

**TANZANIA NURSING AND MIDWIFERY COUNCIL**



**LOGBOOK  
FOR**

**CONTINUING PROFESSIONAL  
DEVELOPMENT PROGRAMME**

**FOR NURSES AND MIDWIVES IN TANZANIA**

**TANZANIA NURSING AND MIDWIFERY COUNCIL**



**LOGBOOK  
FOR**

**CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAMME**

**FOR NURSES AND MIDWIVES IN TANZANIA**

**REVISED VERSION**

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**Definition of the key terms**

**Continuing Professional Development**

Continuing professional Development (CPD) is a lifelong learning process engaged by individual both formal and informal to maintain, improve and develop awareness on updates of knowledge, skills and attitudes related to nursing and midwifery practice to ensure the carrier competencies are retained for quality services

**CPD Points:** Means score that an individual obtained for participating in organized CPD activities.

**CPD credits:** Means are points gained by a participant's equivalent to number of contact hours in an active participation in CPD activities

**CPD scope:** Means varies of defined activities as determined by the Council to be practiced by different level of nurses and midwives that provides learning needs and its application into practice

**CPD Provider:** Means an individual company, Institution, Organization, Agency officially established and organized to offer quality education learning/training to nurses/midwives aiming at enhancing knowledge, skills and attitude for client care and better services provision

**CPD Program:** Means planned series of learning events with performance to improve the situation with intended expected outcome

**CPD verifier/supervisor:** Means an authorized person for verification of CPD activity. In this arena term the Hospital/Regional/ District/Organization / Department in-charge

**CPD category of activities:** Means ranges of in –service learning and practice activities (**short term learning sessions**) that are within the nursing and midwifery scope of work. These activities awarded in terms of its relevant and contribution in the field in improving quality of survives deliver

## **INSTRUCTIONS ON THE USE OF LOG BOOK**

1. Obtain your CPD logbook from Supervisory Authority
2. Use your official names as appears in the registration, certificates and license
3. Identify individual/organization learning needs professional development
4. Attend relevant CPD activities throughout of your professional practice
5. Use the logbook for continuing education topics/activities that are relevant and applied to nursing field and practice you are doing
6. Record and sign all the continuing education hours immediately after every session in a chronological order
7. Present the logbook to supervisors for approval before renewal of practice license.
8. Obtain a minimum of 30 points of continuing education in three years i.e. ten (10) point in a year. CPD points will be allocated following active learning for different activities
9. It is an offence to present false information in this logbook
10. Submit the summary sheet of CPD points with licensure renewal application form
11. CPD activities must be reflective into current practice, technology and diseases pattern and its care

### **NB: Keep your logbook for evidence at least for a period of 5 years**

1. CPD must be intentionally for learning purposes and not part of your job description
2. A total of minimum 30 points must be attained in 3 years.
3. Areas of Priority;-
  - Maternal and Neonatal care at least 5 points
  - Care and management of Infectious disease including HIV and AIDS at least 3 points
  - Health Communication and customer care at least 5 points
  - Care and Management of non-communicable diseases at least 3 points
  - Emergency and Critical care at least 5 points
4. CPD category of activities must include mixture of theoretical learning, practical learning and Community oriented learning organized and delivered by TNMC recognized such as Institutions, Facilities, Agencies and Organization
5. Nurses and Midwives who do not attain a minimum requirement of 30 points in a three years will automatically not be eligible for license renewal

### List of CPD activities descriptions

<b>Category 1 - Range of the CPD Activities that provide 1 Point</b>	
Attending nursing and midwifery forums such as conferences, group sessions for 1-3 days	Participating in project work which is not a part of nurses job description
Attending clinical meetings, symposium, workshops with various presentations, or any educational sessions conducted at your working place for 1-3 days	Utilizing research findings as an application to provide evidence based practice
Attending meetings as an active member of professional bodies (association or regulatory) and its committees for 1-3 days	Working with a mentor or supervisor to improve practice
Participating in case studies, clinical audits, clinical meetings, focus groups or peer review	Participating as volunteer in a community based groups and programs relevant to practice
Participating as a witness in professional disciplinary hearing	Participation in commemorations/exhibitions events related to professional practice
<b>Category 2 - Range of the CPD Activities that provide 2 Points</b>	
Presenting at conferences, seminars, workshops or clinical in-service education, lecturing	Teaching or doing assessments if it is not part of job description
Planning or coordinating a seminar/any education program	Undertaking a short course face to face or online 1-3 days
Reviewing educational materials, journal, articles, guidelines, protocols and books followed by a presentation to peers	Participating in research as a team member, participating in research activities such as proposal writing
Being a member of a National or Regional health care committee or taskforce	Participating in committees, eg. Quality improvement, occupational health and safety
Presenting case studies, research findings, or clinical audit reports	Participating in clinical audit activity/report
Acting as a mentor or preceptor, supervising staff or student's if it is not part of job description	Skills development in IT, numeracy, communications, problem solving and working with others,
Be involved in problem solving and working with others health committee member's	Investigating disciplinary cases if not part of job description

<b>Category 3: Range of the CPD Activities that provide 3 Points</b>	
Designing, Develop, review curricula and education material	Participating in developing policies, protocols, standard operating procedures
Planning, running or evaluating a short course /curriculum/education program	Facilitating reflective discussions or reading groups or journal
Managing a project that is additional to and is not part of job description	Participating in development of educational material, manuals or guidelines
Participating in facilitating focus groups or peer reviews of education materials, policies, protocol, standards and operating procedure for 1-5 days	Prepare Lecture/teaching materials if not part of your own job description
Conducting evaluation/supervision of the nursing and midwifery program auditing and reporting writing	Being examiner/mentor/pr eceptor once or more than twice per year
Writing articles for publication in professional newsletters, journals and Books	Chairing community based groups or committees, task force technical working as a volunteer
Development/Moderation of examination for nurses and midwives once or more than three times per year	Marking examination for nurses and midwives once or more than three times per year
<b>Category 4: Range of the CPD Activities that provide 4 Points</b>	
Working as Consultant (internal and external)	Working as principal investigator, writing research report
Conducting research as co-investigator and writing research report	Publishing research findings/paper/report
Coordinate Research and projects	Publishing of journal, manual, articles, nursing books
<b>Category 5: Range of the CPD Activities that provide 5 Points</b>	
Attending Formal training Distance learning program for a specific area of practice	Undertaking a short course ( face to face, distance or online) for 1 month to six months
<b>Category 6: Range of the CPD Activities that provide 10 Points</b>	
Attending Formal training for 1 year	<b>10 Points</b>
<b>Category 7: Range of the CPD Activities that provide 20 Points</b>	
Attending Formal training for 2 years and more	<b>20 Point</b>
<b>Other Category</b>	
CPD activities Under accredited CPD Modules	



**Tanzania Nursing and Midwifery Council**

Full Name ( as per Registration)..... Gender.....  
 Registration Category RN  EN  (Please tick).  
 License Number.....  
 Physical Postal address .....Email address.....  
 Current work place  
 .....District.....Region.....  
 Nurse/Midwife’s Signature..... Date.....

**Planned CPD activities at facility level and priorities, year 2020 to 2022**

SN	CPD area/priority	Relevant to professional/Practice
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		



**RECORD OF CPD ACTIVITIES FROM JAN, 1<sup>ST</sup> 2020 TO DEC, 31<sup>ST</sup> 2022**

SN	TO BE FILLED BY A NURSE OR MIDWIFE				TO BE FILLED BY FACILITATOR/NURSE MANAGER/SUPERVISOR			
	Date	Topic/Module/Activity	Provider/Organizer's Name	Contact Days	Points Scored	Means of Verification	Supervisors/ Verifier, signature & date	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**Approved by: Supervisor's Name** ..... **Signature** .....

**Date** .....

**RECORD OF CPD ACTIVITIES FROM JAN, 1<sup>ST</sup> 2020 TO DEC, 31<sup>ST</sup> 2022**

SN	TO BE FILLED BY A NURSE OR MIDWIFE			TO BE FILLED BY FACILITATOR/NURSE MANAGER/SUPERVISOR			
	Date	Topic/Module/Activity	Provider/Organizer's Name	Contact Days	Points Scored	Means of Verification	Supervisor s/ Verifier, signature & date
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2							
3							
4							
5							
6							
7							
8							
9							
10							

**Approved by: Supervisor's Name** ..... **Signature** .....

**Date** .....

**RECORD OF CPD ACTIVITIES FROM JAN, 1<sup>ST</sup> 2020 TO DEC, 31<sup>ST</sup> 2022**

SN	TO BE FILLED BY A NURSE OR MIDWIFE			TO BE FILLED BY FACILITATOR/NURSE MANAGER/SUPERVISOR			
	Date	Topic/Module/Activity	Provider/Organizer's Name	Contact Days	Points Scored	Means of Verification	Supervisors/ Verifier signature & date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Approved by: Supervisor's Name** .....

**Signature** .....

**Date** .....



**Tanzania Nursing and Midwifery Council**

Full Name ( as per Registration)..... Gender.....  
 Registration Category RN  EN  (Please tick).  
 License Number.....  
 Physical Postal address .....Email address.....  
 Current work place  
 ..... District..... Region.....  
 Nurse/Midwife's Signature..... Date.....

**Planned CPD activities at facility level and priorities, year 2023 to 2025**

SN	CPD area/priority	Relevant to professional/Practice
1		
2		
3		
4		
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7		
8		
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10		
11		
12		
13		
14		
15		

**RECORD OF CPD ACTIVITIES FROM JAN, 1<sup>ST</sup> 2023 TO DEC, 31<sup>ST</sup> 2025**

SN	TO BE FILLED BY A NURSE OR MIDWIFE				TO BE FILLED BY FACILITATOR/NURSE MANAGER/SUPERVISOR			
	Date	Topic/Module/Activity	Provider/Organizer's Name	Contact Days	Points Scored	Means of Verification	Supervisors/ Verifier, signature & date	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Approved by: Supervisor's Name ..... Signature .....

Date .....

**RECORD OF CPD ACTIVITIES FROM JAN, 1<sup>ST</sup> 2023 TO DEC, 31<sup>ST</sup> 2025**

		TO BE FILLED BY A NURSE OR MIDWIFE				TO BE FILLED BY FACILITATOR/NURSE MANAGER/SUPERVISOR			
SN	Date	Topic/Module/Activity	Provider/Organizer's Name	Contact Days	Points Scored	Means of Verification	Supervisors/ Verifier, signature & date		
1									
2									
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4									
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7									
8									
9									
10									

Approved by: Supervisor's Name ..... Signature .....

Date .....

**RECORD OF CPD ACTIVITIES FROM JAN, 1<sup>ST</sup> 2023 TO DEC, 31<sup>ST</sup> 2025**

TO BE FILLED BY A NURSE OR MIDWIFE			TO BE FILLED BY FACILITATOR/MANAGER/SUPERVISOR				
SN	Date	Topic/Module/Activity	Provider/Organizer's Name	Contact Days	Points Scored	Means of Verification	Supervisors/ Verifier, signature & date
1							
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9							
10							

**Approved by: Supervisor's Name** ..... **Signature** .....

**Date** .....

### CPD MEANS OF VERIFICATION

Allocation of the CPD points for each activity presented by individual, the Verifier/ Supervisor shall use the following table of acceptable means of verification

<b>Verification Means</b>	<b>Level of CPD implementation and award (Community/ ward/ Facility /District/Regional/National)</b>
Invitation Letter/ Permit to attend	
Certificate of attendance	
Certificate of award – in case of more than one month	
Approved planned CPD session/program	
Organization/Unit Register book	
Copy of CPD accredited module	
Statement from the CPD organizing Institution/Agency	
Minutes of the meeting	
Copy of class attendance list in case of teaching	
Copy of class/workshop timetable	
Presented paper	
Activity Report	
Copy of developed topic in the article, journal	
Copy of research proposal, report	
Copy of the reviewed educational materials, policies, standards and protocols	
Copy of published educational materials, articles, journals or book	
Assigned task feedback	
Letter/certificate of recognition	
Number of attended cases in case of services deliveries	
Practical assessment plan	



**SUMMARY OF CPD POINTS SUBMITTED YEAR 2020 TO 2023**

**TO: REGISTRAR- Tanzania Nursing and Midwifery Council**

Full Name of a Nurse: (as per Registration/Certificates)-----

Category for Registration: RN..... EN..... (Please tick)

License Number: -----

Places of Work in Current CPD years:

1. ....
2. ....
3. ....

Individual CPD total point achieved and submitted.....

from Date.... Month.... Year ..... to Date.... Month.....Year .....

**Declarations:-**

1. I declare that the above entries in my CPD Logbook are true and correct record of my participation in CPD activities for the period from Date.... Month.... Year ..... to Date.... Month.....Year .....

Supervisee Name: ..... Signature..... Date.....

2. I confirm and witness that the above entries in the CPD Logbook are true and correct recorded for individual nurse/midwife participation in CPD activities for the period from Date.... Month.... Year ..... to Date.... Month.....Year .....

Supervisor's Name: .....Signature..... Date.....

Official stamp:

**SUMMARY OF CPD POINTS SUBMITTED 2023 TO 2025**

**TO: REGISTRAR- Tanzania Nursing and Midwifery Council**

Full Name of a Nurse: (as per Registration/certificates) -----

Category for Registration: RN..... EN..... (Please tick)

License Number: -----

Places of Work in Current CPD years:

4. ....

5. ....

6. ....

Individual CPD total point achieved and submitted.....

from Date.... Month.... Year ..... to Date.... Month.....Year .....

**Declarations:-**

3. I declare that the above entries in my CPD Logbook are true and correct record of my participation in CPD activities for the period from Date.... Month.... Year ..... to Date.... Month.....Year .....

Supervisee Name : ..... Signature..... Date.....

4. I confirm and witness that the above entries in the CPD Logbook are true and correct recorded for individual nurse/midwife participation in CPD activities for the period from Date.... Month.... Year ..... to Date.... Month.....Year .....

Supervisor's Name: ..... Signature..... Date.....

Official stamp:



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