



MEDICAL COUNCIL OF MALAWI

**Continuing Professional Development Regulations,
Guidelines and Standards**

FEBRUARY 2026

Regulations Highlights Dashboard

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Foreword

The healthcare landscape continues to evolve rapidly, driven by emerging health challenges, innovations in clinical practice, and shifting population needs. In such a dynamic environment, the need for a well-trained, competent, and ethically grounded health workforce has never been more urgent. Continuing Professional Development (CPD) stands as a critical mechanism through which healthcare practitioners remain current in their knowledge, skills, and professional conduct.

The Medical Council of Malawi (MCM), in its mandate to protect the public and guide the medical, dental and allied health professions, has undertaken the task of revising its CPD Regulations, Guidelines and Standards. This revision is more than an administrative update; it is a reaffirmation of our commitment to promoting lifelong learning and upholding the highest standards of competence across all cadres.

The revised guidelines reflect an inclusive and harmonised approach that acknowledges the unique roles played by various health professionals, including all medical, dental and allied health practitioners. It is our conviction that a robust CPD framework fosters not only individual growth but also institutional strength and public trust in our health system.

This work would not have been possible without the valuable contributions of stakeholders from the Ministry responsible for Health, training institutions, professional associations, non-governmental organisations, research institutions, health facilities, and practitioners themselves. Their insights, drawn from rich experience and honest reflection, have informed practical and forward-thinking improvements, and more comprehensive compliance mechanisms.

As the Chairperson of the Medical Council, I urge all relevant stakeholders including employers, practitioners, and CPD providers, to embrace and implement these revised Regulations, Guidelines and Standards with dedication and integrity. Together, we can build a culture of continuous learning and professional excellence that ensures quality, equitable, and effective healthcare delivery for every Malawian.



Dr Thandie L. Mabedi

Chairperson, Medical Council of Malawi

Preface

The revision of the CPD Regulations, Guidelines and Standards by the MCM marks a significant step forward in strengthening the professional development ecosystem for health practitioners in Malawi. This document represents the culmination of a collaborative, consultative, and evidence-informed process designed to ensure that the CPD framework remains relevant, equitable, and adaptable to the evolving needs of the health sector.

The revised regulations now provide: Defined CPD point requirements across all MCM registered health cadres; Core standards for CPD providers, including application and inspection checklists; Provisions for the integration of CPD tracking systems to improve monitoring and compliance; Clear roles and responsibilities for all actors in the CPD process, including practitioners, employers, CPD providers, and MCM itself.

Special attention was given to ensure inclusivity, sustainability, and alignment with modern educational approaches, including e-learning and blended learning models. These reforms address long-standing challenges such as verification of attendance, lack of registration and accreditation clarity, and inadequate employer engagement.

This document is also intended to serve as a practical guide for health practitioners seeking to maintain licensure and improve their practice, for employers aiming to support workforce development, and for CPD providers committed to delivering impactful learning experiences.

We thank all contributors to this effort. Their dedication to improving the quality of healthcare in Malawi is reflected in every section of this document.



Dr. Davie B.S Zolowere

Registrar and Chief Executive Officer, Medical Council of Malawi

List of Acronyms and Abbreviations

CEO:	Chief Executive Officer
CEPC:	Code of Ethics and Professional Conduct
CPD:	Continuing Professional Development
DORE:	Director of Regulatory Enforcement
MCM:	Medical Council of Malawi
MCMIS:	MCM Information Management System
M& E:	Monitoring and Evaluation
MoH:	Ministry of Health
MPD Act:	Medical Practitioners and Dentist Act
POP:	Proof of Payment
SOP:	Standard Operating Procedure
ToRs:	Terms of References
WHO:	World Health Organisation
QI:	Quality Improvement

Definition of Terms

Allied Health professionals: A range of professions related to health care other than medical and dental registered under the Medical Practitioners and Dentists Act. They are health care workers who provide necessary services to patients in addition to services provided by physicians and nurses.

Continuing Professional Development: an ongoing process by which all health practitioners continuously update, develop and broaden their skills, knowledge and attitudes throughout their professional life to maintain professional competency, in patient management and health services delivery.

CPD Certificate of compliance: An official document issued by the MCM confirming that a practitioner or institution has fulfilled prescribed standards, requirements, and regulations for CPD.

CPD Provider: refers to any organisation, health facility, health higher training institution, professional association or related entity that has been formally authorised by MCM to plan, organise, deliver, manage CPD activities for practitioners.

CPD Provider Registration certificate: An official document issued by the Medical Council of Malawi as evidence that a CPD provider is duly registered and that points earned from their CPD activities are recognised by the Council.

Harmonised CPD Policy: The Ministry's Policy that establishes a unified framework for Continuing Professional Development (CPD) across all health professions in Malawi, while ensuring the preservation of the regulatory independence of each professional regulatory body.

MCM Information Management System: A centralised electronic platform designed to support the MCM in managing core functions, including practitioner registration, licensing, CPD, and inspections.

Practitioner: means any person registered as a health professional by the MCM, they may be a medical, dental, or allied health professional.

1.0 Introduction

Continuing Professional Development (CPD) is an essential component in maintaining the competence of practitioners and ensuring delivery of quality healthcare services. The CPD ensures that health practitioners keep pace with advances in knowledge, attitude and skills in medical, dental and allied health practice. The Medical Council of Malawi (MCM) recognises CPD as a professional obligation for all registered and licensed health practitioners under its jurisdiction. These CPD Regulations, Guidelines and Standards have been revised to provide clear, consistent, and inclusive guidance for all MCM registrable cadres, thereby promoting a culture of continuous learning and professional excellence across the health workforce.

1.1 The Mandate of Medical Council of Malawi

The MCM is a parastatal organisation established under the Medical Practitioners and Dentists (MPD) Act no. 17 of 1987. The Council's core mandate is to regulate the education and training, registration, licensure, and professional conduct of medical, dental, and allied health practitioners. As part of its mandate, MCM is responsible for setting and enforcing standards that ensure the delivery of safe, ethical, and high-quality healthcare services. The regulation and monitoring of CPD activities fall within this mandate, as a means of safeguarding the competence and integrity of its registered practitioners.

1.2 Rationale of the CPD Regulations, Guidelines and Standards

In an era of rapid advancement of science and medicine, coupled with demographic transitions and changing disease patterns, practitioners must continuously update their competences to remain effective. The CPD Regulations, Guidelines and Standards provide a formal framework to guide the planning, implementation, monitoring, evaluation, and reporting of CPD activities in Malawi. These regulations address challenges such as inconsistent documentation amongst practitioners, increased number and scope of allied practitioners registrable by the council, poor CPD compliance enforcement and monitoring by the Council, lack of standardised registration criteria for CPD providers. The revised regulations, therefore, aim to address these challenges and ensure that all healthcare practitioners have opportunities to engage in meaningful CPD activities throughout their careers.

1.3 Citation and Application

These Regulations and Standards shall be cited as the Medical Council of Malawi Continuing Professional Development Regulations, Guidelines and Standards, 2026. They apply to all health practitioners registered and licensed under the MCM, including but not limited to medical doctors, dental practitioners, and allied health practitioners, institutions and organisations accredited by the Council as CPD providers, health professional associations and their affiliates, and employers of MCM registrable practitioners.

1.4 Goal of the CPD Regulations, Guidelines and Standards

The overall goal of the CPD Regulations, Guidelines and Standards is to strengthen the capacity and performance of Malawi's healthcare workforce by institutionalising a structured, accessible, and equitable CPD system. This contributes to improved health service delivery, enhanced patient safety, and increased public confidence in the health system.

1.5 Objectives and Outcomes of the CPD Regulations, Guidelines and Standards

The objectives of these CPD Regulations, Guidelines and Standards are to:

- i. Establish clear and enforceable CPD requirements for all MCM regulated cadres.
- ii. Define roles and responsibilities of all stakeholders involved in CPD, including employers, practitioners, and CPD providers.
- iii. Standardise the registration and inspection processes for CPD providers.
- iv. Promote the use of digital platforms for CPD tracking, compliance monitoring, and renewal processes.
- v. Enhance collaboration between the Ministry responsible for Health, MCM, professional associations, employers, health facilities, and training institutions in implementation, monitoring and reporting of CPD activities.
- vi. Ensure sustainability and alignment of CPD with national health priorities and evidence-based practices.

Expected outcomes include:

- i. Increased compliance with CPD requirements across all cadres and all health facilities.
- ii. Enhanced quality, relevance, and diversity of CPD programme and delivery mechanisms.
- iii. Strengthened monitoring and evaluation of CPD participation through digital systems.
- iv. Development of a robust, well-coordinated, and harmonised CPD framework.
- v. Improved stakeholder engagement and shared accountability in CPD implementation, monitoring, enforcement, and reporting.

Greater sustainability and alignment of CPD initiatives with national health priorities and evidence-based practice.

2.0 Legal Framework for the CPD Regulations, Standards and Guidelines

The MPD Act (1987) empowers the MCM to regulate the education and training, registration, and professional conduct of medical, dental, and allied health practitioners in Malawi. This mandate covers both pre-service and in-service training, with in-service training anchored in CPD.

MCM's regulatory framework for CPD is informed by the MPD Act, the Code of Ethics and Professional Conduct (CEPC), other relevant national laws and regulations, as well as health sector policies, including the Ministry's Harmonised National CPD Policy. Collectively, these instruments require that all practitioners maintain the competence necessary to provide safe and effective healthcare services. For those already in practice, this competency is sustained and enhanced through CPD.

Sections 41 and 43 of the MPD Act authorise the Council to regulate education and training, which includes oversight of CPD at both pre-service and in-service levels. Section 55 further grants MCM inspectorate powers, extending to the inspection of CPD providers and activities.

Through these CPD Regulations, Guidelines and Standards, the MCM aims to provide clear guidance to employers, practitioners, CPD providers, and other stakeholders on the regulatory process for CPD implementation and standards thereof. This framework ensures public protection, upholds professional integrity, and demonstrates MCM's commitment to responsible innovation in healthcare, promoting CPD that strengthens quality without compromising accountability.

3.0 Regulations and Guidelines for CPD

3.1 Types and Methods of Continuing Professional Development

Continuing Professional Development is a cornerstone for maintaining and updating competency, professionalism and quality in healthcare service delivery. The MCM mandates that all registered health practitioners engage in a balanced, relevant, and structured programme of CPD activities each year.

CPD activities shall be diverse, aligned to the practitioner's scope of practice, and distributed across recognised learning types and delivery methods to ensure comprehensive and sustainable professional growth.

The MCM recognises the following types and methods of CPD:

3.1.1 Types of CPD

The CPD activities are categorised into three major types, each offering distinct contributions to lifelong learning:

I. Structured CPD

These are planned, organised activities delivered by accredited CPD providers. They are typically instructor-led, involve set objectives, and result in verifiable outcomes such as certificates or CPD points.

Examples include:

- Accredited workshops, core technical (clinical for some cadres) or non-technical training courses, and seminars
- National and international scientific or professional conferences
- Accredited online courses or webinars.
- Academic programmes (e.g., certificates, diplomas, bachelor's, master's, PhD, fellowships).
- Symposia or panel discussions with defined learning outcomes.
- Practical skills sessions and clinical simulations.
- Formal mentorship, preceptorship, or train-the-trainer courses.
- Teaching or lecturing in accredited CPD or academic settings.

II. Self-Directed CPD

These are self-initiated learning activities that are not part of a formal programme but meaningfully contribute to professional competence, awareness, and skills enhancement.

Examples include:

- Reading scientific journals, articles, clinical guidelines, or policy papers
- Reviewing updates from regulatory bodies, policy holders or professional associations (e.g. MCM, WHO, MoH)
- Participation in professional forums, discussion groups, and learning communities.
- Conducting research or technical reviews.
- Developing or revising protocols, treatment algorithms, or standard operating procedures (SOPs).
- Writing reflective journals or case reports.
- Attending well recognised CPD provider’s conferences, community health talks or webinars.

III. Reflective CPD

This type focuses on learning through observation, analysis, and reflection. Though less interactive, it plays a critical role in reinforcing ethical judgement, clinical reasoning, and professional insight.

Examples include:

- Watching instructional or clinical training videos from an accredited institution.
- Observing clinical or surgical procedures for educational purposes.
- Reviewing clinical audits, case studies, or mortality/morbidity reports.
- Clinical or professional shadowing.
- Coaching.
- Studying historical or legal medical cases for ethical reflection.

3.1.2 Methods of Continuing Professional Development

CPD activities may be delivered through a variety of professionally recognised methods. Practitioners are expected to engage in CPD using diverse, appropriate, and accessible methods guided by professional relevance and learning outcomes.

I. Face-to-Face CPD

In-person, interactive learning that facilitates direct engagement with facilitators and peers. Examples include workshops, seminars, simulation sessions, clinical drills, and classroom lectures and conferences.

II. Online CPDs

Digital delivery of content, which provides flexibility in access and scheduling. Examples include live or recorded webinars, structured online courses, virtual modules, and mobile CPD applications.

III. Blended CPDs

For purposes of this document, a blended CPD session is where the CPD session has an online and a physical component, or theory combined with practice based CPDs that the practitioner attends both to complete the particular CPD session. A hybrid of online and in-person learning, combining the flexibility of digital platforms with the depth of face-to-face engagement. Examples of online CPDs are online theoretical modules followed by physical practical sessions or group assessments.

IV. Peer-Based CPDs

Collaborative knowledge exchange among colleagues or within teams. Examples include journal clubs, peer reviews, case discussions, and departmental clinical meetings.

V. Practice-Based CPDs

Experiential learning embedded in day-to-day clinical or professional duties. Examples include clinical audits e.g. participating in mortality reviews; QI projects, mentorship roles, or developing SOPs.

VI. Teaching and Knowledge Contribution

Involvement in educating others or contributing to professional knowledge systems. Examples include delivering CPD lectures, publishing in journals, developing training materials or clinical guidelines, case based/bedside teaching.

3.2 Roles of the various players on Continuing Professional Development

3.2.1 Roles of the Policy Holder

- i. Provide policy direction on CPD.
- ii. Coordination of CPD activities at national level
- iii. Resource mobilisation and allocation towards CPD coordination activities
- iv. Support enforcement of employer compliance efforts on CPD funds allocation in their annual budgets.
- v. Establishment of partnerships to support CPD activities
- vi. Develop and maintain a national monitoring and evaluation (M&E) system.

3.2.2 Roles of Medical Council of Malawi on CPD Compliance

- i. Conduct initial and annual inspections of CPD providers to assess the relevance, quality, and applicability of their activities.
- ii. Recognise and registration of CPD providers and activities that meet professional standards and contribute to national health priorities.
- iii. Take appropriate regulatory action against CPD providers that fail to meet the minimum requirements.

- iv. Impose penalties for CPD non-compliance to practitioners, CPD providers and employers.
- v. Monitor practitioner compliance in meeting the minimum CPD points as outlined in the regulations, standards, and guidelines.
- vi. Verify the authenticity of CPD documentation submitted by practitioners through audits and cross-checks with accredited providers.
- vii. Provide guidance and feedback to practitioners who fall short of CPD requirements, including action plans or remedial measures where necessary.
- viii. Provide platform for feedback from stakeholders.

3.2.3 Roles of the CPD provider

- i. Develop and deliver CPD activities that are evidence-based, relevant to practitioners' scopes of practice, and aligned with professional and national health priorities.
- ii. Ensure all CPD programmes and activities are accredited and comply with the regulations, standards, and guidelines of the MCM.
- iii. Ensure qualified, competent and relevant personnel deliver the CPD programmes and activities.
- iv. Provide accurate, verifiable records of practitioner participation and CPD points earned, including certificates where applicable.
- v. Monitor and evaluate CPD activities to maintain quality, relevance, and effectiveness, incorporating feedback and continuous improvement.
- vi. Ensure access to CPD, including through diverse delivery methods suitable for practitioners in all locations.
- vii. Uphold ethical and professional standards, avoiding conflicts of interest and maintaining transparency in all CPD activities.
- viii. Collaborate with the MCM by facilitating audits, inspections, and reporting any issues affecting CPD quality or compliance.

3.2.4 Roles of the Practitioner on CPD

- i. Take personal responsibility for keeping up to date with current practice, innovations, and emerging health priorities.
- ii. Comply and actively participate in diverse CPD activities using different types and methods.
- iii. Ensure that their CPD activities meet the minimum required points for the practitioner's professional registration and align with the MCM domains of core technical, ethics and professionalism, and non-technical areas.

- iv. Ensure all CPD activities are properly documented, verifiable, and relevant to their scope of practice.
- v. Align CPD with professional goals, ethical standards, and national health priorities.
- vi. Prioritize CPD activities from accredited providers, unless there is a valid justification otherwise.
- vii. Verify the registration status of the CPD provider and activities before participation.
- viii. Retain CPD records and evidence for inspection or audit by the MCM.
- ix. Apply knowledge and skills gained through CPD to improve patient care, service delivery, and professional practice.
- x. Seek feedback and mentorship to guide CPD choices and enhance professional growth.

3.2.5 Roles of Employers of Healthcare Practitioners in CPD

- i. Ensure that all MCM regulated practitioners employed are actively registered and licensed.
- ii. Integrate CPD into organisational policies, linking participation to career advancement, promotions, or professional recognition.
- iii. Facilitate access to a variety of CPD opportunities, including on-site training and external courses, with protected time for attendance without compromising service delivery.
- iv. Make sure their employee-practitioners working in remote areas can access CPD and achieve the minimum expected points.
- v. Support planning, monitoring, and tracking of CPD activities, and implement remedial measures for practitioners who do not meet requirements.
- vi. Promote a workplace culture of continuing professional development and knowledge-sharing.
- vii. Collaborate with regulatory bodies and accredited CPD providers to ensure the quality and relevance of CPD activities.
- viii. Include CPD activities in annual plans and budget, and to sponsor employees for relevant CPD activities.

3.3 Benefits of Continuing Professional Development

CPD offers multiple benefits for practitioners, employers, the public, and CPD providers, including:

- i. Keeps healthcare practitioners updated on advancements in diagnostics, treatment protocols, and emerging technologies.
- ii. Supports continuous learning, offering opportunities for career progression, specialisation,

academic involvement, and leadership.

- iii. Reinforces ethical and legal compliance in line with the relevant laws, regulations, Code of Conduct and professional standards.
- iv. Fulfils a mandatory requirement for annual license renewal and registration.
- v. Promotes quality assurance and consistency in healthcare delivery through the adoption of national and international best practices.
- vi. Helps close workforce capacity gaps in critical health areas, improving service coverage and effectiveness.
- vii. Reduces clinical errors and malpractice through regular learning, case reviews, audits, and reflective practice.
- viii. Builds public confidence in the healthcare system by ensuring providers remain competent, ethical, and current in-patient care.
- ix. Enhances access to safe, evidence-based, and patient-centred care across all communities.
- x. Empowers the registered CPD provider to offer recognised CPD activities, including charging for CPD activities where applicable.

3.4 CPD Requirements for Practitioners

3.4.1 CPD Cycle and requirements

- i. The CPD cycle shall run from 1st April to 31st March of the following year, aligning with the government fiscal year.
- ii. All registered practitioners are required to accumulate at least the minimum CPD points per fiscal year per applicable cadre to be eligible for license renewal.
- iii. Practitioners who are newly registered will have their CPD point requirements calculated on a pro-rata basis, depending on the month of registration within the CPD cycle.

Example: A practitioner who is active for 6 months within the fiscal year is required to earn at least 50% of the annual expected CPD points.

3.4.2 CPD Categories and Topics

Practitioners must engage in a balanced mix of CPD activities:

I. Core Technical Modules (70% of points)

- i. Focused on the practitioner's specific scope of practice, covering core technical competencies such as clinical skills, diagnostics, therapeutic procedures, service delivery techniques, and condition or case management relevant to their profession.

Examples: Advanced clinical training, diagnostic imaging techniques (for those whose scope include imaging), laboratory diagnostics, rehabilitation methods, surgical

procedures, emergency response, nutrition planning, mental health interventions, environmental health practices, and other specialised technical skills.

II. Elective Topics (10% of points):

- i. Encompasses emerging or complementary fields that support holistic development.

Examples: Health policy, digital health, health economics, research, data management, quality improvement and national registration bureau vital statistics.

III. Ethics and Professionalism (20% of points):

- i. Covers topics related to medical ethics, patient and healthcare worker rights, legal standards, and professional behaviour.

Examples: Acts and legal basis of health practice, confidentiality, informed consent, malpractice prevention, communication, leadership, and governance.

3.4.3 Mandatory CPD topics

- i. Every profession shall have mandatory CPD topics that each practitioner must complete annually under their respective registration category.
- ii. The list of mandatory CPD topics shall be reviewed and updated every two years, or sooner if required, to reflect changes in professional practice, emerging health priorities, and regulatory standards.
- iii. The MCM Secretariat in collaboration with relevant stakeholders shall formulate the mandatory CPD topics for submission to the Council. Approval by the Council shall be contingent upon confirmation that the topics are appropriately aligned with the competencies and responsibilities of each category of registered practitioners.
- iv. Mandatory CPD topics shall include crosscutting areas essential to safe and effective practice. For example, emergency management may be a compulsory topic for all clinical and dental practitioners, while other categories may have tailored requirements reflecting their scope of practice.
- v. The Secretariat shall ensure that the list of mandatory CPD topics is communicated clearly to practitioners, monitored for compliance, and reported as appropriate.

3.4.4 CPD Points Allocation

CPD points awarded for each activity are determined by its category, type, and educational value. The number of points may vary based on factors such as duration, relevance to the practitioner's scope of practice, mode of delivery, and whether the activity is accredited or conducted by a recognised provider. The table below summarises the CPD activities, their categories, and the corresponding points.

Table 1: Table of CPD Activity and Points Allocation

CPD Activity	CPD Points Allocation	Comments
Clinical meetings/ Accredited workshops/ Seminars (per hour)	1point /hour	Maximum of 10 points per workshop or seminar
National/International conferences	5 points per conference	Can claim a maximum of 10 points from conference per year
Clinical audits/grand rounds with a minimum of 5 participants	2/session	May claim a maximum 5 sessions (10 points/year)
Research publication (principal author) or Authoring a book	10/publication	Peer-reviewed
Research publication (co-author)	5/publication	May claim a maximum 2 sessions (10 points) /year
Delivering a practical session during an outreach	2/hour	May claim a maximum 5 sessions (10 points/year)
Presentation at a workshop, conference, scientific meeting, attended by fellow practitioners	5/ workshop	May claim a maximum of 3 presentations (15 points) /year
Small group activities, regular education meetings, morning clinical handover presentations, departmental meetings	1/session	May claim a maximum 15 sessions (15 CPD points)/ year
Diploma (for those registered on certificate)	15	Awarded on Completion
Degree (for those registered on diploma)	20	Awarded on Completion
Masters, Fellowship and Master of Medicine (for those registered on degree)	25	Awarded on completion
PhD (for those registered on masters)	30	Awarded on completion
Practitioners or facilitators in hard to reach areas	2× base	Encourage hard to reach area participation

3.4.5 Deferral from CPD

The Council recognises that certain circumstances may prevent a practitioner from fulfilling CPD requirements within a given cycle. In such cases, practitioners may apply for exemption or deferral for a specific period, subject to MCM approval. The practitioners are supposed to use the CPD deferral form (**Appendix 1**).

Some practitioners are located in hardto reach and remote areas with limited access to internet and road infrastructure. Employers of such practitioners may request a deferral from meeting the minimum annual CPD points, provided the request is submitted at the beginning of the year. The request must clearly state the name of the facility and provide a justification. Practitioners may be considered for CPD deferral if they are unable to participate in CPD activities for at least 6 months, due to:

- i. Prolonged illness or medical incapacity
- ii. Maternity leave, but some may still be able to attend CPD sessions during this leave.

- iii. Study leave or full-time academic engagement excluding lectures who are registered as MCM practitioners.
- iv. Approved sabbatical or secondment abroad.
- v. Other exceptional circumstances are subject to MCM evaluation.

Application Process for CPD deferral:

- i. The practitioner must submit a formal written request using the MCM deferral request form to the MCM at least 14 calendar days before the commencement of the proposed deferral period.
- ii. The request must include:
 - a. A clear explanation of the reason for exemption
 - b. Supporting documentary evidence (e.g., medical report, study letter, official leave documentation)
- iii. The MCM will review the request and communicate the decision in writing.
- iv. If approved, the MCM may:
 - a. Grant exemption
 - b. Adjust CPD points on a pro-rata basis
 - c. Require the practitioner to make up points in the following cycle

It is important to note that:

- i. Exemptions are not automatic and shall be formally approved by the MCM.
- ii. Exemptions may be denied.
- iii. Practitioners granted exemption must maintain communication with the MCM and stay updated on CPD requirements.
- iv. Misuse or false claims related to exemptions shall result in disciplinary action.

3.5 CPD Points Requirements by Profession

Recognizing that the professional roles, competencies, and responsibilities of medical, dental, and allied health practitioners vary significantly, the CPD requirements are tailored accordingly per cadre. The minimum CPD points required in each cycle shall therefore depend on the practitioner's profession, level of training, and the expected scope of practice. Every practitioner is obligated to attain at least the minimum CPD points specified for their cadre, ensuring that professional knowledge and skills remain current and relevant.

For purposes of maintaining a balanced and holistic approach to lifelong learning, CPD points accumulated must comprise core technical, ethics and professionalism, and electives or general competence as outlined in 3.4.2.

The prescribed CPD points for each professional cadre regulated by MCM are detailed in **Appendix 2**, which is an integral part of this regulation.

3.6 Core Requirements for CPD Providers

3.6.1. Structural Attributes

To be recognised as a CPD Provider, the organisation must:

- i. Possess a valid postal address and a verifiable physical location.
- ii. Operate a designated email address exclusively for CPD-related communication.
- iii. Demonstrate availability of appropriate infrastructure and resources, including:
 - a. A training room or resource centre suitable for learning.
 - b. Reliable internet connection and digital platform if virtual activities would be conducted.
 - c. Access to functional equipment to support hands-on or practical sessions where applicable.
 - d. A 12-month calendar of planned CPD activities.
 - e. Sufficient financial resources or clear plans for mobilising finances for CPD events.
 - f. Strategies for identifying appropriate facilitators, including facilitators registered in good standing with MCM.

3.6.2. Technical Attributes

To ensure quality CPD delivery, the provider must:

- i. Have a CPD Committee composed of diverse professions where applicable in line with the planned CPD activities.
- ii. Have a CPD coordinator who would be the focal person for CPD activities to coordinate activities.
- iii. Ensure trainers or facilitators, who would be:
 - a. Subject-matter experts or knowledgeable in the relevant fields.
 - b. Officially appointed, contracted, or retained by the provider.
 - c. Available to conduct assessments of learning through tools such as pre- and post-tests where applicable.
 - d. Ensure the subject matter is relevant to the planned participants or cadres.
- iv. Establish a feedback mechanism to collect and review participant evaluations for continuous improvement.

3.6.3 Minimum Documentation Requirements

The following documents must be submitted to MCM prior to the registration or initial inspection of the CPD provider (New updates should be communicated to the MCM whenever there is a change):

- i. Filled CPD Application Form using the MCM form as outlined in **Appendix 3**.
- ii. List of CPD Committee members with contact details.
- iii. Contact details of the CPD Coordinator.
- iv. Three referee testimonials vouching the capacity of the Applicant organisation from MCM registered practitioners, health professional bodies, or facilities in good standing with MCM.
- v. Evidence of infrastructure and platform readiness.
- vi. Copies of assessment and feedback tools used in CPD sessions.
- vii. Submit an accompanying short concept note outlining the following:
 - a. Overview of the institution/organisation, including vision, mission and core values.
 - b. The institution's involvement or experience in health care education or CPD.
 - c. The proposed target audience, e.g. Optometrists, if multiple indicate all the groups.
 - d. The resources/tools available for the presentation of CPD activities (lecture rooms, etc.).
 - e. The method for recording or tracking participants attendance (e.g. online, physical or both).
 - f. CPD implementation plan or calendar of activities, especially for the first year.
 - g. The method to be used for evaluation of the effectiveness of the CPD activities or events.
 - h. The proposed start date for commencing CPD activities or events.

3.7 CPD Reporting and Records Management

3.7.1 Recording by practitioners

Practitioners should document the following:

- i. Their attendance in CPD sessions on prescribed forms, platforms or booklets by the CPD provider or regulator.
- ii. CPD activities undertaken
 - a. Type of activity, title or topic, date (s) and duration, mode of delivery.
 - b. The CPD provider.
- iii. CPD points or credit hours
 - a. CPD points accumulated for the activity according to MCM regulations and standards.

- iv. Keep copies of the certificates of attendance or completion.
 - a. Upload or attach scanned certificates where applicable.
- v. Provide feedback on the CPD activity to the provider where required.
- vi. Summary record or CPD diary:
 - a. Use of physical CPD diary:** Where a physical CPD diary is used, practitioners shall ensure that all relevant details of CPD activities are accurately recorded. The diary shall be maintained by the practitioner and must be readily available as evidence of participation in CPD activities whenever required by the MCM. Facilitators must sign for the session.
 - b. Use of online CPD platform:** Practitioners shall also utilise the MCM online CPD platform to document all CPD activities they have attended. Entries made on the platform will be reviewed and approved by registered CPD providers, after which the activities will be officially recognised by the MCM for purposes of compliance and professional development records. Practitioners shall also use online platforms prescribed by CPD providers. MCM and CPD providers shall create interlinkages between the MCM platforms and the CPD provider platforms, or certificates shall be uploaded in the MCM platform.

3.7.2 Reporting by CPD providers

Every CPD provider should have the following;

- i. Evidence of CPD registration and approval records including certificates.
- ii. System for documenting participants attendance and ensuring participants meet the required duration to earn the allocated CPD points.
- iii. Functional CPD committees and coordinators.
- iv. Adequate materials and resources to run CPD programmes.
- v. Online approval by CPD Providers of practitioner attendance:
 - a. CPD providers shall be issued with secure user credentials for the MCM information management system to enable them to approve attendance records for practitioners who participate in their CPD activities.
 - b. Practitioners are required to record their participation in the MCM online system promptly after attending an activity.
 - c. The designated CPD provider coordinator shall then verify each submission against the official attendance register, ensuring that the practitioner was present and that the minimum contact hours required for the allocation of CPD points were fully met. Only after this verification process shall the coordinator approve the record for recognition by the MCM.
 - d. CPD providers and their coordinators shall be held accountable for the accuracy and

integrity of the approvals they grant. Any deliberate or negligent approval of records without proper verification may result in sanctions, including suspension or withdrawal of provider registration by the MCM.

CPD providers must submit the following documents to the MCM where required:

- i. Calendar of planned CPD events:
 - a. CPD activity details; title of the activity, specific date(s) and duration, mode of delivery; learning objectives and content outline.
 - b. List of facilitators including qualifications, and affiliations.
 - c. Assigned CPD points for individual CPD activities.
- ii. CPD providers periodic report to the MCM:
 - a. At the end of the quarter, CPD providers must submit a summary report including: CPD activities conducted, number of participants per activity, CPD points awarded, copies of attendance registers. See sample reporting template as in **Appendix 4**.
 - b. Names of participants including their registration numbers.
 - c. Where possible details of certificates issued, names of recipients, certificate numbers and date of issue.

3.8 Advertising and marketing of CPD activities

On advertising and marketing of CPD activities, the MCM recommends that CPD providers should:

- i. Package CPD activities attractively; use clear titles that show relevance, highlight learning outcomes and benefits upfront.
 - a. State dates, times, costs, CPD points, and facilitators clearly.
- ii. Use multi-channel promotion;
 - a. email marketing
 - i. build a mailing list of registered professionals.
 - b. short, well-designed e-flyers with registration links.
 - c. MCMIS
 - i. For activities publicised by CPD providers
 - d. short videos and testimonials
 - e. send reminders closer to the date.
 - f. WhatsApp groups and broadcasts.
 - g. Social media platforms: Facebook, LinkedIn, and X etc. for general awareness.

- iii. Partner with professional associations, health facilities, or training institutions to endorse your CPD activities for credibility.
- iv. Offer early-bird discounts or group rates where applicable.
- v. Ensure ease of registration; use simple registration forms or event platforms.
- vi. Maintain a consistent brand; have a recognisable logo, colour scheme, and professional e-flyer templates. Build trust through professional, error-free, and well-designed materials.
- vii. Follow-up after events; share certificates promptly, request feedback and market upcoming events within thank-you communications.
- viii. Maintain an updated website or Facebook page; post upcoming events with full details. Share resources or past highlights to build reputation.

3.9 The MCM CPD Process: A Step-by-Step Guide

To safeguard the quality, integrity, and consistency of CPD, all CPD providers must undergo a formal registration process with the MCM. Registration ensures that providers meet the minimum standards set by MCM and can deliver CPD activities that are relevant, ethical, and of high educational value.

The process also establishes clear roles and responsibilities for both MCM and CPD providers, from application through to registration, reporting, monitoring, and renewal. This section outlines the sequential steps that guide the registration, inspection, recognition, and ongoing compliance of CPD providers under MCM regulations.

i. Application for Registration:

The CPD provider applies for registration to the MCM using the approved tools, application form (**Appendix 3**), and a concept note. The concept note must, at a minimum, contain the information specified in the MCM application form.

ii. Review of Application:

MCM reviews the submitted application and provides feedback to the CPD provider on whether the information provided is adequate or requires revision.

iii. Issuance of Invoice:

Upon acceptance of the application, MCM issues an invoice covering registration, licensing, and inspection-related fees.

iv. Payment of Fees:

The CPD provider settles the applicable registration and inspection fees and submits proof of payment (POP) to MCM.

v. Initial Inspection:

MCM conducts an initial inspection of the CPD provider using the standard checklist (provided in **Appendix 5** of the regulations) and gives feedback on the findings.

vi. Registration and Accreditation:

Based on the application and inspection outcomes, MCM registers and accredits the CPD provider if minimum requirements are met, and issues a registration certificate as proof.

vii. Commencement of CPD Activities:

The accredited CPD provider may begin delivering CPD activities, and MCM will recognise the allocated CPD points for practitioners attending the sessions.

viii. Practitioner Participation:

Practitioners attend CPD activities organised by accredited providers. Attendance is recorded in the provider's registers and must also be entered in the MCM Information Management System (MCMIS) or the official MCM CPD diary.

ix. Verification of Attendance:

The CPD provider verifies and approves practitioner attendance either through the MCMIS online system or physically in the CPD diary.

x. Reporting of CPD Activities:

The CPD provider submits quarterly or annual summary reports to MCM on the activities conducted where required. Reports must meet the minimum requirements specified in the regulations and follow the reporting templates provided in **Appendix 4**.

xi. Quality Assurance Inspections:

MCM conducts unannounced routine inspections of CPD providers using a checklist provided in **Appendix 6** of the regulations, to ensure quality assurance and assess compliance with regulations and standards. Each CPD provider shall be inspected annually. Where possible, the inspections shall be conducted online.

xii. Feedback and Compliance Reinforcement:

MCM shares the inspection report with the CPD provider and enforces compliance measures as necessary.

xiii. Annual Renewal:

The CPD provider pays the required renewal fees annually, in line with the government financial calendar.

MCM, at its discretion, may in very few circumstances recognise CPD activities conducted by providers accredited by other regulatory bodies, both nationally and internationally. Practitioners are advised to seek prior guidance from accredited CPD providers or directly from MCM regarding the recognition of such activities.

3.10 Consequences of non-compliance to CPD and reinforcement

Failure to comply with CPD requirements poses significant risks to patient safety, public protection,

and the overall quality of healthcare delivery. In recognition of these risks, the MCM shall enforce consequences for non-compliance applicable to practitioners, CPD providers, and employers. These measures are intended to promote accountability, safeguard professional standards, and uphold public trust in the healthcare system.

3.10.1 Practitioners

- i. Suspension, non-renewal, or cancellation of professional licence for failure to meet the minimum CPD requirements within the prescribed cycle.
- ii. Restriction of scope of practice until compliance is demonstrated.
- iii. Financial penalties as may be determined by the Council.
- iv. Requirement to complete remedial CPD activities within a specified timeframe before resuming full practice.

Consequences for practitioners shall include:

Table 2: Table of CPD non-compliance for practitioners and their consequences

Duration of non-compliance	Consequence
In the first year of CPD non-compliance	Non-compliance stamp on renewal certificate and certificate of good standing (COGS)
In the second year of CPD non-compliance	Monetary penalty 100% of annual renewal fees, and apply penalty and fine schedule
In the third year of CPD non-compliance. To undergo minimum of 6 weeks orientation in line with internship guidelines	Publishing of non-compliance names
In the fourth year of CPD non-compliance	Called for disciplinary hearing
In the fifth year of CPD non-compliance	Suspension or deregistration from the Register for a specified period
<i>*MCM has the right to review and fine CPD non-compliance on case-by-case basis in line with existing regulations</i>	

3.10.2. CPD Providers

- a. Written warnings and corrective action directives for failure to adhere to CPD registration standards.
- b. Suspension or withdrawal of CPD provider registration by the MCM.
- c. Invalidation of CPD points for activities where records are falsified or where minimum standards are not met.
- d. Blacklisting of providers who repeatedly violate CPD regulations, with notification to practitioners and employers.

Consequences of non-compliance for CPD providers shall include the following:

Table 3: Table of CPD non-compliance for CPD providers and their consequences

Non-compliance	Consequences
Non-compliance for the first year	non-compliance stamp on renewal certificate with monetary penalty 100% of annual renewal fees.
Non-compliance for the second consecutive year	Denial of renewal of license until observed issues are addressed. Monetary penalty 100% of annual renewal fees.
Persistent non-compliance despite more than one warning	Publishing on non-compliance- Loss of professional reputation. De-registration or revocation of CPD Provider status
Providing false attendance records, forged certificates, or unaccredited CPD points	Disciplinary Action
For providing non-compliant activities that are poor quality, lacking learning outcomes	*Rejection of CPD Activities;

3.10.3. Employers

- i. Sanctions for employing practitioners who are not actively registered, licensed, or compliant with CPD requirements.
- ii. Requirement to develop and implement internal systems to support practitioner CPD compliance.
- iii. Public censure or reporting to relevant government authorities for persistent non-compliance.
Consequences for CDP non-compliance for the employer.

Table 4: Table of CPD non-compliance for employers and their consequences

Process/reason for non-compliance	Consequence
In the first year of CPD non-compliance	Warning
In the second year of CPD non-compliance	Non-compliant stamp with monetary penalty 100% of annual renewal fees if employer is regulated by MCM Disciplinary or legal action (Fines or penalties) if the employer is not regulated by MCM
When audits reveal systematic non-compliance	Risk of closure or suspension of specific services for MCM regulated employers. Disciplinary or legal action (Fines or penalties) if the employer is not regulated by MCM.
CPD non-compliance following warnings for consecutive years	Revocation of registration status (especially in teaching hospitals or facilities with training roles)
CPD non-compliance following warnings within two consecutive years.	Revocation of certificates of practice for MCM regulated employers

4.0 Implementation Arrangements

The effective implementation of CPD requires the active involvement of multiple stakeholders, each with distinct roles and responsibilities. Below are the roles of the various players in the CPD process, outlining their contributions to ensuring compliance, quality, and professional growth.

4.1 The Medical Council of Malawi

4.1.1 Registrar and Chief Executive Officer

The Registrar and CEO shall provide overall leadership in the implementation. Specifically, the Registrar or his/her designate shall:

- i. Serve as Secretary to the Council and its CPD-related committees, facilitating meetings and documentation.
- ii. Publish CPD provider applications, eligibility requirements, assessment guidelines, and the list of accredited providers.
- iii. Appoint assessors and inspectors for CPD providers, receive and review assessment reports, and process them for Council decisions.
- iv. Initiate and manage investigations into alleged CPD irregularities, including receiving investigation reports and recommending appropriate disciplinary actions against providers or practitioners involved.
- v. Receive and process applications for appeals regarding suspected unfair judgments.
- vi. Enforce CPD compliance and provide guidance on topics eligible for CPD points across professional entities.
- vii. Facilitate stakeholder engagement in CPD implementation.

4.1.2 The roles and responsibility of the Committee responsible for CPD

The specific roles and responsibilities for the Committee responsible for CPD shall be as follows:

- i. Attend committee meetings and actively participate in deliberations.
- ii. Perform duties in accordance with the specific responsibilities assigned to the committee.
- iii. Review CPD policies and regulations and provide recommendations to the Council.
- iv. Advise the Council on improvements to CPD implementation.
- v. Review CPD programme monitoring and evaluation reports and present findings to the Council.
- vi. Provide governance oversight on CPD matters to the Registrar and Chief Executive Officer.
- vii. Review CPD application, registration, and inspection checklists, and provide recommendations to the Council for approval.

- viii. Review CPD provider inspection reports and recommend registration decisions to the Council.

4.1.3 The Medical Council Board

The Council shall be responsible for regulations direction on issues related CPD implementation. The specific roles and responsibilities of Council member shall be as follows:

- i. Attend Council meetings.
- ii. Appoint the Committees responsible for the various aspects of CPD.
- iii. Approve CPD regulations, standards and guidelines.
- iv. Approve CPD providers' assessment reports and accredit and register CPD centres or institutions
- v. Provide oversight of CPD governance
- vi. Approve the TORs for Committees.

4.2 CPD providers

The CPD provider Committee responsibilities shall include:

- i. Provide strategic leadership and oversight for CPD implementation within the institution.
- ii. Acquaint themselves with MCM CPD application procedures, eligibility requirements, assessment checklists, schedules, and related policies, including non-compliance penalties.
- iii. Submit all required documents and fees, including proof of payment, to the MCM within stipulated deadlines.
- iv. Monitor and assess CPD implementation at the institution, ensuring compliance with submission deadlines and regulatory requirements.
- v. Notify the MCM promptly if unable to meet CPD provider requirements due to illness or other valid reasons; failure to provide an acceptable justification shall be deemed non-compliance.
- vi. Submit written statements to the MCM regarding any alleged CPD irregularities.
- vii. Lodge an appeal within the timeframe specified in the constitution if there are concerns about the fairness of CPD assessment decisions.

4.2.2 CPD Coordinators

- i. Coordinate CPD implementation at the institution
- ii. Registration of CPD participants
- iii. Assessment of CPD needs
- iv. Coordinate development of CPD modules
- v. Planning and implementing CPD activities
- vi. Document and submit regular CPD progress reports
- vii. Submit CPD progress reports to MCM
- viii. M & E on CPD implementation
- ix. Maintaining CPD records
- x. Shall be the focal contact person for MCM

5.0 Appendices

Appendix 1: MCM CPD Deferral Request Form

Instructions: This form is to be completed by practitioners requesting at least 6 months deferral of CPD points. Any duration less than 6 months does not require deferral as the practitioner can catch up with the CPD points. The expected CPD points for the non-deferred period within the CPD cycle shall be prorated. Supporting documentation must be attached where applicable. Deferral requests must be submitted at least a month before the start date.

1. Practitioner Details

Full Name	
MCM Registration Number	
Registration Cadre	
Contact Number	
Email Address	
Place of Work (Institution)	

2. CPD Cycle Being Deferred

Start Date of CPD Cycle	
End Date of CPD Cycle	
Duration of request (in months)	
Effective date of request	

3. Reason for Deferral Request

- Medical (e.g. prolonged illness or disability)
- Study Leave (e.g. full-time academic programme)
- Other (please specify): _____

Explanation:

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

4. Supporting Documents (tick those that apply)

- Medical Report
- Academic Enrolment Letter
- Employer Letter
- Travel Documents
- CPD provider letter
- Other: _____

5. Declaration by Applicant

I (name) hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that approval of this request is at the discretion of the MCM and that I may be required to provide further information.

Signature: _____ Date: _____

Official use

I do accept/do not accept your deferral request for the stated period

Signature.....

Name.....

Position..... *NB: instructions for each section on how it should be filled out.*

Appendix 2: Expected CPD points per cycle per registration cadre

Professional Stream	Profession	Acronym	Total CPD Points per Year	Core technical	Ethics	Elective
<i>Depicts minimum expected CPD points</i>						
Anaesthesia	Anaesthetic Clinical /Nurse Therapist	ACT/ANT	20	14	4	2
	Clinical Associate -Anaesthesia & Intensive Care	CA-ANAES	30	21	6	3
Public/Environmental Health	Assistant Environmental/ Public Health Officer	AEHO APHO	20	14	4	2
	Environmental/ Public Health Officer	EHO PHO	30	21	6	3
	Disease Control and Surveillance Assistants	DCSA	15	10	3	2
Physiotherapy & Rehab	Physiotherapist	PHY	30	21	6	3
	Assistant Physiotherapist	APHY	20	14	4	2
	Occupational Therapist	OT	30	21	6	3
	Massage Therapist	MT	20	14	4	2
	Occupational Therapy Technician	OTTECH	25	17	5	3
	Speech Therapist	ST	20	14	4	2
	Rehabilitation Assistant	RA	20	14	4	2
	Wheelchair Technician	WCT	20	14	4	2
	Rehabilitation Technician	REH-TECH	20	14	4	2
Audiology & ENT	Audiologist	AUD	25	17	5	3
	Audiology Assistant	AUD-ASS	20	14	4	2
	Ear Nose and Throat Clinical Officer	ENT-CO	25	17	5	3
	Audiology Technician	AUD-TECH	20	14	4	2
Biomedical Engineering	Biomedical Engineer	BME	30	21	6	3
	Biomedical Engineering Technician	BME-TECH	25	17	5	3

Professional Stream	Profession	Acronym	Total CPD Points per Year	Core technical	Ethics	Elective
Laboratory Diagnostics &	Cytotechnologist	C Y - TO-TECH-NO	30	21	6	3
	Medical Laboratory Technologist	MLT	30	21	6	3
	Medical Technologist - (Immunology/ Haematology)	MT-HIH	30	21	6	3
	Medical Technologist – Parasitology and disease Vector control	MT-PDVC	30	21	6	3
	Medical Technologist - Medical Microbiology	MT-MMB	30	21	6	3
	Clinical Micro Biologist	CMB	30	21	6	3
	Biomedical Scientist	BMS	30	21	6	3
	Laboratory Technician	LT	25	17	5	3
	Laboratory Assistant/Aide	LA/LAID	20	14	4	2
Mental Health	Clinical Associate – Psychiatry	CA-PSYCH	30	21	6	3
	Clinical Counsellor	C L I N - COUNS	20	14	4	2
	Psychologist	PSY	30	21	6	3
	Psychosocial Counsellor	PSC	20	14	4	2
	Psychotherapist	PSYCHO	25	17	5	3
	Clinical Psychologist	CLIN-PSY	30	21	6	3

Professional Stream	Profession	Acronym	Total CPD Points per Year	Core technical	Ethics	Elective
Clinical Practitioners	Specialist/Fellow	SP	40	28	8	4
	Medical Practitioner	MP	35	24	7	4
	Doctor of Osteopathy	DO	35	24	7	4
	Clinical Associates - General Medicine, Surgery, Palliative Care Medicine, Internal Medicine, Obstetrics and Gynaecology, Paediatrics	CA-GEN CA-SURG CA-PCM CA-MED CA-OBS	30	21	6	3
	Clinical Officers	CO	25	17	5	3
	Medical Assistants	MA	20	14	4	2
Nutrition	Clinical Nutritionist	CN	30	21	6	3
	Dietician	DIE	30	21	6	3
Dental	Dental Therapist	DDT	25	17	5	3
	Dental Assistant	DA	20	14	4	2
	Dental Orderlies	DOR	20	14	4	2
	Community Oral Health Educator	COHE	20	14	4	2
	Dental Technician	DT	20	14	4	2
	Dental Technologist	DENT	20	14	4	2
	Dental Therapist	DDT	25	17	5	3
	Dentist	DEN	35	24	7	4
Dermatology	Dermato-Venereology Officer	DVO	25	17	5	3
	Leprosy Control Assistant	LCA	20	14	4	2
Ophthalmology	Ophthalmic Clinical Officer	OPH-CO	20	14	4	2
	Assistant Ophthalmic Officer	ASS-OPH	20	14	4	2
	Clinical Associate – Ophthalmology	CA-OPH	30	21	6	3
	Optician	OPT	30	21	6	3
	Optometrist	OPTO	25	17	5	3
	Orthoptist	ORTHO	25	17	5	3
	Optometry Technician	OP-TO-TECH	20	14	4	2

Professional Stream	Profession	Acronym	Total CPD Points per Year	Core technical	Ethics	Elective
Orthopaedics	Clinical Associate – Orthopaedics	C A - O R - THO	30	21	6	3
	Orthopaedic Clinical Therapist	OCT	25	17	5	3
	Orthopaedic Technician	ORT	20	14	4	2
	Prosthetist and Orthotics (BSc)	P&OB	30	21	6	3
	Prosthetist and Orthotic (Dip)	P&OD	20	14	4	2
	Orthopaedic Technologist (BSc)		25	17	5	3
Medical Imaging & Therapeutic	Radiation Therapy Technician	RTT	20	14	4	2
	Diagnostic Medical Sonographer	DMS	30	21	6	3
	Radiation Therapy Technologist	RATT	25	17	5	3
	Radiographer	RD	30	21	6	3
	Radiography Assistant	RDA	20	14	4	2
	Medical Physicist	M E D - PHYS	30	21	6	3
	Radiography Technician	RTT	20	14	4	2
	Sonography Technician	SONO	20	14	4	2
Registered Supporting Staff	Operating Theatre Technician	OTT	20	14	4	2
	Health Assistants	HA	15	10	3	2
	Medical orderlies	MO	15	10	3	2

Appendix 3: MCM CPD Provider application form

Instructions: Complete and submit online or in hard copy to the Medical Council of Malawi for CPD Provider registration

1. Application process

- i. Check the MCM website (www.medcouncilmw.org) to download a copy of CPD regulations, standards and checklists or request from the MCM
- ii. Complete and submit this application form and all required attachments
- iii. Pay application and issue fees as per the MCM schedule of fees.
- iv. Check the initial inspection requirements and checklist, and ensure you are prepared for the initial inspection.
- v. Request for initial inspection from MCM.
- vi. MCM conducts the initial inspection and recommends appropriate decisions.
- vii. Licensing happens and the institutions begin offering CPD

2. CPD Provider Details

Name of the Organisation/ Institution		
Type of CPD Provider (tick one)	Association <input type="checkbox"/> Health Facility <input type="checkbox"/> Research Institution <input type="checkbox"/> Academic Institution <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>	
Postal Address		
Physical Address/Location		
Name of Head of Institution	Profession	MCM Reg number (where applicable)
	Tel:	Email Address:
Name of CPD Coordinator	Profession	MCM Reg number
	Tel:	Email Address:

3. Attachment of a CPD Concept Note

The following information must be indicated/submitted in support of your application

<p>1. A concept note as a minimum outlining the following:</p> <ul style="list-style-type: none"> • Overview of your institution/organisation, including vision, mission, establishing authority (Cite establishing Act, or registration details) etc. • Your institution or organisation’s involvement or experience in health care education or CPD. • State your proposed target audience, e.g., Optometrists, if multiple indicate all the groups. • State the resources/tools available for the presentation of CPD activities (lecture rooms, etc.). • State the method for recording attendance (e.g. online, physical or both). • CPD implementation plan or calendar of activities especially for the first year. • State the method to be used for evaluation of the CPD activities or events. • State your proposed start date of commencing CPD activities or events. • CPD quality assurance strategies. <p>NB: Concept note should not exceed 5 pages</p>	Yes	No
<p>2. Proof of payment of relevant attached</p>	Yes	No

4. Declaration by CPD provider

To be awarded CPD provider status, the organisation agrees to:

- Exercise integrity and ethical behaviour in the allocation of CPD points for learning activities.
- Record the name, professional registration number and the CPD points awarded to every participant at each CPD activity.
- Validate participant attendance for the **entire** event or at least the minimum duration as prescribed in the regulations.
- Provide participants with attendance certificate /evidence of completion where applicable.
- Submit reports on CPD activities conducted to MCM on determined timelines.
- Safeguard the CPD records.
- Be subjected to quality assurance checks as may be deemed necessary by MCM from time to time.

- Pay initial inspection and renewal fees as applicable.

NAME:**SIGNATURE:****DATE:**

POSITION:

Appendix 4: CPD Provider reporting template

CPD Provider name:Registration No:

Activity Title	Date(s)	Venue	Facilitator(s)	Points	Participants Number	Attendance Register Attached? (Y/N)	Certificates Issued? (Y/N)
Emergency Obstetric Care	15 June 2025	XYZ Conference Hall	Dr. Banda, RN Mwale	5 CPD Points	30	Yes	Yes

Appendix 5: MCM CPD Provider initial inspection checklist

MCM CPD INITIAL INSPECTION CHECKLIST

Name of CPD Provider:

Registration Number
Type of Provider (tick one)	Association <input type="checkbox"/> Hospital <input type="checkbox"/> Research Institution <input type="checkbox"/> Academia <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/> (Specify):

Postal address: Physical address:

Location (tick one)	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
---------------------	---

Head of Institution

Name:

Phone Number: Email.....

CPD Coordinator

Name:

Phone Number: Email.....

CPD Committee Members

#	Name	Profession / MCM Reg Cadre (Where applicable)	Registration Number	Phone Number	Email
1					

2					
3					
4					
5					
6					

Requirement	Availability		Remarks
	Yes	No	
Section 1: General Requirements			Review files
CPD Provider is a legally registered institution*			
Provider has a clear organisational structure with identifiable leadership and accountability lines (provide evidence)			
Evidence of governance policies supporting CPD programming			
Has a designated CPD Coordinator or Officer with appropriate qualifications*			
CPD committee is in place with clear Terms of References and plans*			
List of qualified potential facilitators registered with the MCM			
Copies of CPD regulations, national harmonised CPD policy and other relevant documents*			
Section 2: Infrastructure and Premises			
The provider demonstrates the availability of appropriate infrastructure for effective delivery of CPD activities, (Physical/ Online)*			
Physical Infrastructure: provider demonstrates access to appropriate physical infrastructure such as training centres, classrooms, clinical or laboratory spaces. <i>(to provide proof of an agreement with another institution with the required physical resources if not using own facilities)</i>			
Training space is clean, well-lit, and ventilated			
Online Infrastructure: Presence of functional online platforms and stable internet connectivity to support virtual learning			
Equipment: functional projector or screen, computers or laptops			
Internet access for facilitators for presentations remotely where applicable*			
Audio-visual tools (microphone, speakers, camera) for virtual or hybrid CPD			
Section 3: Preparedness for CPD			

Requirement	Availability		Remarks
	Yes	No	
Readiness for CPD activities commencement with annual programme*			
CPD programmes align with national health priorities and regulatory standards*			
The topics include core technical, electives and ethics and professionalism as prescribed in the CPD regulations*			
CPD content is evidence-based and addresses relevant competencies levelled appropriately			
Provider planning to offer appropriate delivery methods (face-to-face, online, hybrid)			
Inclusion of adult learning principles and interactive methodologies where applicable			
Provider has a system to track attendance and participation in all CPD activities*			
Strategies to comply with MCM-approved CPD guidelines and point system*			
Where the CPD provider plans to issue certificates, topics and CPD points are clearly indicated on the certificates			
Section 4: CPD Online Delivery Platform where applicable			
Provider has a functional online CPD delivery platform or system*			
Online platform is accessible and user-friendly for target participants*			
Platform includes registration or login feature for tracking users			
Live sessions (webinars, Zoom/Teams) are supported			
Pre-recorded/self-paced courses for learners			
Learning materials (PDFs, slides, videos) are accessible to participants			
Platform generates reports (e.g., attendance, scores, feedback) for internal and MCM reporting			
Online support/helpdesk is available for participant queries			
CPD delivery is aligned with MCM-approved guidelines for online learning*			
Digital records are stored securely and can be retrieved for audit*			
Blended learning (hybrid) model used where internet access is limited			
Section 5: Feedback and Assessment Tools			
The provider has mechanisms and tools to assess participant satisfaction and learning outcomes (e.g., feedback forms, surveys, pre/post-tests, reflection exercises).			
Systems have been established for routine evaluation of CPD activities to assess their effectiveness and relevance.			
Systems in place for summary reports and documentation of challenges to inform future CPDs planning*			
Plans in place for periodic submission of reports to the MCM as required*			

Findings and Recommendations:

1. Finding and its corresponding recommendation

Final Score: Indicate a final score here, with an explanation of the performance on both all indicators and asterisked indicators.

Conclusion: (Justify the conclusion here based on the Final Score Section above).

Criteria	Tick
Met all requirements	<input type="checkbox"/>
Partially met requirements	<input type="checkbox"/>
Did not meet requirements	<input type="checkbox"/>

Recommendation for Licensing:

Criteria	
Recommended for Licensing	<input type="checkbox"/>
Recommended with Conditions	<input type="checkbox"/>
Not Recommended	<input type="checkbox"/>

Inspection Team

1. **Inspector Name:**

Signature:

2. **Inspector Name:**

Signature:

3. **Co-opted Expert:**

Signature:

4. **Co-opted Expert:**

Signature:

Designation:

Date:

Designation:

Date:

Designation:

Date:

Designation:

Date:

Guidance on scoring the initial inspection checklist

OUTCOME OF ASSESSMENT	SCORE DESCRIPTION	MCM ACTION
Met all requirements: Total score of $\geq 75\%$ and have met each indicator with *	Total score 29/38 Item with * 17/17	Licensing for CPD
Partially met requirements: Minimum total score of $\geq 60\%$ and met each indicator with *	Total score $\geq 23 / 38$ Item with * 17/17	Conditional approval to address the observations within 3 months
Did not meet requirements: A Score of $< 60\%$ have missed at least indicator with *	Total score $< 23 / 38$ Item with * $< 17/17$	Not recommended for licensing
<i>The initial inspection checklist has a total of 26 indicators including 13 critical indicators with asterisks</i>		

Appendix 6: MCM CPD Provider Routine Inspection Checklist

CPD ROUTINE INSPECTION CHECKLIST

Name of CPD Provider:

Registration Number
Type of Provider (tick one)	Association <input type="checkbox"/> Hospital <input type="checkbox"/> Research Institution <input type="checkbox"/> Academia <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/> (Specify):

Postal address: Physical address:

Location (tick one)	<input type="checkbox"/> Urban <input type="checkbox"/> Rural
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Head of Institution

Name:

Phone Number: Email.....

CPD Coordinator

Name:

Phone Number: Email.....

CPD Committee Members

#	Name	Profession / MCM reg Cadre	Registration Number (Where applicable)	Phone Number	Email
1					
2					
3					
4					
5					
CPD					

Requirement	Availability		Remarks
	Yes	No	
Section 1: Provider General Details			
The CPD Provider is a legally registered institution			
The Provider is registered by MCM *			
The provider has a clear organisational structure with identifiable leadership and accountability lines*			
Section 2: Human Resource Requirements			
Designated CPD coordinator is appointed and functional*			
The CPD Coordinator has relevant qualifications and experience			
CPD committee is functional with meeting minutes and actions*			

Requirement	Availability		Remarks
	Yes	No	
List of active CPD facilitators/trainers is available			
Facilitators are qualified and registered with the regulatory body where relevant			
Evidence of facilitator orientation or induction is available			
Staff involved in CPD activities undertake regular CPD themselves			
Roles and responsibilities for CPD implementation are assigned			
Administrative support for CPD*			
Attendance registers for CPD are maintained*			
Internal supervision or appraisal system is in place			
Strategies to ensure employed practitioners' involvement in CPD delivery			
CPD delivery training calendars or plans are in place*			
Section 3: Infrastructure and Equipment			
Provider has CPD training space (on-site)*			
Where Provider uses an external venue, signed MoU or agreement with venue owner available*			
Training space is clean, well-lit, and ventilated			
Flip charts or writing boards available for use where applicable			
Functional projector or screen available for presentations			
Tables and chairs are adequate and comfortable for learners			
Computers or laptops available for CPD presentation/facilitation			
Power source is reliable (including backup if applicable)			
Internet access available at site or via mobile hotspot (for online/blended delivery)			
Audio-visual tools (microphone, speakers, camera) for virtual or hybrid CPD			
Facilities used comply with basic IPC and safety standards			
Section 4: Feedback and Assessment Tools			
Participant evaluation forms/tools available and used consistently to gather participant feedback			
Attendance registers are available and properly filled per session*			
CPD Logbooks or CPD diaries are maintained for tracking participation*			
Reporting templates/forms from MCM are in use*			
Certificates issued include CPD points			
Summary reports from feedback are compiled and inform future planning			

Requirement	Availability		Remarks
	Yes	No	
Feedback tools are adapted to delivery mode (e.g. Google Forms for online sessions)			
Provider tracks feedback related to CPD sessions and implement actions to address key issues*			
Participant results or assessments (where applicable) are securely stored			
Section 5: Collaborations			
The CPD provider has active institutional collaborations where applicable evidenced by MOUs or agreements for CPD delivery*			
The provider collaborates with sites for practical or field-based sessions (where applicable)			
Online CPD platforms are subscribed to or accessed (e.g., WCEA, IFCC, WHO Academy)			
The provider receives technical or financial support from partners for CPD activities			
CPD content co-developed with relevant experts (e.g. academic or technical partners)*			
Section 6: CPD Online Delivery Platform where applicable			
Provider has a functional online CPD delivery platform or system*			
Online platform is accessible and user-friendly for target participants*			
Platform includes registration or login feature for tracking users			
Live sessions (webinars, Zoom/Teams) or pre-recorded self-paced courses are supported			
Learning materials (PDFs, slides, videos) are accessible to participants*			
Platform generates reports (e.g., attendance, scores, feedback) for internal and MCM reporting			
Online support/helpdesk is available for participant queries			
Digital records are stored securely and can be retrieved for audit*			
Blended learning (hybrid) model used where internet access is limited			

Findings and Recommendations:

2. Finding and its corresponding recommendation
3. Finding and its corresponding recommendation
4. Finding and its corresponding recommendation

Final Score: Indicate a final score here, with an explanation of the performance on both all indicators including on asterisked indicators)

Conclusion: (Justify the conclusion based on the score above and guidance on scoring below).

Criteria	Tick
Met all requirements	<input type="checkbox"/>
Partially met requirements	<input type="checkbox"/>
Did not meet requirements	<input type="checkbox"/>

Recommendation for continued CPD training provision:

Criteria	Tick
Recommended for CPD continuation	<input type="checkbox"/>
Continue CPD provision with conditions	<input type="checkbox"/>
Not recommended for CPD continuation	<input type="checkbox"/>

Inspection team

- | | |
|----------------------------|---------------------|
| 5. Inspector Name: | Designation: |
| Signature: | Date: |
| 6. Inspector Name: | Designation: |
| Signature: | Date: |
| 7. Co-opted Expert: | Designation: |
| Signature: | Date: |
| 8. Co-opted Expert: | Designation: |
| Signature: | Date: |

Guidance on scoring the routine inspection checklist

OUTCOME OF ASSESSMENT	SCORE DESCRIPTION	MCM ACTION
Met all requirements: Total score of $\geq 75\%$ and have met each indicator with *	Total score $> 38/50$ Item with * 19/19	Recommended for CPD continuation
Partially met requirements: Minimum total score of $\geq 60\%$ and met each indicator with *	Total score $\geq 30/50$ Item with * 19/19	Continue CPD provision with conditions
Did not meet requirements: A Score of $< 60\%$ have missed at least indicator with *	Total score $< 30 /50$ Item with * $< 19/19$	Not recommended for CPD continuation
The routine inspection checklist has a total of 26 indicators including 13 critical indicators with asterisks		