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To-Be Business Process Maps for Continuing Professional Development and Relicensing

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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CONTENTS

ACRONYMS

BPMN 2.0	Business Process Modelling Notation version 2.0
CME	Continuous Medical Education
CNE	Continuous Nursing Education
CPD	Continuing Professional Development
CPDP	Continuing Professional Development Program
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
JNC	Jordan Nursing Council
JNMC	Jordan Nursing Association
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
QOS	Quality of Service
RMS	Royal Medical Services
KPIs	Key Performance Indicators
SOPs	Standard Operating Procedures

EXECUTIVE SUMMARY

The purpose of this report is to present the To-Be business process maps of the Continuous Professional Development (CPD)-Relicensing System in Jordan. These business processes can be implemented as paper-based or computer-based systems. They provide a common platform that allows collaboration among all stakeholders of the CPD-Relicensing system to implement the bylaw 46:2018, and its instructions 1:2021.

Jordan developed and published the Health Professional License Renewal Bylaw Number 46 in the Official Gazette on April 1st, 2018, and issued Instructions Number 1 in September 2021. All licensed Health Care Providers (HCPs) in Jordan (approximately 222,000) are to complete a required number of CPD hours every five years to renew their practice licenses. Article 5 of Instructions stipulates that an HCP must submit their application for re-licensure at least three months prior to the end of their license period of performance in January 2023.

The scope of this report was to develop To-Be process maps for CPD-Relicensing in Jordan, which consists of the following activities:

1.   Improve As-Is business processes and resolve gaps and challenges.

2.   Develop an updated context diagram for the To-Be business processes.

3.   Draw the To-Be business processes maps using BPMN 2.0 via MS-Visio 2016.

4.   Develop the To-Be business processes profiles which include process description, triggers, inputs, and outputs, etc.

5.   Define To-Be business processes objectives, risks, risk controls, measures of success (KPIs), IT infrastructure, budget, and quality control.

The CPD Relicensing system stakeholders are identified as follows:

1.   National CPD Committee - NCPDC

2.   The Councils (HHC, JMC, JNC) as accreditors of CPD-Activities

3.   CPD-Providers of activities and programs

4.   LPHID Licensing/Relicensing section at MOH

5.   Health care professionals (HCPs)

Stakeholders collaborate using five business processes:

1. CPD-Provider Accreditation Process (deactivated)

2. CPD-Activity Accreditation Process

3. CPD-Activity Reporting Process

4. CPD-Requirement Completion Certificate Process

5. CPD-Based Relicensing Process

The To-Be business processes were mapped, and their profiles were defined. In addition, the management aspects of the To-Be business processes were developed, which include business objectives, risks associated with the objectives, key risk controls, measures of success, IT Infrastructure, communication, budget, and quality control.

The objective of the To-Be processes and the CPD-Relicensing system are to:

1. Contribute to improving HCPs' competences, by requiring that HCPs' relicensing be based on CPD requirements.

2. Improve the quality of health care services provided by licensed HCPs in Jordan.

3. Enhance completeness, timeliness, integrity and accuracy of data and records of To-Be processes and CPD-Relicensing system, which include CPD-Providers, HCPs, CPD-Activities at the national level.

4. Reduce operational errors committed by stakeholders' personnel operating and administering the CPD-Relicensing system by automating the process.

6. Increase HCPs satisfaction of relicensing service by LPHID in MOH.

The business risks associated with the objectives of the To-Be processes and CPD-Relicensing system include the following:

1. Indirect cause-effect relationship between the CPD-Relicensing system, which manages the CPD Activities and the level of competence of HCPs that leads to improve the quality of health care services provided by relicensed HCPs. This risk may undermine the effectiveness of the CPD-Relicensing system.

2. Records' completeness, timeliness, integrity, and accuracy depend on the review and approval of the owners of the To-Be business processes (i.e., the Authorized Persons and technical committees). Therefore, it depends on the competence, integrity and due diligence of the Authorized Persons and technical committees.

3. Although automation (online system) reduces errors committed by Authorized Persons and technical committees, ensuring the system's security, reliability, and un-interrupted operations, is critical.

4. HCPs' user acceptance of the automated online system depends on its perceived usefulness and ease of use, which also depends on the design of the system, of user interfaces, and the support provided by human operators when needed.

These risks can be mitigated using the following key controls:

1. Carefully selecting key performance indicators (KPIs) and effective management of monitoring and evaluation of CPD-Relicensing system, especially data gathering and analysis methodology.

2. Periodical audit of the To-Be business processes and CPD-Relicensing system and its databases and records to identify data issues related to completeness, timeliness, integrity, and accuracy of data records. It is recommended to develop and implement an auditing program for the To-Be business processes and CPD-Relicensing system.

3. The IT infrastructure deployed to host the online CPD-Relicensing system, including security, scalability and hardware redundancy contribute to the integrity and reliability of the system and its processes in serving HCPs and other stakeholders.

4. HCPs satisfaction can be enhanced by good user interface design (user experience or usability) and providing a call center service.

The recommended key performance indicators (KPIs) to assess the achievement of objectives includes the following:

1. Quality of Service: conducting analytical field studies on the services provided by relicensed HCPs to clients (patients) and the level of satisfaction of those clients.

2. Number of non-compliance in the audit reports for each period.

3. Number of annual out-of-service occurrences of the CPD-Relicensing system and IT infrastructure.

4. Number of annual security breaches of the To-Be processes, CPD-Relicensing system, and IT infrastructure.

5. HCPs' satisfaction level of the services provided by To-Be business processes, CPD-Relicensing system, and its IT infrastructure.

6. Percent of HCPs using the system to re-license.

There are two alternative IT infrastructures that can host the system, which are MODEE and MOH's infrastructure. It is recommended to use the MODEE infrastructure which facilitates integration and use of national databases for To-Be business processes data retrieval and exchange. It is also recommended to integrate the relicensing process with the existing licensing process once the licensing process is re-engineered and a process map and online system are developed.

An online CPD-Relicensing system enables communication among all stakeholders by posting regulatory information and modifications, posting information on CPD activities' and credits, and accredited CPD-Providers. In addition, the system provides a channel of communication with stakeholders and the health community in Jordan and abroad.

It is recommended to include the CPD-Relicensing system budget on the stakeholders' annual budgets based on their ownership of the To-Be business processes. The budget components may include cost of human resources, hardware, software licenses, HR training and material.

Quality control of To-Be business processes can be implemented by developing an auditing program of the CPD-Relicensing system. In addition, the CPD-Relicensing system monitoring and evaluation program, once developed and implemented, which is not within the scope of this report, can contribute to quality control of the To-Be business processes and CPD-Relicensing system.

1. INTRODUCTION

1.1 PURPOSE

The purpose of this report is to present the To-Be business process maps of the CPD-Relicensing system in Jordan. These processes will provide a platform of coordination and collaboration among the stakeholders of the CPD-Relicensing system to implement the bylaw 46:2018 and its instructions 1:2021. These business process maps can be implemented as paper-based or electronic online systems and represent the backbone of the future CPD program and relicensing of HCPs in Jordan.

1.2 BACKGROUND

USAID's CPDP supports the Government of Jordan (GOJ) efforts to improve HCPs competencies to deliver quality health services through the institutionalization of a mandatory CPD system for professional license renewal. LHSS is the technical assistance arm to support the MOH in implementing the CPDP. This technical assistance will also extend to the health professional councils such as the Jordan Medical Council (JMC), Jordan Nursing Council (JNC), and Higher Health Council (HHC) and will also engage 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 Instructions Number 1 on September 2021. All licensed HCPs in Jordan (approximately 222,000) are to complete a required number of CPD hours every five years to renew their practice licenses; article 5 of Instructions stipulates that an HCP must submit their application for re-licensure at least three months prior to the end of their license period of performance in January 2023.

The CPD-Relicensing system processes and gaps in Jordan were analyzed in the As-Is process mapping report. The report identified the stakeholders of the CPD-Relicensing system and identified the CPD-Relicensing processes, which were represented in the context diagram of the CPD-Relicensing system.

The findings of the As-Is process mapping report are summarized below:

1. Currently, there are no active or operational CPD and Relicensing processes. In other words, there are no As-Is processes in operation within stakeholders' organizations.

2. There are bylaws, instructions, and Standard Operating Procedures (SOPs) but they are not operational.

3. Number of councils' staff assigned to the CPD program is low and they are mainly assigned to existing CME, CNE, and other training programs.

4. Most of the CPD Providers who are accredited by default in the "CPD-Relicensing instruction 1:2021" have active Continuous Medical Education (CME) or Continuous Nursing Education (CNE) programs. They internally accredit CME and CNE activities.

5. Stakeholders' IT infrastructure is weak, and they mainly rely on paper-based operations such as Excel sheets or Word processor software.

6. Stakeholders' operations depend on the templates they use and staff's expertise. There are few procedure manuals or guidelines.

7. Few stakeholders have any training facilities and equipment. Almost all CPD providers rely on outsourced trainers.

8. Few stakeholders have well-defined training plans and management processes.

9. CME and CNE activities are certified and accredited for incentives or professional classification.

10. Training and workshops are advertised on the institution's website or Facebook page.

11. HCPs have no online access to CPD activities and workshop information.

12. Few stakeholders are engaged with accreditation bodies (i.e., JMC and JNC). CME and CNE activities and accreditation are used for HCPs' technical classification.

13. There is no quality assurance other than participants' evaluation of the training venue, instructor, and material (handouts, practice).

14. No information was available on budgets allocated to CPD programs since these programs do not currently exist.

15. JMC and JNC councils have conflicting roles: they are at the same time the accreditors and providers of CPD activities.

16. Some professions and non-Jordanian practitioners are yearly licensed, and it is not clear what the CPD requirements are for them.

17. It is not clear whether the CPD Providers who are accredited by default in the "CPD-Relicensing instruction 1:2021" have a license expiration date. There is a clause in the requirements' document issued by NCPDC limiting CPD Provider accreditation for three years only.

These findings were verified by CPD-Relicensing program stakeholders in Jordan in a national meeting. They represent the foundations for developing the To-Be process maps of the CPD-Relicensing system.

1.3   SCOPE

The scope of this report was to develop To-Be process maps for CPD-Relicensing in Jordan. They represent the future electronic online system for CPD relicensing in Jordan. It is designed to provide all stakeholders of CPD-Relicensing system with:

a.   Defined roles, responsibilities, and accountabilities.
b.   Clear business process in terms of process steps, SOPs, and standardized operations.
c.   Data and information exchange and maintenance in national databases.

1.4   METHODOLOGY

The methodology designed to perform the To-Be Mapping recognized the fact that the CPD Relicensing system is shared among several partner organizations and entities, and builds on the findings of As-Is process mapping report. It consists of the following:

1. Review CPD-Relicensing stakeholders, business processes and interaction between stakeholders, which were represented in the As-Is context diagram and were identified in the As-Is process mapping and analysis. This results in the following:
    a.   Update CPD-Relicensing context diagram that was developed in the As-Is process mapping phase.

      b.   Update the business processes list that will provide for a comprehensive CPD-Relicensing system.

2. Design To-Be business processes by improving As-Is processes in terms of resolving gaps and improving process performance and increasing its effectiveness and efficiency. Effectiveness is related to objectives' achievement and efficiency is related to reducing waste in process resources and utilization.

3. Define the To-Be business processes in terms of the following:
   a. Process description: A short paragraph that describes the purpose of the process and main activities.
   b. Ownership: the stakeholder who has full control over the process and is responsible for maintaining it active, operational, and continuously improved.
   c. Roles and responsibilities: the specific stakeholder role in the processes and his responsibility in terms of sharing data, processing data, and generating outputs.
   d. Triggers: The events that launch the process and initiate the sequence of activities performed by the process. It is usually a business need or regulatory requirement from one stakeholder that requires action from other stakeholders.
   e. Inputs: The data entered to the process as a form or documents that are uploaded and stored in the process databases.
   f. Outputs: The service or product of the process to satisfy the clients' needs. In the case of the CPD-Relicensing system, outputs are certificates, approvals, or licenses.
   g. Data: Data captured, processed, and stored, which are usually collected via forms and algorithms and stored in databases.
   h. Human resources: The organization unit or persons assigned to perform the tasks of the process. In the case of a computerized online CPD-Relicensing system, stakeholders will assign a staff member or more to interact with the online system. This staff member will be designated to the system as "Authorized Person – AP."
   i. CPD-Content: content related to the process such as activities and providers of CPD. means of making activities information available on the providers' systems or other collaborating systems.
   j. HCPs' access to information: The information available for HCPs to access, which are related to the activities, providers, and their own records maintained by the process.
   k. Process procedure: A step by step sequence of activities performed by the process stakeholders to process inputs into outputs and store data where they are manageable, accessible, and secure.
   l. Process map: Draw the To-Be business processes using BPMN 2.0, which is a standard notation for drawing process maps. MS-Visio 2016 was used to design the process maps using BPMN 2.0.

4. Define management aspects of the CPD-Relicensing system and its To-Be processes in terms of the following:
   a. Business objectives: The future results planned and anticipated achievements of the CPD-Relicensing system.
   b. Business Risks: The events or conditions that may hinder the achievement of objectives.
   c. Key control: The measures planned to prevent, mitigate, and control risks that will increase the probability of achieving the business objectives.
   d. Measures of success: The key performance indicators (KPIs) that will guide the implementation of To-Be processes and CPD-Relicensing system on achieve the business objectives and to continuously improve the processes and the system.
   e. IT Infrastructure: the hardware, software and networks devoted to host and operate the To-Be processes.

f. Communication: CPD information and channels available to share among stakeholders.
g. Budget: amount of financial resource allocated to the process for operations, maintenance, and improvement.
h. Quality Control: measures for controlling the quality of the process and its steps, so that the process does not generate any errors or allows erroneous data to be accepted. Process accuracy, reliability and integrity is assured.

Because there are no As-Is processes currently in operation, the design and mapping of the To-Be processes were based on updating context diagram and list of processes, using bylaw 46:2018, instructions 1:2021 clauses, and using the findings of the As-Is processes analysis phase.

2. TO-BE BUSINESS PROCESSES CONTEXT

2.1 STAKEHOLDERS ROLES AND RESPONSIBILITIES

The CPD Relicensing system stakeholders were identified in the As-Is process mapping report, which include the following:

1. National CPD Committee - NCPDC
2. The Councils (HHC, JMC, JNC) as Accreditors of CPD-Activities
3. CPD-Providers of activities and programs
4. Healthcare Professionals (HCPs)
5. Licensing/Relicensing section of LPHID at MOH

2.2 STAKEHOLDERS DUTIES, ROLES AND RESPONSIBILITIES

The duties and roles of the stakeholders in the CPD-Relicensing System were identified in the As-Is process mapping report. These duties and roles delineate the responsibilities, authorities, and accountabilities of stakeholders. These duties and roles are listed below.

2.2.1 NATIONAL CPD COMMITTEE - NCPDC

The duties of NCDPC are the following:

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

2.2.2 THE COUNCILS (HHC, JMC, JNC) AS ACCREDITORS OF CPD-ACTIVITIES

The duties[1] of the HHC, JMC, and JNC as Accreditors of CPD-Activities are the following:
a. Approve/accredit CPD-Programs and CPD-Activities in accordance with agreed-upon standards and procedures.
b. Issue CPD certificates of completion for relicensing of HCPs after ensuring that their completed CPD adhered to standards and instructions.
c. Monitor the quality of CPD programs and activities and provide an annual report of CPD provision with as assessment of progress against CPD-National indicators for improvement purposes.

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[1] CPD Instructions for Relicensing of Healthcare Professionals, No. 1:2021. Clause 10 -a.

The main role of the three councils is to accredit CPD Activities and CPD Programs, and issue CPD Certificate of completion of requirements 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 MOH.

2.2.3 CPD-PROVIDERS OF ACTIVITIES AND PROGRAMS

The duties[2] of the Health Institution (employing more than 100 HCP) are the following:

1. Conduct CPD-Activities and CPD-Programs in compliance with accredited requirements and established standards.
2. Create a supportive environment for CPD implementation. This includes:
   a. Availability of suitable infrastructure, qualified staff, and access to a good library.
   b. Availability of a database and electronic registry for their HCPs.
3. Allocation of a specific annual line budget to support CPD activities.
4. Provide suitable administrative support to their HCPs as protected time for both internal and external training.

The main roles of the CPD-Providers are to get their CPD-Programs and CPD-Activities Accredited by the relevant council before conducting them, conduct CPD-Activities for HCPs, and issue certificates of completion of CPD-Activities to participating HCPs. The following CPD-Providers are accredited by the CPD-Instructions 1:2021 Clause 6:

- Ministry of Health (MOH).
- Royal Medical Services (RMS).
- Health Councils (HHC, JMC, JNC)
- Accredited hospitals and centers.
- Health syndicates and their associations.
- Health Faculties at universities and scientific centers.
- Health education online platforms accredited by NCPDC.
- Licensed Health Association

2.2.4 HEALTHCARE PROFESSIONALS (HCPS)

The duties[3] of the HCPs are the following:
1. Maintain up-to-date, accurate information on their CPD-Activities.
2. Demonstrate professional competence with respect to their CPD-Activities - key components of which are responsibility, trust, and self-evaluation.
3. Demonstrate that their CPD-Activities are a mixture of learning activities relevant to their needs and current or future practice.
4. Ensure that CPD has contributed to the quality and safety of their practice and service delivery and improved the way they work.
5. 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.

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[2] CPD Instructions for Relicensing of Healthcare Professionals, No. 1:2021. Clause 10 -b.
[3] HRH2030_CPD roadmap EN to USAID-MAK updated-to USAID clean (3): Annex C. Key CPD Stakeholders' Roles and Responsibilities.

6. Present written proof of the completion of their CPD-Activities supported by evidence to their CPD accrediting and certifying institutions (JMC, JNC or HHC)
7. 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 practice license by the MOH.

2.2.5 LICENSING/RELICENSING SECTION OF LPHID AT MOH

The duties[4] of the LPHID are the following:

1. 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 3-months before the license expiry date.
2. Revoke/cancel HCP License in case the HCP does not complete CPD-Requirements for relicensing, and he/she is considered non-compliant per 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 or society is informed of HCP license revoking/cancelation.

The main role of the licensing/relicensing section of LPHID at MOH is to relicense HCPs upon: (1) completion of CPD-Requirement, (2) compliance with applicable laws, bylaws, and instructions' requirements to maintain his/her practice license, and (3) license expiration.

2.3   CONTEXT DIAGRAM

Based on the identification of stakeholders and their duties and roles, the CPD Relicensing system context diagram was developed in the As-Is process mapping report. An updated To-Be processes context diagram is shown in figure1 below. The context diagram represents the model of the CPD-Relicensing system, which identifies five stakeholder categories who collaborate to serve the purpose and business objectives of the system. These five stakeholders are listed as follows:

1. National CPD Committee (NCPDC)
2. Health Councils; HHC, JMC, JNC
3. MOH, LPHID, Licensing Section
4. CPD-Providers
5. HCP

The stakeholders collaborate and coordinate five business processes among them, four of these processes were identified in the As-Is process mapping report, and a new one was added after analysis of the findings of the As-Is process mapping report and the national verification meeting of the findings. The new process enables the CPD-Provider to report his CPD-Activities after

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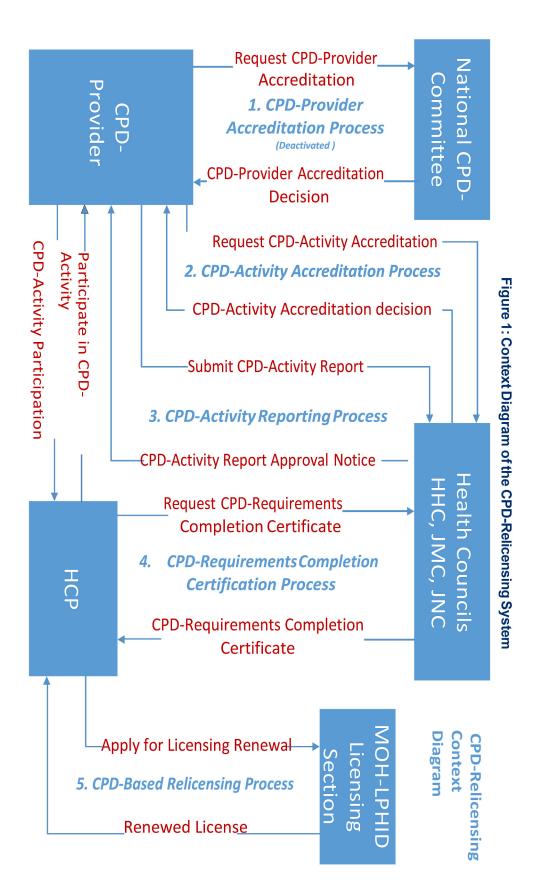[4] bylaw 46-2018 relicensing of Healthcare Professionals. Clause 11-c.

conducting it, in terms of participation list, attendance list, participants' evaluation and instructor or facilitator evaluation.

The CPD-Activity report will be made available for stakeholders to review to continuously improve CPD-Activities and allow HCPs to decide on what CPD-Activities to participate in. The reported information will be used by the health councils to verify that HCPs have completed the required CPD-hours and issue a certificate of completion.

The context diagram illustrates five business processes that constitute the CPD-Relicensing system:

1. CPD-Provider Accreditation Process (deactivated)
2. CPD-Activity Accreditation Process
3. CPD-Activity Reporting Process
4. CPD-Requirement Completion Certificate Process
5. CPD-Based Relicensing Process

These business processes are discussed in detail in the next section.

Figure 1: Context Diagram of the CPD-Relicensing System

CPD-Relicensing Context Diagram

CPD-Provider

National CPD-Committee

Request CPD-Provider Accreditation

1. CPD-Provider Accreditation Process
(Deactivated)

CPD-Provider Accreditation Decision

Request CPD-Activity Accreditation

2. CPD-Activity Accreditation Process

CPD-Activity Accreditation decision

Submit CPD-Activity Report

3. CPD-Activity Reporting Process

CPD-Activity Report Approval Notice

Participate in CPD-Activity

CPD-Activity Participation

HCP

Health Councils HHC, JMC, JNC

Request CPD-Requirements Completion Certificate

4. CPD-Requirements Completion Certification Process

CPD-Requirements Completion Certificate

Apply for Licensing Renewal

5. CPD-Based Relicensing Process

Renewed License

MOH-LPHID Licensing Section

3.   TO-BE BUSINESS PROCESSES

The To-Be processes are key to operationalize the CPD-Relicensing system and provide a collaboration and coordination platform for CPD-Relicensing stakeholders. They enable the implementation of the bylaw 46:2018 and instruction 1: 2021. They include the following processes:

1. CPD Provider Accreditation Process (deactivated)
2. CPD-Activity Accreditation Process.
3. CPD-Activity Reporting Process.
4. CPD-Requirement Completion Certificate Process.
5. CPD-Based Relicensing Process.

3.1   CPD-PROVIDER ACCREDITATION PROCESS

3.1.1 PROCESS DESCRIPTION

This process will be deactivated as the CPD Instructions for Relicensing of Healthcare Professionals, No. 1:2021. Clause 6. defined the CPD providers. However, the To -Be process should provide completed overview of CPD cycle starting from accredited the provider until HCPs Relicensing certificate from MOH.

This process enables the CPD-Providers to submit a request for accreditation and attach the required documents. It retrieves information from relevant databases and stores the request and attached documents in the CPD-Provider activities' file in the CPD-Relicensing database. It sends the request to the Authorized Person assigned by the NCPDC to review it, request missing information or documents from the CPD-Provider and approve the request.

Approved accreditation requests by Authorized Person are sent to the NCPD for review and to request missing information and documents, if the request is incomplete. If the CPD-Provider is accredited by bylaw 46:2018 or instruction 1:2021, the NCPD will issue an accreditation certificate for the CPD-Provider. If the request is from an online platform providing CPD, NCPDC will assign a team to evaluate the facility and venues of the CPD-Provider. If the team recommends a request approval, the NCPDC issues an accreditation certificate. Otherwise, the request is rejected.

Once the CPD-Provider is accredited and added to the Accredited CPD-Providers Database, he is officially registered on the CPD-Relicensing system and has an account that is managed by an Authorized Person assigned by him. The CPD-Providers Authorized Person is granted access to CPD-Provider information for retrieval of information and updates, as well as interaction with stakeholders. He or she can submit a CPD-Activity for accreditation and submit a CPD-Activity Report to provide information on activities' evaluation and records of participants, which can be used by health councils to verify and issue certificate of completion of CPD-Requirements (CPD-Hours).

3.1.2 PROCESS OWNERSHIP

The ownership of this process is recommended to be assigned to NCPDC and to be administered by an Authorized Person assigned by NCPDC.

3.1.3 ROLES AND RESPONSIBILITIES

The roles and responsibilities of this process are the following:

- CPD-Provider: It is the responsibility of the CPD-Provider to register to the CPD-Relicensing system and request accreditation by submitting the required information and documents. It is his responsibility to provide any incomplete information or documents within six weeks, otherwise the registration/accreditation request will be cancelled.
- Authorized Person by NCPDC: it is the responsibility of the Authorized Person to review the accreditation request within 10 working days and notify the CPD-Provider if the request is not complete. Upon receiving the required information or documents, the Authorized Person will review the updated request. If the request is complete and complies with accreditation requirement, he/she will approve the request and send it to the NCPDC for review and decision-making.
- NCPDC: It is the responsibility of the NCPDC to review the request, arrange for evaluation of the CPD-Provider facility, if applicable, and issue an accreditation certificate.

3.1.4 PROCESS TRIGGERS

The process is triggered by the CPD-Provider request for accreditation.

3.1.5 PROCESS INPUTS

The process inputs are the following:

1. CPD-Provider accreditation request form
2. Documents:
   a. A letter from top management of the CPD-Provider institution stating the request for accreditation and names of CPD-Provider Authorized Persons for CPD-Relicensing system collaboration to be granted access to the system.
   b. A copy of the company registration if it is an online platform institution.

3.1.6 PROCESS OUTPUTS

The process outputs are the following:

1. An accreditation certificate.
2. A notice of accreditation request cancellation, if the required information is not submitted or documents are incomplete within the stated timeframe.
3. A notice of accreditation request rejection with reason for rejection.

3.1.7 DATA

The main data managed by the process are the following:

1. CPD-Provider Accreditation Form which consists of the following:
   a. CPD-Provider identification: names, address, and contact information.
   b. CPD-Facilities and venues.
2. Documents: Letter of accreditation request and company registration, in case of online platform institution.

3.1.8 HUMAN RESOURCES

The human resources available for operating this process by NCPDC is one person, but it is recommended to have two persons in order ensure the success of the system and service continuity.

3.1.9 CPD CONTENT

This process provides for a national database of CPD-Providers, where each accredited CPD-Provider will have a file in the database. The national accredited CPD-Providers' database consists of all accredited CPD-Providers in Jordan and their CPD records, which provide analysis and decision-making support.

3.1.10 HCPS ACCESS TO INFORMATION

The CPD-Relicensing system in general and this process in specific allows HCPs and other stakeholders to access information in the national accredited CPD-Providers' database to search and communicate with CPD-Providers, where a link to CPD-Provider website and contacts is provided.

3.1.11 PROCESS PROCEDURE

1. CPD-Provider Authorized Person:
    1. Fill out and submit an accreditation and registration request form and attach required documents.
2. CPD-Relicensing System:
    2. Retrieve CPD Provider data from relevant national databases.
    3. If requested information and documents are not complete, notify CPD-Provider Authorized Person to update the request, and wait for 6 weeks to receive information and documents. If the information is not received within 6 weeks, cancel the request, and notify CPD-Provider Authorized Person. Once the updated request is received proceed to next step(4).
    4. If the request's information and documents are complete, store them in the CPD-Relicensing Database, pending approval, and send request form and documents to NCPDC Authorized Person.
3. NCPDC Authorized Person:
    5. Review request information and documents.
    6. If the request's information and documents are incomplete per the standard requirements, notify CPD-Provider Authorized Person to update the request, wait for 6 weeks to receive the information and documents, if not received within 6 weeks, cancel the request, and notify CPD-Provider Authorized Person. Once updated request is received proceed to next step (7).
    7. If the request's information and documents are complete, approve the request and add to NCPDC's meeting agenda.
4. NCPDC (scheduled meeting)
    8. Review request information and documents.
    9. If request information or documents are not complete according to standard requirements, send to NCPDC Authorized Person to notify CPD-Provider Authorized Person to update the request, wait for 6 weeks to receive the missing information and documents; if not received within 6 weeks, cancel the request, and notify CPD-Provider Authorized Person. Once the updated request is received proceed to next step (10).
    10. Approve the request if request information and documents are complete.
    11. If the CPD-Provider is accredited per bylaw 46:2018 or instructions 1:2021, issue decision of accreditation of CPD-Provider. NCPDC Authorized Person documents the accreditation decision. The system issues an accreditation certificate and adds the requester to accredited CPD-Provider database and notifies the CPD-Provider Authorized Person of the issuance of an accreditation certificate.

12. If the CPD-Provider is not accredited per bylaw 46:2018 or instructions, form a site evaluation team of three members from NCPDC to conduct a site evaluation and prepare a site evaluation report. The team must have a consensus, otherwise the NCPDC votes and approves by majority votes. NCPDC Authorized Person documents the accreditation decision. The system issues an accreditation certificate and adds requester to accredited CPD-Provider's database and notifies CPD-Provider Authorized Person of issuance of accreditation certificate.

13. If not approved based on site evaluation report and NCPDC voting, then NCPDC issues a decision of CPD-Provider accreditation request's rejection. The NCPDC Authorized Person documents the rejection decision on the system and the system notifies CPD-Provider Authorized Person of rejection of accreditation request. CPD- Provider Authorized Person receives notification of rejection of accreditation request.

3.1.12   PROCESS MAP

Annex 1 represents the To-Be process map of the CPD-Provider accreditation process. It consists of process steps performed by CPD-Provider Authorized Person, the CPD-Relicensing system, the NCPDC Authorized Person and the NCPDC. These steps represent the SOPs of this process.

3.2   CPD-ACTIVITY ACCREDITATION PROCESS

3.2.1 PROCESS DESCRIPTION

This process enables an accredited CPD-Provider to submit a request for activity accreditation and attach the required documents. It retrieves information from relevant databases and stores the request and attached documents in the CPD-Provider activities file in the CPD-Relicensing database. It sends the request to the Authorized Person assigned by the designated health council (HHC, JMC, JNC) to review it, request incomplete information or documents from the CPD-Provider, and approve the request.

Approved requests by Council Authorized Person are sent to the CPD technical committee of the council for review and for requesting missing information and documents if the request is incomplete. If the CPD-Activity accreditation request is approved by the council CPD technical committee, the council adds the activity to the database and issues a certificate of accreditation for the CPD-Activity. Activities stored in the database will be accessible and searchable by HCPs and other stakeholders.

3.2.2 PROCESS OWNERSHIP

The ownership of this process is recommended to be assigned to the health councils (HHC, JMC, and JNC) collectively and to be administered by Authorized Persons assigned by the Councils.

3.2.3 ROLES AND RESPONSIBILITIES

The roles and responsibilities of this process are the following:

- CPD-Provider: It is the responsibility of the CPD-Provider to request accreditation of his CPD-Activities by submitting the required information and documents. It is his responsibility to provide any incomplete information or documents within one week, otherwise the request will be cancelled.
- Authorized Persons by health councils: It is the responsibility of the Authorized Persons to review

the accreditation request within 10 working days and notify the CPD-Provider if the request is not complete. Upon receiving the required incomplete information or documents, the Authorized Person will review the updated request. If the request is complete and complies with accreditation requirements, the request is approved and sent to the council CPD technical committee for review.

- Council CPD-Technical Committee: It is the responsibility of the council CPD- Technical committee to review the request and issue an accreditation certificate if the activity complies with the standards and requirements.

3.2.4 PROCESS TRIGGERS

The process is triggered by the CPD-Provider request for CPD-Activity accreditation

3.2.5 PROCESS INPUTS

The process inputs are the following:

1. CPD-Activity accreditation request form
2. Documents:
- CPD-Activity syllabus and description form.
- CPD-Activity schedule.
- Instructor or facilitator information.
- CPD-Activity Evaluation method of participants, venue, material, and instructors.

3.2.6 PROCESS OUTPUTS

The process outputs are the following:

1. CPD-Activity accreditation certificate.
2. A notice of accreditation request cancellation, in case of not submitting required information or documents of incomplete request within the time limit.
3. A notice of accreditation request rejection with reasons for rejection.

3.2.7 DATA

The main data of the process are the following:

- CPD-Activity Syllabus: Introduction, objectives, content, approach, venues, practice exercises, target participants, CPD-Credit hours
- CPD-Activity Schedule: one-time/repeated, timing and dates.
- Instructor or facilitator information: Resume, practice license in case he/she is an HCP, competencies, experience, supporting documents and certificates.
- CPD-Activity Evaluation method of participants, venue, material, and instructors.

3.2.8 HUMAN RESOURCES

The human resources available for operating this process by each health council is one person, but it is recommended to have two persons in each council to ensure the success of the system and service continuity. Assigned persons are registered in the system as the Council Authorized Persons.

3.2.9 CPD CONTENT

This process provides for a national database of CPD-Activities, where each accredited CPD- Activity will have a file in the database. The national accredited CPD-Activities database consists of all accredited CPD-Activities in Jordan.

3.2.10   HCPS ACCESS

The CPD-Relicensing system in general and this process in specific should allow HCPs and other stakeholders to access information in the national accredited CPD-Activities database to search and communicate with CPD-Providers. This will facilitate participation in CPD- Activities.

3.2.11   PROCESS PROCEDURE

1. CPD-Provider Authorized Person:
   a. Fill out and submit a CPD-Activity Accreditation form and attach required documents.
2. CPD-Relicensing System:
   a. Retrieve CPD-Provider data from relevant national databases.
   b. If request information and documents are not complete, notify CPD-Provider's Authorized Person to update request, wait for 1 week to receive the information and documents, if not received within 1 weeks, cancel the request, and notify CPD- Provider's Authorized Person. Once the updated request is received proceed to next step (4).
   c. If the request's information and documents are complete, then store it in the CPD-Relicensing Database, pending approval, and send the request form and documents to the council's Authorized Person.
3. Council's Authorized Person
   a. Review the request's information and documents.
   b. If the request's information or documents are not complete according to standard requirements, notify CPD-Provider's Authorized Person to update the request, wait for 1 week to receive the information and documents, if not received within 1 week, cancel the request and notify CPD-Provider's Authorized Person. Once the updated request is received proceed to next step (7).
   c. If the request's information and documents are complete, then approve the request and add to Council CPD Technical committee's meeting agenda.
4. Council CPD technical committee:
   a. Review the request's information and documents.
   b. If the request's information and documents are not complete according to standard requirements, send to the Council's Authorized Person to notify CPD- Provider's Authorized Person to update the request, wait for 1 week to receive the missing information and documents; if not received within 1 week, cancel the request and notify CPD-Provider's Authorized Person. Once the updated request is received proceed to next step (10).
   c. If the request's information and documents are complete, then evaluate the request's information and documents according to standard requirements and guidelines and determine credit hours and issue a decision on CPD-Activity Accreditation. The Council's Authorized Person documents the accreditation decision in the system. The system issues accreditation certificate, adds CPD- Activity to the accredited CPD-Activities database, and notifies CPD-Provider's Authorized Person of the issuance of an accreditation certificate.
   d. If the request is not approved, Council CPD Technical Committee issues a decision of rejection of the CPD-Activity accreditation's request. The Council's Authorized Person documents the rejection decision in the system, which in turn notifies the CPD-Provider's Authorized Person of the rejection of the CPD-Activity accreditation request. CPD-Provider Authorized Person receives notification of rejection of CPD-Activity accreditation's request.

3.2.12   PROCESS MAP

Annex 2 represents the To-Be process map of the CPD-Activity accreditation process.

3.3   CPD-ACTIVITY REPORTING PROCESS

3.3.1 PROCESS DESCRIPTION

This process enables the CPD-Providers to submit a report of the conducted accreditation activities and attach the required documents. It retrieves information from relevant databases and attaches the report and documents to the CPD-Provider activities file in the CPD- Relicensing database. It sends the report to the Authorized Person assigned by the designated health council (HHC, JMC, JNC) to review it, request incomplete information or documents from the CPD-Provider and approve the report.

Approved requests by Authorized Persons are sent to the CPD-Technical Committee of the council for review and for requesting incomplete information and documents, if the request is incomplete. If the CPD-Activity report is approved by the council's CPD-Technical Committee, the council adds the report to the database and issues a notice of report approval for the CPD- Provider.

3.3.2 PROCESS OWNERSHIP

The ownership of this process is recommended to be assigned to the health councils collectively and to be administered by Authorized Persons assigned by the councils.

3.3.3 ROLES AND RESPONSIBILITIES

The roles and responsibilities of this process are the following:

- CPD-Provider Authorized Person: It is the responsibility of the CPD-Provider and his Authorized Person to report his CPD-Activities by submitting the required information and documents. It is his responsibility to provide any incomplete information or documents within 5 working days, otherwise the request will be cancelled.
- Authorized Persons by health councils: It is the responsibility of the Authorized Persons to review the report within 10 working days and notify the CPD-Provider if the report is not complete. Upon receiving the required incomplete information or documents, the Authorized Person will review the updated report. If the report is complete and complies with standards and requirements, the request is approved and sent to the council's CPD-Technical Committee for review.
- Council CPD-Technical Committee: It is the responsibility of the council's CPD- Technical committee to review the report and request incomplete information or documents; upon receiving the information and documents the committee issues a notice of approval if the report complies with the standards and requirements.

3.3.4 PROCESS TRIGGERS

The process is launched by the CPD-Provider submitting a report of a CPD-Activity that he has conducted.

3.3.5 PROCESS INPUTS

The process inputs are the following:

1- CPD-Activity reporting form 2-
Documents:
- CPD-Activity attendance sheet.
- CPD-Activity tests/exams results.
- CPD-Activity Evaluation sheets of participants, venue, material, and instructors.

3.3.6 PROCESS OUTPUTS

The process outputs are the following:

1- Notice of approval of the CPD-Activity report.
2- A notice of report cancellation, if required information or documents of the incomplete request are not submitted within the time limit.
3- A notice of report rejection with reasons for rejection.

3.3.7 DATA

The main data of the process are the following:

- CPD-Activity participants' names and attendance.
- CPD-Activity participants test or examination results.
- CPD-Activity evaluation sheets of participants, venue, material, and instructors.

3.3.8 HUMAN RESOURCES

The human resources available for operating this process by each health council is one person, but it is recommended to have two persons in each Council to ensure continuity of service and system's success.

3.3.9 CPD CONTENT

This process provides for a national database of CPD-Activities and activity reports, where each accredited CPD-Activity will have a file in the database including information and a report. The national accredited CPD-Activities database consists of all conducted accredited CPD- Activities and reports in Jordan. This will provide analysis and decision-making support for all stakeholders.

3.3.10 HCPS ACCESS

The CPD-Relicensing system in general and this process in specific should allow HCPs and other stakeholders to access information in the national accredited CPD-Activities database including activity report. This will inform HCPs about the CPD-Activities that are effectively planned and conducted and motivate CPD-Providers to continuously improve their CPD- Activities.

3.3.11 PROCESS PROCEDURE

A. CPD-Provider's Authorized Person:
　　1. Fill out and submit CPD-Activity Report Form and attach the required documents.
B. CPD-Relicensing System:
　　2. Retrieve CPD-Activity and CPD-Provider data from relevant national databases.
　　3. If the request's information and documents are not complete, notify CPD-Provider Authorized Person to update the request, wait for 1 week to receive the missing information and documents; if not received within 1 week, cancel the request and notify CPD-Provider's Authorized Person. Once the updated request is received proceed to next step (4).
　　4. If the request's information and documents are complete, store the request's information and documents in the CPD-Relicensing Database, pending approval, and send the request's form and documents to council Authorized Person.
C. Council Authorized Person
　　5. Review request information and documents.
　　6. If the request's information and documents are not complete according to standard requirements, notify the CPD-Provider's Authorized Person to update the request, wait for 1 week to receive the missing information and documents; if not received within 1 week, cancel

the request and notify CPD-Provider's Authorized Person. Once the updated request is received proceed to next step (7).

7. If requested information and documents are complete, then approve the request and add to Council's CPD Technical committee meeting agenda.

D. Council CPD technical committee:

8. Review the request's information and documents.

9. If the request's information and documents are not complete according to standard requirements, send to the Council's Authorized Person to notify CPD-Provider's Authorized Person to update the request, wait for 1 week to receive the information and documents, if not received within 1 week, cancel the request, and notify CPD- Provider's Authorized Person. Once the updated request is received proceed to next step (10).

10. If the request's information and documents are complete, then evaluate the request's information and documents according to standard requirements and guidelines and issue a decision of CPD-Activity Report Approval. The Council's

Authorized Person documents the report's approval decision in the system. The system issues CPD-Activity Report Approval Notice and adds the report to CPD- Activity database and notifies CPD-Provider's Authorized Person of issuance of report approval notice.

11. If the request is not approved, Council's CPD Technical Committee issues a decision of rejection of CPD-Activity report's request. The Council's Authorized Person documents the rejection decision in the system and the system notifies CPD-Provider's Authorized Person of the rejection of CPD-Activity Report's request. CPD-Provider's Authorized Person receives the notification of rejection of CPD-Activity report request.

3.3.12 PROCESS MAP

Annex 3 represents the To-Be process map of the CPD-Activity reporting process. It consists of process steps performed by CPD-Provider's Authorized Person, the CPD-Relicensing system, the NCPDC Authorized Person and the NCPDC.

3.4 CPD-REQUIREMENT COMPLETION CERTIFICATE PROCESS

3.4.1 PROCESS DESCRIPTION

This process enables the HCP to submit a request for a certificate of completion of CPD- Requirements and attach the required documents. It retrieves information from relevant databases, stores the request and attached documents in the HCP file in the CPD-Relicensing database. It sends the request to the Authorized Person in the licensing section to review it, requests incomplete information or documents from the HCP, and approve s the request. Finally, it sends the approved request to the council CPD-Technical committee for reviewing and issuing a certificate of completion.

3.4.2 PROCESS OWNERSHIP

The ownership of this process is recommended to be assign ed to the health councils collectively and to be administered by the authorized person assigned by each council.

3.4.3 ROLES AND RESPONSIBILITIES

The roles and responsibilities of this process are the following:

- HCP: It is the responsibility of the HCP to request a certificate of completion of CPD-requirements for relicensing by submitting the required information and documents. It is his/her

responsibility to provide any incomplete information or documents within 5 working days, otherwise the request will be cancelled.
- Authorized Persons by health councils: It is the responsibility of the Authorized Person to review the request within 10 working days and notify the HCP if the request is not complete. Upon receiving required information or document, the Authorized Person will review the updated request. If the request is complete, the request is approved and sent to the council CPD-Technical Committee for review.
- Council CPD-Technical Committee: It is the responsibility of the council CPD- Technical committee to review the request and issue a certificate of completion.

3.4.4 PROCESS TRIGGERS

The process is triggered by the HCP request for certificate of completion of CPD- Requirements (CPD-Hours).

3.4.5 PROCESS INPUTS

The process inputs are the following:

1- Request for certificate of completion of CPD-requirements Form. 2-
Documents:
- CPD-Activities Certificates that the HCP has participated in.
- CPD-Activities syllabus and providers of activities conducted by non-Jordanian CPD-Providers.

3.4.6 PROCESS OUTPUTS

The process outputs are the following:

1- Certificate of completion of CPD-Requirements.
2- A notice of request cancellation, if the required information or documents of an incomplete request were not submitted within the time limit.
3- A notice of request rejection with reasons for rejection.

3.4.7 DATA

The main data of the process are HCP completed CPD-Activities, CPD-Providers and CPD credit hours.

3.4.8 HUMAN RESOURCES

The human resources available for operating this process by each health council is one person, but it is recommended to have two persons in each Council to ensure continuity of service and system's success.

3.4.9 CPD CONTENT

This process provides updated HCP records in the CPD-Relicensing database.

3.4.10   HCPS ACCESS

This process allows HCPs, councils Authorized Persons and councils CPD-Technical committees to access the information in the national HCPs database.

3.4.11   PROCESS PROCEDURE

A. HCP:
1. Fill out request form of certificate of completion of CPD-Hours and attach required documents (CPD-Activity Participation Certificates).
B. CPD-Relicensing System:
2. Retrieve HCP data and CPD-Activity data from relevant national databases (i.e., HCP Licensing Database, CPD-Activity Reports files in CPD-Relicensing database).
3. If the request's information and documents are not complete, notify the HCP to update request, wait for 1 week to receive the information and documents; if not received within 1 week, cancel the request and notify the HCP. Once the updated request is received proceed to next step (4).
4. If the request's information and documents are complete, store the request's information and documents in CPD-Relicensing Database (HCP File), pending approval, and send the request's form and documents to council's Authorized Person.
C. Council Authorized Person
5. Review the request's information and documents.
6. If the request's information and documents are not complete according to standard requirements, notify the HCP to update the request, wait for 1 week to receive the missing information and documents; if not received within 1 week, cancel the request and notify the HCP. Once the updated request is received proceed to next step (7).
7. If the request's information and documents are complete, approve the request and add it to Council CPD Technical committee's meeting agenda.
D. Council CPD technical committee:
8. Review the request's information and documents.
9. If the request's information or documents are not incomplete send to Council Authorized Person to notify HCP to update the request, wait for 1 week to receive the information and documents; if not received within 1 week, cancel the request and notify HCP. Once the updated request is received proceed to next step (10).
10. If the request's information and documents are complete, evaluate the request's information and documents according to standard requirements and guidelines and issue a certificate of completion of CPD-Requirements. The Council's Authorized Person documents the decision in the system. The system issues Certificate of Completion of CPD-Requirements and updates HCP's data in the CPD-Relicensing database and notifies the HCP of the issuance of certificate of completion of CPD- requirements.
11. If request is not approved, the Council's CPD Technical Committee issues a decision of rejection of CPD-Activity report request. The Council's Authorized Person documents the rejection decision in the system and the system notifies the CPD- Provider's Authorized Person of rejection of CPD-Activity Report request. CPD- Provider's Authorized Person receives the notification of rejection of CPD-Activity report request.

3.4.12   PROCESS MAP

Annex 4 represents the To-Be process map of CPD-Requirements' completion certificate process.

3.5   CPD-BASED RELICENSING PROCESS

3.5.1 PROCESS DESCRIPTION

This process enables the HCP to submit a request for renewal of his/her health care practice license and attach the required documents. It retrieves information from the relevant databases, i.e., licensing database, stores the request and attached document s in the HCP file in the CPD-Relicensing database. It sends the request to the Licensing Section Head or Authorized Person in the licensing section in MOH

to review it, request incomplete information or documents from the HCP, and approve the request. Finally, it sends the approved request to the licensing director for review and signature of the renewed license.

3.5.2 PROCESS OWNERSHIP

Even though the CPD-Relicensing system is designed to be a collaborative platform among all stakeholders, the ownership of this process is assigned to the licensing section head of the LPHID at MOH. Especially, because he/she is responsible for the new license issuance process as well as the relicensing process.

3.5.3 ROLES AND RESPONSIBILITIES

The roles and responsibilities of this process are the following:

- HCP: it is the responsibility of the HCP to comply with the CPD requirement, request a certificate of completion of the CPD requirement, and request a renewal of his/her practice license at least three months before it expires. It is his/her responsibility to provide any incomplete information or documents within 5 working days, otherwise the license renewal request will be cancelled.
- Licensing section head or Authorized Person in the LPHID of MOH: it is the responsibility of licensing head or the Authorized Person to review the license renewal request within 10 working days and notify the HCP if the request is not complete. Upon receiving the required incomplete information or documents, the Authorized Person will review the updated request. If the request is complete and complies with licensing requirement, he/she will approve the request and send it to the LPHID director for final review and signature of the new license.
- LPHID Director: it is the responsibility of the LPHID director to review the approved request and sign it in case there are no issues. The director is delegated by the MOH minister to sign and issue the health care practice licenses.

3.5.4 PROCESS TRIGGERS

The process is launched by the HCP's need to renew his/her practice license, at least three months before it expires.

3.5.5 PROCESS INPUTS

The process inputs are the following:

1- License renewal request form 2-
Documents:
- A copy of ID Card
- 2 photos (if process is "walk-in")
- A valid current membership from HCP association or syndicate
- A letter of "no criminal register" from police department
- A CPD-Hour's completion certificate from the council that the HCP Profession is regulated.
- Payment of license renewal fees according to fees tariff established by MOH.

3.5.6 PROCESS OUTPUTS

The process outputs are the following:

1- A new license issued for 5 years. It is recommended, in addition to a paper certificate, to issue a certificate card.

2- A notice of license renewal cancellation, if the required information or documents of the incomplete request were not submitted within the time limit.

3.5.7 DATA

The main data input to the process is the "license renewal form", which consists of the following:

- HCP Identification: names, age, gender, ID information, address, and contact information.
- HCP Qualifications: academic certificates and professional training.

- CP Competences: technical classification, which is based on the technical knowledge, skills, and attitudes.
- Documents: ID copy, academic certificates, training certificates, criminal clearance, photos, a current license, CPD-Hours completed, and professional association membership.

3.5.8 HUMAN RESOURCES

The human resources available for operating this process at MOH's LPHID licensing section are five clerical staff, section head and section head assistant. Three clerical staff are already assigned to the new license request, the other two clerks are dedicated to non-Jordanian HCPs licensing service, since they need security clearance to practice in Jordan. The section head and the section head assistant are responsible for final review of license requests before sending them to the LPHID director for signing licenses.

The current human resources number and skill set cannot operate the online relicensing process, which requires online system management and administration skills and competencies. It is recommended to recruit two staff members to manage and operate the relicensing online system, as well as paper-based walk-in interim process. They should have the required skills and competencies, which will ensure the success of the system (as discussed in measures of success) and ensure continuity of system services.

3.5.9 CPD CONTENT

This process provides for a national database of re-licensed HPCs, where each relicensed HCP will have a file in the database. This process also serves as HCP registration in the system and establish an online account. HCP's account allows HCP to access his/her information for retrieval and updates and allows him/her to request services from CPD- Relicensing system and stakeholders. The national HPCs database consist s of all HCP practicing in Jordan and their CPD records, which lends itself to analysis and decision-making support.

3.5.10   HCPS ACCESS

The CPD-Relicensing system in general and this process in particular should allow HCPs' access to their records in the national HCPs database to update their information and update their CPD activities and completed hours, to comply with the bylaw 46:2018 and its instruction
i.e. instruction 1:2021.

3.5.11   PROCESS PROCEDURE

A. HCP:
1. Fill out License Renewal Form and attach the required documents.
2. Pay License Renewal Fees according to Fees Table per profession.
B. CPD-Relicensing System:
3. Retrieve HCP data from relevant national databases (i.e., HCP Licensing Database).
4. If the request's information and documents are not complete, notify the HCP to update request, wait for 1 week to receive the missing information and documents; if not received within 1

week, cancel the request and notify the HCP. Once the updated request is received proceed to next step (4).

5. If the request's information and documents are complete, store the request's information and documents (including fees payment receipt) in CPD-Relicensing Database (HCP File), pending approval, and send the request's form and documents to Licensing Section Head (LPHID, MOH) or Licensing Section Authorized Person.

C. Licensing Section Head (LPHID, MOH) or Licensing Section Authorized Person
6. Review the request's information and documents (including fees payment receipt).

7. If the request's information and documents are not complete according to standard requirements, notify the HCP to update the request, wait for 1 week to receive the missing information and documents; if not received within 1 week, cancel the request, and notify the HCP. Once the updated request is received proceed to next step (8).
8. If the request's information and documents are complete, approve the request, issue an HCP's Renewed License, add your initials to the license, and send to LPHID Director.

D. LPHID Director (delegated by minster of MOH to sign HCP Licenses)
9. Review the request's information and documents and sign HCP Renewed License. The system issues HCP Renewed License, update HCP data in CPD-Relicensing database, and notifies HCP of issuance of Renewed License.

3.5.12   PROCESS MAP

Annex 5 represents the To-Be process map of the relicensing process.

4.   TO-BE BUSINESS PROCESSES MANAGEMENT

4.1   BUSINESS OBJECTIVES

The business objectives of the To-Be business processes and the CPD-Relicensing system are the following:

1- Contribute to improving HCPs' competencies, by basing HCPs' relicensing on CPD requirements.
2- Improve the quality of health care services provided by licensed HCPs in Jordan.
3- Enhance completeness, timeliness, integrity and accuracy of data and records of To-Be processes and CPD-Relicensing system, which include CPD-Providers, HCPs, CPD-Activities on the national level.
4- Automating the process and thus reducing operational errors committed by stakeholders' personnel who are operating and administering the CPD-Relicensing system.
5- Increase HCPs' satisfaction of relicensing service by LPHID in MOH.

4.2   BUSINESS RISKS

The business risks associated with the To-Be business processes and CPD-Relicensing system include the following:

1- Indirect cause-effect relationship between the CPD-Relicensing system and the level of competence of HCPs and the quality of health care services provided by relicensed HCPs. This risk may undermine the effectiveness of the CPD-Relicensing system.
2- Records' completeness, timeliness, integrity and accuracy depend on the review and approval process steps performed by the owners of the To-Be business processes, the Authorized Persons and technical committees. Therefore, it depends on the competence, integrity and due diligence of Authorized Persons and technical committees performing these steps.
3- Although automation (online system) reduces errors committed by Authorized Persons and technical committees, its security, reliability, and un-interrupted operation are very important.
4- The satisfaction of HCPs depends on the convenience of the automated online system and its usability, which in turn depends on the design and construction of the system, design of user interfaces, and support and help from human operators whenever they need it.

4.3   KEY CONTROLS

The risks associated with the To-Be business processes and the CPD-Relicensing system can be mitigated using the following key controls:

1- Evaluating the effectiveness and extent of contribution of the To-Be business processes and CPD-Relicensing system on improving HCPs' competencies and quality of services, depends on the careful selection of key performance indicators (KPIs) and the effective management of monitoring and evaluation of CPD-Relicensing system, especially the data gathering and analysis methodology.

2- Periodical audits of the To-Be business processes and CPD-Relicensing system and its databases and records allow the identification of data issues related to completeness, timeliness, integrity and accuracy of data records. Therefore, it is recommended to develop and implement an auditing program for the To-Be business processes and CPD-Relicensing system.
3- The IT infrastructure deployed to host the online CPD-Relicensing system, including security, scalability and hardware redundancy contribute to the integrity and reliability of the system and its processes in serving HCPs and other stakeholders.
4- HCPs' satisfaction can be enhanced by good user interface design (user experience or usability) and providing a call center service.

4.4 MEASURES OF SUCCESS (KEY PERFORMANCE INDICATORS-KPIS)

The recommended measures of success for this process include the following:

1- Quality of Service (QoS): by conducting analytical field studies on the services provided to clients (patients) and the level of satisfaction of those clients, targeting relicensed HCPs after the second renewal of their licenses.
2- Number of non-compliance incidences in the audit reports for each period.
3- Number of annual out-of-service incidences of the CPD-Relicensing system and IT infrastructure.
4- Number of annual security breaches of the To-Be processes, CPD-Relicensing system, and IT infrastructure.
5- HCPs' satisfaction level with the services provided by To-Be business processes, CPD-Relicensing system, and its IT infrastructure.

4.5 IT-INFRASTRUCTURE

There are two alternative IT infrastructures that can host the system, which are the MODEE and MOH's infrastructure. It is recommended to use the MODEE infrastructure which facilitates integration and use of national databases for To-Be business processes data retrieval and exchange. It is also recommended to integrate the relicensing process with the existing licensing process once the licensing process is re-engineered and a process map and online system are developed.

4.6 COMMUNICATION

An online CPD-Relicensing system provides for communication among all stakeholders by posting regulatory information and their changes, posting CPD activities information and credits, and accredited CPD-Providers. In addition, the system provides a conduit or channel of communication with stakeholders and the health community in Jordan and abroad.

4.7 BUDGETS

It is recommended to include the CPD-Relicensing system budget in the stakeholders' annual budgets based on their ownership of the To-Be business processes. The budget components may include cost of human resources, hardware, software licenses, HR training and consumable material.

4.8 QUALITY CONTROL

Quality control of To-Be business processes can be implemented by developing an auditing program of the CPD-Relicensing system. In addition, the CPD-Relicensing system monitoring and evaluation program, once implemented, can contr ibute to quality control of the To-Be business processes and CPD-Relicensing system.