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## **CONTINUING PROFESSIONAL DEVELOPMENT GUIDELINES**

The views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government





# **CONTINUING PROFESSIONAL DEVELOPMENT GUIDELINES FOR NUTRITIONISTS AND DIETICIANS IN KENYA**

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AUGUST 2014

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## LIST OF ACRONYMS

<b>AGM</b>	-	Annual General Meeting
<b>CEO</b>	-	Chief Executive Officer
<b>CME</b>	-	Continuous Medical Education
<b>CNDAK</b>	-	Clinical Nutritionists and Dieticians Association of Kenya
<b>CNE</b>	-	Continuous Nutrition Education
<b>CPD</b>	-	Continuing Professional Development
<b>CSR</b>	-	Corporate Social Responsibility
<b>CUE</b>	-	Commission of University Education
<b>FBO</b>	-	Faith-Based Organization
<b>ICT</b>	-	Information and Communication Technology
<b>JKUAT</b>	-	Jomo Kenyatta University of Agriculture and Technology
<b>KCAN</b>	-	Kenya Coalition Action in Nutrition
<b>KEBS</b>	-	Kenya Bureau of Standards
<b>KECONA</b>	-	Kenya Community Nutrition Association
<b>KEMU</b>	-	Kenya Methodist University
<b>KICD</b>	-	Kenya Institute of Curriculum Development
<b>KMTC</b>	-	Kenya Medical Training College
<b>KNDI</b>	-	Kenya Nutritionists and Dieticians Institute
<b>KNH</b>	-	Kenyatta National Hospital
<b>KU</b>	-	Kenyatta University
<b>M&amp;E</b>	-	Monitoring and Evaluation
<b>MIYCN</b>	-	Maternal, Infant and Young Child Nutrition
<b>MMUST</b>	-	Masinde Muliro University of Science and Technology
<b>MOH</b>	-	Ministry of Health
<b>MTRH</b>	-	Moi Teaching and Referral Hospital
<b>NAK</b>	-	Nutrition Association of Kenya
<b>OP</b>	-	Office of the President
<b>PBO</b>	-	Public Benefits Organization
<b>PEPFAR</b>	-	The United States President's Emergency Plan for AIDS Relief
<b>TNA</b>	-	Training Needs Assessment
<b>USAID</b>	-	United States Agency for International Development

## GLOSSARY

**Contact hours:** This is the number of hours a nutritionist or dietician is involved in a CPD activity.

**CPD points:** One unit will be equivalent to 3 contact hours (1 point = 3 contact hours). Each CPD activity will be evaluated to determine number of hours of engagement and commensurate points awarded.

**Calendar year:** This refers to the KNDI calendar of activities which runs for a period of 12 months.

**Principle:** A fundamental truth or proposition that serves as a foundation for a system of beliefs or behaviour for a chain of reasoning.

**Learning portfolios:** An organized collection of past and current accomplishments which can be a valuable tool for assessing an individual's capabilities.

**Monitoring:** This is a continuous checking of progress of CPD activities of KNDI.

**Evaluation:** This is a periodic review of the impact of the CPD activities.

## PREFACE

The mandate of the Kenya Nutritionists and Dieticians Institute (KNDI) is to provide for training, registration and licensing of nutritionists and dieticians; to regulate the standards and practices in the profession; and to ensure effective participation of all stakeholders in matters related to nutrition and dietetics.

This Continuing Professional Development (CPD) guideline is the first step by the Kenya Nutritionists and Dieticians Institute that guides the development and improvement of competencies of nutritionists and dieticians.

CPD helps nutritionists and dieticians to keep abreast of the new developments in promotive, preventive and curative nutrition and health care services, as well as ensure continued learning and updating of knowledge, skills and attitudes.

The development of the CPD guidelines was necessitated by the need to implement the provisions of the KNDI Act in addition, to responding to the emerging and re-emerging issues and new developments in the field of nutrition and dietetics. A directive from the Directorate of Personnel Management Policy on the CPD requirement that all professionals attain a minimum of 5 days' training per year (OP circular of 15/02/2006) in their relevant areas of expertise, which translates to 40 hours per year, reinforces this need.

This document outlines the standard guidelines for awarding CPD points and core thematic areas upon which nutritionists and dieticians shall be re-licensed. The accreditation process and roles of CPD providers has been prescribed. The structure of CPD implementation at both national and county levels has also been stipulated. Monitoring and evaluation of the CPD program has been clearly spelt out.

KNDI expects compliance to CPD requirements for purposes of re-licensure. The institute is committed to quality improvement of competencies of nutritionists and dieticians in their diverse fields of operations. Stakeholder support has been recognized in the development process and their continued commitment is necessary for successful implementation of the program.



## FOREWORD

The mandate of the Kenya Nutritionists and Dieticians Institute (KNDI) is to coordinate the training, registration and licensing of nutritionists and dieticians; regulate standards and practices in the profession; and ensure effective participation of all stakeholders in matters relating to nutrition and dietetics and other related aspects.

Nutrition and dietetics is a dynamic field, therefore all nutritionists and dieticians will be required to continuously build their competencies, in order to retain their capacity to effectively participate in matters relating to nutrition and dietetics. The professionals are also required to keep abreast of the new developments in promotive, preventive and curative health care and nutritional services.

In this regard, the Kenya Nutritionists and Dieticians Institute has published these continuing professional development guidelines, to guide nutritionists and dieticians on ways of improving their knowledge, skills, attitudes and values in their daily practice.

This document provides a framework of how continuing professional development activities shall be implemented. The publication has been developed by nutrition and dietetics professionals under the guidance of KNDI organs, namely the Council's Accreditation, Registration and Disciplinary Committees.

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**Hon. Prof. Julia Ojiambo, PhD, MBS**  
**KNDI Chairperson**

## ACKNOWLEDGEMENTS

This publication for the nutrition and dietetics fraternity was prepared with the active participation of a wide variety of stakeholders. It was a collaborative effort comprising KNDI membership, experts from public and private universities who conduct training in the field of nutrition and dietetics, the Commission for University Education (CUE), the Kenya Institute of Curriculum Development (KICD), KNDI Council members, KNDI Committee members, the Division of Nutrition in the Ministry of Health (MOH), Kenyatta National Hospital and the Moi Teaching and Referral Hospital. These are all stakeholders in the promotion and provision of training for the health workforce.

KNDI appreciates the immense contribution in terms of financial support, technical expertise and assistance in planning, development and leadership throughout the process from USAID-funded FUNZOKenya project, whose mandate is to strengthen pre-service and in-service education of health workers and link professional licensure to ongoing professional development.

KNDI further recognizes the participation of all members of the technical working groups and peer reviewers. Sincere thanks goes to the KNDI and FUNZOKenya secretariat who worked tirelessly to ensure that the document was developed and published.

Finally, KNDI appreciates everyone else who contributed in one way or another to the development and production of this publication.

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**Prof. Edward Karuri, PhD**  
**KNDI, Chair Accreditation committee**

## INTRODUCTION

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### 1.1 Background

KNDI was established by an Act of Parliament; the Nutritionists and Dieticians Act No. 18 of 2007. Its specific mandate is to provide for the training, registration and licensing of nutritionists and dieticians, provide for the regulation of standards and practices in the profession; ensure effective participation of all stakeholders in matters relating to nutrition and dietetics, and all other related aspects.

### 1.2 Functions of the Institute

The functions of the institute are to:

- a) Determine and set a framework for the professional practice of nutritionists and dieticians
- b) Set and enforce standards of professional practice and ethics on nutrition and dietetics
- c) Enforce a program of quality assurance for the nutrition and dietetics profession
- d) Approve registration of training institutions under this Act
- e) Research into and provide public education on nutrition and dietetics
- f) Maintain the competence of members by updating their knowledge through publications and conduct continuing professional education
- g) Provide training for nutritionists and dieticians
- h) Design programs and methods for sensitization on suitable dietary and nutritional habits, and
- i) Perform such other functions as may be necessary for the proper administration of this Act.

### 1.3 Vision and Mission Statement

#### 1.3.1 Vision

An innovative regulatory institute in the provision of nutrition and dietetics services recognized internationally.

#### 1.3.2 Mission

To provide for regulation in training, licensing, registration, accreditation and other best practices in the field of nutrition and dietetics in Kenya.

## 1.4 Core Values

KNDI embraces the following core values and requires all its members and fraternity of nutritionists and dieticians to adhere to them at all times:

- 1.4.1 Integrity: Operate with unquestionable moral standards
- 1.4.2 Professionalism: At all times, adhere to KNDI's professional code of conduct
- 1.4.3 Accountability: Be responsible and answerable to the law, KNDI members and stakeholders, the public and nutrition services clients
- 1.4.4 Transparency: Act at all times in an open and accountable manner to its members, and stakeholders providing professional services
- 1.4.5 Teamwork: Work as a team towards accomplishment of the institute's goals and meeting clients and public expectations

### **2.1 Definition**

Continuing Professional Development (CPD) for nutritionists and dietitians is a range of learning experiences and competencies that enables retention of capacity to practise safely, effectively, efficiently and legally within the scope of work in a diverse and evolving health care environment. In 2013, the institute developed CPD guidelines for regulating, strengthening and approving CPD processes.

### **2.2 Aim**

The aim of CPD is to ensure that nutritionists and dietitians keep abreast of the new developments in preventive and curative services, as well as adhere to all aspects of nutrition and dietetics standards through organized programs for promotion of health care.

### **2.3 Rationale**

CPD for nutritionists and dietitians is anchored on the functions of KNDI as per Act No. 18 of 2007: PART II, No. 6 (f). It mandates the institute to come up with CPD guidelines. Specifically, KNDI determines and sets a framework for the professional practice of nutritionists and dietitians and endeavors to maintain the competencies of its members by updating their knowledge through publications. This is in line with the Directorate of Personnel Management Policy on CPD requirement that all professionals attain a minimum of 5 days' training per year (OP circular of 15/02/2006) in their relevant areas of expertise, which translates to 40 hours per year.

This document sets out the framework on the minimum requirements and conditions that must be enforced by the KNDI Council with respect to various forms of CPD. The institute expects all stakeholders to comply with this framework for improved nutrition and dietetics-related services.

### **2.4 Goals and Objectives of CPD Guidelines**

#### **2.4.1 Goal**

To provide direction to nutritionists, dietitians and KNDI-registered CPD providers in the implementation of activities geared towards achieving quality nutrition and health care services.

## 2.4.2 Objectives

- 2.4.2.1 To provide minimum requirements for developing and implementing CPD programs for registered providers, nutritionists and dieticians.
- 2.4.2.2 To enhance continuous improvement of competence for professional nutritionists and dieticians.
- 2.4.2.3 To develop and implement a CPD delivery system.

## 2.5 CPD Communication Approach

The effective communication of CPD activities is essential in ensuring that nutritionists and dieticians are aware of available training and learning opportunities and how to access them. It is equally important that all stakeholders provide feedback on the impact that CPD is having on service delivery. It is thus expected that the communication of these CPD guidelines will be undertaken through, but not limited to, conferences, annual general meetings (AGM), KNDI circulars, professional associations such as Nutrition Association of Kenya (NAK), Clinical Nutritionists and Dieticians Association of Kenya (CNDAK), Kenya Community Nutrition Association (KECONA), Kenya Coalition Action in Nutrition (KCAN) and other stakeholder forums recognized by KNDI. Other institutions that will be involved in CPD implementation and communication include accredited training institutions, hospitals/health facilities (private and public), the Ministry of Health, appointed CPD County coordinators, CPD providers, Faith-based Organizations (FBOs) and Public Benefits Organizations (PBOs). The CPD guidelines will also be disseminated and made available and accessible to the public through the KNDI website, brochures, magazines and various social media outlets.

### 3.1 Regulation of CPD Activities

The Institute shall issue policies and guidelines as well as coordinate, monitor and evaluate all CPD activities. It shall accredit CPD courses and providers within and outside the country.

### 3.2 CPD Principles

CPD program development and implementation shall be guided by the following principles:

- 3.2.1 Knowledge and competence-based: Covers a wide range of experiential learning that builds on knowledge, attitudes, skills and values.
- 3.2.2 Integrated: Is part and parcel of professional work and quality improvement.
- 3.2.3 Evidence-based: Is informed by research.
- 3.2.4 Needs-based: Shall be based on national and individual professional needs.
- 3.2.5 Collaboration: Nutrition professionals seek collaboration with other health care teams and stakeholders in promoting the quality of training.
- 3.2.6 Mentorship: Promotes mentorship and preceptorship by qualified experts.

### 3.3 Standard Guidelines for Awarding CPD Points

CPD activities are clustered to represent a variety of learning approaches and strategies. Nutritionists and dieticians should select activities that meet particular needs of the client, and the health care environment in which they practice. Professionals should seek CPD training programs and activities that respond to the emerging and re-emerging trends in the Kenyan environment, as well as conform to requirements set out by the institute for purposes of re-licensure.

All CPD activities will be weighted in points. The number of points shall be based on contact hours per activity. As a reference, one point will be equivalent to 3 contact hours (1 point = 3 contact hours). Each CPD activity will be evaluated to determine the number of hours of engagement and commensurate points awarded.

All nutritionists and dieticians will be required to **attain a minimum of 14 CPD points (equivalent to 42 hours) per calendar year** to qualify for re-licensure and retention in the register of nutritionist and dieticians maintained by KNDI. The CPD calendar year for renewal of

licenses shall run from January to December.

In addition to meeting these requirements, KNDI may in any particular year prescribe CPD activities that are cross-cadre in response to national and/or professional priorities.

The following table outlines CPD points as awarded for each activity.

NO.	ACTIVITY	CPD POINTS EARNED	MAXIMUM POINTS EARNED/ACTIVITY	EVIDENCE
1.	Technical working group meetings (Activity should not be part of routine work)	1.5 points (equivalent to 4.5 hours)	5 points	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>Reports</li> <li>Invitation letters</li> </ul>
2.	Technical updates at hospital, institution or department (Activity should not be part of routine work)	<u>Attendee:</u> 0.5 points (equivalent to 1.5 hours)	3 points	<ul style="list-style-type: none"> <li>Minutes of meetings</li> <li>Reports</li> <li>Invitation letters</li> <li>Internal memos</li> </ul>
		<u>Presenter:</u> 2 points	6 points	
3.	Continuous Nutrition Education (CNEs) and Continuous Medical Education (CMEs); case study discussions; lectures	<u>Attendee:</u> 0.5 points (equivalent to 1.5 hours)	3 points	<ul style="list-style-type: none"> <li>Signed logbooks</li> <li>Reports</li> <li>Attendance list</li> </ul>
		<u>Presenter:</u> 2 points	6 points	
4.	Mentorship specific to nutritionists and dieticians	1 point (equivalent to 3 hours)	5 points	<ul style="list-style-type: none"> <li>Filled checklist</li> <li>Reports</li> </ul>
5.	Conferences, seminars, symposia	<u>Attendee:</u> 1.5 points (equivalent to 4.5 hours)	6 points	<ul style="list-style-type: none"> <li>Use of logbooks</li> <li>Attendance certificates</li> </ul>
		<u>Presenter:</u> 1 point (equivalent to 3 hours)	5 points	



6.	Involvement in an activity classified as Corporate Social Responsibility (CSR), outreaches, camps covering a minimum of one day (Activity should not be part of routine work)	<u>Participant:</u> 1.5 points (equivalent to 4.5 hours)	3 points	<ul style="list-style-type: none"> <li>Videos</li> <li>Pictures</li> <li>Reports</li> <li>Certificate of participation</li> <li>Logbook stamp</li> <li>Letter of appreciation</li> </ul>
		<u>Organizer:</u> 3 points	6 points	
7.	Principal author of a peer reviewed publication	5 points (equivalent to 15 hours)	10 points	<ul style="list-style-type: none"> <li>Copy of the publication</li> </ul>
	Co-author of a peer reviewed publication	3 points (equivalent to 9 hours)	6 points	
	Reviewer of an article	3 points (equivalent to 9 hours)	4 points	
8.	Principal author of a book	14 points	14 points	<ul style="list-style-type: none"> <li>Published books</li> <li>Published journals</li> </ul>
	Co-author of a book	10 points	10 points	
	Principal author of a chapter in a book	4 points	6 points	
	Co-author of a chapter in a book	2.5 points	5 points	
9.	Keynote speaker or guest presenter of a nutrition and dietetics thematic area	4 points (equivalent to 10.5 hours)	8 points	<ul style="list-style-type: none"> <li>Conference proceedings</li> <li>Reports</li> <li>Certificate of participation</li> <li>Invitation letter</li> </ul>

10.	Guiding undergraduate students at recognized institutions. Includes mentoring, coaching, supervisory learning (Activity should not be part of routine work)	3 points (equivalent to 9 hours)	5 points	<ul style="list-style-type: none"> <li>• Invitation letter</li> <li>• Conference program</li> </ul>
11.	Awarded proposal	5 points	6 points	<ul style="list-style-type: none"> <li>• Report of the guided students</li> <li>• Official appointment letter</li> <li>• Supervisory checklist</li> </ul>
	Approved project proposal	5 points	6 points	
	Research or project proposal	1 point	5 points	
12.	Nutrition surveillance at hospital or community level (Activity should not be part of routine work or area of study)	5 points (equivalent to 15 hours)	10 points	Approved copies of reports dissertations, theses and projects
19	Upgrading programs from diploma to a degree (Period exceeding one year)	14 points (equivalent to 42 hours)	14 points	<ul style="list-style-type: none"> <li>• Transcripts</li> <li>• Certificates</li> </ul> (Points awarded apply for a period of 4 years for undergraduates)*
20.	Masters and Doctorate programs (Period exceeding one year)	14 points (equivalent to 42 hours)	14 points	<ul style="list-style-type: none"> <li>• Transcripts</li> <li>• Certificates</li> </ul> (Points awarded apply for a period of 3 years for Masters and 5 years for a Doctorate)*
22.	Innovation or patenting of products or services (exceptional achievements).	14 points (equivalent to 42 hours)	14 points	<ul style="list-style-type: none"> <li>• Proof of award of excellence or recognition.</li> <li>• Narrative report of the award</li> </ul>

\*Points prescribed apply only for training that has been undertaken for a period of 6 months within the calendar year.

### 3.4 CPD Content

The following thematic areas and desired nutrition core competencies from which CPD programs are derived emanate from national and global priorities, emerging and re-emerging diseases and conditions requiring nutrition interventions. KNDI shall approve activities that fall within the identified core thematic areas. They include, but are not limited to, the following:

- 3.4.1 Nutrition care process.
- 3.4.2 Maternal, infant and young child nutrition (MIYCN).
- 3.4.3 Emergency nutrition.
- 3.4.4 Nutrition in special circumstances.
- 3.4.5 Research and surveys.
- 3.4.6 Community nutrition.
- 3.4.7 Enteral and parenteral nutrition.
- 3.4.8 Nutrition advocacy.
- 3.4.9 Food and nutrition security.
- 3.4.10 Nutrition policies, strategies and guidelines.
- 3.4.11 Nutrition-related non-communicable diseases.
- 3.4.12 Supplementation and fortification.
- 3.4.13 Leadership, governance and management.
- 3.4.14 Monitoring and evaluation.
- 3.4.15 Nutrition information and communication technology (ICT).
- 3.4.16 Logistics management and supply chain system for nutrition commodities.
- 3.4.17 Resource mobilization.
- 3.4.18 Food safety of nutrition commodities.
- 3.4.19 Networking and partnerships.
- 3.4.20 Nutrition and physical activity.

### 3.5 Activities Not Considered For CPDs

The following activities will not qualify as CPDs:

- 3.5.1 Teaching and examining undergraduate and/or post-graduate students.
- 3.5.2 Time spent in planning, organizing or facilitating routine activities.
- 3.5.3 Non-referenced letters to the editor of an accredited journal.
- 3.5.4 Daily ward rounds.
- 3.5.5 Written assignments.
- 3.5.6 Compilation of student training manuals for internal use.
- 3.5.7 Staff and/or administrative meetings.
- 3.5.8 Tours and/or viewing of exhibits and technological demonstrations.
- 3.5.9 Membership in professional bodies, boards or associations and/or holding a portfolio in an executive or council structure with little involvement in technical work.
- 3.5.10 Meetings arranged by pharmaceutical companies and manufacturers or importers of product devices or technologies that are purely for the purpose of marketing and/or promoting their products.
- 3.5.11 Any other activity deemed to be part of routine work.

**4.1 Definition of CPD Providers**

A CPD provider is an institution, organization or entity registered or recognized by the institute to provide CPD activities in a prescribed thematic area.

KNDI recognizes that the CPD environment is dynamic and includes a variety of actors. CPD providers thus include:

- 4.1.1 Accredited Nutrition and Dietetics Professionals and Consultants.
- 4.1.2 Public Benefit Organizations (PBOs).
- 4.1.3 Public and Private Training Institutions.
- 4.1.4 Private Hospitals and Clinics.
- 4.1.5 Research Institutions.
- 4.1.6 Donor Agencies and Development Partners.
- 4.1.7 Standard Regulatory Bodies.
- 4.1.8 Professional Associations.
- 4.1.9 Any other as accredited by KNDI.

**4.2 Accreditation of CPD Providers**

All interested parties who wish to be accredited as CPD providers must fill the CPD Provider Application Form for approval by KNDI upon payment of the stipulated fees. The provider shall be allocated a unique identification number which should be reflected on all the CPD activity documents.

- 4.2.1 Accreditation process.

A CPD provider must:

- 4.2.1.1 Fill an application form.
- 4.2.1.2 Provide a list of qualified, competent facilitators, trainers, teachers and

instructors.

- 4.2.1.3 Show evidence of teaching and learning infrastructure to support the CPD activity.
- 4.2.1.4 Have a certificate of approval from the KNDI Accreditation Board before commencement of CPD activities.
- 4.2.1.5 Comply with subsequent inspection of premises, activities, facilitators and related resources as and when the Board deems necessary.
- 4.2.1.6 Minimize any conflicts of interest related to commercial support and willingly disclose any such interest to participants at the beginning of the CPD activity.

### **4.3 Roles of CPD Providers**

The responsibilities of a CPD provider are to:

- 4.3.1 Develop CPD activities .
- 4.3.2 Develop the CPD calendar of activities and submit to KNDI for approval
- 4.3.3 Advertise CPD-approved activities.
- 4.3.4 Ensure provision of CPD activities.
- 4.3.5 Develop and maintain a CPD database.
- 4.3.6 Transmit CPD activity reports to KNDI.
- 4.3.7 Issue documentary evidence of CPD activities.
- 4.3.8 Attending CPD-related meetings.
- 4.3.9 Contribute to the review and update of CPD activities.
- 4.3.10 Communicate CPD-related activities to stakeholders.
- 4.3.11 Monitor and evaluate CPD activities.

### **4.4 Requirements for CPD Providers**

An institution or organization accredited as a CPD provider, shall appoint a coordinator to oversee CPD activities and to serve as a point of contact with KNDI. CPD providers are required to keep written confirmation of registration of participants of CPD programs as proof of

attendance. The materials such as agendas (programs), papers, attendee lists and discussion notes should be retained in the file until the end of the year following the year in which the CPD event or activity was completed. In addition, a written report of activities undertaken including the attendance list should be filed and submitted to KNDI within two weeks of a CPD activity. Safe storage of CPD documents is the provider's responsibility.

#### **4.5 Compliance**

All approved providers are expected to demonstrate accountability and ensure safe and quality CPD activities. CPD providers should therefore aim at full compliance to the stated requirements. The following constitute grounds for non-compliance:

- 4.5.1 If the provider fails to address the gaps identified within 3 months of notification by KNDI.
- 4.5.2 Failure to adhere to stated roles and requirements listed in sections 4.3 and 4.4 above.

#### **4.6 Penalties for Non-compliance**

A CPD provider shall be supported and guided to remedy non-compliance issues. A period of 3 months will be provided upon notification, failure to which the following penalties may apply:

- 4.6.1 Revocation of the CPD provider's license.
- 4.6.2 Non-renewal/withdrawal of the CPD provider's certificate.
- 4.6.3 Suspension of the CPD provider's license for a period of one calendar year.

#### **4.7 Grounds for Appeal**

A CPD provider has the right to appeal against the penalties for non-compliance as stated in section 4.6 if:

- 4.7.1 The CPD provider does not agree with the information and decision made by KNDI.
- 4.7.2 Non-compliance circumstances are beyond the CPD provider's control and may fall under social, political or economic factors, or natural calamities.
- 4.7.3 Any other reasons not outlined in these guidelines that KNDI may be requested to consider, provided there is adequate justification.

## 4.8 Appeal Process

The CPD provider shall be required to:

- 4.8.1 Fill a CPD Provider Appeal Form
- 4.8.2 Attach the necessary accompanying evidence
- 4.8.3 Pay a non-refundable fee as prescribed by KNDI from time to time
- 4.8.4 Lodge appeal documents at KNDI
- 4.8.5 The CPD provider shall receive feedback on the verdict of the case within 30 days and KNDI's decision shall be final.



### 5.1 Requirements for Nutritionists and Dieticians

The following requirements shall apply to nutritionists and dieticians seeking CPD points:

- 5.1.1 Be registered with KNDI.
- 5.1.2 Familiarize themselves with KNDI CPD guidelines.
- 5.1.3 Confirm that the CPD provider is accredited by KNDI.
- 5.1.4 Maintain evidence of participation in a CPD activity.
- 5.1.5 Identify CPD activities based on needs and relevance to improvement of practice.
- 5.1.6 Participate in internal and external evaluation of the CPD activity.
- 5.1.7 Comply with the minimum 14 points (equivalent to 42 hours) CPD requirements set by KNDI.
- 5.1.8 Ensure renewal of practice license as required by KNDI.

**(i) Upon request, a registered nutritionist and dietician will be issued with a hard copy of the KNDI CPD Diary. A fee will be charged for this. An electronic version of the CPD Diary will also be available online at the KNDI website. The diary should contain a record of every learning activity attended or completed.**

**(ii) The nutritionist and dietician must be keen to have a cumulative tally of all the points acquired and ensure that the same data is reflected in the KNDI records for renewal of their practice license.**

**(iii) The CPD Diary together with the original attendance certificates and certified copies of qualifications, where relevant, that may have been obtained must be sent or delivered to KNDI for awarding of points by end of December of every calendar year.**

## **5.2 Roles of Nutritionists and Dieticians in CPD**

- 5.2.1 To comply with the minimum CPD requirements set by KNDI.
- 5.2.2 To file verifiable CPD activity documents for submission and reference.
- 5.2.3 To provide feedback to KNDI on CPD activities undertaken when necessary.
- 5.2.4 To update personal records and information relating to CPD at KNDI.

## **5.3 Penalties for Non-compliance**

KNDI will impose a penalty for non-compliance to the minimum of 14 points per calendar year. Failure to comply shall result in cancelation/non-renewal of the practising license. This will be implemented as per the KNDI rules and regulation.

## **5.4 Grounds for Appeal**

A registered member may appeal against the penalty on any of the following grounds:

- 5.4.1 If there is an error in CPD units allocation.
- 5.4.2 If the registered member had informed KNDI the reason for his or her inability to attain minimum CPD requirements.
- 5.4.3 If a request for exemption was denied.
- 5.4.4 Other reasons not outlined in these guidelines that KNDI may be requested to consider, provided there is adequate justification.

## **5.5 Appeal Process**

The registered member shall be required to:

- 5.5.1 Fill a CPD Nutritionist and Dietician Appeal Form.
- 5.5.2 Attach the necessary accompanying evidence.
- 5.5.3 Pay a non-refundable fee prescribed by KNDI from time to time.
- 5.5.4 Lodge appeal documents with KNDI.
- 5.5.5 The member shall receive feedback on the verdict of the case within 30 days and KNDI's decision shall be final.

## **5.6 Grounds for Exemption to CPD requirements**

A registered member shall be exempted for the following reasons:

- 5.6.1 Illness and incapacitation for over 6 months.
- 5.6.2 Submission of substantial reasons which are evidence-based.
- 5.6.3 Registered member is abroad and has duly informed KNDI.

# 6

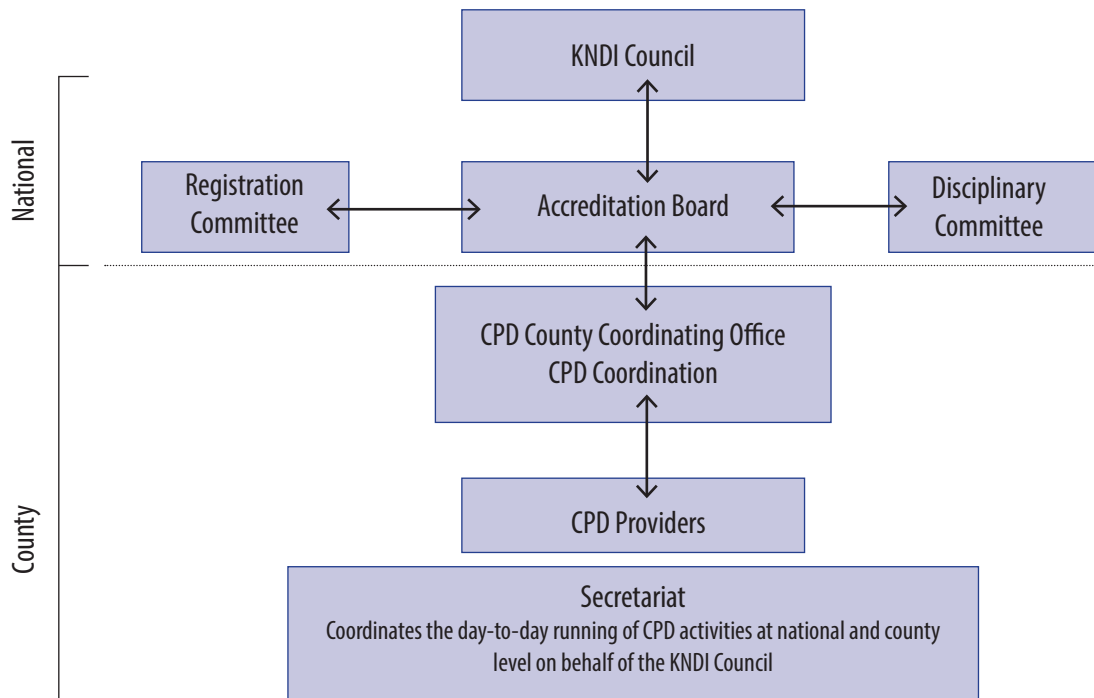
## CPD IMPLEMENTATION STRUCTURE

### 6.1 CPD Implementation Organogram

The CPD framework will be implemented at the national and county levels in line with the devolved structure of governance. This will ensure CPD access to all nutritionists and dieticians to improve competences, performance and service delivery.

This structure addresses itself to the workflow, outlining the responsibilities of each level. The county level shall be involved in CPD provision while the national level shall provide the legal and policy guidance as well as coordination of CPD activities. This will ensure that CPD is responsive to the identified performance and training needs of nutritionists and dieticians.

The figure below is illustrative of the CPD implementation flow process.



### 6.2 KNDI CPD Implementation Structure

With reference to the CPD implementation organogram, the following are the functions of the different levels and committees:

### 6.2.1 Functions of the KNDI Council

The key roles and functions under the KNDI Council will be:

- 6.2.1.1 CPD Policy formulation and review.
- 6.2.1.2 Approval of CPD programs and providers.
- 6.2.1.3 Facilitating CPD coordination at county level.

### 6.2.2 Functions of the Accreditation Board

The key roles and functions of the Accreditation Board are to:

- 6.2.2.1 Conduct training and performance needs assessments.
- 6.2.2.2 Develop and review CPD regulatory tools.
- 6.2.2.3 Coordinate national CPD activities.
- 6.2.2.4 Ensure accreditation and appraisal of CPD providers.
- 6.2.2.5 Assess CPD compliance.
- 6.2.2.6 Monitor and evaluate CPD programs and providers.
- 6.2.2.7 Provide advice on matters related to CPD.

### 6.2.3 Functions of the Registration Committee

The key roles and functions of the Registration Committee are to:

- 6.2.3.1 Update the register of licensed professionals.
- 6.2.3.2 Ensure re-licensure of professionals.
- 6.2.3.3 Review the re-licensure criteria.

### 6.2.4 Functions of the Disciplinary Committee

- 6.2.4.1 To deliberate on disciplinary matters relating to CPD.
- 6.2.4.2 Recommend appropriate action.

### 6.2.5 Functions of the CPD County Coordinating Office

The key roles and function under the County Coordinators will include the following:

- 6.2.5.1 Policy implementation.
- 6.2.5.2 Identification of specific county CPD needs.
- 6.2.5.3 Coordination of CPD at county level.
- 6.2.5.4 Quarterly reporting of CPD activities.
- 6.2.5.5 To liaise with the Accreditation Board through the KNDI Secretariat.
- 6.2.5.6 Monitoring and evaluation of CPD activities at county level.

### **6.3 Feedback Mechanisms for CPD Quality Assurance**

A mechanism for effective and efficient implementation of the CPD program will be put in place. This will ensure adherence to CPD standards through feedback strategies namely:

- 6.3.1 Licensing and certification.
- 6.3.2 Written reports.
- 6.3.3 Awarding system.
- 6.3.4 Suggestion box.
- 6.3.5 Client satisfaction surveys.
- 6.3.6 Complaints and compliments register.
- 6.3.7 Social media.
- 6.3.8 Opinion polling.
- 6.3.9 Sanctions.

### **6.4 Review of CPD Guidelines**

The CPD guidelines shall be reviewed every three years upon feedback and recommendation of nutrition and dietitian experts and all other stakeholders. The amendments to the guidelines shall be undertaken periodically to ensure continuous improvement.

### **7.1 Monitoring**

The monitoring of CPD activities and program(s) will be carried out at all levels of the implementation structure. Monitoring will be conducted on a continuous basis to determine the extent of progress or lack thereof in achievements of results against the set objectives.

### **7.2 Evaluation**

KNDI will evaluate the CPD program every three years to assess its overall performance. Independent and in-depth assessments that include mid-term (every 18 months) and end-term evaluation (3 years) aligned to the KNDI Strategic Plan will be carried out after the initial baseline using indicators for change. Evaluation will focus on specific component areas and corresponding indicators determined to measure progress. Relevant tools will be developed to collect data.

#### **7.2.1 Evaluation component areas:**

- 7.2.1.1 Knowledge, attitudes and practices related to nutrition services.
- 7.2.1.2 Competence.
- 7.2.1.3 Service delivery.
- 7.2.1.4 Customer satisfaction.
- 7.2.1.5 CPD Policy.
- 7.2.1.6 Professionalism.

#### **7.2.2 Evaluation tools:**

- 7.2.2.1 Questionnaires.
- 7.2.2.2 Observation checklists.
- 7.2.2.3 Focus group discussion guide.
- 7.2.2.4 Key informant interview guide.

### 7.2.3 Evaluation roles and responsibilities

An internal and external evaluation will be conducted. KNDI will undertake to evaluate its CPD program and thereafter appoint an external evaluator to do the same. Feedback will be sought from all stakeholders. Feedback obtained will be shared at a review meeting and recommendations made implemented to improve the CPD program.

## 7.3 The CPD Results Framework

This framework seeks to establish a well-coordinated harmonized monitoring and evaluation system. This will provide KNDI with timely and accurate strategic information to guide the planning, implementation and improvement of the CPD program.

The CPD results framework seeks to monitor and evaluate the activities of KNDI, CPD providers and registered nutritionists and dieticians. A detailed breakdown of activities, outputs, indicators and timeframes are as shown in Section 8.2: KNDI CPD Results Framework.

## 7.4 Monitoring and Evaluation Plan

The monitoring and evaluation plan describes the objectives of the CPD program; methodologies used to obtain data; planned activities; targets and anticipated results which are linked to the CPD results framework. It provides an overview of the implementation plan and creates a better understanding of the linkages of the different activities of the CPD program. Refer to Section 8.3: KNDI Monitoring and Evaluation Plan.



## 8.0 ANNEXES

### 8.1 KNDI CPD Results Framework

**Goal: To provide direction to professional nutritionists and dieticians, and KNDI-registered CPD providers in the implementation of activities geared towards achieving quality services**

Objectives	Activities/Performance Indicators	Means of Verification	Critical Assumptions
To provide minimum requirements for developing and implementing CPD programs for registered providers, nutritionists and dieticians	1.1 Registration of CPD providers 1.1.1 Number of CPD providers registered 1.2 Verification and approval of the topics/courses developed by CPD providers 1.2.1 Number of topics/courses approved 1.3 Monitoring of compliance of CPD implementation 1.3.1 Number of providers who are compliant 1.4 Reviewing of thematic areas for CPD training 1.4.1 Number of topics on thematic areas reviewed 1.4.2 New thematic areas identified 1.5 Sensitization on CPD Guidelines 1.5.1 Number of sensitization meetings 1.5.2 Number of advertisements 1.5.3 Number of stakeholders sensitized	Assessment/survey reports Approval reports Workshop reports Meeting minutes Practitioners logbook Provider returns M&E reports	Full stakeholders participation Availability of resources Stable county governance structure

Objectives	Activities/Performance Indicators	Means of Verification	Critical Assumptions
To enhance continuous improvement of competencies for professional nutritionists and dieticians	<p>1.1 Conducting training needs assessment (TNA)</p> <p>1.1.1 Number of training needs assessments conducted</p> <p>1.2 Conducting post training follow-up</p> <p>1.2.1 Number of post training follow-ups conducted</p> <p>1.3 Development of CPD practitioners database</p> <p>1.3.1 Database of CPD practitioners developed</p> <p>1.4 Renewal of practising licenses based on CPD points</p> <p>1.4.1 Number of practitioners issued with renewed licenses</p> <p>1.5 Conduct periodic reviews of the CPD program to assess performance</p> <p>1.5.1 CPD program implementation reviewed</p> <p>1.6 Conduct supportive supervision during implementation of CPD activities</p> <p>1.6.1 Number of supportive supervision visits conducted during implementation of CPD activities</p>	<p>Activity reports</p> <p>KNDI database</p> <p>Meeting minutes</p> <p>List of participants</p>	<p>Full participation of the stakeholders</p> <p>Availability of resources</p> <p>Stable county governance structure</p>

Objectives	Activities/Performance Indicators	Means of Verification	Critical Assumptions
To develop and implement a CPD delivery system	1.1 CPD Policy formulation 1.1.1 CPD Policy in place 1.2 Establish CPD implementation and coordination structure at national and county level 1.2.1 CPD implementation structure established at the national and county level 1.3 Capacity building within CPD implementation structure 1.3.1 Number of individuals' capacity built within CPD implementation structure 1.4 Develop calendar of CPD activities for KNDI approval 1.4.1 Calendar of CPD activities developed 1.5 Dissemination of approved CPD providers and thematic areas 1.5.1 CPD providers' list and thematic areas disseminated 1.6 Strengthen partnerships and networks for CPD delivery 1.6.1 Number of partners engaged	CPD Policy Document M&E reports Annual reports KNDI newsletter Quarterly reports	Political goodwill Availability of resources

## 8.2 KNDI Monitoring and Evaluation Plan

Activities	Results	Indicator	Target	Frequency of Reporting	Data source
Objective 1: To provide minimum requirements for developing and implementing CPD programs for registered providers, nutritionists and dieticians					
Registration of CPD providers	CPD providers registered	Number of registered CPD providers	47 (1 per county)	Quarterly	KNDI database
Verification and approval of topics/courses developed by CPD providers	Topics/courses verified and approved	Number of topics/courses approved		Bi-annually	Providers' report
Monitoring of compliance of CPD implementation	CPD compliance	Proportion of CPD providers compliant to the guidelines	50% of CPD providers compliant	Annually	M&E report
Reviewing of thematic areas for CPD training	New thematic areas identified based on review	Number of topics on thematic areas reviewed		Bi-annually	Providers report
Sensitization on CPD Guidelines	Sensitized and informed stakeholders	Number of sensitization meetings Number of newspaper adverts Number of stakeholders sensitized	49 sensitization meetings (2 national & 47 counties) 2 national dailies 100 stakeholders	Quarterly	Sensitization reports
Objective 2: To enhance continuous improvement of competence for professional nutritionists and dieticians					
Conducting training needs assessment	Training needs assessment conducted	Number of training needs assessments conducted	1 per year	Annually	Training needs assessment report
Conducting post training follow-up	Post training follow-up conducted	Number of post training follow-ups conducted	1 per year	Annually	Post training follow-up report

Activities	Results	Indicator	Target	Frequency of Reporting	Data source
Development of CPD database of practitioners	Database of CPD practitioners	Database of CPD practitioners developed	1	Annually	KNDI database
Renewal of practising licenses based on CPD points	Practising licenses renewed based on CPD points	Number of practitioners issued with renewed licenses	1500	Annually	KNDI database
Conduct periodic evaluation of the CPD program to assess performance	CPD program implementation areas of improvement identified	CPD program implementation reviewed to assess performance	18 months	3 years	Program evaluation report
Conduct supportive supervision during implementation of CPD activities	Enhanced coordination of CPD implementation	Number of supportive supervision visits conducted during implementation of CPD activities	47	Annually	Quarterly reports
<b>Objective 3: To establish a CPD delivery system</b>					
Policy formulation	CPD policy formulated for the program's implementation	Policy in place	1	Once	KNDI policy brief
Establish CPD implementation and coordination structure at national and county level	Enhanced coordination of CPD program implementation at the national and county level	CPD implementation structure established at the national and county level	48 CPD focal point persons (47 county and 1 national)	Annually	National and county office records

Activities	Results	Indicator	Target	Frequency of Reporting	Data source
Capacity building within CPD implementation structure	CPD implementation teams at the national and county levels strengthened through capacity building initiatives	Number of individuals with capacity to implement CPD activities	50 (48 county plus 2 national officers)	Bi-annually	Quarterly reports
Develop calendar of CPD activities for KNDI approval	Calendar of CPD activities	Calendar of CPD activities developed	1	Annually	KNDI database
Dissemination of approved CPD providers and thematic areas	Disseminated list of approved CPD providers and thematic areas	CPD providers' list and thematic areas disseminated	48 (47 county calendars and 1 national consolidated calendar)	Annually	KNDI publications
Strengthen partnerships for CPD delivery	Strengthened partnerships for CPD delivery	Number of partners engaged	10	Annually	KNDI records

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