VII. LEGAL NOTICE NO. ....

THE MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGIST ACT
(Cap 253A)

THE MEDICAL LABORATORY TECHNICIANS AND TECHNOLOGISTS
(CONTINUING PROFESSIONAL DEVELOPMENT GUIDELINE)   REGULATIONS, 2024

ACRONYMS

AKMLSO	Association of Kenya Medical Laboratory Scientific Officers
CDC	Centres for Disease Control
CHAK	Christian Health Association of Kenya
CPD	CONTINUING Professional Development
CPD RF	CONTINUING Professional Development Results Framework
DOMC	Division of Malaria Control
DRH	Division of Reproductive Health
DSRS	Department of Standards and Regulatory Services
FBO	Faith Based Organizations
GCLP	Good Clinical Laboratory Practice
KEC	Kenya Episcopal Conference
KMLTTB	Kenya Medical Laboratory Technicians and Technologists Board

KMTC	Kenya Medical Training College
KNH	Kenyatta National Hospital
MLTT	Medical Laboratory Technicians and Technologists
MOH	Ministry of Health
NASCOP	National AIDS and STI Control Program
NGO	Non-Governmental Organization
PACE	Partnership for Advanced Clinical Education
TNA	Training Needs Assessment

GLOSSARY OF SELECTED TERMS

Board: Refers here to the Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB) established under CAP 253A of the Laws of Kenya.

Clients: Those individuals/institutions seeking services from the Board and provider.

Conference: A formal meeting for discussion.

Contact hour(s): Period of time in hours the practitioner spends in acquiring CPD points.

Continuing Professional Development (CPD): CPD is the systematic maintenance, improvement and broadening of knowledge and skills as well as development of personal qualities necessary for the execution of professional duties throughout the practitioners' working life.

CPD Points: These are scores attributed to a CPD activity.

Evaluation: This is the comparison of actual CPD program performance against the agreed program targets. It examines the CPD program objectives, processes and outcomes.

Module: A prescribed set of course units with a defined training period.

Monitoring: This is the process of systematic collection and analysis of information as the CPD program progresses. It is aimed at improving the efficiency and effectiveness of practitioners, providers and the regulator.

Practice: The carrying out or exercise of a profession; in this aspect, the laboratory profession.

Practitioner: A person actively engaged in a discipline or profession. This term refers to any individual registered to practice by the Board.

Provider: This is an institution or entity registered by the Board or any other organization recognized by the Board to provide CPD activities.

Seminar: A conference or meeting for discussion or training.

Symposium: A conference or meeting to discuss a particular subject.

Workshop: A training activity or forum designed for knowledge and/or skills   dissemination and information

1.0 OVERVIEW OF CPD REGULATIONS

1.1 Rationale for CPD Regulations

Continuing professional development (CPD) is key to ensure the medical laboratory practitioners improve their capabilities beyond the classroom qualification. This is anchored in MLTT Act Part II Number 5 (section 1 & 2) which provides for the establishment, power and functions of the Board and its connected purposes.

The CPD courses that the board recommends should reflect the current expectations within the medical laboratory profession as well as future ambitions. The renewal of the license for all registered practitioners shall be based on accrual of 50 CPD points per calendar year.

1.2 Purpose of CPD Regulations

To ensure ongoing professional development and enhance their knowledge, skills, and competence in order to deliver high-quality laboratory services and stay updated with advancements in the field.

1.3 CPD Principles

All CPD activities are based on the following principles:

 1.3.1   **Duration:** lifelong learning
 1.3.2   **Knowledge and competence-based:** CPD activities focus on enhancing professionals' knowledge and competencies.

1.3.3 **Integrated:** CPD programs combine various learning modalities to provide a comprehensive development plan.

1.3.4 **Evidence-based:** All CPD activities are grounded in scientific research and accepted standards.

1.3.5 **Need-based**: CPD programs are tailored to address the specific learning needs of professionals.

1.3.6 **Mentorship:** CPD includes opportunities for professionals to engage in meaningful mentorship relationships.

1.3.7 **Ownership:** be owned by the individual and be supported and facilitated by the employer

1.3.8 **Beneficiary:** benefit the service user

1.3.9 **Service delivery**: improve the quality-of-service delivery

1.3.10 **Impact**: be recorded and reflect the impact on the individual's practice.

1.3.11 **Scope:** balanced and relevant to the individual's scope of practice

1.4 CPD Goal and Objectives

1.4.1 **Goal:** To achieve a structured and well-facilitated CPD programme

1.4.2 **Objectives:**

1.4.3 To provide a framework through which the board will ensure running

of the CPD programme throughout the country

1.4.4 To provide minimum standards for CPD provision

1.4.5 To provide an avenue through which practitioners are able to achieve the minimum CPD points.

1.5 Communication Strategy for CPD Regulations and Feedback

Communication strategies shall be divided into two categories:

1.5.1 **Verbal communication**: this will be done through oral communication. Examples are video chats and face-to-face conversations.

1.5.2 **Written communication:** The interpretation or web pages to communicate. Examples of written communication are text, chats, and emails.

1.6 CPD Standards

The CPD Standards are:

A practitioner must maintain

1.6.1 A CONTINUING upto date accurate and reflective record of their CPD activities

1.6.2 Provide supporting evidence if requested

1.6.3 Demonstrate a mixture of learning activities /relevant future practices

1.6.4 A practitioner must seek to ensure that their CPD has benefited the quality of their practice and reflect upon this.

1.6.5 Practitioner must seek to ensure that their CPD has benefited the users of their work (employee, customer, student etc.) and reflect upon this.

A provider must maintain

1.6.6 Must have sufficient human and educational resources to manage, develop and evaluate KMLTTB approved CPD activities and provide support to practitioners.

1.6.7 Be able to identify a process to manage potential conflicts of interest without undue influence from external stakeholders.

1.6.8   Maintain and develop competencies of individual laboratory individuals essential for meeting the changing needs of patients and health service system responding to new challenges and scientific development.

1.7 Regulations for Allocation of CPD Points

Continuing professional development activities can be categorized into;

    1.7.1 Work-based learning – experiential learning, in-service training, secondment, supervision

    1.7.2 Professional activity – involvement in professional body, giving presentations at conferences, research and publications

    1.7.3 Formal/educational – writing articles/ papers, attending training courses, scientific meetings, gaining qualification (Certificate, diploma, BSc, MSc and PhD). Publishing professional book in medical laboratory sciences.

    1.7.4   Self-directed learning – reading journals, reviewing books/ articles, reflective practice

    1.7.5   Other – relevant transferable skills gained through participation in strategic projects and community work

Self-directed learning and others are only recognized as CPD activities where they are not part of routine work and evidence can be provided of additional skills gained.

The Board is mandated to ensure that all practitioners requiring licensure and retention in the register acquire a **minimum of 50 CPD points** per calendar year. The renewal of the practicing license shall be pegged on the attainment of these points.

Table 1 CPD activities and allocation of points

CPD Activity	Maximum Points	Description	Evidence
Conferences, Symposiums and work shops	5 points per day	A meeting or conference to discuss a topic, especially one where the participant is part of the audience and makes a presentation. Maximum for a single event is **30 Points.**	- Certificate - Attendance list - Online token Card - Conference or symposiums programme
Organizer/s facilitator/session chair/rapporteur for Conference, workshop, Symposiums	8 points per day	These are persons who provide assistance guidance or supervision during conference, workshops, Symposiums	- Certificate of participation - Attendance list - Online token Card - Conference or symposiums programme
Lectures/ Webinars,CMEs, case study discussions	3 points per activity	Attendance of a virtual/physical events /meetings that lasts a minimum of 45 minutes.	- Attendance list - Online token card
Grand rounds/ clinical meetings/ Journal clubs	3 points per activity	Meeting of medical lab professionals to discuss specific patient care. The meeting should last at least 30 minutes to qualify.	- Attendance list - Meeting minutes - Online token card
Presenters in conferences, symposia, lectures, grand rounds	8 points per session	A presenter is an individual who delivers a presentation not less than 20 minutes.	Presentation slides
Technical Working Groups, Special committees (not part of normal work)	5 points per session	Selected group of experts appointed to accomplish an assigned task to completion.	- Certificate/letter of completion - Attendance list - Appointment letter - Online token

Hands-on and interactive skills workshops	10 points per Activity. The trainers earn 20 points per activity.	Hands-on refers to active Interactive learning, often with technology. It implies active participation in a direct and practical way.	• Certificate/letter of completion • Attendance list • Online token Card
Short courses	20 points per course	1-6 months Courses with a curriculum offered by an accredited CPD provider or government agency.	• Certificate/letter of completion • Attendance list • Online token card
Peer review activity	5 points	When a medical laboratory specialist is invited by the Laboratory Medical Board to assess the credentials of another practitioner or assess files for purposes of a Board inquiry, or when a med lab specialist is appointed by the Board as an examiner.	• Board invitation • Peer reviewed article
Keynote speaker or guest lectures	10 points	An invited speaker in a conference, symposium or workshop who presents for at least 45 minutes and is the highlight of that particular activity.	• Certificate/letter of completion
Development of an online CPD course	10 points	Peer reviewed and accredited course that is uploaded onto the internet.	• Peer reviewed online course
CPD liason officers of an accredited provider	10 points	The liason officers should have shown exemplary performance throughout the calendar year. The CPD committee will have the discretion to accredit this.	• Appointment letter
Post-graduate courses	50 points	This includes masters and related fields, fellowships, diplomas and	● Proof of registration

		PhDs.	in the year and evidence of active • involvement • progress report
Author of peer reviewed publication, book, chapter/s	50 points	The main author of a peer reviewed journal.	• Publication
Co –author of a peer reviewed publication/ book, chapter/s	20 points	A collaborating author of a peer reviewed journal.	• Publication
Mentorship /coaching /students supervision	20 points	A person/s who guide their peers and students	• Appointment letter • Certificate
Innovation and patent	50 points	Coming up with a novel technology	• Registration certificate • Patent registration
Integrated outreach services	10 points	-services offered at the community level	• Certificate of participation • Online token
Participation in validation and verification of Medical laboratory reagents and equipment	10 points	Confirmation through the objective evidence that specifies requirements have been fulfilled	• Certificate/letter of completion • Appointment letter

1.8 CPD Content

The content of CPD will be in line with national and county health priorities as enshrined in the concept of universal health coverage (with reference to the situational analysis and emerging technologies) as well as with focus on KMLTTB core competencies and identified individuals training needs in order to ensure quality and safe laboratory practice. KMLTTB may also in any particular year prescribe CPD activities that are cross cadre.

1.9 CPD Activity Delivery Modes

To qualify for CPD hours, programs and activities can be delivered through diverse and adaptable formats that facilitate engagement with peers and educators. These eligible learning formats encompass lectures, group discussions, conferences, seminars, e-learning, demonstrations, workshops, audio presentations, video conferences, webcasts, and a combination of online and in-person elements (hybrid).

1.10 Non-CPD Activities

Non-CPD activities include but not limited to the following;

2.10.1 Class lectures

2.10.2 Routine ward rounds

2.10.3 Written assignments

2.10.4 Staff and administrative meetings

2.10.5 Tours or viewing of exhibits and technological demonstrations

2.10.6 Product promotional meetings

2.10.7 Holding a portfolio on the professional board

2.10.8 Routine benchwork

2.0 ROLES AND RESPONSIBILITIES

For effective CPD implementation, the Board, providers and practitioners shall be required to abide to their specified roles.

2.1 Roles and Responsibilities of KMITTB

The Board shall:

2.1.1 Approve CPD providers in line with the standards and policy Regulations.

2.1.2 Approve the CPD activities developed by the providers.

2.1.3 Approve and harmonize the CPD calendar of activities.

2.1.4 Oversee the CPD activities and award CPD points

2.1.5 Conduct quality audits on the provider CPD activities.

2.1.6 Develop and maintain a CPD activity database.

2.1.7 Review and approve applications for the renewal of the provider's annual license.

2.1.8 Institute sanctions for non-compliance in line with the defined rules and regulations.

2.1.9   Evaluate the impact of CPD activities on laboratory practice.

2.1 Roles and Responsibilities of CPD Providers

2.2.1 Conducting CPD Needs Assessment: Providers must demonstrate evidence of conducting a comprehensive needs assessment to inform the planning of CPD activities. This assessment can involve surveys, feedback from past participants, expert interviews, and analysis of relevant health statistics.

 2.2.2 Communicating Desired Learning Outcomes: Providers should clearly communicate the intended learning outcomes to the target audience before conducting the CPD activity.

2.2.3 Alignment with Needs Assessment: CPD learning objectives, content, methodology, learning materials, and evaluation should be derived from the findings of the needs assessment and approved by KMLTTB.

2.2.4 Effective Teaching and Learning Methodologies: Providers must select teaching and learning methodologies that are effective and efficient in achieving the stated learning objectives.

2.2.5   Expert Course Facilitators: The selection of course facilitators should be based on their expertise in the field, ensuring that they possess the necessary knowledge and skills to deliver high-quality CPD programs.

2.2.6 Adequate Teaching and Learning Resources: Providers should ensure that there are sufficient teaching and learning resources available to support the CPD program and activities.

2.2.7 Sufficient Time Allocation: Adequate time should be allocated for the   CPD activity to ensure effective delivery of the content and allow for meaningful engagement and interaction.

2.2.8 Promoting CPD Activities: All CPD activities should be actively advertised to increase participation and ensure that professionals are aware of the available development opportunities.

2.2.9 Standardized Evaluation: CPD activities should be evaluated using a standardized evaluation tool provided by KMLTTB, enabling consistent assessment of the effectiveness and impact of the activities.

2.2.10 Contribute to review and update of CPD activities

2.2.11 Ensure implementation/ provision of CPD activities

2.2.12 Put in place the requisite infrastructure for CPD service provision

2.2.13 Submit quarterly CPD reports to the Board or at such other interval as the board may prescribe

2.2.14 Ensure yearly renewal of accreditation as CPD provider by KMLTTB

2.2.15 They must keep a record of all CPD and participants

2.3 Roles and Responsibilities of Practitioners

The practitioner shall:

2.3.1   Create and manage an online CPD account as instructed by the Board.

2.3.2   Achieve the obligatory CPD points needed for license renewal.

2.3.3   Participate in designated CPD activities that are relevant to professional growth.

2.3.4   Verify and maintain up-to-date CPD points.

2.3.5   Maintain a record of completed CPD activities.

2.3.6   Offer feedback to providers regarding the quality of CPD activities.

2.3.7

3.0 REGULATIONS FOR CPD PROVIDERS

3.1 Requirements for Providers

Infrastructural investment

3.1.1 Buildings (conference facilities, presentation materials skills lab, electricity, computer labs, internet connection)

3.1.2   Ensure there are adequate teaching and learning resources to support CPD program and activities

Human Resource and Methodology

3.1.3   Technical expertise in thematic areas (surgical)

3.1.4   Ensure that CPD teaching and learning methodologies selected are effective and efficient in achieving the stated learning objectives.

3.1.5 Communicate desired learning outcomes to the target audience before the activity is conducted.

3.1.6   Conduct a CPD needs assessment and use the obtained data in planning the CPD activity. Data about needs can be obtained by conducting a survey of the target group of professionals, asking the opinion of past CPD participants, conducting key informant interviews with experts, and assessing existing and available health statistics.

Equipment

3.1.6   Ensure that CPD learning objectives, content, methodology, learning materials, and evaluation are informed by the needs assessment findings and approved by the Board.

Others

3.1.7   Verify and ensure regular update of CPD points.

3.1.8   Provide feedback to the providers on the quality of CPD activities.

3.1.9   All CPD activities should be evaluated using the standard evaluation tool provided by the Board.

3.1.10 ll CPD activities should be advertised to increase participation.

3.2   Registration Process for CPD Providers, should be:
3.2.1   Legally identifiable entity

3.2.2   Registered by KMLTTB as outlined in annex 8.2

3.3 Scope of CPD Providers

The Board recognizes that the CPD environment is dynamic and actors are many and varied. In conformity with the eligibility criteria, the scope of CPD providers shall include but not limited to the following:

3.3.1 Health facilities at national and county levels (public and private).

3.3.2 Training institutions (middle and tertiary institutions - public and private).

3.3.3 Medical Practitioners and other recognized professionals.

3.3.4 Faith based organizations.

3.3.5 Non-Governmental Organizations.

3.3.6 Donor agencies.

3.3.7 Professional associations.

3.3.8 Manufacturers and suppliers of equipment and reagents.

3.3.9 Research institutions.

3.3.10 Ministry of Health and related programs.

3.3.11 Development partners.

NOTE: The Board will provide special CPD provider license for institutions that do not regularly carry out CPD activities   but have an opportunity to Offer the same.

3.4 Penalties for Non-Compliance
Non conformity with the requirements provided in section **3.1 and 3.2** will constitute grounds for penalties for non-compliance:

The Board shall issue a letter of non-compliance to the provider indicating the period required to address the gaps. If at the end of the specified period the provider has not addressed the gaps, the Board shall issue a letter revoking prior approval and deregister the CPD provider or suspend the provider for a minimum period of one year but not exceeding two years.

3.5 Appeal Process

The Provider has the right to appeal if:

3.5.1 Not in agreement with the grounds for penalties for non-compliance as stated above in Section 4.0, Sub-Section Section 4.4.

3.5.2 Circumstances are beyond the providers control such as civil unrest, court cases, disasters, illness or death.

3.5.3 The Board recommends that a provider registration be withdrawn.

3.5.4 Prior information had been given to the Board indicating the reason as to why the provider was unable to comply with the requirements;

3.5.5 There are other reasons not outlined in the Regulations provided there is adequate proof.

A non-refundable fee as prescribed by the Board from time to time will be meted when a request of appeal is sought. The Provider will be required to fill out an appeal form (See Annex 8.3: CPD Provider Appeal Form), accompanied with the necessary evidence. Upon filing of the appeal, the Board will determine the hearing date within 14 working days.

4.0 REGULATIONS FOR CPD PARTICIPANTS

4.1 Requirements for Participants

Participants wishing to undertake CPD must adhere to the following requirements:

4.1.1 Be registered online in the CPD portal by the board.

4.1.2 Familiarize themselves with the KMLTTB CPD Regulations.

4.1.3 Ensure that the CPD provider is approved by the Board.

4.1.4 Maintain evidence of attendance to a CPD activity and/or have log book signed.

4.1.5 Participate in the evaluation of the CPD activity (See Annex 8.5: Participant Training Evaluation Form).
4.1.6. Comply with the minimum CPD requirements set by the Board.
4.1.7. Ensure renewal of practice license as required by the Board.

4.2 Penalties for Non-Compliance

The CPD program is an integral part of the laboratory practitioner's professional life. All practitioners have the responsibility to demonstrate accountability in the delivery of services that

safeguards the public. The Board will impose penalty for non-compliance if the practitioner does not adhere to stated requirements listed in Section 5, Sub-Section 5.1. Failure to comply will result in suspension from the retention register and cancellation of practicing license as stipulated in CAP 253A of the laws of Kenya.

4.3 Appeal Process

A practitioner may appeal against penalty on the following grounds:

4.3.1. If there is an error in CPD points allocation.

4.3.2. If the Board did not process duly-filled application forms.

4.3.3. If the eligibility of activity is disputed.

4.3.4. If the practitioner had earlier informed the Board the reason for his/her inability to adhere to the requirements and the Board found explanation acceptable and provided a time period to comply.

4.3.5. If the practitioner is deregistered or withdrawn.

4.3.6. If the practitioner is denied exemption.

4.3.7. Against a penalty or decision of a committee.

4.3.8. Other reason not outlined in these Regulations that the Board will be requested to deliberate on, provided the practitioner provides adequate proof.

4.4 Preparing an Appeal

A practitioner must ensure that they submit their appeal and all accompanying documentation within 30 days after communication of the penalty.

The practitioner should take note of the following:

4.4.1. Ensure that the Board has their updated records

4.4.2 All supporting documentation should accompany the appeal application form.

A non-refundable fee as prescribed by the Board from time to time will be meted when a request of appeal is sought. The practitioner will be required to fill out an appeal form (Annex 8.5: CPD Practitioner Appeal Form), accompanied with the necessary evidence. Upon filing of the appeal, the Board will determine the date of hearing within 14 working days.

4.5 Exemption Process Criteria

The practitioner shall be exempt from above stated penalties in Section 5, Sub-Section 5.2 due to the following   reasons:

4.5.1. Proof of illness for over 6 months.

4.5.2. Substantial reason, such as, special duty given by a higher authority.

4.5.3. Disciplinary or suspension issues taking a period of more than 6 months.

4.5.4. Practitioner is in enrolled in full time course work/college.

Exemption will be provided upon review of the evidence given.

5.0 CPD IMPLEMENTATION STRUCTURE

5.1 KMLTTB CPD Organogram

The CPD framework shall be implemented in line with the Ministry of Health devolution structure in order to ensure that CPD provision and regulation meet the wider National Health priorities of Improving quality laboratory service delivery through improved professional competencies and performance. The organogram carried below is illustrative of the structure:

5.2 CPD National Office Functions

The Key roles and functions of the national office will include the following:

5.2.1 Policy formulation.

5.2.2 Approval/accreditations of CPD programs and providers.

5.2.3 National coordination of CPD activities.

5.2.4 Selection of liaison officers to serve at county, sub county, national referral hospitals, research institutions NLTP and training institutions.

5.2.5 Formulation and development of CPD regulatory tools.

5.2.6 Monitoring and evaluation of CPD programs and Providers.

5.2.7 Selection and accreditation of CPD providers.

5.2.8 Training needs assessments.

5.2.9 Appraising CPD providers.

5.2.11 Advice education and registration committee of the Board on matters of CPD.

5.3 CPD County Office Functions

The key roles and function under the County tier will include:

    5.3.1 Policy implementation.

    5.3.2 Coordination of CPD at county level.

    5.3.3 Quarterly reporting.

    5.3.4 Liaison with the Board.

    5.3.5 Monitoring and evaluation at county level.

    5.3.6 Conduct CPD needs assessment at county level

    5.3.7 Provision of CPD activities.

    5.3.8 Propose CPD activities to the Board

    5.3.9 Ensure CPD activities meets Professional County training needs and priorities.

    5.3.10 In consultation with the counsel of the board it facilitates accreditation of CPD providers at the county level

5.4 Implementation Plan

5.4.1 Roll out of the CPD program

The Board, through the CPD department, will be responsible for the operationalization of the CPD program. The CPD Regulations will be disseminated to all counties and target all relevant stakeholders, especially the providers and practitioners. County liaison officers will be appointed for successful implementation of all CPD activities. This structure will be utilized to ensure the flow of feedback from national level to county level and vice versa. County related CPD activities will encompass coordination, supervision and monitoring.

5.4.2 Review process

The CPD Regulations shall be reviewed every three (3) years upon evaluation of the CPD program in order to assess performance, identify gaps and areas of improvement. Recommendations made will be based on the consensus of key stakeholders.

7.0 MONITORING AND EVALUATION OF CPD ACTIVITIES

The Monitoring and Evaluation (M&E) of the CPD activities and programs will be carried out at all levels of the implementation structure. The framework and the verifiable indicators to assess performance are outlined in the CPD Results Framework (RF) and the Monitoring and Evaluation plan carried here below. The overall outcomes of CPD provision in Kenya will be reviewed every **three years** through stakeholder engagement and participation.

Table 2: **The CPD Results Framework**

Goal: To provide minimum standards for CPD activities for registered medical laboratory practitioners and approved CPD providers to achieve quality services for all

Objectives	Activities/Performance Indicators	Means of verification	Critical Assumption
1. To provide a framework through which the board will ensure running of CPD programs throughout the country	**1.1 CPD Regulations formulation** 1.1.1 CPD Regulations in place **1.2 Establish national and county coordination offices** 1.2.1 Number of county offices in place **1.3 Registration and approval of CPD providers** 1.3.1 Number of registration application received 1.3.2 Notice sensitization 1.3.3 Minutes of sensitization meeting **1.4 Sensitization of CPD Regulations** 1.4.1 Number of topics/courses approved **1.5 Verification and approval of the topics/courses developed by CPD providers**	Appointment letters Terms of reference Workshop reports Copies of adverts/reports Minutes of sensitization meeting List of participants Feedback from stakeholders Practitioners logbook Provide returns Approval Reports KMLTTB Database	Full stakeholder's participation Availability of resources Conducive political environment Supportive legal framework
2. To provide minimum standards for CPD provision	**2.1 Conducting Training Needs Assessment (TNA)** 2.1.1 Number of Training Needs Assessments conducted **2.2 Conducting Post Training Follow Up** 2.1.1 Number of post training follow ups conducted **2.3 Hold Stakeholders Meeting** Number of stakeholder meetings held 2.4 **Review of CPD program implementation** CPD program implementation reviewed	Activity Reports KMLTTB Database Meeting Minutes	Full participation of the stakeholders Availability of resources Conducive Political Environment Supportive legal framework

| 3. To provide an avenue through which practitioners are able to achieve the minimum CPD points | **3.1 CPD guideline formulation**
3.1.1 CPD guideline in place
3.2 Establish national and county coordination offices
3.2.1 Number of county offices established
3.3 Strengthen partnerships for CPD delivery
3.3.1 Number of partners engaged
3.4 Monitor compliance during CPD implementation
3.4.1 Compliance during CPD implementation | CPD Policy Document
M&E Reports
Annual Reports | Presence of conducive political environment and goodwill

Availability of resources |

Table 3: Monitoring and Evaluation Plan

Activities	Results	Indicator	Target	Frequency of Reporting	Data Source
1. To provide a framework through which the board will ensure running.					
CPD Guideline formulation	CPD Guideline in place	Approve and disseminated CPD guideline		Once three years	KMLTTB stakeholder
Establish national regional coordination offices	Established offices	Number of national and county offices	1 per region	Bi-annually	KMLTTB data base
Sensitization on CPD Regulations	Sensitized and informed stakeholders	Number of sensitization meetings Number of newspaper adverts Number of stakeholders sensitized	10 sensitization meetings 2 national dailies 100 stakeholder institutions	Quarterly	Sensitization reports
Verification and approval of the topics/courses developed by CPD providers	Verified and approved topics/courses	Number of topics/courses approved		Quarterly	Providers reports

2. To provide minimum standards for CPD provision.					
Conducting training needs assessment	Training needs assessment conducted	Number of training needs assessment conducted	1 per year	Annually	Training needs assessment reports
Conducting post trainings follow up	Post training follow up conducted	Number of post training follow ups conducted	1 per year	Annually	Post training follow up reports
Review of CPD program implementation	Practicing licenses renewed based on CPD points	Number of practitioners issued with renewed licenses	6400	Annually	Stakeholders meeting report
Hold stakeholders meeting	Stakeholder meetings held	Number of stakeholder meetings held	1	Annually	Program review report
3. To provide an avenue through which practitioners are able to achieve the minimum CPD points.					
Policy formulation	CPD policy formulated.	Policy in place	1	Once	KMLTTB policy brief
Establish national and regional offices	National and county offices established	Number of regional offices established	10 regional offices	Annually	National and regional offices
Strengthen partnerships for CPD delivery	Strengthened partnerships for CPD delivery	Number of partners engaged	12(baseline 12)	Annually	KMLLTB records
Monitor compliance during CPD implementation	CPD compliance	Proportion of CPD providers compliant to the guideline	25 providers	Annually	M&E reports

6.0: **KMLTTB Core Thematic Areas**

THEMATIC AREAS OF THE CPD PROVIDER

NO	PROGRAM
1	Phlebotomy
2	Microscopy
3	Blood Transfusion Science
4	Clinical chemistry
5	Bacteriology
6	Parasitology
7	Virology
8	Immunology
9	Entomology
10	Hematology
11	Mycology
12	Histopathology and cytology
13	**Health Systems Management**
14	Molecular Techniques
15	Good Clinical Laboratory Practices (GCLP)
16	Quality Assurance/Quality control
17	Laboratory Information Management Systems
18	Bio-safety and Bio-Security
19	Quality Management Systems
20	Epidemiology and medical laboratory research
21	Risk Management
22	Infection Prevention and Control
23	Antimicrobial Resistance
24	Clinical Cytophology
25	Emerging and Re-emerging Infections
26	Accreditation of Medical Laboratories (ISO 15189-2022)
27	Health professionals Education
28	Medical Laboratory Reagents, Validation and Verification
29	Bio informatics and Genomics
30	Digital health
31	Health Economics
32	Gender and health
33	Critical Thinking and intellectual skills

| 34 | Point of care testing (POCT) and Self Testing |
| 35 | One Health |

36	Data science and Machine learning/ Artificial Intelligence application in medical laboratory sciences practice.
37	Negreted Tropical diseases
38	Counselling in relation to medical Laboratory sciences, specimen collection analysis, investigations and test results.
39	Pharmaco genetics
40	Effects of climate change in medical m sciences
41	Medical laboratory analysis and investigations in nutrition and dietetics practice
42	Disaster management
43	Occupation health and safety
44	Bio Risk Assessment