

**The Republic of the Union of Myanmar**  
**Myanmar Nurse and Midwife Council**  
**(MNMC)**



**The Guideline on**  
**Continuing Professional Development**  
**for Nurses and Midwives**

**2023**

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## Foreword

As we strive to provide quality nursing and midwifery care services to our patients, it is essential that nursing and midwifery professionals continue their learning journey beyond graduation. The ever-evolving landscape of healthcare, including emerging infectious diseases and cutting-edge digital technologies, demands that we stay informed and enhance our competencies.

The Myanmar Nurse and Midwife Council (MNMC), as the regulatory body for nurses and midwives, recognized this need and established the Continuing Professional Development (CPD) system through the Myanmar Nurse and Midwife Council Law enacted in 2015. The CPD system serves as a pathway to boost the skills and knowledge of nurses and midwives, directly tied to the renewal of their licenses.

Over the years, the MNMC has actively engaged in CPD awareness workshops for nurses and midwives. Despite the challenges posed by the COVID-19 pandemic, the MNMC resumed its CPD system development activities in 2023. The result of these efforts is the newly launched CPD guideline, which comprises five essential chapters:

- 1) **Introduction:** Setting the context for CPD and its significance.
- 2) **Role of MNMC in CPD:** Outlining the MNMC's responsibilities in implementing and overseeing the CPD system.
- 3) **The CPD System:** Details on how nurses and midwives can engage in continuous learning and professional development
- 4) **CPD and License Renewal:** Explaining the link between CPD participation and license renewal.
- 5) **CPD Roll-out Plan:** A roadmap for the successful implementation of CPD across the country

I firmly believe that this CPD guideline will empower our nurses and midwives, ensuring that they remain at the forefront of healthcare excellence. By investing in their ongoing development, we contribute to the well-being of our citizens and improve the standard of healthcare services in Myanmar.

Prof. Thet Khaing Win  
Union Minister  
Ministry of Health

## Acknowledgements

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Myanmar Nurse and Midwife Council gratefully acknowledges the Ministry of Health especially the Department of Human Resources for Health, Department of Medical Services and Department of Public Health including the International Relations Division, Minister's office for the guidance and support provided to the CPD system development. MNMC also appreciates the guideline development working committee for their generous contribution and providing invaluable ideas. We would like to thank to the WHO international consultant, Dr. Prakin Suchaxaya, and national consultants Dr. Hla Hla Aye and Daw Nan Nan Aung for their facilitation and contribution of their expertise throughout the guideline development process. MNMC expresses sincere thanks to the World Health Organization, Country Office for Myanmar for continue support to nursing and midwifery development in particular the technical and financial support in organizing the CPD workshops and printing the guideline to make it available for nurses and midwives of Myanmar.



Daw Nwe Nwe Khin  
President  
Myanmar Nurse and Midwife Council

## Abbreviations

AJCCN	ASEAN Joint Coordinating Committee for Nursing
ASEAN	Association of Southeast Asian Nations
CEC	Central Executive Committee
CNE	Continuing Nursing Education
CPD	Continuing Professional Development
ICN	International Council of Nurses
LHV	Lady Health Visitor
MNMC	Myanmar Nurse and Midwife Council
MNMA	Myanmar Nurse and Midwife Association
NQF	National Qualification Framework
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
WCO	World Health Organization Country Office for Myanmar
WHO	World Health Organization

## Glossary

**Continuing Nursing Education (CNE)** is the professional development activities which provide update information related to patient care, nursing sciences, and teaching learning methodologies. The CNE may reflect care procedures, sharing updates by those who attended the training, or sharing specialized care in various nursing contexts. CNE is a part of CPD.

**Continuing Professional Development (CPD)** for Myanmar nurses and midwives is defined as the personal and professional development activities or programs that help to create learning of professionals after initial graduation. The CPD provides up-to-date knowledge and skills for nurses and midwives to ensure the care provision within the scope of nursing and midwifery practice stipulated in the Myanmar Nurse and Midwife Council Law and ensures patient safety.

**Continuing Professional Development System** is a structured component and process in defining, recognizing, documenting, operating, and recording CPD activities/programs and monitoring and evaluating the output, outcome, and impact of the continuing professional development.

**Continuing Professional Development Activities** refer to various activities that enhance learning and competencies. They may include training, workshops, conferences, seminars, formal education, teaching research, self-directed learning, and other academic activities that are designed to meet the needs of nurses and midwives, the nursing and midwifery profession, health service system, health needs of patients/clients or community and national health policy.

**Continuing Professional Development program** is a personal and professional development program which includes series of activities with common goals or objectives.



**Continuing Professional Development Providers** are educational institutions, hospitals, health professional organizations, individual nursing or midwifery experts, and other health-related parties (public, private, non-profit, or profit) who are registered and granted approval by MNMC to organize CPD programs and activities.

**Lady Health Visitors (LHVs)** are the senior midwives who attained LHV positions after completing six months LHV training.

**A supervisor** is a nursing or midwifery personnel who oversees the nurse's or midwife's performance. The supervisor takes responsibility for verifying the CPD activities of nurses and midwives after checking the evidence of attendance/engagement.

## Executive Summary

The quality of nursing and midwifery care depends on the competency of individual nurse and midwife. Continuing professional development (CPD), a range of purposeful learning activities is essential for nurses and midwives to meet the health needs of today. CPD, both formal and informal helps to create learning to advance knowledge and skills and maintain competencies to improve their performance and personal growth. Myanmar Nurse and Midwife Council (MNMC) recognizes the need for nurses and midwives to participate in CPD for health system strengthening. CPD is stated in the Nurse and Midwife Council Law, 2015, and is mandatory. Nurses and midwives are required to earn 20 CPD points to renew their license to practice every two years. In order to facilitate the CPD process implementation, in 2023 MNMC developed “the Guideline on Continuing Professional Development for Myanmar Nurses and Midwives” based on the socioeconomic service system of Myanmar, the CPD experiences of other countries, literature review, and ideas and experiences of the nurse-midwife working group, stakeholders and consultants. It is aimed to provide CPD information, the system, and process and facilitate the CPD system implementation and license renewal.

The Guideline is organized into 5 chapters. It provides the background, definition, importance, and benefits of CPD; describes the role of MNMC and related committees and sub-committees in CPD development and implementation and the CPD system; and identifies the use of CPD points for license renewal and a 5-year CPD roll-out plan. Resource constraints, time-limited, inadequate CPD activities, and uneven accessibility to CPD activities are some of the CPD challenges or barriers that MNMC has to resolve. The professional legal framework/law/regulation on CPD, the strong leadership and determination of MNMC and collaboration among involved parties are key success factors for CPD implementation and sustainability.



## Chapter 1: INTRODUCTION

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### 1.1 Background

Achieving Universal Health Coverage (UHC) is the global effort to ensure that everyone has access to a full range of quality health services they need, when and where they need them, without financial hardship. The delivery of full continuum of essential health services from health promotion, treatment, rehabilitation, and palliative care across life course requires health care workers with optimal skills mix at all levels of the health care system (World Health Organization, 2023). Nurses and midwives are critical players in achieving UHC and Sustainable Development Goals (SDGs) by 2030 in particular Goal 3 on ensuring healthy lives and promote well-being for All and at all ages. Nurses and midwives constitute a majority of health workforce. They are approximately 59% of global health workforce (World Health Organization, 2020)

In Myanmar, nurses and midwives are the members of health care team in providing health service to the people of Myanmar. Competent nurses and midwives can provide quality services for better health of the community. Their practices are regulated by the Myanmar Nurse and Midwife Council (MNMC) which was established in 1922 by the Midwife and Nurse Act. The first amendment of the Midwife and Nurse Act was enacted in 1990 as the Nurse and Midwife Law. In 2015, in order to align with the health care needs of the country, MNMC amended the law and changed the name to Myanmar Nurse and Midwife Council Law (MNMC Law) with the focus on strengthening the MNMC functions in the areas of professional education and practice. As a consequence, the quality assurance system and accreditation of nursing and midwifery education programs was launched in 2018 to ensure quality of pre-service nursing and midwifery education. According to the MNMC Law, 2015, Section 14, Article (G) Continuing Professional Development (CPD) is stated as a mechanism to enhance the nursing and midwifery competencies throughout their professional career and the CPD is mandatory for the renewal of professional nursing and midwifery license. The use of CPD points for license renewal is the sound evidence which is planned to replace the supervisors' recommendation on the fit for practice that was used as an evidence for license renewal for two decades.

The initial work of MNMC on the CPD began in 2019 by organizing two workshops focusing on raising awareness and understanding of the nurses and midwives on CPD. The “Workshop on CPD for Midwife” was conducted with twenty midwives from different States and Regions of Myanmar and the “Workshop on CPD for Nurses” was conducted with twenty nursing Superintendents from all States and Regions of the Union of Myanmar.

Furthermore, as a member of the Association of Southeast Asian Nations (ASEAN), MNMC has participated in the meetings of the ASEAN Joint Coordinating Committee for Nursing (AJCCN). Every country realizes the importance of CPD on health workforce development and health service system strengthening. In the AJCCN work plan 2016 – 2025, sharing the best practices of the CPD system among the ASEAN countries is identified as an activity for implementing Mutual Recognition Arrangement (MRA). It was found that countries in ASEAN are in different stages of CPD system development. A country like Thailand uses the word continuing nursing education instead of CPD and it is mandatory for license renewal every five years. MNMC shared the experiences in initiating CPD system for Myanmar nurses and midwives at the 28th AJCCN meeting in 2019 in Brunei Darussalam and recently updated the progress made in CPD system and the CPD Guideline development at the AJCCN meeting in November 2023 in Brunei Darussalam.

Ensuring the quality, and effectiveness of CPD system for Myanmar nurses and midwives, MNMC studied the regional experiences of CPD system and lessons learned to create a contextualized CPD guideline for Myanmar. When the COVID-19 pandemic affected Myanmar, the development of the CPD guideline was suspended. The work was resumed in 2022 with the study visits to the Philippines and Malaysia by MNMC President and two Central Executive Committee members. MNMC then continued efforts in developing the CPD guideline to provide essential information on CPD and CPD system and facilitate the CPD system implementation for nursing and midwifery professionals. In October 2023, MNMC formed the working committee consisting of nurses, midwives and lady health visitors who commit and have working experience in

different levels of health care system to work with the national and international consultants recruited by the World Health Organization, Country Office for Myanmar. The draft CPD guideline was further reviewed and agreed upon in the Stakeholder Meeting focusing on CPD importance and benefits, the role of MNMC on CPD, the CPD system, the use of CPD for license renewal and the roll-out plan. The CPD guideline was launched by the President of the MNMC on the 30th of November 2023 at the COVID-19 Command Centre, Ministry of Health, Naypyitaw. The launching ceremony was witnessed by more than 400 delegates including senior officials from Ministry of Health and Ministry of Defense, representatives from health professional councils and associations, public and private hospital directors and administrators, nurses, midwives from the States and Regional hospitals, and nursing and midwifery educational institutions.

## **1.2 Definition of CPD**

Continuing Professional Development (CPD) refers to any type of learning which increases knowledge, understanding and experiences of a subject area or role. CPD is an ongoing education and competency development of healthcare professionals beyond their initial training to fill the knowledge or capability gaps, update and advance their knowledge and skills. Continuing professional development for Myanmar nurses and midwives is defined as the professional and personal development activities or programs that help to create learning of professionals after their initial graduation. The CPD provides up-to-date knowledge and skills for nurses and midwives to perform the quality and safety of care or function within the scope of nursing and midwifery practice stipulated in the Nurse and Midwife Council Law.

## **1.3 Principles of CPD**

The principles of continuing professional development are designed to guide individuals, supervisors and organizations to create the culture of lifelong learning and continuous quality improvement. The principles are as follows:

- 1) CPD is a continuing process grounded on the self-directed and lifelong learning, formal or informal, to refresh and update knowledge and skills for effective function and personal growth.
- 2) CPD is individual responsibility and if a person works it is shared responsibility between an individual and supervisor.
- 3) CPD is organized based on adult learning principle.
- 4) CPD is a key mechanism for human resource development that organization must invest, support and or provide to meet the changing health care system and organization policy and directions but also take into consideration of individual's right to select CPD activities to meet own needs.
- 5) CPD activities should be relevant to the context of nursing and midwifery practice or working environment and have benefits.
- 6) All nurses and midwives regardless of position, type of work place, work place location must have opportunity to access to CPD activities.
- 7) In Myanmar, CPD is mandatory for nurses and midwives.
- 8) CPD activities taken should be recorded and performance after learning should be monitored and assessed its impact.

#### **1.4 Importance of CPD**

Health professionals need to remain competent, confident, and compassionate throughout their career to improve patient care and health outcomes. They cannot remain competent for more than a few years after graduation without active learning and practice, thus, a system of lifelong learning has to be supported (WHO, 2010). CPD is stated by the International Council of Nurses (ICN) as a mechanism for workforce development, international integration and the recruitment and retention of nurses. In the ICN new charter launched on Nurses' Day in May 2023 highlighted the importance to invest, scale up and transform of nursing education programs to meet the current and future health needs of the population. This includes investment in continuing education.

Continuing professional development supports Myanmar nurses and midwives in executing their professional duties independently with sound knowledge, skills, self esteem and confidence in the role. Through CPD programs, nurses and midwives are able to improve and develop their competencies, deal with new complex situations, become more creative in tackling new challenges, make better decisions and able to generate new techniques for delivering effective, quality and safe care. CPD creates the trust of the public in the health care delivery system or organization for having competent nurses and midwives. With the CPD system, SDG goal 3 on good health and well-being of all people of Myanmar in all ages can be materialized. In addition, the CPD system supports transnational professional development activities in implementing Mutual Recognition Arrangement (MRA) among countries in ASEAN.

### **1.5 Benefits of CPD**

The CPD of Myanmar nurses and midwives brings benefits to individual nurse or midwife, healthcare institutions, country's health system, regional and international healthcare environment. The benefits of CPD are as follows:

- 1) opportunities to acquire new nursing and midwifery related knowledge and skills,
- 2) cultivating life-long learning for personal and professional development,
- 3) being confident to perform within their scope of practice autonomously,
- 4) enhancing the ability to provide optimal care to the patients,
- 5) building innovations and chances for sharing experiences to colleagues,
- 6) gaining confidence in their role and developing more positive attitudes towards self and work,
- 7) creating networking and strengthening interprofessional relationships,
- 8) ability to create the decent working environment thereby increasing job satisfaction and retention.



Furthermore, the CPD helps professionals fulfill the demands of professional organizations. For example, CPD activities provide evidence of learning for renewal of nursing and midwifery practicing licenses. At the organizational level, the CPD supports the recruitment, retentions and engagement of professional workforce and improves health outcomes through quality care services. At the national level, the CPD ensures safe and quality practice for the public and strengthens Myanmar health system. At the international level, the CPD supports the mobility mechanism of health professionals in delivering the healthcare needs of the region.

## **1.6 Objectives of the CPD Guideline**

The guideline on continuing professional development for Myanmar nurses and midwives is aimed to explain about the CPD, the CPD system as well as the use of CPD points for renewal license for nurses and midwives, LHV, their supervisors, the CPD providers and MNMC Central Executive Committee and Standard Committee and others who involve in CPD of nurses and midwives. The objectives of the guideline are as follows:

- 1) To define the CPD for Myanmar nurses and midwives, its principles, importance and benefits.
- 2) To describe the CPD system on the following components:
  - a) roles and responsibilities of the Myanmar Nurse and Midwife Council/Central Executive Committee and the Standard Committee on CPD,
  - b) the criteria and responsibilities of CPD providers and the application process,
  - c) the responsibilities of nurses and midwives and their supervisors in CPD mechanism,
  - d) the CPD activities and CPD points given for each activity,
  - e) the monitoring and evaluation process of the CPD system and
  - f) the fees.
- 3) To apprise the use of CPD points for renewal of license.

## Chapter 2: ROLE OF MYANMAR NURSE AND MIDWIFE COUNCIL IN CPD

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Myanmar Nurse and Midwife Council serves as the national organization in establishing, monitoring and evaluation of the continuing professional development (CPD) system for nurses and midwives in Myanmar. This chapter describes the role of MNMC and the Standard Committee and sub-committees in CPD policy formulation, recognizing CPD provider, activities and points, monitoring and evaluation as well as networking and communication.

### 2.1 Organogram of the CPD Work

The Central Executive Committee of MNMC oversees the overall CPD policy, strategies, plan, system development and implementation and monitoring and evaluation. The Standard Committee under CEC MNMC has the roles and responsibilities to govern nursing and midwifery professional standards of education and practice including the regulation of CPD system. In order to support the CPD work of the Standard Committee, there are three sub-committees, namely, the education, evaluation and networking sub-committees. The organogram of CPD work is shown in Figure 2.1.

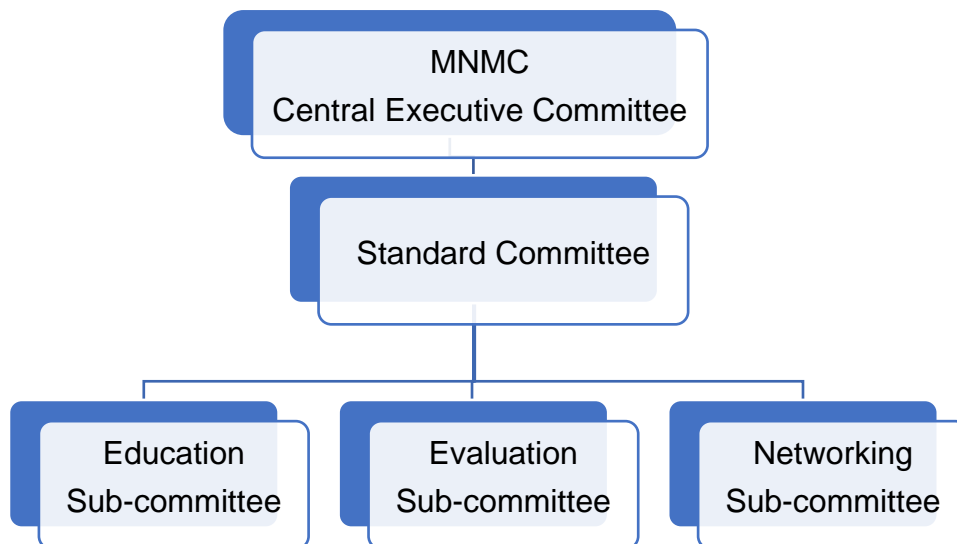


Figure 2.1 The Organogram of the CPD Work

## **2.2 Myanmar Nurse and Midwife Council**

The Myanmar Nurse and Midwife Council (MNMC) is the body that regulates the education and practice of nursing and midwifery professions. MNMC was established in 1922 by the Midwife and Nurse Act and later the Act was amended and changed to Nurse and Midwife Law in 1990 and Nurse and Midwife Council Law in 2015. Starting from 2018, MNMC reconstitutes with 60 elected members, including the Central Executive Committee (CEC). The CEC is responsible for the overall functions of MNMC consisting of 15 members including the president, vice president, secretary, and joint secretary. The objectives, authorities and responsibilities of MNMC as prescribed in MNMC Law 2015 are as follows:

### **2.2.1 Objectives of MNMC**

- 1) Regulate the practice of registered nurses and registered midwives according to the professional code of ethics.
- 2) Promote the professional dignity of nurses and midwives.
- 3) Provide necessary suggestions to the Ministry of Health for effective implementation of primary health care.
- 4) Raise the standards of nursing or midwifery profession and practices, and
- 5) Promote education, service, research and career advancement in nursing and midwifery profession.

### **2.2.2 Authorities & Responsibilities of MNMC**

- 1) Register and issue of licenses for nurses, midwives, and nurse-midwives.
- 2) Suspend or revoke a nursing, midwifery, or nurse-midwifery license.
- 3) Approve and recommend the nursing, midwifery or nursing-midwifery curriculum and education program.
- 4) Accredite academic institutions and education programs to reach the international level.
- 5) Scrutinize and accept the nursing and midwifery profession, and
- 6) Urge to conduct continuing nursing and midwife education to enhance competencies of nurses, midwives and nurse-midwives.

The MNMC has appointed various committees to implement MNMC authorities and responsibilities to meet the organization objectives. The committees include the

Standard Committee, the Accreditation Committee, the Ethical Committee, the Assessment Committee, the Supervisory Committee, the Continuing Nursing Education Committee and the Communication & International Relations Committee. According to the MNMC Law 2015, the MNMC has the objectives, authorities and responsibilities to raise the standard of practice and promote the advancement in nursing and midwifery profession and competencies of nurses and midwives. CPD is used as a mechanism to facilitate the development of nurses and midwives and MNMC has also made CPD mandatory for renewal practice license every two years.

## **2.3 The Standard Committee and Sub-committees**

The Standard Committee is composed of nine members including the chairperson. The responsibilities of the Standard Committee (MNMC Procedure Law, 2017) are as follows.

### **2.3.1 Responsibilities of the Standard Committee**

- 1) Identify and recognize the state of the art of nursing and midwifery knowledge and skills.
- 2) Evaluate the nursing and midwifery practice in line with professional standards periodically and provide necessary advice.
- 3) Coordinate and collaborate with local and international organizations for advancing nursing and midwifery education.
- 4) Take responsibility for continuing professional development of nursing and midwifery professionals including development and revising of CPD guideline, assigning CPD points, verifying and recognizing the CPD providers, recording the CPD points, monitoring and evaluating CPD activities, defining fee rates, reviewing evidence of fit for practice provided by supervisors, and communication with nurses, midwives, supervisors, and CPD providers. Submit the decision on CPD related work to MNMC CEC for final approval.
- 6) Coordinate with other committees/departments under MNMC to facilitate the MNMC regulatory function.
- 7) Take other responsibilities assigned by MNMC when needed, and

- 8) Document the Standard Committee's activities and report to MNMC CEC regularly, and in the MNMC annual meeting.

### **2.3.2 Responsibilities of the Standard Sub Committees**

Under the Standard Committee there are three sub-committees. Each sub-committee is composed of three persons: 1 chairperson and 2 members. The responsibilities of each sub-committee are as follows:

#### **2.3.2.1 Responsibilities of the Education Sub-committee**

- 1) Develop and revise the CPD guideline and other documents.
- 2) Recognize the CPD providers (institution/ individual).
- 3) Review the CPD program or course regarding learning objectives, contents, teaching methods, teaching-learning aids, duration, methods of assessment and tools.
- 4) Review the suggested CPD points of the CPD activity by the CPD provider.
- 5) Submit the document with review results to the Standard Committee for confirming and MNMC CEC for approval.

#### **2.3.2.2 Responsibilities of the Evaluation Sub-committee**

- 1) Lead the process of verification of CPD points submitted by nurses and midwives.
- 2) Review the registration of CPD providers, trainers, and selection of participants for evaluation purpose.
- 3) Evaluate the categories of CPD programs, and percentage of CPD points attained for renewal of license. Submit the findings for further discussion when needed.
- 4) Review the supervisor verification on CPD activities log and provide feedback.
- 5) Develop strategies for implementing the CPD system.
- 6) Develop strategies for monitoring and evaluation of the CPD providers, CPD activities and CPD system including quality assurance of the CPD system.

### **2.3.2.3 Responsibilities of the Networking Sub-committee**

- 1) Register the applications of CPD provider and CPD activities log of nurses and midwives and forward to the education and evaluation sub-committees.
- 2) Forward the CPD log of nurses and midwives verified by supervisors to the evaluation sub-committee.
- 3) Collaborate with the education and the evaluation sub-committees in the implementation of CPD system.
- 4) Develop communication strategies. Communicate and make information available for nurses and midwives, CPD providers and public.

In conclusion, the MNMC CEC has set the continuing professional development policy, strategies, plan and system for Myanmar nurses and midwives and delegated the CPD implementation to the Standard Committee and three sub-committees. MNMC CEC oversees the overall CPD work and its implementation, provides support and guidance to the Standard Committee and makes final decision.

## Chapter 3: THE CPD SYSTEM

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Continuing professional development system is a structure, components and process in defining, recognizing, documenting, operating, and recording CPD activities/programs, and monitoring and evaluating the output, outcome and impact of the continuing professional development. The system components consist of the CPD governance; the CPD providers; CPD types and points; roles and responsibilities of nurses, midwives and supervisors; resources; monitoring and evaluation; and CPD recording and database.

### 3.1 CPD Governance

The MNMC is a statutory or legal organization in regulating nursing and midwifery professionals, education and practice. It also serves as a national organization in defining the policy and strategies on CPD and governing the CPD system for Myanmar nurses and midwives. In the Myanmar Nurse and Midwife Law, 2015, it is clearly stated that CPD is mandatory for all nurses and midwives. According to decision of Stakeholders meeting in 2023, 20 CPD points are required for renewal of practice license every two years. In addition, MNMC has designed organizational structure for CPD implementation by delegating the CPD work to the Standard Committee and three sub-committees on education, evaluation and networking. MNMC has a process or mechanism to recognize the CPD provider (institution or individual) and CPD activity/program to ensure that CPD benefits nurses and midwives as well as organization, profession and health of the community.

The effective triad of MNMC or MNMC CEC, CPD providers and supervisors leads to competent nurses and midwives for health care service and improves nursing and midwifery education systems. The nurse and midwife are responsible for their learning to maintain their competencies or have up-to-date knowledge and skills that fit for practice. With this aim, nurses and midwives are encouraged to undertake various types of CPD activities/programs from recognized CPD providers with the guidance of supervisors and their own needs. The supervisors support lifelong learning of nurses and midwives and verify their efforts on CPD activities. The CPD points gained and CPD

activities log are recorded by nurses and midwives, verified by the supervisors and reviewed and approved by MNMC. The evidence of continuing learning of nursing and midwifery professionals or 20 points of CPD are used for the re-licensure cycle every two years. Figure 3.1 illustrates triad relationship of MNMC, CPD providers, and supervisors in maintaining and improving competencies of nurse/midwife and Figure 3.2 shows the governance and mechanism of the CPD system.

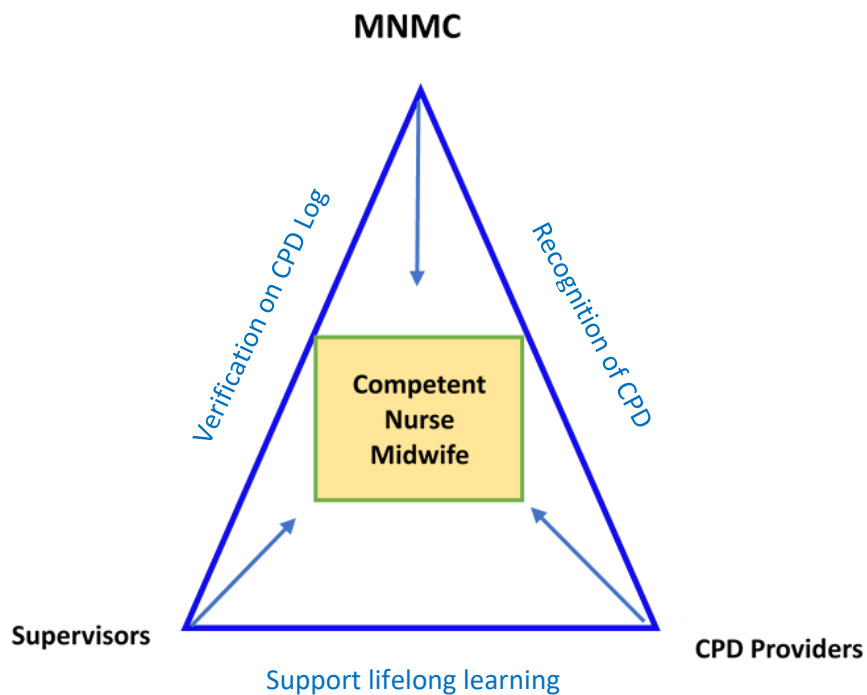


Figure 3.1 Triad Relationship and Competent Nurses and Midwives

**Notes:**

- If the work station does not have the nurse/ midwife supervisor, the line manager or immediate supervisor witness CPD activities engagement can verify CPD activities and submit the verification with the CPD log for license renewal.
- In case the nurse or midwife could not manage to attain the required CPD points at the time of license renewal, the Standard Committee liaise with Continuing Nursing Education Committee to create opportunity for that particular nurse or midwife in attending the CPD activities to achieve the necessary CPD points.
- For the practice of foreign nurses or midwives in Myanmar, the evidence of fit for practice (the valid license) from their country of origin must be submitted to MNMC when applying for the temporary (limited duration) license.



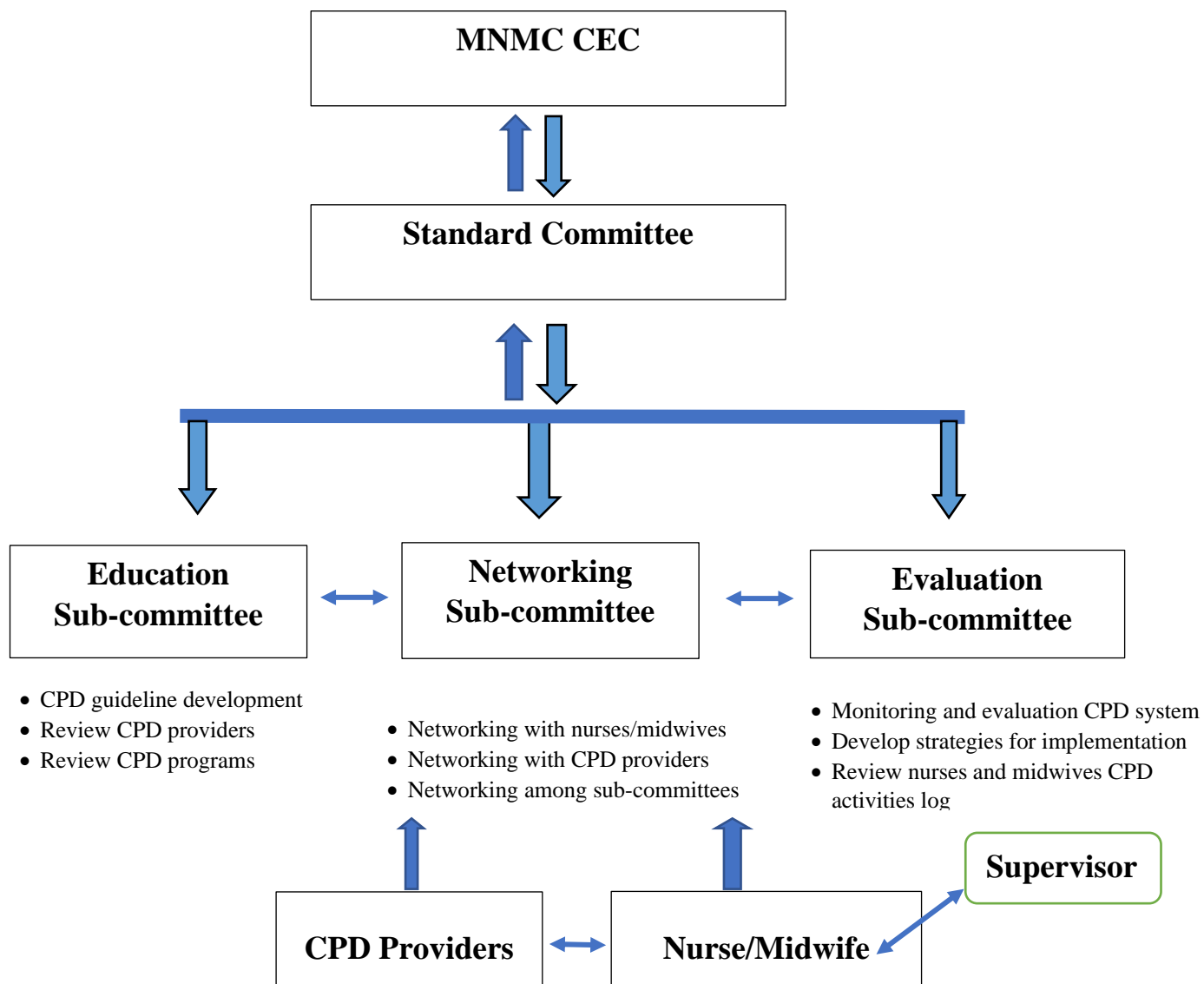


Figure 3.2 Governance and Mechanism of CPD System

### 3.2 CPD Provider

The CPD provider is a critical component of the CPD system in transferring the knowledge and skills. The Commonwealth Nurses and Midwives Federation considers that the provision of CPD is a shared responsibility between the individual nurse or midwife and professional regulatory bodies, professional associations, employers and government. Nursing universities/ schools, midwifery schools, hospitals, professional associations, specialty nursing groups, health-related organizations, a for-profit company or individual nurse or midwife can apply to be a CPD provider. The organization/institution/individual expert who are interested to be recognized as CPD

provider must register at the MNMC with a complete CPD provider application form (Annex 2), supporting documents and registration fees as indicated by MNMC (Table 3.3) at least 45 days before the starting date of the CPD activity.

**Information required for potential CPD providers in the application form includes the following:**

1. Name of the organization/institution
2. Brief description of the organization/institution
3. Title of the CPD course/activity offered
4. Course design: Learning objectives, total duration, contents, teaching learning methodology, teaching aids and method of assessment and tool.
5. Name and affiliation of the main trainers/ facilitators/ speakers
6. Tentative dates/month (list all planned courses to be offered in the next two years)
7. Logistics (Human resources, learning resources, infrastructure, source of funding & amount)
8. Selection criteria for participants and number of participants
9. Method for participant evaluation
10. Suggested CPD points

**Supporting Documents**

1. Curriculum Vitae of the trainer/ presenter focusing on relevant and appropriate qualifications and experience
2. Certificates of Education Qualification of the providers (presenters)
3. CPD program schedule offered by the institution in the current and upcoming year
4. A sample certificate for attendance
5. A sample of feedback/evaluation form where applicable
6. Proof of valid organization register with the relevant authority
7. CPD provider registration number
8. Proof of payment for CPD provider registration fee

The Standard Committee, MNMC reviews and assesses the capability of the applicant for CPD provider and the appropriateness and usefulness of the activity or

program. After the potential CPD provider and the activity or program are recognized, the CPD provider announces CPD program and recruits the participants. At the end of the CPD program, the CPD provider should submit the list of attendees with points earned and attendance fees, if any, to MNMC. The approved CPD activity or program is valid for two years. The process of applying for recognition as CPD provider for nursing and midwifery professionals is presented in Figure 3.3.

### **3.2.1 Recognized CPD Provider**

The criteria of recognized CPD provider is as follows:

1. Have proof of MNMC approval to offer a CPD activity/program
2. Have the capacity and capability to offer nursing/ midwifery-related CPD activities/events/program
3. Hold a minimum of level 6 Myanmar national qualifications framework (NQF)
4. Key trainers hold valid nurse/midwife license or relevant license
5. Key trainers are qualified and have good understanding of the professional context. e.g., nurse must be involved in the planning, implementation, and evaluation of each CPD activity for nurses, similar qualification applies to midwives.

### **3.2.2 Responsibilities of CPD provider**

1. Read and comply with the MNMC CPD guideline.
2. Develop CPD course, contents with learning objectives, teaching-learning methodology, teaching aids and assessment method.
3. Perform post assessment of attendees and ask for their feedback.
4. Plan yearly schedules of the CPD program.
5. Nominate the person as CPD organizer representative
6. Confirm with the MNMC or Networking sub-committee prior to the start of the CPD activity.
7. Have the responsibilities for advertising and logging CPD sessions.
8. Identify CPD activity fee, if any.
9. Record CPD points for each attendee after the activity is complete.
10. Conduct self-evaluation of the CPD activities for improvement, and
11. Contact MNMC for any questions regarding CPD process.

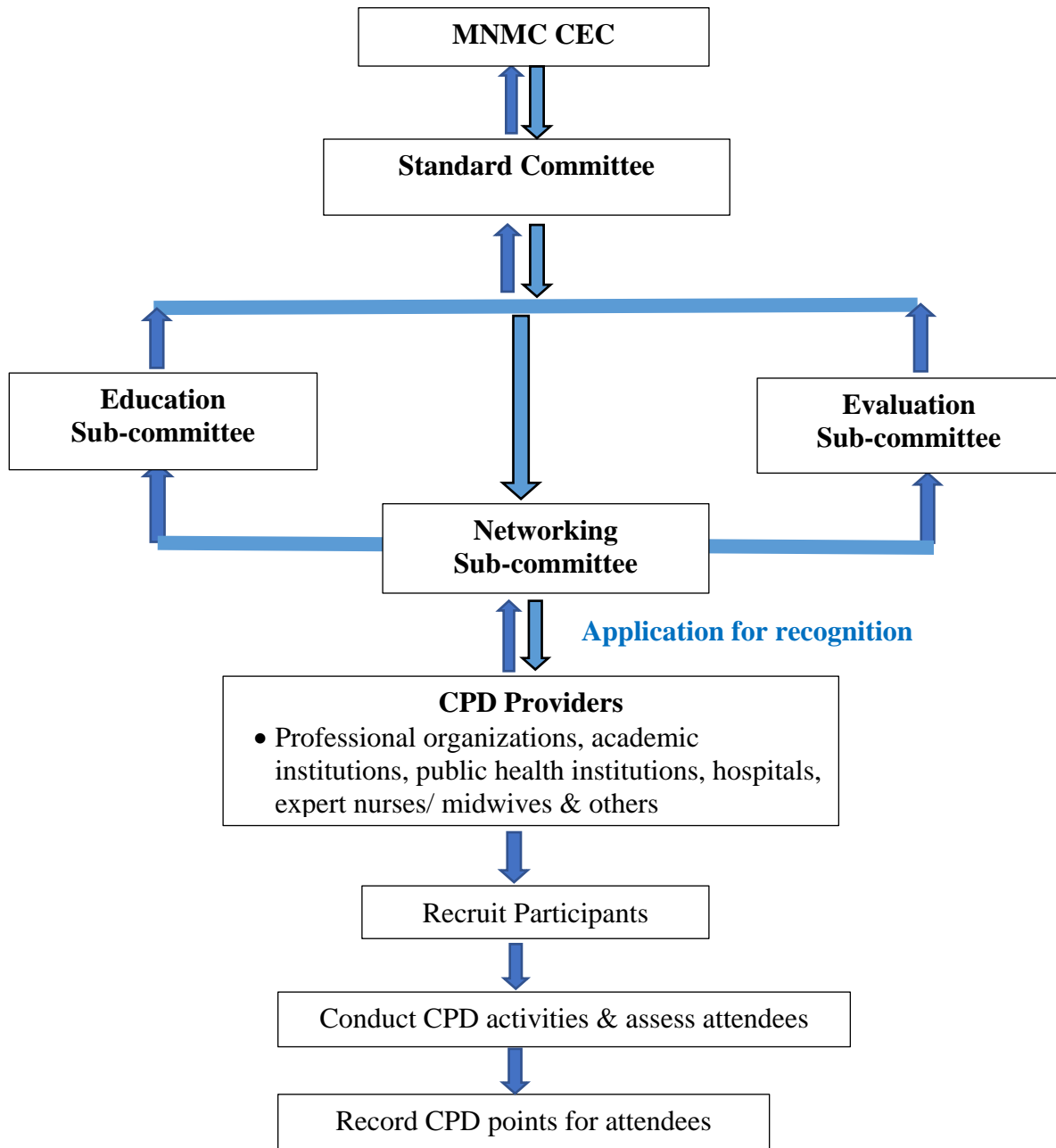


Figure 3.3 CPD Provider Work Process

### 3.3 CPD Types and Points

The CPD activities are grouped into six types. They are (1) training/ workshop/ CNE/ study tour/ conference, (2) teaching activities, (3) public health activities, (4) research activities, (5) administration / management/ policy making activities, and (6) CPD activities in special conditions for those working in hard to reach and extraordinary working environment. The nurses and midwives including lady health

visitors must attain 20 CPD points per each license renewal cycle (two years). The CPD types and CPD points are shown in Table 1.

**Table 3.1: CPD Types and Points**

Types of CPD Activities	Duration of Activity	CPD Point(s) per Activity	
		Participant	Facilitator/ Presenter/ Speaker/ Panelist
<b><i>Training/ workshop/ CNE/ Study Tour/ Conference</i></b>			
Theory based training related to nursing and midwifery practice, education, leadership and management	1 hour	1 point (maximum 15 points per training)	2 points (maximum 20 points per training)
Training/courses support to nursing and midwifery practice (IT, English, Communication skill, etc)	1 hour	0.5 points (maximum 5 points for 2 years)	
Skill training <ul style="list-style-type: none"> <li>• directly related to nursing and midwifery practice</li> <li>• structured skill courses by specific disciplines (e.g. Basic Life Support)</li> </ul>	1 hour (Hands-on)	2 points  (Maximum 20 points per skill training)	5 points per session  (Maximum 20 points per skill training)
Congress / Conference (Nursing or Midwifery related local/ international <b>physical</b> activities	<ul style="list-style-type: none"> <li>• 1 full day (5-8 hrs)</li> <li>• 2 full days</li> <li>• 3 full days</li> </ul>	5 points  10 points 15 points	5 points

Types of CPD Activities	Duration of Activity	CPD Point(s) per Activity	
		Participant	Facilitator/ Presenter/ Speaker/ Panelist
Workshop	<ul style="list-style-type: none"> <li>• Half day (2-4 hours)</li> <li>• Full day (5-8 hours)</li> <li>• 2 full days</li> <li>• 3 or more full days</li> </ul>	3 points 5 points 10 points 15 points (maximum)	5 points
Congress / Conference/ Workshop (Nursing or Midwifery related local/ international <b>online</b> activities)	<ul style="list-style-type: none"> <li>• 1 full day (5-8 hrs)</li> <li>• 2 full days</li> <li>• 3 full days</li> </ul>	4 points 8 points 12 points	4 points
Study Tour	Half day or more	5 points (maximum)	
Formal Education (post-basic specialty, Bachelor, Master, PhD Program, LHV training)	<ul style="list-style-type: none"> <li>• 6 months to 1 year</li> <li>• &gt;1 year</li> </ul>	10 points 10 points per year (CPD points earn for each year until graduation)	
<b>Teaching Activities</b>			
<ul style="list-style-type: none"> <li>• Visiting lecture</li> <li>• Health Education/Promotion (patients, community)</li> <li>• Preceptor for clinical practice of students (by the staff nurse)</li> </ul>	1 hour		2 points (maximum 10 points)
Mentoring (written appointment)			5 points per mentee (maximum 10 points)

Types of CPD Activities	Duration of Activity	CPD Point(s) per Activity	
		Participant	Facilitator/ Presenter/ Speaker/ Panelist
<b>Public Health Activities</b>			
Participation in <ul style="list-style-type: none"> <li>• National campaign activities (TB/Malaria/ HIV/ MCH, Immunization, Under 5 Nutrition)</li> <li>• Volunteer assignment</li> <li>• Data collection (MDSR, CDSR)</li> <li>• Survey</li> <li>• Case detection</li> <li>• Reporting</li> </ul>			5 points per activity (maximum 10 points)
<b>Research Activities</b>			
Publication (first author)			10 points per paper
Publication (Co-author)			5 points per paper
Dissemination of research findings			5 points (maximum 15 points)
Participation in research activity (Data collection)			5 points in each area of involvement (maximum 15 points)
<b>Administration/ Management /Policy Formulation</b>			
<ul style="list-style-type: none"> <li>• Supervision visit</li> <li>• Clinical supervision</li> <li>• Coordination meeting</li> <li>• Policy advocacy</li> <li>• Participation in policy formulation</li> </ul>			5 points per activity (maximum 15 points)

Types of CPD Activities	Duration of Activity	CPD Point(s) per Activity	
		Participant	Facilitator/ Presenter/ Speaker/ Panelist
<b><i>Activities in Special Circumstance/Situation</i></b>			
Working under special situation- disaster/ conflict area/ epidemic or pandemic of communicable disease/hard to reach area	< 6 months > 6 months		10 points 20 points
Self-study under supervision (including patient case note)	one narrative note		5 points per paper (maximum 15 points)
CNE online Self-study with narrative note for remote and hard to reach areas		5 points per paper (maximum 15 points)	

### 3.3.1 Special Circumstance/ Situation

MNMC will consider additional CPD activities when special circumstance/situation occurs such as care provision under pandemic, natural disasters, or arm conflicts. When the exceptional circumstances impose constraints or disruption resulting in the nurse/midwife's inability to complete the CPD requirements, a fair exemption is to be considered.

### 3.4 Role and Responsibilities of Nurses and Midwives in CPD

CPD is aimed to enhance knowledge and skills of nurses and midwives for professional and personal development. In order for CPD to benefit nurses and midwives, practice, organization and profession, roles of nurses and midwives in CPD must be as follows:



1. Performing self-evaluation on areas that need to be improved in nursing or midwifery knowledge and practice.
2. Seeking updated knowledge and skills of nursing practices from expert practitioners when required beyond one's own level of competence.
3. Planning for CPD activities at the beginning of each year in discussion with a supervisor.
4. Collaborating and coordinating with other healthcare teams for CPD opportunities.
5. Engaging or participating in the CPD activities provided by MNMC recognized CPD provider.
6. Applying knowledge/skills learned in performing the function.
7. Reflecting on what is learned and ensure health promotion, safety and satisfaction of client and family and achievement of nursing/ midwifery goal when providing care.
8. Documenting or updating the personal profile and the CPD activities log when necessary.
9. Taking the verification for CPD activities log from supervisor.
10. Monitoring self CPD activities and points earned.
11. Submitting the complete CPD log and required documents to MNMC at least two months before the expiration date of the license.

For those who work at the hard to reach area or work during the conflict or crisis and are unable to access CPD activities, may do a narrative note of the nursing or midwifery care or case study as identified by the MNMC.

Nurses and midwives must attend the CPD activities offered by MNMC recognized CPD providers to obtain CPD points. In case nurses and midwives participate in CPD activities offered by non-recognized institutions they must submit the details of the CPD program or activities and CPD activities log with supervisors' signature to MNMC. The Standard Committee will review the documents and propose points given to the CEC MNMC for approval.

### 3.5 Role and Responsibilities of the Supervisor in CPD

#### 3.5.1 Role of the Supervisor in CPD Process

The supervisor who verifying the CPD activities must be nursing and midwifery personnel. In the absence of nursing and midwifery supervisor, the recommendations from other health personnel can be submitted as witnesses on participating CPD activities. Table 3.2 indicates the supervisory relationship for verification of CPD activities.

**Table 3.2: Supervisory Relationship for Verification of CPD Activities**

Sr. No	Institution	Supervisors	Supervisees
<b>1.</b>	<b>Department of Public Health</b>		
	1.1 Rural Health Center	LHV	Midwives
	1.2 Maternal and Child Health Clinic	LHV	Midwives
	1.3 Primary Health Center	SN	TN/LHV/MW
	1.4 Township Health Department	THN	Sister/SN/TN/Dental Nurse/LHV/MW
	1.5 State and Regional Health Department	AD (Nursing) (Public Health)	NO/THN/ Sister/SN/TN/Dental Nurse/LHV/MW
	1.6 Nay Pyi Taw (Nursing Division)	AD (Nursing)	NO/THN/Sister/SN/TN/ Dental Nurse/LHV/MW
	1.7 Nursing Division (Public Health, Central)	AD (State/ Region)	NO/THN/ Sister/SN/TN
<b>2.</b>	<b>Department of Medical Service</b>		
	2.1 Station Hospital	SN	TN
	2.2 (25) Bedded Hospital	SN	TN
	2.3 State and Region Hospital	DD (Nursing)/NS/Matron)	NS/ Matron/NO (Nursing) Sister/SN/TN/MW

<b>Sr. No</b>	<b>Institution</b>	<b>Supervisors</b>	<b>Supervisees</b>
	2.4 Nursing Division (Medical Service, Central)	Director (Nursing)	DD/ AD/ NS/ NO
<b>3. Department of Human Resources for Health</b>			
	3.1 Midwifery Training School	Principal (AD Nursing)/Principal	Senior Principal/ Principal/ NO/Tutor/Instructor
	3.2 Nursing and Midwifery Training School	Principal (DD-Nursing) /Principal (AD-Nursing) /Senior Principal	AD/Senior Principal/ Principal/ NO/Tutor/ Instructor
	3.3 LHV Training School	Principal (NO)	Tutor/LHV
	3.4 University of Nursing	Rector/ Pro-rector	Pro-rector/ Professor/ AP/ Lecturer/AL/Tutor/ Instructor/ Clinical (Instructor)
	3.5 Institute	Pro-rector/Head of Dept	Head of Nursing Dept
	3.6 Nursing Division (HRH, Central)	Director (Nursing)	DD/ AD/ NS/ NO
<b>4. Administrators (MOH)</b>			
		MNMC	Directors/ Rectors
<b>5. Defence Services Nursing</b>			
		Matron	Assistant Matron/Sisters/ Midwives
<b>6. Department of Traditional Medicine</b>			
		NO/Sister/SN	Sister/SN/TN
<b>7. Other Departments</b>			
		AD/Matron/Sister	Sister/SN/TN/MW
<b>8. Private (Hospital/Clinics)</b>			
		Head of Nursing	Nursing/midwifery Staff

Sr. No	Institution	Supervisors	Supervisees
9.	Professional Association (MNMA)	President	Nursing Staff/ Midwifery

DD= Deputy Director Nursing  
NS= Nursing Superintendent  
THN= Township Health Nurse  
TN= Trained Nurse  
LHV= Lady Health Visitor  
AL= Assistant Lecturer

AD= Assistant Director Nursing  
NO= Nursing Officer  
SN= Staff Nurse  
MW= Midwife  
AP= Associate Professor

### 3.5.2 Responsibilities of Supervisor in CPD Process

1. Motivate and support the supervisee to undertake CPD activities.
2. Monitor the CPD activities related to nursing and midwifery practice or work.
3. Manage and support all supervisees for equal learning opportunities.
4. Proactively review the CPD activities log regularly.
5. Make recommendation on CPD activities and provide feedback on the activities taken and the supervisee performance.
6. Remind/ arrange nurse/midwife to obtain specified CPD points within timeframe.
7. Verify and sign the CPD activities log and related documents.
8. Encourage and support the supervisee to do narrative report or case note of patient care when the supervisee could not complete the CPD requirements under the special circumstance or situation.

### 3.6 Monitoring and Evaluation of CPD System

Monitoring of CPD system is led by the Evaluation Sub-committee to ensure the CPD mechanism works well and the CPD providers do well as planned and compliance to the criteria set by the Standard Committee. The Evaluation Sub-committee reviews the documents, interviews the responsible staff and committee members face to face or communicates with CPD providers via telephone, electronic mail or online meeting or attends sampling CPD activities for monitoring purpose.

The evaluation of CPD system can be conducted in two ways: (1) analysis of the data and (2) conduct a survey or focus group discussion with the nurses and midwives who attend the CPD activities. The Evaluation sub-committee analyzes or evaluates the following data biennially.

1. The number and percentage of nurses/midwives receiving 10 CPD points in one year.
2. The types of CPD activities undertaken.
3. The types of CPD are mostly engaged by nurses and midwives.
4. The number of nurses and midwives who have license renewal by using CPD points and activities.
5. The feedback from nurses and midwives, CPD providers and MNMC committee/sub-committees related to CPD activities and system implementation.
6. Biennial survey (questionnaire) or focus group discussion (FGD) of a random sample of 5% of all nurses and midwives from both public and private health sectors.

In addition, with the aim for continuous quality improvement, the quality assurance or accreditation of the CPD system may be established. Methods to measure impact of CPD activities on the individual performance and quality of nursing and midwifery care to be further explored.

### **3.7 Resource and Infrastructure**

To implement the CPD system, in addition to the Standard Committee and three sub-committees, the resources (such as human, budget and finance, office equipment and supplies) and infrastructure are essential. A working space should be allocated to CPD work for staff working, collection or storage of related documents and the visit of nurses, midwives and CPD providers. CPD record of each nurse and midwife and national CPD database is very important and it should be kept confidentiality. A one to two full time staff to work as a clerk or secretary, computer system for data recording and stable wifi for online activities, communication and networking should be available to facilitate the work.

### **3.8 CPD Fees**

Financial plan to support the CPD implementation by MNMC is a part of MNMC annual work plan. One of the sources of income is registration fee and attendance fee. The CPD providers are required to pay registration fee and nurses and midwives are required to pay for taking some CPD activities. The workplace also should allocate budget in their annual plan to support CPD of all nurses and midwives in an appropriate amount. Table 3.3 describes the CPD fee for CPD providers.

Table 3.3: CPD Fees for the Organization and Individual

Organizations	Registration Fee for CPD Provider	Fees (Kyats)		Remarks
		Registration Fee for CPD Program	Individual (Attendance) Fee per Program	
<b>Government</b>				
≤ 100 Bedded Hospital	No fee		No fee	Register /Report
>100 bedded to 550 bedded Hospital	10000		500	
> 550 bedded Hospital	10000		500	
Universities	10000		500	No fee applies to in- house Training
Health Center	No fee		500	No fee applies to in- house Training
Training Schools	No fee		500	No fee applies to in- house Training
<b>Professional Organizations</b>	30000	10000 per program	500	
<b>Private Hospital/ Clinic</b>	50000	30000 per program	1000	
<b>Online Training</b> 100 participants >100 participants	10000 20000		500	

Note: The rate is subject to be changed with new announcement. Individual fees to attend CPD activities provided by public institution is exempt in the first two years. The registration fee is not refundable.

### **3.9 Possible Challenges and Solutions**

The continuing professional education activities are in place for Myanmar nurses and midwives for almost 20 years as voluntary basic, however, they have not been linked with regulatory function yet. With the enactment of the MNMC Law 2015, the CPD is mandatory for all nurses and midwives in Myanmar, equal learning opportunities has become challenge for the operationalization and sustainability of CPD system. The challenges or possible barriers may be due to lack of awareness, uneven accessibility of CPD activities, inadequate suitable CPD activities, non-compliance CPD providers, change resistance, resource limitation and existence of various categories of nurses and midwives in the health care delivery system, incomparable working nature of workforce who are working under different Ministries. As such, the MNMC and the working group identified possible challenges in implementation and sustainability of CPD system and possible solutions to these challenges (Annex 1). However, with the law/regulation on CPD in place, the strong leadership and commitment of MNMC, the good collaboration among nurses, midwives, supervisors and stakeholders as well as the commitment and continue support of the Ministry of Health and related Ministries can facilitate the CPD implementation and sustainability.



## Chapter 4: CPD and LICENSE RENEWAL

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The nurses and midwives have to plan their CPD activities depending on individual interests and needs of multidisciplinary context of patient care. The CPD activities can be formal education program or informal learning designed to improve professional knowledge and skills. The nurse/midwife can undertake CPD activities offered by recognized CPD providers to augment their competencies. Although the license is valid for two years, the nurse/ midwife should review the CPD activities log every year in order to attain the required CPD points stipulated by MNMC, and submit the log to supervisors for verification (Annex 3). The supervisor reviews the CPD activities and the certificates or relevant evidence before signing on CPD activities log. The nurse/ midwife submits the verified CPD activities log together with the evidence (documents) to MNMC for license renewal at least two months before ending the valid period. MNMC CEC checks other necessary documents, and send the CPD log and evidence to the Standard Committee. The Standard Committee reviews the CPD documents for compliance as stated in CPD guideline. If Standard Committee found the incomplete CPD requirements, report to MNMC CEC and collaborate with CNE Committee. CNE Committee is one of the committees under MNMC which provides continuing nursing education activities. The CNE Committee will arrange for participating CPD events to achieve necessary CPD points. When Standard Committee found the CPD requirements are completed, submit to MNMC CEC for approval and further process for license renewal. Figure 4.1 describes the license renewal process using CPD points.

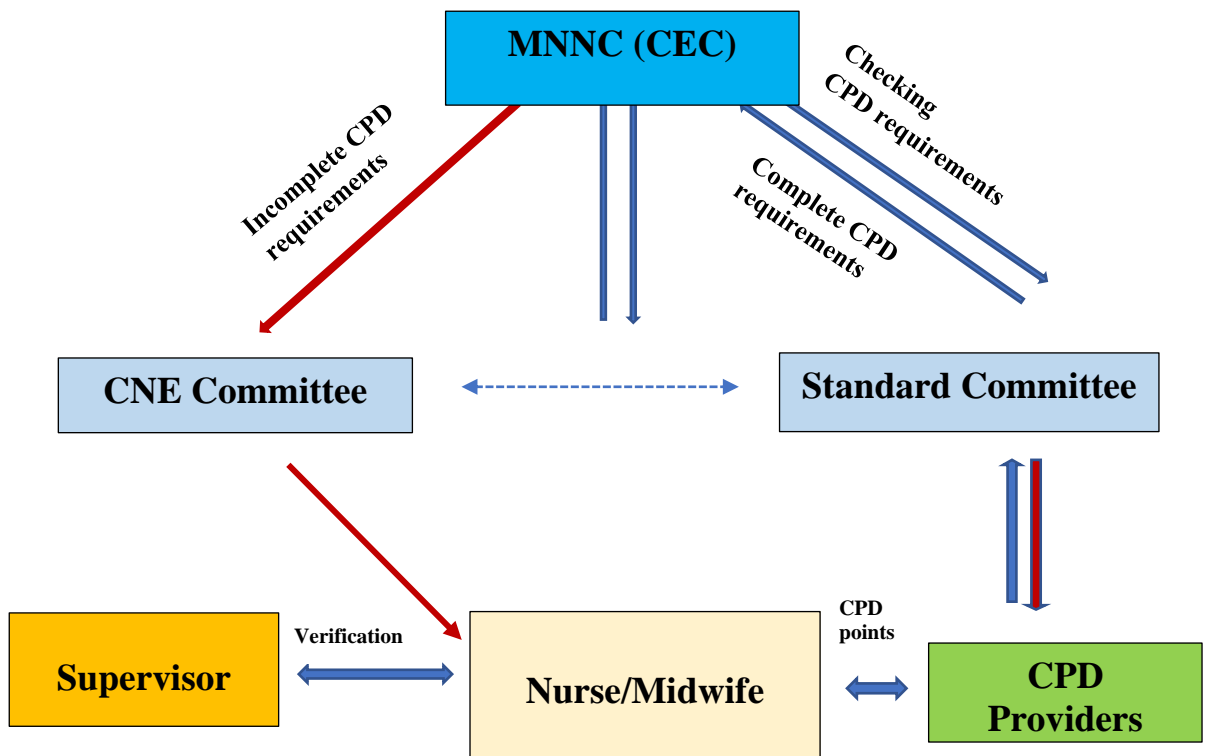


Figure 4.1 License Renewal Process Using CPD Points

## Chapter 5: THE CPD SYSTEM ROLL- OUT PLAN

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After the awareness raising and consensus-building meetings on the continuing professional development (CPD) and the CPD guideline, the Myanmar Nurse and Midwife Council (MNMC) continues to advocate the CPD guideline and make sure that every nurse, midwife engages in CPD activities and uses CPD points for license renewal. However, the CPD system is very new to MNMC and Myanmar nurses and midwives, MNMC needs time to prepare and recognize CPD providers and CPD activities to enable nurses and midwives to access CPD activities and collect CPD points within timeframe. MNMC has to develop a system for license renewal that replaces the supervisor's recommendation on the fit to practice with the CPD points. In order to facilitate the operationalization of the CPD system and the feasibility for nurses and midwives in commencing the CPD activities or programs and using CPD points for license renewal, MNMC develops the CPD system roll-out plan with a five-year inception phase. During the five years, a number of nurses and midwives who can renew the license using CPD points will gradually increase in each phase. It is expected that the five-year CPD roll-out plan is as follows (Figure 5.1):

### **Inception Phase I** (1 December 2023 – 30 November 2025)

Awareness-raising on CPD system among policymakers and administrators from public and private healthcare institutions including nurses and midwives across the country is ongoing along with the preparation and recognition of CPD providers and CPD activities.

### **Inception Phase II** (1 December 2025 – 30 November 2026)

30% of required CPD points or 6 CPD points are required for nurses and midwives who renew their professional license from 1 December 2025 to 30 November 2026.

### **Inception Phase III** (1 December 2026 – 30 November 2027)

50% of required CPD points or 10 CPD points are required for nurses and midwives who renew their professional licenses from 1 December 2026 to 30 November 2027.

**Inception Phase IV** (1 December 2027 – 30 November 2028)

80% of required CPD points or 16 CPD points are required for nurses and midwives who renew their professional license from 1 December 2027 to 30 November 2028.

**Inception Phase V** (1 December 2028 onward)

100% of required CPD points or 20 CPD points are required for nurses and midwives who renew their professional license from 1 December 2028 onward.

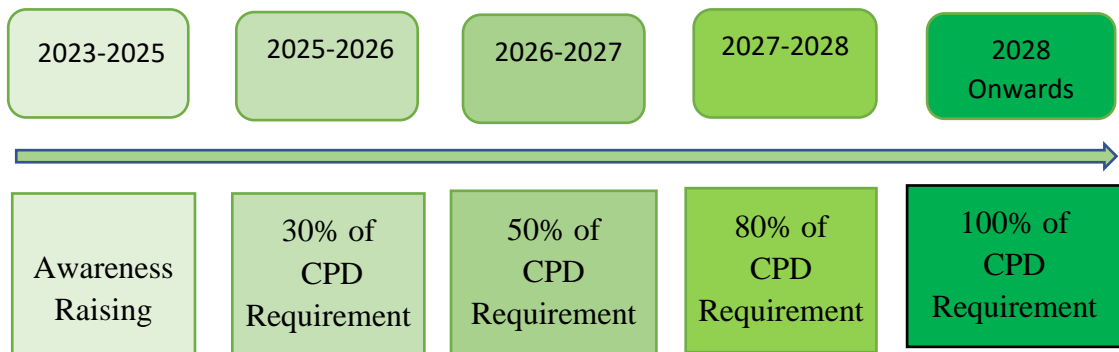


Figure 5.1 The CPD System Roll-out Plan

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## Annex 1: Challenges and Possible Solutions

No.	Challenges	Ways to Overcomes
1.	Resist to change for implementing CPD system	<ul style="list-style-type: none"> <li>▪ Awareness on CPD system through advocacy meetings, CNE, Conference, Workshop highlighting the benefits from CPD</li> <li>▪ Organization and supervisor support to shorten the precontemplation stage</li> </ul>
2.	Need experiences in regulating CPD Providers	<ul style="list-style-type: none"> <li>▪ Learn the regional and international experiences in regulating CPD Providers</li> <li>▪ Develop the criteria for CPD Provider</li> <li>▪ Support the verification process of MNMC</li> <li>▪ Take feedback from CPD Providers and MNMC CEC and make appropriate actions</li> </ul>
3.	Inadequate resources (Human resources, Financial resources)	<ul style="list-style-type: none"> <li>▪ Collaborate with other professional and non-professional organizations to identify the available resources</li> <li>▪ Mobilize the resources for the best use and enhance efficiency</li> <li>▪ Charge CPD provider to cover the administration cost of MNMC CPD system implementation</li> <li>▪ Advocate public and private organizations to develop a system for financial support to nurses and midwives' participation in CPD activities</li> </ul>
4.	To identify the CPD points for various categories of nurses and midwives	<ul style="list-style-type: none"> <li>▪ Simplify the categories as main professional background (nurses and midwives) at the early stage of CPD system, and update the CPD guideline periodically</li> </ul>
5.	Various areas of employment under different Ministries	<ul style="list-style-type: none"> <li>▪ Elaborate the CPD system and its benefits to other ministries' leadership</li> <li>▪ Invite nursing and midwifery related activities for inclusion of professionals posted at different Ministries</li> </ul>
6.	Nurses and midwives working at hard to reach areas and inaccessible to CPD activities	<ul style="list-style-type: none"> <li>▪ Keep CPD system as Mandatory, special consideration will be made for the nurses and midwives working under extraordinary conditions such as pandemic, natural disasters, or arm conflicts that make them to incomplete CPD requirements. The special consideration for nurses and midwives means they will be granted the CPD points on submission of narrative note or case study as stated in 3.3.1 and Table 3.1</li> </ul>

No.	Challenges	Ways to Overcomes
7.	Sustainability of CPD system	<ul style="list-style-type: none"> <li>▪ Monitor and evaluate CPD system regularly and action on the findings</li> <li>▪ Take feedback from CPD providers, nurses and midwives, and MNMC members for improving CPD system</li> </ul>
8.	Qualifications of CPD providers	<ul style="list-style-type: none"> <li>▪ Encourage/ Provide capacity-building activities for CPD providers in collaboration with professional associations and technical organizations recognized by Ministry of Health, Myanmar</li> <li>▪ Observe the conducting CPD activities and provide constructive feedback</li> </ul>
9.	Inadequate knowledge about CPD System	<ul style="list-style-type: none"> <li>▪ Capacity building</li> </ul>
10.	Role conflict (Supervisor and Provider)	<ul style="list-style-type: none"> <li>▪ Determine roles of Provider and supervisor</li> </ul>
11.	Reliability of CPD providers' knowledge	<ul style="list-style-type: none"> <li>▪ Review thoroughly on contents, teaching methodologies and assessment at the time of CPD provider registration</li> </ul>
12.	Recruitment of appropriate participants	<ul style="list-style-type: none"> <li>▪ Collaborate with professional associations and MNMC to understand the context and needs</li> </ul>
13.	Unfavorable to attend CPD activities due to over workload	<ul style="list-style-type: none"> <li>▪ Encourage supervisor management to equal chance of attending CPD activities</li> <li>▪ Assign one representative to attend CPD activities and sharing back to colleagues</li> </ul>
14.	Limited information on CPD opportunities	<ul style="list-style-type: none"> <li>▪ Enhance collaboration with colleagues and other health professionals</li> <li>▪ Expand the professional network by participating nursing and midwifery related activities and applying interpersonal communication skills</li> </ul>

Source: Outputs from CPD Guideline Development Workshop 2 in October 2023



## **Annex 2: CPD Provider Application form**

### **1. The Institute/Provider**

- Name of the institute
- Name of the head of the institution/a responsible person for CPD
- Address: .....
- Telephone/Mobile No:  
.....
- E-mail: .....
- Website address: .....

### **2. Brief description of the institute/provider**

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

### **3. Details of previous assessment of the institution/provider by the statutory body for CPD programs**

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

### **4. Title of the course of CPD offered**

.....

### **5. Details of the keys Trainer/ Facilitator/ Speaker (Please attach updated curriculum vitae and copy of education and qualifications certificates)**

- Name: .....
- Education: .....
- Qualifications: .....

- Name: .....
- Education: .....
- Qualifications: .....
- Name: .....
- Education: .....
- Qualifications: .....

**6. Course design**

- Learning objectives:
  - .....
  - .....
  - .....
  - .....
  - .....
- Total duration:
  - .....
  - .....
  - .....
  - .....
  - .....
  - .....
- Content and teaching learning approach:
  - .....
  - .....
  - .....
  - .....
  - .....
  - .....

**7. Logistics relevance to the course offered**

- a) Human resources (Faculty): (Full-time, Part-time, guest teachers/ lecture/ resource person and IT personnel participating in the course)
  - .....
  - .....

b) Learning resources (List of resources and amount)

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c) Infrastructure (Number and size of classroom, clinical teaching facilities)

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d) Financial Support (Source of funding & amount):

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.....

**8. Selection criteria**

a) For faculty/ trainer

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b) For participants

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.....

**9. Performance evaluation of the participants** (Proposed methods used for evaluation)

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.....  
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.....

**10. Suggested credit points for the course(s):** .....

### Annex 3: Personal Profile and CPD Activities Log

Name:

Designation:

Duty Station/ Address:

Professional Registration Number:

Professional License Number:

Period:

<b>Sr. No.</b>	<b>Date</b>	<b>CPD Activities</b>	<b>Name of CPD Provider</b>	<b>CPD Point(s) Awarded</b>	<b>Type of Evidence Submitted</b>	<b>Name and Sign of Supervisor</b>
		<b>Total</b>				

## Annex 4: CPD Guideline Development Committee

No.	Name	Designation
1	Daw Nwe Nwe Khin	President Myanmar Nurse and Midwife Council
2	Prof. U Maung Maung	Resource Person Myanmar Nurse and Midwife Council
3	Dr. Prakin Suchaxaya	International Consultant WHO, Myanmar
4	Dr. Hla Hla Aye	National Consultant (Human Resources for Health) WHO, Myanmar
5	Daw Nan Nan Aung	National Consultant WHO, Myanmar
6	Daw Aye Nyunt	Vice President Myanmar Nurse and Midwife Council
7	Daw Than Than Soe	Secretary Myanmar Nurse and Midwife Council
8	Prof. Hla Hla Aye	Joint Secretary Myanmar Nurse and Midwife Council
9	Daw Khin Thein	Central Executive Committee Member Myanmar Nurse and Midwife Council
10	Dr. Kyawt Kyawt Swe	Central Executive Committee Member Myanmar Nurse and Midwife Council
11	Daw Mya Yee	Central Executive Committee Member Myanmar Nurse and Midwife Council

12	Daw Khin Mar Cho	Central Executive Committee Member Myanmar Nurse and Midwife Council
13	Daw Mya Mya Nyo	Central Executive Committee Member Myanmar Nurse and Midwife Council
14	Daw Ni Ni Win	Central Executive Committee Member Myanmar Nurse and Midwife Council
15	Daw Nwe Ni Soe	Central Executive Committee Member Myanmar Nurse and Midwife Council
16	Prof. Yin Mya	President Myanmar Nurse and Midwife Association
17	Prof. Tin Tin Kyaw	Rector University of Nursing, Yangon
18	Daw San San Yin	Director of Nursing Department of Medical Services Ministry of Health
19	Daw Htay Htay Hlaing	Director of Nursing Department of Human Resources for Health Ministry of Health
20	Prof. Nan Awng	Pro-Rector University of Nursing, Mandalay
21	Daw S Ban Tawng	Deputy Director Department of Medical Services
22	Daw Aye Aye Mar	Matron 500 Bedded Hospital, Yangon
23	Daw War War Thein	Nursing Superintendent General Hospital, Mandalay

24	Daw Saw Shwe	Nursing Superintendent 1000 Bedded General Hospital, Naypyitaw
25	Daw Nilar	Nursing Superintendent General Hospital, Insein, Yangon
26	Daw Ohnmar Myint	Assistant Director Department of Medical Services, Yangon
27	Daw Aye Aye Myat	Assistant Director Department of Public Health, Yangon
28	Daw Yee Yee Aye	Matron North Okkalapa General Hospital, Yangon
29	U Aung Thu Soe	Instructor University of Nursing, Yangon
30	Daw Myat Myo Myint	Township Health Nurse Township Health Department, Thakata, Yangon
31	Daw Phyu Phyu Win	Lady Health Visitor Township Health Department Mingalar Taung Nyunt, Yangon
32	Daw Einkyine Oo	Midwife Township Health Department, Pazundaung, Yangon