determine whether CPD-Provider certificates should be issued under NCPDC or HHC.

Figure 2. As-Is Process of CPD Provider Accreditation
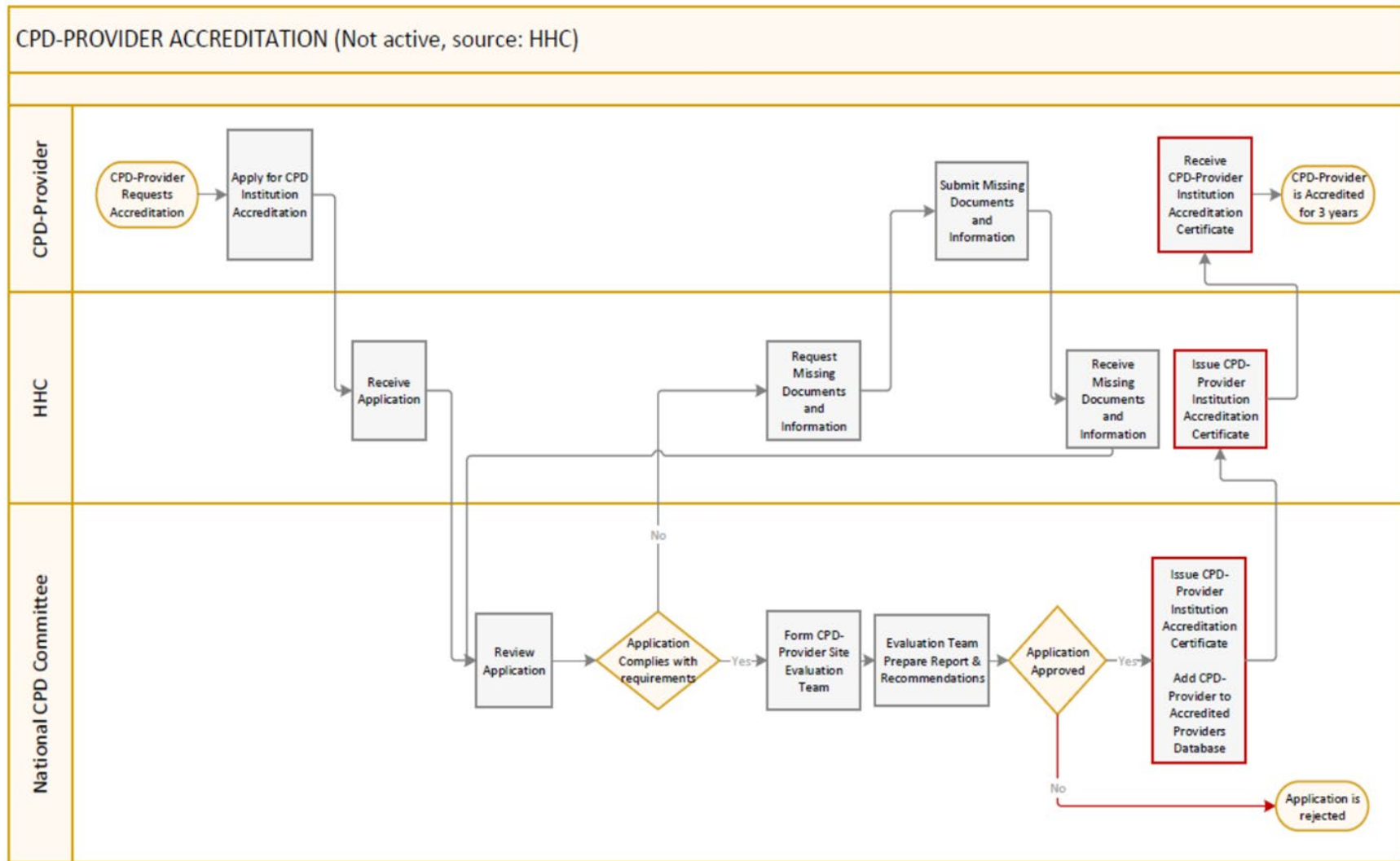
4.4 CPD-ACTIVITY ACCREDITATION

The CPD-Activity Accreditation Process is shown in Figure 3 below. The process has shared responsibilities and accountabilities among the following stakeholders:

1. Process owners are the following:
    a. JMC
    b. JNC
    c. HHC
2. Process customers/clients are the CPD Providers, which are identified below:
    a. MOH
    b. RMS
    c. Health Councils (HHC, JMC, JNC)
    d. Accredited hospitals and centers
    e. Health associations and their scientific societies
    f. Health Faculties at universities
    g. Health education online platforms accredited nationally or internationally
    h. Any other entity accredited by the National CPD Committee
3. NCPDC supports the process as a regulator setting standards and establishing policies and guidelines.
4. Process information should be shared with all CPD-Relicensing stakeholders, especially HCPs and interested organizations.

The process should start by an application submitted to HHC, JMC, and JNC from an accredited CPD Provider to accredit a CPD Activity or CPD Program. The application is processed by the Council's scientific and technical committee to evaluate applications and recommend accreditation of CPD activities. If the recommendation is for accreditation, a CPD Activity accreditation certificate is issued, and the CPD Activity is added to "accredited CPD-Activities database." This process is currently not active.

The status and gaps of this process and its main stakeholders are:

- **Human Resources**: HHC has one staff member who is also supporting NCPDC in CPD Providers Accreditation process. JMC and JNC have only one or two staff members assigned to coordinate with other stakeholders (including health associations) staff on CPD Program but are mainly assigned CME/CNE training responsibilities. Stakeholders' HR numbers and competencies need to be assessed for this process. This will be addressed in the To-Be process design phase.
- **IT Infrastructure**: IT infrastructure for CPD Accreditation does not exist. CME and CNE activities accreditation by JMC and JNC are paper based. Currently, HHC does not accredit activities but is responsible for accrediting activities other than the JMC's (medical doctors, dentists, and pharmacists) and JNC's (nurses and legal midwives) professionals, and HHC does not have IT Infrastructure. The IT infrastructure of the health associations is mainly paper based (i.e., excel sheets and word processor documents).
- **CPD Content**: No CPD Content exists among HHC, JMC, JNC, and CPD Providers (including health associations), other than the content available on CME, CNE, and training content for the purpose of technical classification of professionals associated with JMC and JNC.
- **CPD-Communication**: No CPD communication exists among the CPD relicensing stakeholders, except the bylaw and instructions.

- **Data**: There are paper based, excel sheets and word processor documents data. CPD Providers (including health associations) maintain records of their members and the HCPs participating in their CPD activities.
- **Access to information for HCPs**: No information to access.
- **Time delays between process activities**: No information exists about delays since the process does not exist and is not operational.
- **Budget**: No information is available on the budget allocated for this process by all stakeholders, including health associations.
- **Accredited CPD Activities:** Only CME and CNE activities that are accredited by JMC and JNC, respectively for stakeholders, including health associations.
- **Quality Control**: No quality control information is available for this process. Quality control of CME and CNE activities is based on trainee's evaluation upon completion of training activity. There is no information available on methods to control other CPD activities (e.g., conferences, lectures, seminars, workshops, etc).
- The councils have conflicting roles and are at the same time the accreditors and the providers of CPD Activities. JNC is taking legal actions to have separate organizational units carry out the two separate roles and to establish a clear segregation of duties to avoid any conflict of interest.
- Most of the CPD Providers are internally accredited by default in the "CPD-Relicensing instruction 1:2019" have active CME programs, or they accredit CME activities and certificates.

Figure 3. As-Is Process of CPD Activity Accreditation
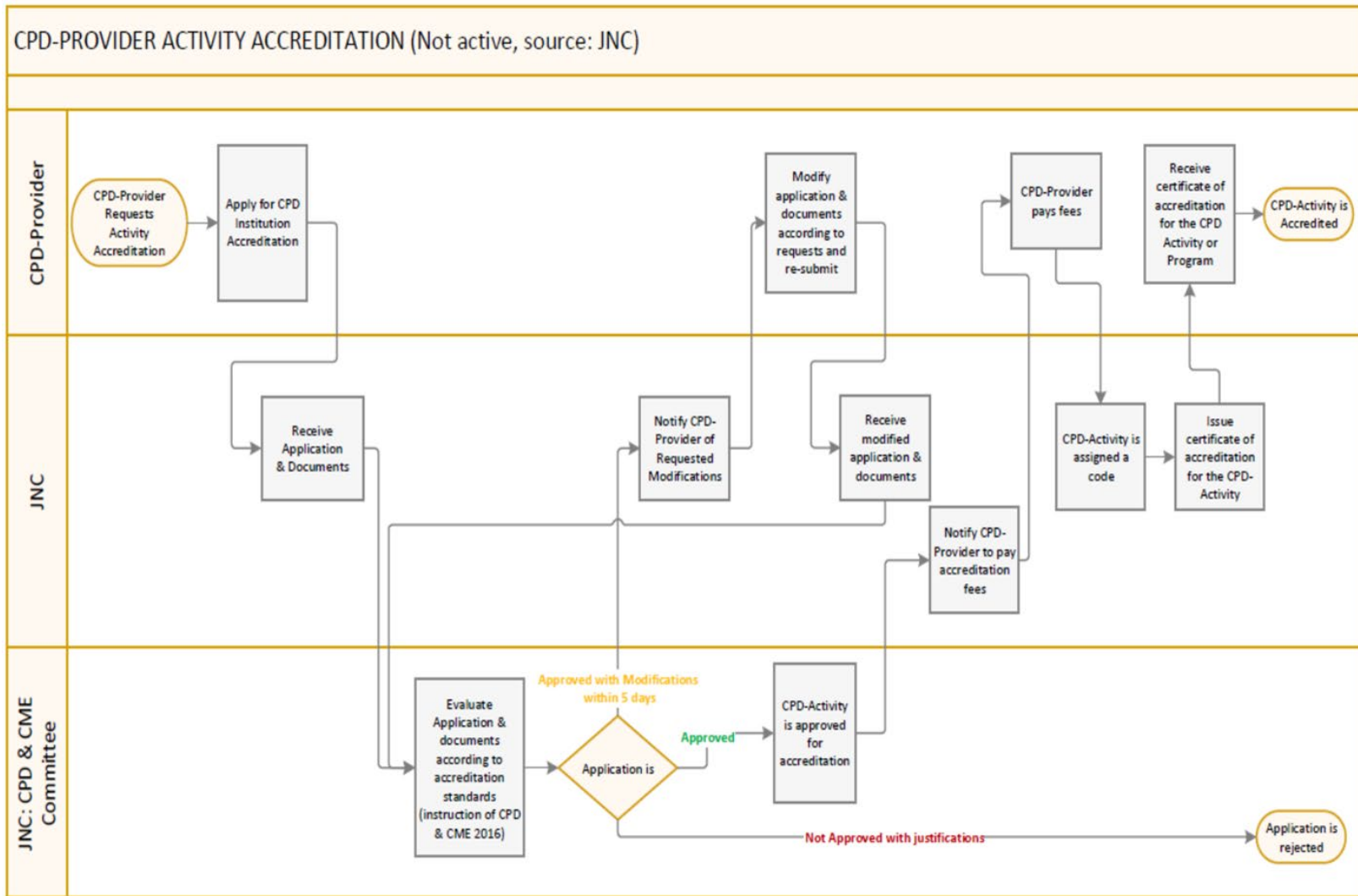
4.5 HCP-CPD REQUIREMENTS COMPLETION CERTIFICATE

HCPs completion certificate of CPD Requirements process is shown in Figure 4 below. The process has shared responsibilities and authorities among the following stakeholders:
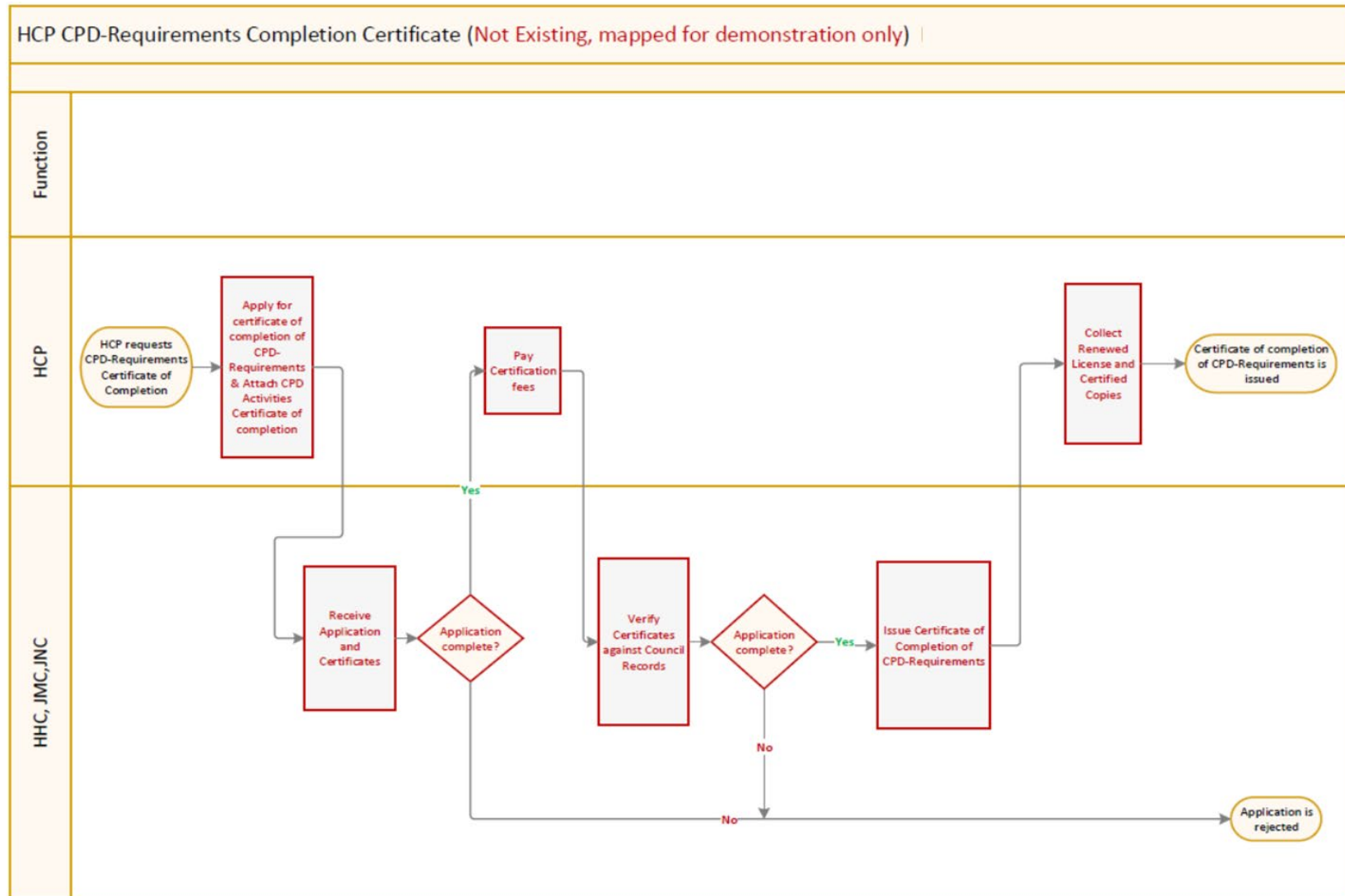
1. Process owners are the councils (JMC, JNC, and HHC)
2. Process customers/clients are the HCPs, which are identified below:
   a. Medical doctors, dentists, and pharmacists associated with JMC
   b. Nurses and legal midwives associated with JNC
   c. Other health professions (41 professional categories and sub-categories) associated with HHC
3. Process information should be shared with all CPD-Relicensing stakeholders and interested organizations

The process should start by an application submitted to HHC, JMC, and JNC from an HCP who has completed CPD Requirements. The application is processed by Councils' designated staff for verification of HCP records related to CPD Requirements, who then issues a certificate of completion. This process is not currently active.

The status and gaps of this process and its main stakeholders are:

- **HR**: HHC has one staff member who is also supporting NCPDC in CPD Providers Accreditation process. JMC and JNC have only one or two staff members assigned to coordinate with other stakeholders' staff on CPD Program but are mainly assigned CME/CNE training duties. Stakeholders' HR numbers and competencies need to be assessed for this process. This will be addressed in the To-Be process design phase.
- **IT Infrastructure**: IT-Infrastructure for certificate of completion of CPD Requirements does not exist.
- **CPD Content**: No CPD Content exists among HHC, JMC, JNC and CPD-Providers in relation with this process.
- **CPD Communication**: No CPD communication exists.
- **Data**: There are no data available for this process. The councils should maintain records of CPD Providers, CPD activities and the HCPs participating in these CPD activities.
- **Access to information for HCPs**: No information to access.
- **Time delays between process activities**: No information exists about delays since the process is not operational.
- **Budget**: No information is available about the budget allocated for this process.
- **Accredited CPD Activities**: No accredited CPD activities.
- **Quality Control**: Quality control information is not available for this process.

Figure 4. As-Is Process of CPD Requirements Completion Certification

4.6 HCP RELICENSING/LICENSE RENEWAL

HCP's license renewal is due every five years upon completion of CPD Requirements process as shown in Figure 5 below. The process has shared responsibilities and authorities, among the following stakeholders:

1. Process owners is the licensing section of LPHID at MOH.
2. Process customers/clients are the HCPs, which are identified below:
   a. Medical doctors, dentists, and pharmacists associated with JMC
   b. Nurses and legal midwives associated with JNC
   c. Other health professions (41 professional categories and sub-categories) associated with HHC.
3. Process information should be shared with all CPD relicensing stakeholders and interested entities.

The process should start by an HCP, who has completed CPD Requirements, applying to MOH LPHID licensing section, at least three months before his/her license's expiry date. The application is processed by the licensing section designated staff for verification of HCP records related to CPD Requirements who then issues a license for practice for a period of 5 years. This process is not currently active.

The status and gaps of this process and its main stakeholders are:

- **Human Resources**: The licensing Section of LPHID at MOH has 5 staff members and a section head. Considering the workload after 2023 when current licenses will expire (except the licenses that were issued after the bylaw 46:2018 was activated), there is a need to transform licensing and relicensing processes to be automated and online and the number and competencies of section staff should be improved.
- **IT Infrastructure**: IT Infrastructure for relicensing process does not exist. The licensing process is paper based, with a desktop system for entering the application information and printing the practitioner license. The database of this desktop system is in Oracle software but needs cleaning and updating. MOH has the IT Infrastructure to develop and/or host this process, as well as MODEE.
- **CPD Content:** CPD Content is not applicable to this process.
- **CPD Communication**: No CPD Communication exists.
- **Data**: There are no data available for this process, data is available for licensing process which can be used for the To-Be relicensing process.
- **Access to information for HCPs**: No information is available for HCPs to access.
- **Time delays between process activities**: No information exists about delays since the process is not operational.
- **Budget**: No information is available on the budget allocated for this process.
- **Accredited CPD Activities**: Not applicable to this process.
- **Quality Control**: Quality control information is not available for this process.

Figure 5. As-Is Process of CPD Relicensing

Figure 5. As-Is Process of CPD Relicensing
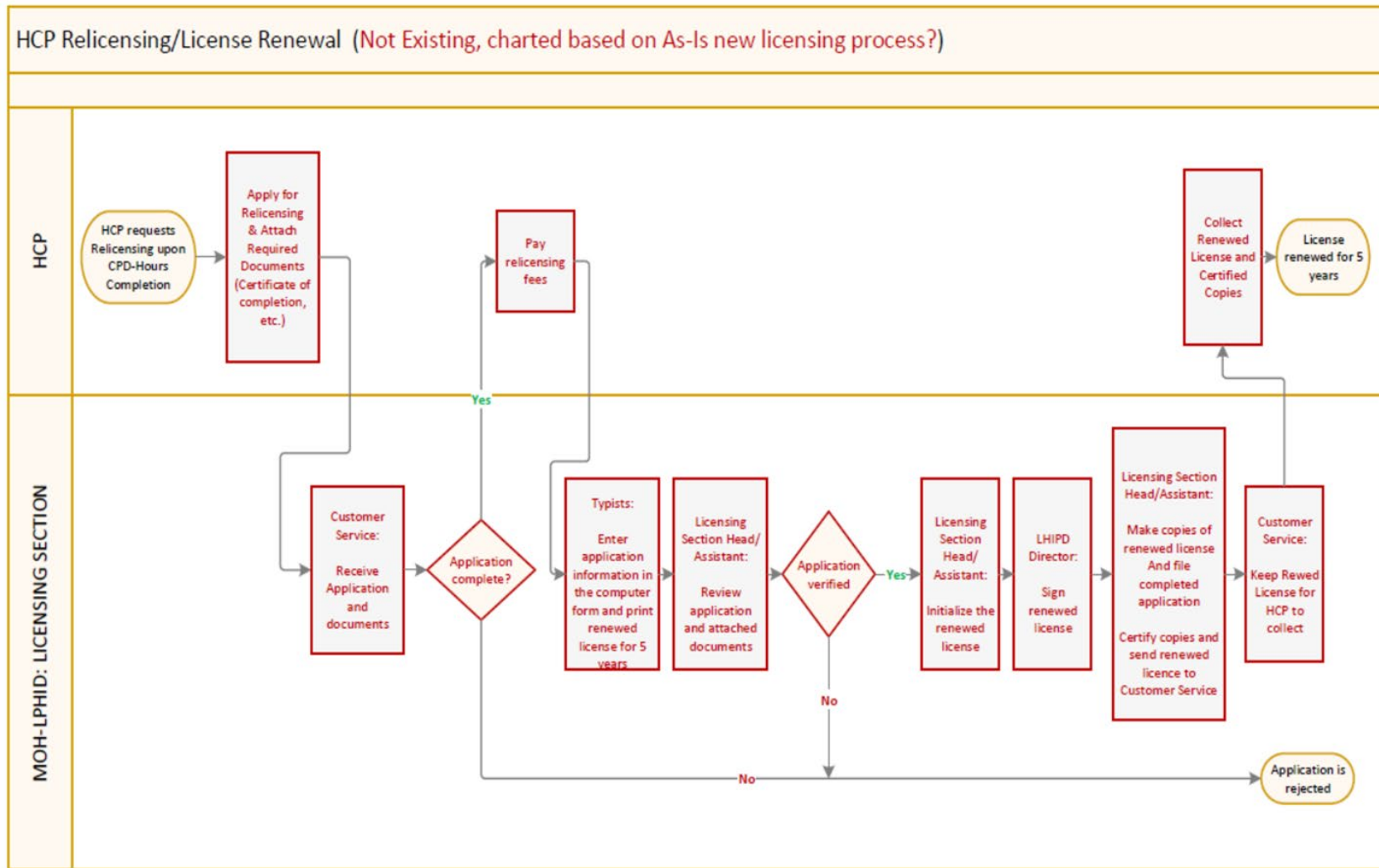
5. CONCLUSION

- Currently, there are no active CPD-Relicensing processes.
- There are bylaws, guidelines, and standard operating procedures but they are not operational.
- Number of staff assigned to the CPD program are only one or two staff for JNC and JMC, but they are also assigned tasks related to existing CME/CNE training program. One HHC staff is assigned to CPD program and has other responsibilities.
- Most of the CPD Providers accredited by default in the "CPD-Relicensing instruction 1:2019" have active CME programs, or they also internally accredit CME Activities and certificates.
- Stakeholders' IT infrastructure is weak, and they rely mainly on manual and paper-based operations such as excel sheets.
- Stakeholders' operations depend on staff's level of experience. Procedures' manuals and guidelines are scarce.
- Few stakeholders have training facilities and equipment; almost all CPD Providers use external trainers.
- Few stakeholders have well-defined trainings, planning, and management processes.
- Training and CME activities are certified and accredited for incentives or professional classification.
- Training and workshops are advertised on the institution's website or Facebook page.
- HCPs have no access to online training activities and workshops.
- Few stakeholders are engaged with accreditation organizations (i.e., JMC and JNC), especially for CME and CNE activities' accreditation for the purpose of technical classification of HCPs.
- There is no quality assurance other than participants' training activity evaluation.
- No information is available on budgets allocated to CPD programs since these programs do not currently exist.
- Two councils (JMC, JNC) have conflicting roles and are at the same time the accreditors of the CPD activities and the providers of CPD. HHC is not planning to become a CPD-Provider. JNC is taking legal actions to have separate organizational units to carry out the two roles, to avoid any conflict of interest.
- Some professions and non-Jordanian practitioners are licensed yearly, it is not clear what the CPD requirements are from them and how to license them (Process Exceptions).
- Most of the CPD-Providers accredited by default in the "CPD-Relicensing instruction 1:2019" have active CME programs or they accredit CME activities and certificates internally by the head of the institution, a scientific committee or team.
- It is not clear whether the CPD Providers accredited by default in the "CPD-Relicensing instruction 1:2019," are accredited without expiration, since there is a clause in the requirements issued by NCPDC limiting CPD-Provider accreditation for three years only.

6. RECOMMENDATIONS

There are several challenges that need to be addressed to improve the CPD-Relicensing system; those will be covered in the "To Be" document.

- JMC and JNC councils are assigned conflicting roles. They are at the same time the accreditors of CPD-Activities and CPD-Providers of activities. This conflict of interest should be eliminated to ensure CPD-Relicensing system's integrity.
- Similar HCPs Data are stored either on computers or on paper at multiple stakeholders' locations, which can generate errors and missing information. HCP Data needs to be harmonized among stakeholders.
- Online services (e-services) are recommended; few stakeholders have already initiated projects towards providing their services online. The challenge in this case is to have the needed skills and competencies from current employees to operate and manage online services.
- Online training and education have recently become the standard practice, therefore CPD Providers are challenged to establish online training and education infrastructure and systems.
- Currently, there are disagreements over the CPD Relicensing instructions 1:2019, which is based on bylaw 46:2018, and there are disputes about the roles and jurisdictions (Annex-B, Table B-2; CPD Process Roles). Stakeholders' roles and jurisdictions should be clarified.
- Some stakeholders conflate CME and CPD trainings and do not distinguish between them in terms of activities, accreditation, and purpose. The differences between the two should be clarified for these stakeholders.
- There is a lack of communication with HCPs about the CPD requirements and regulations, and a lack of communication among the stakeholders especially the staff at the operational level.
- The relationship between NCPDC and HHC should be clearly defined (i.e., are CPD providers' certificates issued under NCPDC or HHC)?
- Need to establish standards to control quality of CPD services and CPD content.

The CPD Relicensing system requires financial, human, and other resources to be designed, developed, and effectively operated. Stakeholders should allocate budgets and resources for the system.

7.   ANNEX A: CPD RELICENSING REFERENCES

1. Bylaw 46-2018 relicensing of Healthcare Professionals. Clause 6: Translated to English in "HRH2030_CPD roadmap EN to USAID-MAK updated-to USAID clean (3): Annex C. Key CPD Stakeholders' Roles and Responsibilities."

2. National CPD Committee approved foundations and requirements for accrediting CPD-Providers and CPD-Activities. HHC, December 9, 2019. (اسس اعتماد جهات وانشطة وبرامج التطوير المهني المستمر)

3. JNC Policy for accrediting CNE-Activities, CME/Training section of JNC, 2017.

4. CPD Instructions for Relicensing of Healthcare Professionals, No. 1:2019.

5. HRH2030_CPD roadmap EN to USAID-MAK updated-to USAID clean (3): Annex C. Key CPD Stakeholders' Roles and Responsibilities.

6. Mapping CPD institutions in Jordan (3), XLA, USAID.

7. Systemic and financial sustainability, XLA, USAID, 2019.

8. Technical requirements, XLA, USAID, 2019.

9. Factors affecting CPD Effectiveness and Practices in the healthcare in Jordan, HRH 2030, Human Resources in Health, 2018.

10. Health Councils Roles and Responsibilities in implementing CPD V01_02072019submitted to USAID

11. National Human Resources for Health Strategy for Jordan (2018-2022), HHC.

12. HRH2030_CPD roadmap_AR_updated,to USAID (1).

13. HRH2030_CPD roadmap_EN_to USAID-MAK_updated_to USAID_clean (3)

14. MOH Licensing Directorate Needs Assessment Report

15. Technical Brief_Ministry of Health

16. Technical Brief_Private Hospital Association

17. Technical Brief_Royal Medical Services

18. HHC LAW 1999

19. DENTISTS ASSOCIATION LAW 1972

20. JDA CME bylaw

21. JMC LAW 2005

22. قانون المسؤولية الصحية والطبية، 25:2018

23. تعليمات اللجنة الوطنية للتعليم الطبي المستمر _ المجلس الطبي الاردني

24. تشكيل اللجان العلمية _ المجلس الطبي الاردني

25. الإطار العام للتعليم المستمر، المجلس التمرضي الاردني 2015

26. JNC Law 53:2006

27. JNMC-Laws-Regulations

28. الية إعتماد البرامج التدريبية في المجلس التمريضي

29. تعليمات الاختصاص والتصنيف الفني 5-3-2018، المجلس التمريضي الاردني

30. Jordan Nurses and Midwives Council, law 1972

31. MEDICAL DOCTORS ASSOCIATION LAW 1972

32. Jordan pharmacists Association law 1972, updated 2005.

33. RMS-Classification instructions

34. Specialty Training Center, standard operation procedure 2018

8. ANNEX B: AS-IS PROCESS MAPPING GAPS

Table B1: As-Is Process Mapping Gaps of MOH-LPHID-Licensing Section

Table B2: As-Is Process Mapping Gaps of CPD-Accreditors

Table B3: As-Is Process Mapping Gaps of CPD-Providers

Table B-1. As-Is Process Mapping Gaps of MOH-LPHID Licensing Section

Aspect/Entity	
As-Is Process Maps & Workflow	Relicensing process does not exit. New license process exist that was re-engineered, and an online system was developed for two services as a pilot but was not launched. We could not review the As-Is or the To-Be process maps or have a demo of the system.
Role	Issue Practice License and Relicensing based on CPD-Requirements' completion every 5 years.

Gaps	
1- Human Resources	5 Employees and a section head currently serving the new licensing process for Jordanian and non-Jordanian HCPs.
2- Infrastructure	- An oracle database desktop-based software system to store new license application information and print out the license certificate. - New license application file, including attached documents, are stored in paper files, and archived in cabinets. - One printer for license certificate printing and a copy machine to make extra copies.
3- CPD Content	Not Applicable (NA)
4- CPD/Relicensing Communication	- It is not clear whether licensed HCPs who need to relicense by 2023 are informed about the requirement to attend CPD-Activities to be eligible for relicensing after 2023. - Since 2018, a statement is printed on newly issued licenses clarifying that the license is valid for 5 years from the date of issuance.
5- Data	- Data stored on the computer system is only the applicant's information. There are plans to clean the data in the near future. Certificates and other documents are archived at MOH licensing section.
6- HCP Access to Information	HCPs cannot access their information.

7- Delays between activities	The new license process is planned to take 24 hours from the time of submission of a complete application to the time the license certificate is issued. However, it was observed that it may take less time. The bottleneck of the process is "entering applicant's information" on the computer, which was estimated to take roughly 5 minutes. For some specific professions, the applicant needs to go through an exam and/or be interviewed by a technical committee, which requires more time. Another bottleneck is the need to collect applications, which causes some delay, and transport them from the customer-service desk on 1st floor to data entry staff on 5th floor, from data entry desks to the section head office, from section head office to the department director's office and back to the section's head office, then to the copy machine location, to the section's head office and finally from the 5th floor to customer-service office to be collected later by the applicant (HCP).
8- Budget	No information was provided on the budget of new license process or re-licensing process.
9- Access to CPD-Provider's Activities	Not Applicable (NA)
10- Quality Control & Quality Assurance	- There is no indication of current quality control or quality assurance standards, nor assurance standards for customers' satisfaction. - The head section commented that there are few incidents of lost applications or lost certificates due to manual handling between floors and offices. - Missing information or documents are checked by the customer-service desk officer based on his/her experience on the job, there are no checklists to assist him/her. Data entry staff and licensing section head also check information and documents based on their experience.

Table B-2. As-Is Process Mapping Gaps of CPD-Accreditors

Aspect/Entity	National CPD Committee- NCPDC	High Health Council- HHC	Jordan Medical Council- JMC	Jordan Nursing Council- JNC
As-Is Process Mapping & Workflow	Written procedures and requirements were issued and used to map an As-Is CPD-Provider Accreditation process that is currently not active.	1. Written procedures and requirements were issued and used to map an As-Is CPD-Activity Accreditation process that is currently not active. 2. There is no As-Is process for issuing a CPD-Requirements' Completion Certificate Process Map.	There is no As-Is process for issuing a CPD-Requirements' Completion Certificate Process Map.	There is no As-Is process for issuing a CPD-Requirements' Completion Certificate Process Map. Procedures and requirements will be presented to JNC board in April 2021 for approval. Standards for CNE and a procedures for CNE are currently active.
CPD Process Roles	Bylaw 46:2018, Clause-6: - Determine the requirements of CPD Activities for Health and Medical Professions that have no bylaws. - Establish CPD activities programs and develop them. - Review CPD-Activities and accredit them. - Encourage scientific publications, studies, conferences, workshops, and	CPD-Relicensing Instructions 1:2019, Clause 10-A: - Issue CPD-Requirements' completion certificates for 46 HCPs categories and subcategories. - Accredit CPD-Activities and programs and establish standards and requirements for that. - Periodically monitor and review CPD-Activities and programs according to established standards and requirements.	CPD-Relicensing Instructions 1:2019, Clause 10-A: - Issue CPD-Requirements' completion certificates for Medicine Doctors, Dentists and Pharmacists. - Accredit CPD-Activities and programs and establish standards and requirements for it. - Periodically monitor and review CPD-Activities and programs according to established standards and requirements.	CPD-Relicensing Instructions 1:2019, Clause 10-A: - Issue CPD-Requirements' completion certificates for legal Nurses and Midwives. - Accredit CPD-Activities and programs and establish standards and requirements for it. - Periodically monitor and review CPD-Activities and programs according to established standards and requirements.

	seminars related to CPD-Activities. - Consider any topic viewed by the president. - Coordinate amongst CPD-Providers to conduct CPD-Activities. - NCPDC has made modifications on instructions 1:2019 that will affect the roles of CPD Stakeholders and Jurisdictions, which is under review and pending approval.			

Gaps

1- Human Resources	- A committee not an operational organization. - NCPDC is composed of 13 members representing health organizations in Jordan. - It is headed by HHC Secretary General, hosted, and supported by HHC and staff.	- An organization unit for CPD-Activities accreditation - One staff member is assigned NCPDC and HHC responsibilities in CPD-System. - No specialized committee for CPD-Activity Accreditation	- No dedicated organization unit for CPD-Activities accreditation - One staff member is assigned JMC responsibilities in CPD-System. - No specialized committee for CPD-Activities Accreditation (currently several committees for CME and the board examination).	- No dedicated organization unit for CPD-Activities accreditation (there is a unit for CNE) - Two staff members are assigned JNC responsibilities in CPD-System. - No specialized committee for CPD-Activities Accreditation (currently several committees for CNE and the board examination). - A bylaw modification of JNC organization structure was send to Legislation and Opinion Bureau for review on February 16, 2021. It includes a separate organization unit for CPD directly under the JNC Board.

				- Separate the accreditation body for CPD from operational body.
2- Infrastructure	HHC infrastructure (modest.)	- Website is under construction. - No records or files available.	- Operational Website - Records are paper based	- Operational Website - Records are paper based
3- CPD Content	No information	No information available	No information available	No information available
4- CPD Communication	No evidence was found that there are CPD-Communications, except between the NCPDC members.	No communication available	No communication available	No communication available
5- Data	1. No evidence of data or records available on CPD-Activities accreditation. 2. An application form for CPD-Provider accreditation is already developed but not approved yet. 3. A certificate of CPD-Provider Accreditation is developed but not approved yet.	4. No records of accredited CPD-Activities. 5. No records of CPD-Activities attendants. 6. No records of HCPs with associated categories.	7. No records of accredited CPD-Activities. 8. No records of CPD-Activities attendants. 9. No records of HCPs with associated categories.	10. No records of accredited CPD-Activities. 11. No records of CPD-Activities attendants. 12. No records of HCPs with associated categories. 13. Records of accredited CPD activities and CPD attendants that requested the accreditation from JNC are available.

6- HCP Access to Information	No systems or e-portals, websites, or platforms to facilitate access of HCPs to information generated, stored, or processed by NCPDC.	No systems or e-portals, websites, or platforms to facilitate access of HCPs to CPD information generated, stored, or processed by HHC.	No systems or e-portals, websites, or platforms to facilitate access of HCPs to CPD information generated, stored, or processed by JMC.	No systems or e-portals, websites, or platforms to facilitate access of HCPs to CPD information generated, stored, or processed by JNC.
7- Time Delay Between Activities	In terms of CPD-Provider Accreditation process: 1. Two months or less to process a complete application. 2. Six weeks or less to provide missing information or documents. 3. One month or less is needed for the site evaluation team to submit their report. 4. Two weeks or less for the evaluation team to submit its report from the date of site visit.	No information available	No information available There are requirements for CME-Activities, but they are not specific, and there are no procedures.	No information available Application for CME-Activity accreditation is processed within 2 weeks from the date of the application submission if there are no missing information or documents

8- Budget	No information available	No information available	Annual budget for CPD is not allocated	No information available. There is a budget for CPD approved by JNC Board on February 2020
9- Access to CPD-Provider's Activities	No information available	No information available	No information available	No information available
10- Quality Control & Quality Assurance	1. CPD-Provider Site evaluation upon request for accreditation. 2. NCPDC can re-evaluate CPD-Provider site and Activities for quality Assurance. 3. No evidence was found that site-evaluation or re-evaluation standards and specifications exist currently, no evaluation report format and content, and no competencies defined for the evaluation team.	No QC standards and requirements for CPD-Activities and programs.	No QC standards and requirements for CPD-Activities and programs.	There are standards and requirements for QC of CME-Activities and programs but not for CPD-Activities and programs.

Table B-3. As-Is Process Mapping Gaps of CPD Providers

Aspect/Entity	MOH-HRD-CPD Branch	Higher Health Council- HHC	Jordan Medical Council- JMC	Jordan Nursing Council- JNC
As-Is Process Mapping & Workflow	1. No CPD-Activities execution process	2. No CPD-Activities execution process	3. No CPD-Activities execution process	4. No CPD-Activities execution process 5. There are CME-Activities Processes
CPD Process Roles	CPD-Relicensing Instructions 1:2019, clause 10-B: 1. Execute CPD-Activities and programs according to standards and requirements. 2. Provide organizational environment to promote CPD program through: 　1. Infrastructure and facilities 　2. Database and e-records of practicing and employed HCPs 3. Allocate an annual budget for CPD program. 4. Provide administrative support for employed HCPs, i.e., leave for internal and external training.	Not a CPD-Provider.	CPD-Relicensing Instructions 1:2019, clause 10-B: 1. Execute CPD-Activities and programs according to standards and requirements. 2. Provide organizational environment to promote CPD program through: 　1. Infrastructure and facilities 　2. Database and e-records of practicing and employed HCPs 3. Allocate an annual budget for CPD program. 4. Provide administrative support for employed HCPs, i.e., leave for internal and external training.	CPD-Relicensing Instructions 1:2019, clause 10-B: 1. Execute CPD-Activities and programs according to standards and requirements. 2. Provide organizational environment to promote CPD program through: 　1. Infrastructure and facilities 　2. Database and e-records of practicing and employed HCPs 3. Allocate an annual budget for CPD program. 4. Provide administrative support for employed HCPs, i.e., leave for internal and external training.

1. Human Resources	1. There is an organization unit "CPD section." 2. Two persons	Not a CPD-Provider.	1. No organization unit responsible for provision of CPD-Activities 2. No staff responsible for provision of CPD-Activities	1. No organization unit responsible for provision of CPD-Activities 2. No staff responsible for provision of CPD-Activities 3. An organizational unit responsible for CME 4. A staff is responsible for CME-Activity provision. Staff for CNE is there as part of CPD
2. Infrastructure	1. MOH has IT infrastructure. 2. CME activities are planned and executed within MOH-HRD sections.	Not a CPD-Provider.	1. No infrastructure for provision of CPD-Activities. 2. No Records of CPD-Activities or HCPs	1. No infrastructure for provision of CPD-Activities, but CME infrastructure can be utilized. 2. There are e-records paper files handled manually. 3. A new software for online access of CME system is under construction in collaboration with MODEE.
3. CPD Content	1. No CPD content, but CME is planned and executed by technical units for HCPs, 2. No information of the CPD content is and shared electronically, most probably paper-based, and PowerPoint.	Not a CPD-Provider.	No CPD Content	1. No CPD content, but CME is planned and executed by technical units for HCPs, 2. No information of the CPD content is available and shared electronically, but

			mostly through papers and PowerPoint.
4. CPD Communication	No information how CPD is communicated within MOH central and field directorates, hospitals, and health centers.	Not a CPD-Provider.	No CPD Communication No CPD Communication CME-Communication is done via website and Facebook. Also, via formal letters to institutions
5. Data	CME records are stored in MS-Word and excel, and paper files.	Not a CPD-Provider.		
6. HCP Access to Information	HCPs cannot access information.	Not a CPD-Provider.	No access available	Via the online system under construction in collaboration with MODEE.
7. Time Delay between activities	No information available	Not a CPD-Provider.	No information available	No information available
8. Budget	No information available	Not a CPD-Provider.	Annual budget for CPD not allocated	No information available
9. Access to CPD-Provider's Activities	Accessible by MOH HCPs only.	Not a CPD-Provider.	No Access, since there are no CPD-Activities	Via website and Facebook
10. Quality Control & Quality Assurance	No QC/QA	Not a CPD-Provider.	No QC/QA	No QC/QA There are accreditation standards (ANCC accreditation) for CPD activities

Aspect/Entity	Jordan Nursing and Midwives Council -JNMC	Jordan Pharmacists Association - JPA	Jordan Medical Association - JMA
As-Is Process Maps & Workflow	1. No CPD-Activities execution process 2. There are CME-Activities Processes	1. No CPD-Activities execution process 2. There are CME-Activities Processes	1. No CPD-Activities execution process 2. There are CME-Activities Processes
CPD Process Roles	CPD-Relicensing Instructions 1:2019, clause 10-B: 1. Execute CPD-Activities and programs according to standards and requirements. 2. Ensure appropriate organizational environment to promote CPD program through: 3. Infrastructure and facilities 4. Database and e-records of practicing and employed HCPs 3. Allocate annual budget for CPD program. 4. Provide administrative support for employed HCPs, i.e., leave for internal and external training.	CPD-Relicensing Instructions 1:2019, clause 10-B: 1. Execute CPD-Activities and programs according to standards and requirements. 2. Ensure appropriate organizational environment to promote CPD program through: 5. Infrastructure and facilities 6. Database and e-records of practicing and employed HCPs 3. Allocate annual budget for CPD program. 4. Provide administrative support for employed HCPs, i.e., leave for internal and external training.	CPD-Relicensing Instructions 1:2019, clause 10-B: 1. Execute CPD-Activities and programs according to standards and requirements. 2. Ensure appropriate organizational environment to promote CPD program through: 7. Infrastructure and facilities 8. Database and e-records of practicing and employed HCPs 3. Allocate annual budget for CPD program. 4. Provide administrative support for employed HCPs, i.e., leave for internal and external training.

Gaps		

| 1. Human Resources | 1. Training center
2. One person
3. There is a scientific committee | 1. No organization unit responsible for CPD
2. One person
3. There is a scientific committee | |

2. Infrastructure	1. Training Center 2. Has a website. 3. Software system with members' records and integrated training functions. 4. CME activities are planned and executed.	1. No infrastructure for provision of CPD-Activities. 2. Records are paper files handled manually.	1. No infrastructure for provision of CPD-Activities. 2. No Records of CPD-Activities or HCPs
3. CPD Content	1. No CPD content available 2. CME activities are planned and executed by technical units for HCPs, 3. No information of the CPD content is shared electronically, paper-based, and PowerPoint. 4. CME-Activities and certificates internally accredited.	No CPD Content available	No CPD Content available CME-Activities are conducted through specialized societies.
4. CPD Communication	CME Activities are announced on the website and Facebook page.	No CPD Communication available	No CPD Communication available
5. Data	1. Members' Records CME records are stored in MS-Word and excel, and paper files.	1. Members' records 2. No CPD data	1. Members' records 2. No CPD data
6. HCP Access to Information	HCPs access information on Website and Facebook page	No access available	No access available
7. Delays between activities	No information available	No information available	No information available
8. Budget	No information available	No information available	No information available
9. Access to CPD-Provider's Activities	Accessible via website and Facebook page	No Access available, since there are no CPD-Activities	No Access available, since there are no CPD-Activities
10. Quality Control & Quality Assurance	No QC/QA CME-Activities are accredited internally.	No QC/QA	No QC/QA

Aspect/Entity	Specialty Hospital-Training Center	RMS
As-Is Process Maps & Workflow	1. No CPD-Activities execution process 2. There are CME-Activities Processes	1. No CPD-Activities execution process 2. There are CME-Activities Processes
Role	CPD-Relicensing Instructions 1:2019, clause 10-B: 1. Execute CPD-Activities and programs according to standards and requirements. 2. Ensure appropriate organizational environment to promote CPD program through: 9. Infrastructure and facilities 10. Database and e-records of practicing and employed HCPs 3. Allocate annual budget for CPD program. 4. Provide administrative support for employed HCPs, i.e., leave for internal and external training.	CPD-Relicensing Instructions 1:2019, clause 10-B: 1. Execute CPD-Activities and programs according to standards and requirements. 2. Ensure appropriate environment to promote CPD program through: 11. Infrastructure and facilities 12. Database and e-records of practicing and employed HCPs 3. Allocate annual budget for CPD program. 4. Provide administrative support for employed HCPs, i.e., leave for internal and external training.

Gaps		

1. Human Resources	1. Training center 2. Two persons	Organization unit to administer CME-Activities accreditation
2. Infrastructure	1. CME activities are planned and executed. 2. Online CME-Activity delivery via ZOOM	1. No infrastructure for provision of CPD-Activities 2. CME-Activities are conducting by partner institutions or by external organizations.
3. CPD Content	1. No CPD content, but CME is planned and executed by technical units for HCPs, 2. No information of the CPD content is and shared electronically, most probably paper-based, and PowerPoint.	1. No CPD content, but CME is planned and executed by technical units for HCPs, 2. No information of the CPD content is and shared electronically, most probably paper-based, and PowerPoint.

4. CPD Communication	No information how CPD is communicated within MOH central and field directorates, hospitals, and health centers.	No CPD Communication CME-Communication is done via website and Facebook
5. Data	CME records are stored in MS-Word and excel, and paper files.	
6. HCP Access to Information	1. HCPs cannot access information, no e-services. 2. Via website	Via the online system under construction in collaboration with MODEE.
7. Delays between activities	No information available	No information available
8. Budget	No information available	No information available
9. Access to CPD-Provider's Activities	No access available	No access available
10. Quality Control & Quality Assurance	No QC/QA, evaluation of training venue, material, and instructor.	No QC/QA