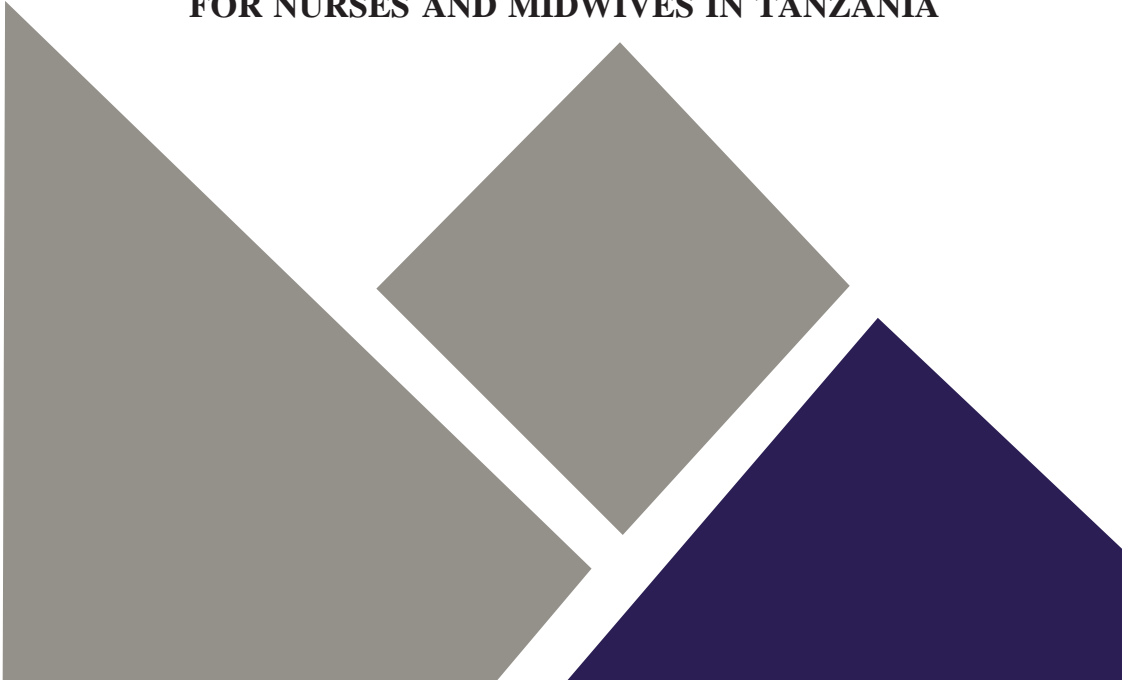**THE   UNITED REPBULIC OF TANZANIA**
TANZANIA NURSING AND MIDWIFERY COUNCIL

CONTINUING PROFESSIONAL DEVELOPMENT LOGBOOK

FOR NURSES AND MIDWIVES IN TANZANIA

THE UNITED REPBULIC OF TANZANIA
TANZANIA NURSING AND MIDWIFERY COUNCIL

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) LOGBOOK

FOR NURSES AND MIDWIVES IN TANZANIA

REVISED VERSION

JANUARY, 2023

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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 anactive participation in CPD activities

CPD scope: Means varies of defined activities as determined by the Council to be practiced bydifferent 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/Facility Nursing / 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

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INSTRUCTIONS ON THE USE OF LOG BOOK

1. Obtain your CPD logbook from the www.tnmc.go.tz

2. Obtain CPD learning materials from various methods includes online, and manually

3. Use your official names as appears in the registration, certificates and license

4. Identify individual/organization learning needs professional development

5. Attend relevant CPD activities throughout of your professional practice

6. Use the logbook for continuing education topics/activities that are relevance, currently, accessible, available, and affordable in application t o nursing field and practice you are doing

7. Record and sign all the continuing education hours immediately after every sessionin a chronological order

8. Present the logbook to supervisors for approval before renewal of practice license.

9. It is an offence to present false information in this logbook

10. Obtain a minimum of 60 points of continuous professional Development in three years i.e., twenty (20) point in each year. CPD points will be allocated following active learning for different activities

11. Attach summary sheet of CPD points with licensure renewal application form

12. CPD activities must be confirmed and signed by immediate supervisory authorities at your working place

13. Keep your logbook for evidence at least for a period of 6 years

14. CPD must be intentionally for learning purposes and not part of your job description

15. Clinical learning activities **ARE MOST** valuable area of CPD practice to demonstrate ongoing competence acquisition

MINIMUM REQUIREMENT

1. CPD is mandatory for each nurse or midwife to obtain not less than 60 points of CPD activity within three years (A minimum of 20 points per year) However, the individual may obtain more than 60 points (more than 20 points each calendar year) as directed in the National CPD framework.

2. CPD category of activities must include mixture of accredited and non-accredited theoretical, practical and Community oriented learning materials organized and delivered by TNMC recognized Institutions, Facilities, Agencies and Organization

3. A total of minimum 60 points must be attained in 3 years.

Distribution of points

Acquisition of the CPD points may be direct obtained by participation in a formal program of study organized and offered by an accredited or approved provider of education of from informal learning, self-directed learning. and experiential learning

Table: Show Number of CPD points distributions

SN	CPD	Distribution of Points in %	Points in Number		
			2023	2024	2025
1	Non-Accredited and Formal and Informal CPD	50%	10	10	10
2	Accredited Modules	30%	6	6	6
3	Online CPD	20%	4	4	4
	Total CPD Points	**100%**	**20**	**20**	**20**

N.B: Institution's/ Agencies/Programs and Projects are insisted to prepare and offer accreditation CPD modules for nurses and midwives.

CPD Priority Areas yearly

  i. Professional Ethics and professionalism
  ii. Communication and customer care
  iii. Infection Prevention and Control
  iv. Emergency and Critical care
  v. Maternal and Neonatal care
  vi. Care and management of Infectious disease including HIV/TB and AIDS C O V I D - 1 9
  vii. Care and Management of non-communicable diseases
  viii. Leadership and governance
  ix. Research in nursing and midwifery and its applications

N.B: Nurses and Midwives who do not attain a minimum requirement of 60 points in three   years will automatically not be eligible for license renewal. Professionalism and ethics area must attain at least 10 CPD points by individual nurse or midwife

List of CPD Activities Descriptions

Category 1 - Range of the CPD Activities that provide 2 Point	
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 and midwives 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
Category 2 - Range of the CPD Activities that provide 3 Points	
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 data proposal, collection and reporting
Being a member of a National or Regional healthcare 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

Category 3: Range of the CPD Activities that provide 4 Points	
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/preceptor 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
Category 4: Range of the CPD Activities that provide 5 Points	
Working as Consultant (internal and external)	Working as principal investigator, writing research report
Conducting or coordinate research as co-investigator and writing research report	Publishing research findings/paper/report, of journal, manual, articles, nursing books
Category 5: Range of the CPD Activities that provide 10 Points	
Attending Formal training on line Distance learning program for a specific area of practice not less than 1-six months	Undertaking a short course (face to face, distance or online) for 1 month to six months Conduct and share clinical research
Category 6: Range of the CPD Activities that provide 20 Points	
Attending Formal training for 1 year	**20 Points**
Category 7: Range of the CPD Activities that provide 40 Points	
Attending Formal recognized training for 2 years and more eg. Upgrading and post graduates' programs	**40 Point**
Other Category	
CPD activities /Modules Under accredited CPD System	

Tanzania Nursing and Midwifery Council

Full Name (as per Registration)……………………………….............. Gender…………

Professional education Preparation: PhD…. MSc…. Degree…. Adv. Diploma…. Diploma, Degree ……. (Please Tick)

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	Reason	Expected Outcome
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

RECORD OF CPD ACTIVITIES FROM JAN, 1ST 2023 TO DEC, 31ST 2025

SN	Date	Topic/Module/Activity	Provider/Organizer'sName	No of Days/Hrs	Points Scored	Means of Verification	Supervisors/ Verifier, signature & date
		TO BE FILLED BY A NURSE OR MIDWIFE		TO BE FILLED BY FACILITATOR/NURSE MANAGER/SUPERVISOR			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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

RECORD OF CPD ACTIVITIES FROM JAN, 1ST 2023 TO DEC, 31ST 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	No of Days/Hrs	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, 1ST 2023 TO DEC, 31ST 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	No of Days/Hrs	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…………

Professional education Preparation: PhD…. MSc…. Degree…. Adv. Diploma…. Diploma, Degree …….   (Please Tick)

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 2026 to 2028

SN	CPD area/priority	Reason	Expected Outcome
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

RECORD OF CPD ACTIVITIES FROM JAN, 1ST 2026 TO DEC, 31ST 2028

SN	Date	Topic/Module/Activity	Provider/Organizer's Name	No of Days/hrs	Points Scored	Means of Verification	Supervisors/ Verifier, signature & date
			TO BE FILLED BY A NURSE OR MIDWIFE		**TO BE FILLED BY FACILITATOR/NURSE MANAGER/SUPERVISOR**		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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

Date ………………………

RECORD OF CPD ACTIVITIES FROM JAN, 1ST 2026 TO DEC, 31ST 2028

		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	No of Days/ Hrs	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, 1ST 2026 TO DEC, 31ST 2028

SN	Date	Topic/Module/Activity	Provider/Organizer's Name	No of Days/ Hrs	Points Scored	Means of Verification	Supervisors /Verifier, signature & date
		TO BE FILLED BY A NURSE OR MIDWIFE		TO BE FILLED BY FACILITATOR/NURSE MANAGER/SUPERVISOR			
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

Verification Means	Level of CPD implementation and award (Community/ ward/ Facility /District/Regional/National
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 attended meeting	
Copy of class attendance list in case of teaching	
Copy of class/workshop timetable	
Copy of 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 2023 TO 2025

1. Verification and confirmation

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 …………

2. Declarations:-

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

        Date…. Month…...Year …………

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

3. Confirmation

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 fromDate…. Month…. Year ….. to Date…. Month…...Year …………

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

Official stamp:

…………………………………………………………………..

SUMMARY OF CPD POINTS SUBMITTED 2026 TO 2028

1. Verification and confirmation

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 …………

2. Declarations:-

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

Supervisee Name : ………………………… Signature……………… Date…………

3. Confirmation
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 fromDate…. Month…. Year ….. to Date…. Month…...Year …………

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

  Official stamp:

……………………………………………………………