



Private Sector Engagement Strategy in CPD Provision in Jordan

Local Health System Sustainability Project

Task Order 1, USAID Integrated Health Systems IDIQ

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Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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ACRONYMS

CME	Continuing medical education
CPD	Continuing professional development
EMPHNET	Eastern Mediterranean Public Health Network
ELM	Electronic Library of Medicine
GOJ	Government of Jordan
HCAC	Health Care Accreditation Council
HCP	Health care provider
IDA	Integrated Development Academy
JMA	Jordan Medical Association
JMC	Jordan Medical Council
JPA	Jordan Pharmacist Association
JPHA	Jordanian Private Hospital Association
JPS	Jordan Paramedics Society
KHCC	King Hussein Cancer Center
LPHID	Licensing Professions and Health Institutions Directorate
LHSS	Local Health System Sustainability
MOH	Ministry of Health
MOSD	Ministry of Social Development
MOU	Memorandum of understanding
NCPDC	National CPD Committee
OECD	Organization for Economic Co-operation and Development
PSE	Private sector engagement
RMS	Royal Medical Services
USAID	U.S. Agency for International Development

Executive Summary

In 2018, the Government of Jordan (GOJ) issued a Relicensing Bylaw #46 which requires all health care providers (HCPs) to undertake continuous professional development (CPD) courses to renew their license. The bylaw includes doctors, nurses, dentists, midwives, and pharmacists, as well as 41 additional categories of health professionals who require a license for practice issued by the Ministry of Health (MOH).

There is, however, a lack of data on the number of allied health professionals in the country (estimated around 40,000 based on MOH, Licensing Professions and Health Institutions Directorate (LPHID) data as of July 30, 2021), and the number of Jordanian HCPs actively practicing abroad. Furthermore, there is a dearth in information regarding how many HCPs require license renewal, and the high level of private sector HCP employment causes challenges in ensuring that professionals are aware of and meeting CPD requirements defined by Bylaw #46.

In addition to the 2018 License Renewal Bylaw, the GOJ issued the 2019 CPD Instructions to further clarify the process of license renewal, stating which health organizations are considered accredited CPD providers. These include the MOH, Royal Medical Services (RMS), health councils, training hospitals and centers approved by the Jordan Medical Council (JMC), professional associations and societies, health science colleges, accredited national and international electronic learning platforms, and any providers approved by the National CPD Committee (NCPDC) according to specified criteria. The Instructions clarify the number of CPD hours required by each category of health professional over the five years between renewal periods, the options for in-person versus on-line learning, and the distinction between professional and self-development hours. The Instructions also clarify the criteria for postponement of submission of CPD requirements, as well as the role of the health councils in terms of tasks and commitments.

The 2019 CPD Instructions have recently been revised by NCPDC and approved by the Ministers Council in September 2021, they exclude the private sector as an independent CPD provider, pending approval by the Cabinet. Private sector organizations are instead expected to enter partnerships with the pre-approved CPD providers such as the MOH, the health councils, health associations, and teaching hospitals other than private sector organizations developing electronic programs that can be accredited by the NCPDC.

LHSS developed this private sector engagement (PSE) strategy for the purpose of identifying opportunities for increasing private sector engagement with the goals of expanding the number of CPD providers and activities and to present recommendations that the LHSS project and the CPD key stakeholders in the public and private sector can consider in the short, medium and long-term that will contribute to strengthening the CPD system in Jordan.

The Key objectives of the Strategy are:

- 1- A strategy for LHSS and the CPD stakeholders (MOH, health councils, and the private sector) to engage the private sector in the provision of CPD addressing incentives, barriers, and recommendations.
- 2- Mapping an updated list of private-sector potential CPD providers
- 3- Identifying initiatives that are high-volume, low cost, and affordable for the provision of CPD activities.

The strategy was developed by undergoing a literature review and stakeholder interviews. Training companies listed in the Ministry of Trade and Industry and Societies representing HCPs, or companies providing training listed by the Ministry of Social Development (MOSD) and MOH, were also reviewed and contacted by phone to get a sense of their engagement and capacity in the provision of CPD.

Some of the challenges identified:

- Large number of Jordanian HCPs (140000) who are required to provide validated CPD hours in order to be relicensed in 2023 in both the public and private sector.
- Lack of government institutional capacity and appropriate processes to engage the private sector in CPD provision.
- The CPD activities offered in the public and private sector health care organizations at present are not sufficient to ensure that all HCPs that need to relicense will be able to access affordable CPD activities. In addition, activities provided by the pre-approved CPD providers are focused on the public health care sector HCPs and are not open to private sector HCPs. There are no policies in place to ensure the quality of CPD activities provided at present for HCPs.

Most of the documents reviewed mention the private sector in a general manner mainly in terms of participating in committees concerned with CPD but no additional roles.

The following are the strategies presented for the short term, which LHSS will work to implement in FY 22 collaboratively with the CPD national stakeholders, and strategies for the medium and long term which will be shared with the CPD stakeholders including the MOH, the NCPDC, the health councils, and the private sector.

Short-Term Strategies (Within 1 Year)

- **Facilitation of public-private dialogues for organizations to converse, share needs, and interests, break down barriers, and resolve bottlenecks.** These discussions will provide participants with the opportunity to voice their concerns in a larger setting, offer suggestions for strengthening linkages and provider incentives, and flag potential implementation challenges. LHSS plans to conduct three public-private sector dialogues that have clearly articulated objectives, and will include key CPD stakeholders from the MOH, the health councils, and private sector CPD providers. The workshops will allow the stakeholders from the private and public sectors see challenges from each other's perspectives and co-create solutions. The outcome of these workshops will be a documentation of areas of consensus, and commitments and solutions articulated by the stakeholders. Priority topics that can benefit from a public-private sector dialogue will be decided in consultation with the NCPDC. Suggested topics may include:
 - Addressing CPD requirements of allied health professions
 - Providing expanded CPD offerings designed for multiple types of health workers (e.g., both doctors and nurses can attend the same course)
 - Examining cost structures and facilitating access to low-cost courses
 - Suggestions for provider incentives
 - Identifying and resolving implementation challenges
- **Provide technical assistance to the public sector health care organizations as needed to develop partnership agreements with the private sector.** The development of partnership agreements requires a clear definition of roles and responsibilities for each party around joint implementation.

- **Strengthen the capacity of NCPDC to effectively steward CPD provision.** This includes the capacity to build and manage effective monitoring and oversight systems and the capacity to design and implement policies, regulations, and reforms that consider the interests and needs of both the public and private health sectors. Development of a system in the health councils is required to monitor accredited CPD providers and the quality of the CPD activities provided, as well as to assess the impact of CPD requirements on the quality of health care in Jordan. In FY 22 LHSS will facilitate the development of a national CPD monitoring framework, through active engagement of all stakeholders (MOH, RMS, councils, CPD providers, and health associations) to help monitor CPD milestones such as the number and percentage of HCPs who have completed CPD courses and license renewal. The monitoring and evaluation framework will contribute to understanding how the CPD system equitably meets the needs of different health care providers (professions, gender, rural/urban, public/private). The framework will identify roles and responsibilities of the different stakeholders in monitoring CPD. LHSS will facilitate biannual consultations led by the MOH with the NCPDC based on data collected through the CPD monitoring and evaluation framework and reflect on learning questions geared towards improving the CPD system.
- **The private sector can develop electronic platforms and courses for HCPs because it has the resources and infrastructure to do so.** Online learning can reduce the costs for developers, health care organizations, and HCPs. CPD Instructions need to provide more details regarding accreditation of online CPD activities. Through its grantmaking program, LHSS will catalyze private sector engagement in key technical areas by developing new CPD offerings or adapting existing offerings. These grants towards private sector partners will “pump prime” investment in (i) under-served markets (e.g., for professions that are currently under-served, such as allied health professionals), and/or (ii) for thematic areas closely aligned to USAID Jordan’s portfolio of interest (e.g., family planning; MNCH; nutrition; reducing antimicrobial resistance; priority interventions for children with disability). This work will be done in collaboration with the Health Services Quality Accelerator (HSQA) Activity to ensure harmonization.
- **NCPDC and health care organizations can request EDRAAK to develop CPD activities for a development fee, which can then be offered for free to all HCPs.** This is a quick and viable solution that can reach large numbers of HCPs all over Jordan and provide the self-development aspect of CPD activities since EDRAAK’s platform is open and is free. However, there is a cost for the development and accreditation of the course materials which has to be assumed by health care organizations. This mechanism can be one way to ensure courses are available widely on EDRAAK’s platform. In addition, EDRAAK courses are in Arabic which might be attractive for HCPs.
- **Ensure that criteria and standards for accreditation of CPD providers and activities apply equally to all and are tied to a monitoring and evaluation system.** At present, the CPD providers listed in the revised instructions have a blanket approval of their CPD offerings, meaning that any activities held by them are automatically approved and do not have to meet any specific criteria. Some organizations such as JNC and JMA have developed criteria for CME activities. LHSS is supporting MOH’s Institutional Development and Quality department to develop criteria for CPD activities for the MOH. These criteria will then be adopted by NCPDC and the pre-approved CPD providers in order ensure the quality of CPD activities.
- **Develop a communication plan** to disseminate the latest instructions to all stakeholders, processes for renewing licenses, and accessing CPD activities. LHSS will support the MOH in developing a national campaign targeting all HCPs in Jordan. The private sector will be a part of the design and roll-out of the plan as it is represented on the NCPDC subcommittee for the CPD media campaign.

Medium-Term Strategies (1-2 Years)

- **Strengthening the capacity of governments to effectively steward the private health sector.** This includes the capacity to build and manage effective monitoring and oversight systems, and the capacity to design and implement policies, regulations, and reforms that consider the interests and needs of the private health sector. In addition, public sector managers need improved skills conducive to dealing with private health providers, such as contract negotiation. In FY 22 LHSS will work with the MOH and the health councils to build capacity through integrating CPD in their mandates, providing IT infrastructure, and creating a CPD online system that facilitated monitoring and evaluation.
- **Supporting public sector organizations to contract private CPD providers in locations that are resource deficient.** Not all governorate public hospitals and health centers have the human and environmental resources to provide CPD to all their HCPs using a diversity of learning methods and topics. Outsourcing CPD activities to private sector providers could ensure that HCPs in each governorate are receiving high quality CPD activities locally and on a variety of topics. The larger the number of learners, the lower the cost of activities, including the costs of certifications such as those from international online learning platforms.
- **Encourage the private sector to support the provision of CPD activities for allied health professionals who do not have an association or society.** The private sector can provide a high-volume, low-cost solution to this gap. The estimated number of allied health professionals is about 40,000 across all health sectors, with around one third being in the public sector and the remainder in the private sector. Very little attention has historically been given to the professional development of these workers, but now they are faced with CPD requirements for license renewal. The public sector health organizations and some of the private sector organizations do not have sufficient resources to provide their HCPs with sufficient CPD activities to meet their requirements. The private sector can fill this gap by developing large-scale activities including online learning, with the cost covered by training budgets in public organizations and through reasonable fees paid by HCPs who are unsponsored or interested in diversifying their learning.

Long-Term Strategies

- **Supporting generating information on human resources in the health sector in Jordan.** This includes establishing a reliable knowledge base on the size, scope, characteristics, and needs of the health care sector for HRH to improve collaboration, inform policy decisions, and improve access to high quality, safe, and competent HCPs.
- **Partnerships must address sustainability and ownership that is inclusive of the government and communities.** Sustainability includes the health care system capacity, human resources, and financial resources. In terms of the system, the government is moving at a fast pace towards e-government which includes the licensing of HCPs. Jordan has a strong IT infrastructure and reach to all governorates. Human resources require capacity building to support the CPD system processes in the MOH and Health Councils. In terms of financial sustainability, HCPs are required to pay a license renewal fee. Health councils will charge a fee for validation of the CPD hours for HCPs, the public sector health care organizations, major private hospitals, and diagnostic centers can utilize their training budgets to support the CPD. Health professional associations usually offer CPD activities free of charge or for minimal fees. Tax incentives could be provided to private sector organizations to reduce the costs of CPD activities. Capitalizing on electronic learning also reduces costs. Vouchers could be provided by private and public health care organizations to their HCPs to provide them with the freedom to choose their CPD activities from approved CPD providers.

- **A phased approach for engagement of the private sector is required** to achieve quick results, generate momentum, and galvanize enthusiasm and support for continued, broader engagement and partnerships. Potential CPD providers can partner with the pre-approved CPD providers listed in the Bylaw #46 and CPD Instructions #1, 2019 until the CPD accreditation system is up-and-running in the private sector.
- **CPD instructions can be revised at a later stage to include an article allowing for private sector organizations to be accredited as CPD providers**, since they will be able to provide for the CPD needs of small private hospitals and the large number of allied health professionals who do have professional associations or societies to facilitate CPD.

The purpose of the relicensing Bylaw #46 and its requirement for CPD activities is to ensure that HCPs in Jordan are well trained and up to date in their knowledge and skills to provide higher quality and safe care. This requires that high-quality, accessible, and affordable CPD activities are available to all HCPs in Jordan to meet requirements for license renewal. This Strategy suggests that the private sector can play a complementary and supportive role in the provision of CPD activities for both public and private sector health professionals.

1. BACKGROUND

In 2018, the Government of Jordan (GOJ) issued a Relicensing Bylaw #46 which requires all health care providers (HCPs) to undertake continuous professional development (CPD) courses to renew their license. This regulation resulted from the *National Strategy for Health Sector 2016-2020* and the *National Human Resources for Health Strategy 2018-2022*. The bylaw includes doctors, nurses, dentists, midwives, and pharmacists, as well as 41 additional categories of health professionals who require a license for practice issued by the Ministry of Health (MOH).

Table I illustrates the distribution of major health professions by sector as of 2019, providing data on the number of doctors, nurses, midwives, dentists, pharmacists, and laboratory technicians. There is, however, a lack of data on the number of allied health professionals in the country (estimated around 40,000 based on MOH, Licensing Professions and Health Institutions Directorate (LPHID) data as of July 30, 2021), and the number of Jordanian HCPs actively practicing abroad. Furthermore, there is a dearth in information regarding how many HCPs require license renewal, and as shown in the below table, the high level of private sector HCP employment causes challenges in ensuring that professionals are aware of and meeting CPD requirements defined by Bylaw #46.

Table 1: National-Level Public and Private Sector Health Workforce Ratios per 10,000, 2019

Health Profession	HCPs			Total	Ratio
	Public	Private	NGOs		
Physicians	8,897	17,491	497	26,885	25.5
Dentists	1,238	6,647	32	7,917	7.5
Pharmacists	1,529	8,903	103	10,535	10.0
Registered Nurses	12,165	14,570	1,034	27,769	26.3
Midwives	2,048	1,655	36	3,739	3.5
Lab Technician	1,380	N/A	112	1,492	14.1*
Total	27,257	49,266	1,814	78,337	74.2

Source: Higher Health Council. National Human Resources for Health Annual Report. 2019

In addition to the 2018 License Renewal Bylaw, the GOJ issued the 2019 CPD Instructions (Annex A) to further clarify the process of license renewal, stating which health organizations are considered accredited CPD providers. These include the MOH, Royal Medical Services (RMS), health councils, training hospitals and centers approved by the Jordan Medical Council (JMC), professional associations and societies, health science colleges, accredited national and international electronic learning platforms, and any providers approved by the National CPD Committee (NCPDC) according to specified criteria. The Instructions clarify the number of CPD hours required by each category of health professional over the five years between renewal periods, the options for in-person versus on-line learning, and the distinction between professional and self-development hours. The Instructions also clarify the criteria for postponement of submission of CPD requirements, as well as the role of the health councils in terms of tasks and commitments.

The 2019 CPD Instructions have recently been revised by NCPDC and approved by the Ministers Council in September 2021 which excludes the private sector as an independent CPD provider.. Private sector organizations are instead expected to enter partnerships with the pre-approved CPD providers such as the MOH, the health councils, health associations, and teaching hospitals; additionally, the CPD

instructions private sector organizations provided that NCPDC approved online platforms can offer CPD courses, which opens opportunity for the private sector to provide CPD courses via approved online platforms. The current capacity of the NCPDC does not allow for the monitoring and evaluation of CPD activities implemented by the private sector. The revised instructions increased the percentage of online CPD hours to 30% of the total required CPD hours. Revisions also indicated that CPD hours will be counted from March 2021 onwards, rather than 2018, due to the COVID-19 crisis. In addition, the NCPDC determined that online CPD hours can be counted for 100% of total required hours until the end of the pandemic or until other instructions are issued on this matter (see Annex C).

Very little progress has occurred since Bylaw #46 required all HCPs to complete CPD activities for license renewal every five years in 2018. Notably, the NCPDC was established, but the chair of the committee (i.e., Secretary General of Higher Health Council) has changed three times since its inception. The health councils responsible for validating CPD hours for HCPs are at various levels of preparedness in terms of personnel, electronic infrastructure, and software. Not all allied health professionals have an association or society to represent them and offer CPD activities. The public sector health care organizations also lack sufficient policies and resources to ensure that their staff are meeting CPD requirements, and the same is true for private sector hospitals and diagnostic or therapeutic centers. In addition, the majority of HCPs lack knowledge of the regulations for license renewal, how to participate in approved CPD activities, and how to validate their CPD hours.

In 2021, the MOH with LHSS support, began the process of cleaning data on HCPs currently licensed in Jordan, and the health councils, Jordan Medical Council (JMC), Jordan Nursing Council (JNC), and HHC began assessing their information technology (IT) infrastructure needs to ensure they would be linked with the upcoming CPD system. Additionally, the councils and syndicates began reviewing their own HCP data for completeness and alignment with the MOH data. In July 2021, the MOH and USAID signed the PGS CPD Project (CPDP) agreement, which will provide funding to the MOH to help them as they activate their responsibilities in ensuring the CPD Bylaw is implemented.

Private sector engagement (PSE) in CPD does exist in some capacity: 5 private hospitals are pre-approved as CPD providers if they are designated training hospitals by JMC. Health science colleges (nursing, pharmacy and allied health) within 13 private universities are also considered pre-approved CPD providers. Other private CPD providers such as training centers and non-profit organizations are eligible to conduct CPD activities in collaboration with the pre-approved providers. In addition, platform developers of electronic learning are eligible to apply for accreditation based on standards that will be set by the NCPDC.

Engagement Approaches

The Organization for Economic Co-operation and Development (OECD) defines private sector engagement as “an activity that aims to engage the private sector for development results and involves the active participation of the private sector.”¹ PSE can also be defined as the deliberate, systematic collaboration of the government and private sector to move national health priorities forward beyond individual interventions and programs. PSE is most beneficial when the engagement demonstrates a clear added value for all parties, improves public health, promotes transparency, and avoids conflicts of interest. With more than 40 percent of health services delivered through the private sector in Jordan, it is imperative that the sector is engaged as a decision maker, implementer, and partner in health programs and interventions.

¹ OECD, 2016.

Public-private engagement is another approach used to better outcomes by facilitating integration, reducing inefficiencies, and strategically using public and private resources.² According to the National Academies of Sciences, Engineering, and Medicine, private-public partnerships need the following:

- Fitting into a country's existing policies and legal framework; expanding on a country-based plan that promotes ownership of the partnership within the country.
- An open and eager government, an international or non-governmental organization that is willing to break the mold, and private-sector companies willing to take risks.
- Decisive leadership that facilitates the implementation of partnerships.
- Private-sector partners need to play a bigger role in joint planning to identify which areas they can support and define for both sides of the partnership.
- Addressing sustainability and ownership that is inclusive of government and communities.

Historical Role of CPD-Related Private Sector Engagement in Jordan

During the last four decades, the number of private hospital beds has continued to increase at rate of 110 beds annually, mirroring the increase in the public sector (171 beds annually for the MOH, RMS, and university hospitals) until the private sector's share stabilized between 33-37% of total hospital beds in Jordan. In the same way, the entry of private insurance companies since the early 1990s contributed to an increase in funding and thus increased spending on the private sector and its expansion, as well as the transformation of Jordan into a destination for medical tourism, an important contributor to the growth and prosperity of the private sector.

In regard to the history of CPD provision by the private sector, there is little documentation available most of it examines perceptions and practices regarding CPD. Private hospitals, depending on their size and need, provided on-the-job training or support for their HCPs (who were mostly doctors). Some hospitals had professional development units, particularly the larger hospitals in Amman. There were CPD trainings offered but mostly based on market demand or requests from donors, rather than to fulfill official licensing requirements.

Key CPD-Related Private Sector Organizations

The private sector includes both for-profit and non-profit organizations. The major non-profit organizations that provide CPD activities for HCPs are King Hussein Cancer Center (KHCC), EDRAAK, Hakeem-ELM, and non-profit hospitals. Other non-profit organizations have established for-profit training centers e.g., EMPH-NET, Health Care Accreditation Council (HCAC), Jordan Paramedics Society (JPS), and others. Private sector hospitals provide CPD activities for their HCPs and for outside providers through their training centers or CPD departments (e.g., Specialty Hospital). There are also for-profit training centers that have provided or are interested in providing CPD activities for HCPs in collaboration with health councils, professionals associations, or universities (e.g., Pioneers' Academy, Wayfinder, Integrated Development Academy (IDA)).

PSE Cost Structures

The cost of CPD in the private sector is covered either by the health care organization itself, which is most feasible if it has a large number of staff and is considered part of its accreditation requirements (e.g., HCAC, JCI). Otherwise, HCPs pay out-of-pocket for CPD activities when not sponsored by their organizations, donors, or the activities are not offered for free.

² El-Khoury, Brunner & Callahan, 2020.

2. PURPOSE OF THE STRATEGY

The purpose of this strategy is to identify opportunities for increasing private sector engagement with the goals of expanding the number of CPD providers and activities and to present recommendations that the LHSS project and the CPD key stakeholders in the public and private sector can consider in the short, medium and long-term that will contribute to strengthening the CPD system in Jordan.

The Key objectives of the Strategy are:

1. A strategy for LHSS and the CPD stakeholders (MOH, health councils, and the private sector) to engage the private sector in the provision of CPD addressing incentives, barriers, and recommendations.
2. Mapping an updated list of private-sector potential CPD providers
3. Identifying initiatives that are high-volume, low cost, and affordable for the provision of CPD activities.

LHSS will prioritize working with the private sector to develop new, or adapt existing, CPD courses for either (i) under-served markets (e.g., for professions that are currently under-served, such as Allied Health Professionals), and/or (ii) for thematic areas closely aligned to USAID/Jordan's portfolio of interest (e.g., family planning; MNCH; nutrition; reducing antimicrobial resistance; priority interventions for children with disability).

3. METHODOLOGY

This strategy was developed by undergoing a literature review and stakeholder interviews. Training companies listed in the Ministry of Trade and Industry and Societies representing HCPs, or companies providing training listed by the Ministry of Social Development (MOSD) and MOH, were also reviewed and contacted by phone to get a sense of their engagement and capacity in the provision of CPD.

Literature Review

The following documents were reviewed for in the process of the development of this strategy:

- Ministry of Health, Government of Jordan: National Strategy for the Health Sector, 2016-2020
- High Health Council, Government of Jordan: National Human Resources for Health Strategy, 2018-2022
- Government of Jordan: Regulation #46 Health Professional License Renewal Bylaw, 2018
- Government of Jordan: Regulation #51 Continuing Medical Education for Dentists Bylaw, 2017
- Government of Jordan: Draft CPD Instructions
- USAID-HRH 2030: Factors Influencing CPD Effectiveness and Practices in the Healthcare Sector in Jordan, 2018
- USAID-HRH 2030 Health Council Roles and Responsibilities in Implementing a Continuing Professional Development System in Jordan
- USAID-HRH 2030: Roadmap for a Functional and Sustainable Continuing Professional Development System in Jordan, 2019
- USAID-XLA: Continuous Professional Development: Map of the CPD Providers in Jordan (Public and Private), 2019
- USAID-XLA: Continuous Professional Development: A Proposal for the Systematic and Financial Sustainability of the Continuous Professional Development System, 2019

- USAID-XLA: Continuous Professional Development Communication and Advocacy Plan, 2019
- USAID-LHSS: As-Is Process for Continuing Professional Development and Relicensing Health Care Professionals in Jordan, May 2021
- USAID-LHSS: To-Be Business Process Maps: Continuing Professional Development and Relicensing System, May 2021
- Several studies carried out with physicians and nurses in Jordan regarding their perceptions of CPD in Jordan

Key Stakeholder Interviews

The following CPD stakeholders, including those from the private sector, were interviewed (Annex D):

- HCAC, Eastern Mediterranean Public Health Network (EMPHNET), JPS, IDRAAK, NCPDC, IDA, Jordan Medical Association (JMA), Jordan Pharmacist Association (JPA), Pioneers' Academy, Electronic Library of Medicine (ELM), Specialist Hospital Training Center, Jordanian Private Hospital Association (JPHA), Wayfinder, Medlabs, BioLabs, small private lab in Al Arabi, and USAID private engagement experts. The interviews focused on the role of the private sector in supporting implementation of the CPD system, information regarding the type of CPD activities they offer, resources and facilities available, course design, and cost of the activities.
- Lists of health professionals' associations obtained from MOH and MOSD were contacted by phone and/or interviewed in person to discuss their capacity in providing CPD and their views on private sector engagement in CPD.
- Lists of training companies who provide training for HCPs were obtained from the Ministry of Trade, Industry, and Supply and screened for potential providers of CPD for health professionals.
- List of specialty societies within JMA was reviewed.
- Two unions that represent workers in the health care sector which are members of the General Union of Workers were reviewed.

The majority of potential private sector CPD providers in Jordan were reviewed using a website search, telephone calls, one-on-one interviews, professional meetings, or personal communication.

Private sector mapping

Based on the stakeholder interviews, phone calls, and the literature review, an updated map of the CPD private sector providers in Jordan was created to assist CPD stakeholders to easily implement CPD activities among HCPs in Jordan and identify areas where there may be difficulties in accessing such programs (annex B).

4. KEY FINDINGS

Key Literature Review Findings

- Implementation of relicensing HCPs requires that the public and private health care sectors work together to ensure all HCPs are up-to-date in their knowledge and skills, and that they meet the relicensing requirements in order to provide citizen-centered health services that are responsive to growing needs.
- The majority of documents reviewed mention the private sector in a general manner, mainly in terms of their participation on CPD committees. It is important that the private sector be active

in the NCPDC and as independent providers of CPD activities, given the public sector's lack of sufficient resources to meet the country's CPD needs.

- There is an overall absence of comprehensive data regarding the numbers of HCPs in Jordan, specifically allied health care providers. Information regarding the status of HCPs as practicing in Jordan or abroad is also lacking.
- In order for CPD requirements to be met by HCPs, HR policies need to be updated. HR departments in the relevant organizations must play an active role in ensuring that all their HCPs are meeting the relicensing requirements, especially because employing unlicensed HCPs would jeopardize the status of the organization's license and accreditation status.
- The public health care sector does not have clear policies or mechanisms regarding the provision of quality CPD activities within their organizations.
- The reviewed documents provide an excellent basis for developing a CPD system in Jordan, yet very little has been done to move ahead in the establishment of the CPD system.
- There is an emphasis on the importance of a well-designed information system that connects the health councils, health professional associations, and Licensing Professions and Health Institutions Directorate (LPHID) and allows access for health professionals to monitor their status.
- HCPs have varying knowledge regarding CPD requirements for license renewal. Lack of knowledge about the process for fulfilling CPD requirements represents a key reason that most have not met the requirements.
- There has been no follow-up reports on the national strategies since their launch.
- The mapping of CPD providers (see Annex A) indicates that there are sufficient organizations in the public and private sectors to provide CPD activities if they work collaboratively.
- For the CPD system to function properly and efficiently, it requires qualified human resources, electronic infrastructure, and financial policies. In addition, the communication plan needs to be updated and implemented to disseminate information regarding the roles and responsibilities of the stakeholders, including HCPs themselves.
- Financial sustainability for both the public and private health sectors is possible with the proper legislation and consensus among stakeholders.
- A few studies have been conducted regarding HCPs' perceptions and participation in CPD activities. The studies revealed a lack of mandatory laws and barriers to engagement, such as staff shortage, heavy workload, limited funds, lack of time, cost, difficulties accessing CPD, irrelevance of CPD, and work-life imbalance. The studies also indicated that women were accessing CPD opportunities significantly less than men. In addition, physicians, dentists, and pharmacists were more frequently using CPD compared to nurses and allied health professionals. Distance also impeded access, with respondents indicating that time away from families and/or work made it more difficult to participate. Accordingly, any new CPD framework needs to adequately address these barriers and identify creative solutions to them.
- The reports also indicated that e-learning (reported by 64.1% respondents) and other internet sources (58.2%) were top contributors to current CPD participation. Enablers to participation were cited as supportive administrations, protected time to attend activities, having a culture and an environment that valued CPD, and sufficient incentives to participate such as an increased chance of promotion or pay.

Key Stakeholder Interview Findings

How do stakeholders view the role of the private sector?

The private sector wants to be engaged in the provision of CPD activities, whether for their own HCPs or for those in other health care organizations. They believe that the public health care sector cannot provide CPD activities for all HCPs. They want to be active partners of the CPD system, taking part in decision making. The Instructions do not provide accreditation mechanisms for the private sector to offer

CPD activities independently (unless they are pre-approved CPD providers). Private sector providers are unable to proceed in supporting their HCPs and providing CPD activities for them until the revised CPD Instructions are approved by the Cabinet.

How can the private sector be engaged?

The private sector can be engaged in a variety of ways. Possibilities include: 1) collaboration with the public health care sector in providing CPD activities at reasonable costs; 2) outsourcing by the public or private sector health care organizations or professional organizations to provide CPD activities to a large number of HCPs in any of the governorates; and 3) outsourcing to develop online CPD activities to be offered by public or private sector health care organizations, and health professionals' organizations, for greater reach and easy access to their staff or members.

What can the private sector offer?

The private sector can offer 1) scale, sustainability, and reach; 2) innovation, expertise, and capabilities; 3) flexibility, diversity, and pace; and 4) efficiency and effectiveness.

What are the gaps the private sector fills?

The private sector can complement the role of the public sector in providing CPD activities. It is agile and can mobilize quickly to adapt to CPD needs of HCPs. It can reach large numbers of HCPs in a short period of time over a wider geographic spread through both in-person and online activities and provide CPD activities for the large number of allied health staff who are not otherwise included. Additionally, they can reach HCPs in all governorates.

How the NCPDC views the role of the private sector?

The NCPDC views the private sector in several ways. The first is as an important contributor to health care in Jordan, and specifically to the provision of CPD activities. However, members of the NCPDC believe there is a need to wait until public sector CPD providers organize their processes and activities. They also see that the private sector can contribute to the CPD activities by collaborating with pre-approved CPD providers. There are some private sector organizations that are pre-approved as CPD providers, such as private universities with health sciences colleges and private hospitals approved for training and specialization by JMC that can offer CPD activities independently. An alternate point of view presented by the NCPDC is that there is some skepticism regarding the quality of CPD activities that may be offered by private sector organizations. Additionally, it is considered unethical that the private sector will be making a profit by charging for CPD activities, whereas the public sector provides these free-of-charge through more limited resources.

What motivates the private sector to engage in CPD?

The private sector has several motives for engaging in CPD activities, such as to contribute to quality improvement of health care in Jordan. Engaging in CPD helps the private sector health facilities meet accreditation requirements and ensure that all staff are practicing with a valid license. Another motive is that engaging in CPD can generate income for private sector organizations and provide jobs for Jordanians. These CPD activities can also be expanded outside of Jordan.

Private sector mapping findings

Mapping the CPD providers in Jordan shows wide range of providers in the private sector in Jordan. However, further instructions from NCPDC should align CPD provision mechanisms of collaboration with accredited CPD providers, in addition to the consistency and transparency of the financial aspects

among providers. Mapping the variety of CPD providers in Jordan will assist HCPs as well as health decision makers to manage resources in terms of human and physical facilities which will facilitate the implementation of the CPD system in Jordan.

The outcome data of the CPD map shows that all facilities accredited by the Health Care Accreditation Council (HCAC) and/ or Joint Commission International (JCI) are eligible to provide CPD, as the availability of a CPD provider unit is one of the HCAC and JCI clusters for accreditation (e.g., Cluster 14: Education and Training) (HCAC, 2019). Additionally, all facilities connected with HAKEEM electronic health solutions are eligible to launch an online education system (ELM). ELM provides free registration and accessibility to all HCPs in Jordan. ELM also provides an online platform to obtain CPD (certificate for a fee), however, as a platform is subject to approval from the NCPDC in order to independently offer accredited CPD courses, ELM is also connected to an international library of courses and research accredited by different international bodies and authorities, such as American Nursing Credentialing Center, and the American Medical Association (source: interview with ELM staff).

5. CHALLENGES AND OPPORTUNITIES

Challenges facing the implementation of a CPD system in Jordan

- There is a large number of Jordanian HCPs (200,000 based on MOH, Licensing Professions and Health Institutions Directorate (LPHID) data as of July 30, 2021) in both the public and private sector who are required to provide validated CPD hours in order to be relicensed in 2023.
- The government lacks the institutional capacity and the appropriate processes to engage the private sector in CPD provision.
- CPD activities offered in public and private health care organizations are not presently sufficient to ensure accreditation will be achieved for the HCPs required to be relicensed by 2023. In addition, activities provided by the pre-approved CPD providers are focused on public sector HCPs and are generally not available to private sector HCPs. There are also no standards in place to ensure the quality of CPD activities provided for HCPs.
- There is a lack of infrastructure that connects data from health councils, health professional associations, and LPHID, and a lack of human resources to implement CPD and relicensing processes in these organizations. This will affect the ability of the stakeholders to handle the validation of CPD activities and relicensing of HCPs in 2023.
- Most of the documents reviewed mention the private sector in a general manner, mainly in terms of participating in committees concerned with CPD, but no additional roles are detailed.
- The majority of health care organizations are aware of the relicensing regulations and CPD requirements, but their information is inconsistent, and they have not put in place the required policies and procedures or included CPD activities in their budgets.
- In general, HCPs have not worked on fulfilling CPD requirements because of their lack of knowledge regarding the processes for license renewal, which organizations are accredited CPD providers, where to seek CPD activities, and which activities are accredited.
- Bylaw #46 and the CPD Instructions stipulate that some of the CPD activities can include self-development activities. Such CPD activities are usually not provided by the public sector.
- E-courses are approved as CPD activities for HCPs in the recently revised instructions, and criteria for approval of online learning platforms have been developed and approved by the NCPDC. The NCPDC also approved 100% of online courses to be counted towards CPD during the COVID-19 pandemic. Online CPD activities are usually developed and offered by private

sector providers because the public sector does not have the infrastructure nor the funds to develop such activities and regularly update them.

Opportunities in implementing a CPD system in Jordan

- The government believes that the private sector must play an active role in all aspects of development of the country.
- COVID-19 and the Defense Laws have allowed various changes to policies regarding the implementation of activities that were not in place previously (some policies were temporary in response to COVID-19). This includes e-learning (for schools and universities), home delivery of pharmaceuticals, providing home care to COVID-19 patients, working from home and flexi-hours, the development of applications that facilitated registration for vaccines, and returning to Jordan for expats. Providing online training for HCPs on protocols is related to changes required by COVID-19.
- Some of the health councils are already experienced in provision and accreditation of continuing medical education (CMEs) and CPDs that can be further developed to support the CPD system.
- There is support from donors such as USAID to develop the infrastructure and communication strategy for the CPD system and to support the MOH in developing standards for CPD.
- Jordan has a strong internet network, and most HCPs have access to the internet and electronic devices through their personal or employer funded devices.
- Hakeem medical records and ELM are available in 80% of the public sector health organizations. ELM-provided CPD activities and certificates of completion can be obtained at lower fees through a memorandum of understanding (MOU) with international CPD providers.
- EDRAAK is a public online learning platform that offers free courses, which could be utilized by the health care sector to develop courses targeting HCPs in all sectors.

6. STRATEGY FOR ENGAGING THE PRIVATE SECTOR

Short-Term Strategies (Within 1 Year)

- **Facilitation of public-private dialogues for organizations to converse, share needs, and interests, break down barriers, and resolve bottlenecks.** These discussions will provide participants with the opportunity to voice their concerns in a larger setting, offer suggestions for strengthening linkages and provider incentives, and flag potential implementation challenges. LHSS plans to conduct three public-private sector dialogues that have clearly articulated objectives, and will include key CPD stakeholders from the MOH, the health councils, and private sector CPD providers. The workshops will allow the stakeholders from the private and public sectors see challenges from each other's perspectives and co-create solutions. The outcome of these workshops will be a documentation of areas of consensus, and commitments and solutions articulated by the stakeholders. Priority topics that can benefit from a public-private sector dialogue will be decided in consultation with the NCPDC. Suggested topics may include:
 - Addressing CPD requirements of allied health professions
 - Providing expanded CPD offerings designed for multiple types of health workers (e.g., both doctors and nurses can attend the same course)
 - Examining cost structures and facilitating access to low-cost courses
 - Suggestions for provider incentives
 - Identifying and resolving implementation challenges

- **Provide technical assistance to the public sector health care organizations as needed to develop partnership agreements with the private sector.** The development of partnership agreements requires a clear definition of roles and responsibilities for each party around joint implementation.
- **Strengthen the capacity of NCPDC to effectively steward CPD provision.** This includes the capacity to build and manage effective monitoring and oversight systems and the capacity to design and implement policies, regulations, and reforms that consider the interests and needs of both the public and private health sectors. Development of a system in the health councils is required to monitor accredited CPD providers and the quality of the CPD activities provided, as well as to assess the impact of CPD requirements on the quality of health care in Jordan. In FY 22 LHSS will facilitate the development of a national CPD monitoring framework, through active engagement of all stakeholders (MOH, RMS, councils, CPD providers, and health associations) to help monitor CPD milestones such as the number and percentage of HCPs who have completed CPD courses and license renewal. The monitoring and evaluation framework will contribute to understanding how the CPD system equitably meets the needs of different health care providers (professions, gender, rural/urban, public/private). The framework will identify roles and responsibilities of the different stakeholders in monitoring CPD. LHSS will facilitate biannual consultations led by the MOH with the NCPDC based on data collected through the CPD monitoring and evaluation framework and reflect on learning questions geared towards improving the CPD system.
- **The private sector can develop electronic platforms and courses for HCPs because it has the resources and infrastructure to do so.** Online learning can reduce the costs for developers, health care organizations, and HCPs. CPD Instructions need to provide more details regarding accreditation of online CPD activities. Through its grantmaking program, LHSS will catalyze private sector engagement in key technical areas by developing new CPD offerings or adapting existing offerings. These grants towards private sector partners will “pump prime” investment in (i) under-served markets (e.g., for professions that are currently under-served, such as allied health professionals), and/or (ii) for thematic areas closely aligned to USAID Jordan’s portfolio of interest (e.g., family planning; MNCH; nutrition; reducing antimicrobial resistance; priority interventions for children with disability). This work will be done in collaboration with the Health Services Quality Accelerator (HSQA) Activity to ensure harmonization.
- **NCPDC and health care organizations can request EDRAAK to develop CPD activities for a development fee, which can then be offered for free to all HCPs.** This is a quick and viable solution that can reach large numbers of HCPs all over Jordan and provide the self-development aspect of CPD activities since EDRAAK’s platform is open and is free. However, there is a cost for the development and accreditation of the course materials which has to be assumed by health care organizations. This mechanism can be one way to ensure courses are available widely on EDRAAK’s platform. In addition, EDRAAK courses are in Arabic which might be attractive for HCPs.
- **Ensure that criteria and standards for accreditation of CPD providers and activities apply equally to all and are tied to a monitoring and evaluation system.** At present, the CPD providers listed in the revised instructions have a blanket approval of their CPD offerings, meaning that any activities held by them are automatically approved and do not have to meet any

specific criteria. Some organizations such as JNC and JMA have developed criteria for CME activities. LHSS is supporting MOH's Institutional Development and Quality department to develop criteria for CPD activities for the MOH. These criteria will then be adopted by NCPDC and the pre-approved CPD providers in order ensure the quality of CPD activities.

- **Develop a communication plan** to disseminate the latest instructions to all stakeholders, processes for renewing licenses, and accessing CPD activities. LHSS will support the MOH in developing a national campaign targeting all HCPs in Jordan. The private sector will be a part of the design and roll-out of the plan as it is represented on the NCPDC subcommittee for the CPD media campaign.

Medium-Term Strategies (1-2 Years)

- **Strengthening the capacity of governments to effectively steward the private health sector.** This includes the capacity to build and manage effective monitoring and oversight systems, and the capacity to design and implement policies, regulations, and reforms that consider the interests and needs of the private health sector. In addition, public sector managers need improved skills conducive to dealing with private health providers, such as contract negotiation. In FY 22 LHSS will work with the MOH and the health councils to build capacity through integrating CPD in their mandates, providing IT infrastructure, and creating a CPD online system that facilitated monitoring and evaluation.
- **Supporting public sector organizations to contract private CPD providers in locations that are resource deficient.** Not all governorate public hospitals and health centers have the human and environmental resources to provide CPD to all their HCPs using a diversity of learning methods and topics. Outsourcing CPD activities to private sector providers could ensure that HCPs in each governorate are receiving high quality CPD activities locally and on a variety of topics. The larger the number of learners, the lower the cost of activities, including the costs of certifications such as those from international online learning platforms.
- **Encourage the private sector to support the provision of CPD activities for allied health professionals who do not have an association or society.** The private sector can provide a high-volume, low-cost solution to this gap. The estimated number of allied health professionals is about 40,000 across all health sectors, with around one third being in the public sector and the remainder in the private sector. Very little attention has historically been given to the professional development of these workers, but now they are faced with CPD requirements for license renewal. The public sector health organizations and some of the private sector organizations do not have sufficient resources to provide their HCPs with sufficient CPD activities to meet their requirements. The private sector can fill this gap by developing large-scale activities including online learning, with the cost covered by training budgets in public organizations and through reasonable fees paid by HCPs who are unsponsored or interested in diversifying their learning.

Long-Term Strategies

- **Supporting generating information on human resources in the health sector in Jordan.** This includes establishing a reliable knowledge base on the size, scope, characteristics, and needs of the health care sector for HRH to improve collaboration, inform policy decisions, and improve access to high quality, safe, and competent HCPs.
- **Partnerships must address sustainability and ownership that is inclusive of the government and communities.** Sustainability includes the health care system capacity, human

resources, and financial resources. In terms of the system, the government is moving at a fast pace towards e-government which includes the licensing of HCPs. Jordan has a strong IT infrastructure and reach to all governorates. Human resources require capacity building to support the CPD system processes in the MOH and Health Councils. In terms of financial sustainability, HCPs are required to pay a license renewal fee. Health councils will charge a fee for validation of the CPD hours for HCPs, the public sector health care organizations, major private hospitals, and diagnostic centers can utilize their training budgets to support the CPD. Health professional associations usually offer CPD activities free of charge or for minimal fees. Tax incentives could be provided to private sector organizations to reduce the costs of CPD activities. Capitalizing on electronic learning also reduces costs. Vouchers could be provided by private and public health care organizations to their HCPs to provide them with the freedom to choose their CPD activities from approved CPD providers.

- **A phased approach for engagement of the private sector is required** to achieve quick results, generate momentum, and galvanize enthusiasm and support for continued, broader engagement and partnerships. Potential CPD providers can partner with the pre-approved CPD providers listed in the Bylaw #46 and CPD Instructions #1, 2019 until the CPD accreditation system is up-and-running in the private sector.
- **CPD instructions can be revised at a later stage to include an article allowing for private sector organizations to be accredited as CPD providers**, since they will be able to provide for the CPD needs of small private hospitals and the large number of allied health professionals who do have professional associations or societies to facilitate CPD.

7. CONCLUSION

The purpose of the relicensing Bylaw #46 and its requirement for CPD activities is to ensure that HCPs in Jordan are well trained and up to date in their knowledge and skills to provide higher quality and safe care. This requires that high-quality, accessible, and affordable CPD activities are available to all HCPs in Jordan to meet requirements for license renewal. This report suggests that the private sector can play a complementary and supportive role in the provision of CPD activities for both public and private sector health professionals.

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2. ANNEX A

(Translation from Arabic)

Official Gazette

Instructions number (1) for year 2019

Instructions of Continuous Professional Development for the purpose of licensing renewal

of Health Professions' Practitioners

Issued pursuant to articles (6/a, 6/b and 6/c) and (13) of

Bylaw number (46) for year 2018

Article 1:

These instructions are called "Instructions of Continuous Professional Development (CPD) for the purpose of licensing renewal of Health Professions' Practitioners" and shall enter into effect as of date of publication in the Official Gazette.

Article 2:

The following phrases and words wherever they appear in these instructions shall have the meanings designated below unless the context provides otherwise:

The Councils:	Jordan Medical Council, Higher Health Council and Jordan Nursing Council
The Bylaw:	Health Professions' Practitioners Licensing Renewal Bylaw number (46) for year 2018
The Committee:	National CPD Committee

The Association:	Jordan Medical Association, Jordanian Dental Association, Jordan Pharmacists' Association, Jordan Nurses and Midwives Council
The Society:	Health Professions' Society
Professions:	Medical or health professions specified at the Public Health Law and the bylaws issued pursuant to the Law.
The Practitioner:	The person performing any of the medical and health professions and having obtained a license for profession practice.
The License:	A permit issued by the Ministry to the practitioner according to valid legislations.
A Health Institution:	The place where the practitioner performs the profession with other more than (100) one hundred persons performing health professions.
Continuous Profession Development Program:	A set of learning and training activities that aim to convey correct health information and skill to practitioner in accordance with modern learning principles.
Continuous Profession Development Hour:	The Continuous Profession Development measurement unit. Credit hours per activity shall be considered in calculation as stipulated in the Instructions., whereas the time period of the activity shall not be considered.
Accreditation:	Equation of any activity for number of Continuous Profession Development hours required for each profession.

Article 3:

The Continuous Profession Development (CPD) Program shall be considered an integral part of the Health System of Jordan, and it is the responsibility of the practitioners, health institutions and stakeholders.

Article 4:

Renewal of the Practitioner's licensing shall be once every five-year period upon completion of the CPD hours stated in article (7) of these instructions, following the completion of other licensing conditions and requirements stipulated in profession – governing legislations.

Article 5:

The practitioner shall submit the license renewal application request to the Ministry three months minimum prior the expiry of the licensing period.

Article 6:

The following institutions are accredited for conducting activities of CPD programs:

1. The Ministry
2. Royal Medical Services
3. The Councils
4. Hospitals and centers accredited by Jordan Medical Council for the purpose of teaching and training.
5. Associations and their scientific societies.
6. Colleges that teach medical and health professions at Jordanian universities.
7. Locally and/or internationally accredited e-learning platforms.
8. Institution to be accredited by the Committee according to principles and criteria specifically approved for this purpose.

Article 7:

- a. CPD hours count for accreditation for the purpose of licensing renewal of practitioners of medical and health professions shall be as follows:

Profession	CPD hours count during the 5-year period	Distribution of hours count per year
1. Medicine	100	20
2. Dentistry	50	10
3. Pharmacists	50	10
4. Nursing and Midwifery	60	12
5. Medical Laboratory Technicians	50	10
6. Paramedical professions (professions that require 4-year study period minimum other than the professions mentioned in sub-items (1, 2, 3, 4 and 5) of this paragraph.	30	6
7. Other health professions that require less than 4-year study period.	20	4

- b. CPD hours count shall be equally distributed during the five-year period.
- c. The practitioner shall undertake to fulfil required hours count needed to meet requirements of licensing renewal.
- d. The Councils may accredit activities and continuous professions development hours achieved by the practitioner while working abroad in countries that accredit CDP programs.

- e. If the practitioner acquires hours count exceeding those required during that year, it is possible to transfer 20% extra hours maximum to the following year.

Article 8:

- a. CPD activities are categorized into two groups:
 - Group I: Work-related profession practice activities
 - Group II: Self activities

- b. The percentage required by each group mentioned in paragraph (a) above shall be identified as follows:

Group	Required Percentage
Group I: Work-related profession practice activities	50-70%
Group II: Self Activities	30-50%

Article 9:

- a. The practitioner may postpone CPD in the following situations following the approval of the Committee on postponement request:
 - 3. Abroad residency program of longer than 12 months period on condition of no profession practice during the residency period.
 - 4. During work or profession practice in countries that do not offer CPD activities.
 - 5. During maternity leave period on condition not to exceed one year.

- b. The practitioner shall be exempted from continuous professions development program following the approval of the Committee on exemption request in the following situations:
 - 1. During enrolment of the residency program or higher education program.

2. During internship period.
 3. In cases of chronic disease.
 4. In cases specified by the Councils depending on specializations.
- c. Notwithstanding the provisions mentioned in paragraph (a) above, the practitioner shall undertake to complete CPD program requirements immediately upon return to profession practice to ensure fulfilment of CPD requirements for the period remaining for license renewal.

Article 10:

- a. The Councils shall have the following functions:
 1. Issuance of Certificate of Completion of CPD requirements for the practitioner in accordance with each specialization requirements and the Bylaw and instructions issued pursuant to it.
 2. Accreditation and documentation of CPD programs and activities in addition to approval of necessary principles and standards.
 3. Periodic monitoring and evaluation of CPD programs and activities according to approved principles and standards.

- b. The health institutions shall comply with the following:
 1. Implementation of CPD programs and activities according to approved principles and standards.
 2. Provision of an institutional environment that is appropriate to CPD through:
 - Provision of appropriate infrastructure
 - Provision of updated database and electronic register of practitioners.
 3. Allocation of financial funds in annual budgets for CPD support.

4. Provision of appropriate logistics support for practitioners (in-house and out-house training leave, etc.)

Article 11:

- a. Activities shall be calculated according to the below Reference Table number (1). The Committee may re-visit the activities on case situation.
- b. Online activities percentage shall not exceed 20% of total hours count.
- c. If other activities exist but not mentioned in Table number (1), they will be decided by specialized committees of the Councils.

Minister of Health

Dr. Sa'ad Jaber

President

Higher Health Council

Table no. (1)

Reference Table for CPD hour calculation

CPD Activity Groups, Approved Hours per Activity, and needed documents		
Groups	CPD hours	Needed Documents
Group I: Work-related profession practice activities		
Participation in clinical case revision	2	Participation Certificate
Attendance of lectures and workshops on profession's ethics	2	Attendance Certificate
Attendance of clinical training sessions	2	Attendance Certificate
Attendance of practical training sessions	2	Attendance Certificate
Presentation of scientific papers to other staff within Journal Clubs	3	Lecture Presentation Certificate
Attendance of periodic Journal Clubs	1	Attendance Certificate
Attendance of patients cases' presentation meetings	3	Proof of attendance
PowerPoint presentation and literature revision in meetings of multi specializations	1	Proof of attendance
Case study and presentation	2	Proof of attendance
A committee representative	1 per each committee on condition 5 committees maximum per year	A letter of the institution which he/she participates as a committee member
On-job skills training	1	Proof of attendance
Staff or student supervision	1 per student / staff maximum 5 hours per year	A mandating letter from his/her institution to supervise
Attendance of technical conferences (National Congress; pre-announced open scientific meeting / gathering to present various expert papers in different topics for a specific subject conference)	2	Conference attendance certificate

Presentation of a scientific paper at a technical conference	4	Paper presentation proof
Learning and benefitting from an experiment / learning through process application, and skill acquiring	2	A certificate by the institution
Colleagues / peers assessment	1 per each specific task	An official letter
Implementation of a specific project	2	A project document and letter of contribution by the institution
Participation in a specific project	1	A project document and letter of contribution by the institution
Participation with clinical matters-related groups	2	An official letter
Workshop, seminar, roundtable presentation on clinical matters	4	Workshop certificate, agenda and content
Paper presentation at international conference (A conference is considered international if organized and attended by an international agency, speakers and participants. A specialized committee exists to adopt material for participation, and nominate speakers.)	9	Presentation certificate / document Conference Agenda
Attendance of an international conference	6	Presentation certificate / document Conference Agenda
Attendance of specialized lectures, workshops and seminars	3	Attendance proof
Membership of an accredited professional society / council	1	Official letter
Quality improvement activities	2	Proof certificate / document
Specialized course development and presentation	2 per course 6 hours max.	Course document or content
Teaching, training and lecturing	1 per lecture	Certificate

	5 hours max.	
Work as an assessor, auditor, consultant and/or examiner	1 per task 5 hours max.	An official task letter
Organization of periodic clubs and/or specialty groups	1	Official document
Organization of approved workshops	2	Workshop document
Work as a witness expert of health case	1 per case 3 cases per year max.	Official letter
Development of specialization skills	4	Official letter
Successful completion of an official post graduate profession-related education program.	20	Graduation certificate Pass Grade
Completion of an official post graduate profession-related sub-specialty education program	15	Training completion certificate
Attendance of short term specialized courses whether in person, on line and/or distance learning.	3 per course 12 hours max.	Attendance certificate Course document and certificate
Supervision of B.Sc. degree students in professional training in cooperation with accredited training institution, provided that it is regularly organized through the study year.	3 per student, 5 students max. per year	An official letter by the institution
Supervision of post B.Sc. degree students in professional training in cooperation with accredited training institution, provided that it is regularly organized through the study year.	3 per student, 5 students max. per year	An official letter
Supervision of post graduate students in professional training in cooperation with accredited training institution, provided that it is regularly organized through the fiscal year.	3 per student, 5 students max. per year	An official letter
Policy, protocols and/or guidelines development team leader	5 per contribution / document	A document proof

	10 hours max.	
Participation in Leadership & Management workshops and trainings	3	Attendance certificate
Group II: Self Activities		
Expert lecturing	3 12 hours max.	Official document
Attending an international conference on other specialty health subject or social life subjects	6	Conference attendance certificate Conference Agenda
Participation in policy, protocols and/or guidelines development	3	An accredited certificate by the Agency
Membership of national committees (quality improvement, accreditation, vocational safety & health, medicine & treatment committees, etc.)	2	Official document
Participation in life skill courses	3	An accredited certificate by the agency
Attendance of approved electronic education programs	3	An accredited certificate by the provider
Participation in preparation of a funded project paper or fund request	2	An accredited certificate by the agency
Attendance of short term non health professions courses whether in person, on line and/or distance learning.	2 per course 10 hours max.	Course document Attendance certificate
Revision of educational material	3	Revised material document
Educational material development	5	Developed material document
Masters' or PhD thesis external examiner	2 per thesis 3 theses per year max.	Official document
Published scientific research:	15	Published paper

1. First researcher of a scientific paper published at an approved and classified journal.		
2. Second researcher of a scientific paper published at an approved and classified journal.	10	Published paper
3. Third researcher of a paper published at an approved and classified journal.	5	Published papers
4. First researcher of a scientific paper published at a local journal.	10	Published papers
5. Co-author of a scientific paper published at a local journal.	5	Published papers
6. Main author of a book chapter of specialization	15	Published Chapter / Book
7. Second author of a book chapter of specialization	10	Published Book
8. Author of a book of specialization with no other co-authors	20	Published Book
Development of self learning and self assessment material of multiple choice questions as a requirement of multiple choice exam passing.	4	Developed material
Conduct examinations to physicians, and M.Sc. and PhD students	2 per case 5 hours max.	Official letter

3. ANNEX B

MAPPING OF PRIVATE SECTOR CPD PROVIDERS IN JORDAN

I. Background

Human resources for health (HRH) are a critical component for strengthening health systems. Competencies in terms of knowledge, skills and attitudes and motivation of the health care providers are essential to deliver quality health services. Rapid advancement and technologies in health necessitate the need for ensuring opportunities and conditions that enable HCPs to regularly update their professional knowledge and skills. With increasing population growth, expected increase in disease burden, and other existing challenges for HRH, Jordan may not be able to attain the HRH-related Sustainable Development Goals and to move towards Universal Health Coverage unless the health workforce can develop and improve skills to respond to these emerged issues.

Jordan has made a considerable progress towards developing a Continuous Professional Development (CPD) system to ensure a qualified and safe health workforce, as well as accelerated the progress towards achievement of Universal Health Coverage and the Sustainable Development Goals. The progress includes:

- Jordan's national health strategies, policies, and plans emphasized the need to ensure high quality health service delivery through qualified HCPs, including Jordan Vision 2025, the Executive Development Plan (2016-2019), the National Strategy for Health Sector (2016-2020), the Health Sector Reform Strategy (2018-2022), the National Human Resources for Health Strategy (2018-2022), and the MOH strategy (2018-2022). The National HRH Strategy 2018-2022 acknowledged the absence of a national CPD system as a challenge to HRH in Jordan.
- Based on its mandate, the High Health Council (HHC) was identified to be the national body to host the national CPD system in Jordan. The Minister of Health formed a National CPD Committee headed by the Secretary General (SG) of the HHC and included in its membership representatives from all CPD stakeholders in Jordan with specific roles and responsibilities.

- The National CPD Committee drafted the Health Professional License Renewal Bylaw. In March 2018, the Government of Jordan approved the License Renewal Bylaw No. 46 under the Public Health Law No. 47 for the year 2018, and it was issued in the official gazette in April 2018. This bylaw mandated all licensed HCPs in Jordan (approximately 200,000 HCPs representing 45 professions) to renew their licenses every five years after the completion of a required number of CPD hours. The CPD instructions were drafted by the National CPD Committee at the HCC and approved in 2019. Since then, the instructions have been revised and the current draft is awaiting approval from ministers' council.
- The MOH with LHSS support, also began the process of cleaning data on HCPs currently licensed in Jordan, and the health councils, Jordan Medical Council (JMC), Jordan Nursing Council (JNC), and HHC began assessing their information technology (IT) infrastructure needs to ensure they would be linked with the upcoming CPD system. Additionally, the councils and syndicates began reviewing their own HCP data for completeness and alignment with the MOH data.
- In July 2021, the MOH and USAID signed the PGS CPD Project (CPDP) agreement, which will provide funding to the MOH to help them as they activate their responsibilities in ensuring the CPD Bylaw is implemented.

II. Purpose of this document

The objective of this document is to update a map of the CPD private sector providers in Jordan to assist CPD stakeholders to easily implement CPD activities among HCP in Jordan and identify areas where there maybe difficulties in accessing such programs.

III. Methodology

To review and update the mapping of the private sector CPD providers and potential providers in Jordan, the the following tasks were carried out:

- Review of relevant documents including CPD Bylaw, CPD draft of instructions, HRH 2030 final report, final report of CPD study, HRH 2030 CPD road map, and all relevant governmental mandates related to health were reviewed. Additionally, relevant literature related to CPD was also reviewed.
- Conduct interviews with CPD private stakeholders including HCAC, EMPHNET, Jordan Paramedics Society, IDRAAK, Higher Health Council, Integrated Development Academy, Jordan Medical Association, Jordan Pharmacist Association, Pioneers'

academy, ELM, Specialist Hospital Training Center and Private Hospital Association, and Wayfinder. The interviews focused on the role of the private sector in supporting the implementation of the CPD system and information regarding the type of CPD activities offered, resources and facilities available, course design and costs of the activities.

- Contacted by phone associations, companies, and organizations to verify their status and whether they offer CPD courses for health care professionals, the contacted organizations included:
 - Lists of health professional associations were obtained from MOH and MOSD
 - Lists of training companies who provide training for health professionals were obtained from Ministry of Trade and Industry List of specialty societies within the Jordan Medical Association as potential CPD providers² organizations that represent workers in the health sector are considered part of the workers union.

The interview questions focused on capturing the following data:

- Name of institution
- Sector
- Location
- Whether the institution is accredited by national, international or both accreditation bodies.
- The target population that benefit from CPD and specialization of the target population if possible.
- Availability of focal person and/ or scientific committee responsible for organizing CPD activities. In some organizations there is a dedicated unit for CPD, in others there is a dedicated focal point for CPD; the presence of these dedicated resources indicates more capacity and ability to organize and implement CPD activities.
- Availability of online CPD facility such as EHS (HAKEEM), online libraries, online affiliation with internationally supported institutions. Most of the private sector providers have the capacity to implement online CPD courses, live and recorded, however, the NCPD committee is in the process of issuing standards for accrediting online CPD providers.
- Availability of a CPD provider/coordinating unit

CPD PROVIDERS IN JORDAN

1. Professionally affiliated institutions (non-profit)

High quality CPD activities can be provided either institutional or online through a variety of professionally affiliated institutions such as, but not limited to: HCAC, KHCC, and EHS (Table 1).

Table 1: Professionally affiliated institutions

Source: interviews and organization websites

	Institution	Arabic Title	Sector	Affiliation	Area	*Target CPD population	*1	2	3
1	Health Care Accreditation Council (HCAC) Face to face and online courses	مجلس اعتماد المؤسسات الصحية	Private-Nonprofit	ISQUA	AMMAN	All HCPs	✓	✓	✓
2	KHCC	مركز الملك الحسين للسرطان	Private-nonprofit	ANCC MAGNET	AMMAN	All HCPs	✓	✓	✓
3	EMPHNET (Face to face and online courses), International Academy of Public Health	الشبكة الشرق أوسطية للصحة المجتمعية	Private nonprofit/ Training center for Profit	APH, ASIC	AMMAN	All HCPs	✓	✓	✓
4	EDRAAK (on line courses)	ادراك	Private nonprofit	From organizations of the course designers, including universities, professional	Regional	All HCPs	✓	✓	✓

				associations, health councils.					
5	Jordan Paramedic Society	جمعية الاسعاف الاردنية	Private nonprofit/ training center for profit	American College of Emergency Physicians, International Trauma Life Support, IATA, American Safety Health Institute, Ministry of Labor (training center)	AMMAN	All HCPs	✓	✓	✓
6	Jordan Health Aid Society	جمعية العون الصحي الاردنية الدولية	Non profit	Multidisciplinary	AMMAN	All HCPs	✓	✓	✓
7	Electronic Library of Medicine ELM Hakeem Academy	مكتبة الاردن الطبية الالكترونية اكااديمية حكيم	Private-non-profit	ANCC, Miscellaneous	Jordan	All HCPs	✓	✓	✓

1: Presence of focal person and/ or committee to coordinate CPD

2: Availability of electronic facility to engage in CPD activities

3: Availability of CPD provider unit

Target CPD population: All HCPs including medical, nursing, dentistry, pharmacy, and allied health professions.

2. Accredited Hospitals in Jordan

This group of CPD providers consist of the following: Hospitals accredited by HCAC (national accreditation) and hospitals accredited by JCI (International accreditation). All of which were found able to provide CPD and have the capacity to handle CPD activities, including developing the offerings based on latest technical evidence and adult-learning methods, monitoring HCP progress with CPD, ability to confirm HCP CPD completion, and producing reports (Tables 2, 3, 4).

Table 2: Accredited Hospitals and laboratories by HCAC in Jordan

Source: <https://hcac.jo/en-us/Accreditation/Accredited-Organizations> , Retrieved June 15, 2021

	Institution	Sector	Area	*Target CPD population	*1	2	3
1	AMMAN Hospital	Private	AMMAN	All HCPs	✓		✓
2	Specialty Hospital	Private	AMMAN	All HCPs	✓		✓
3	Jordan Hospital	Private	AMMAN	All HCPs	✓	✓	✓
4	Istiqlal Hospital	Private	AMMAN	All HCPs	✓		✓
5	Arab Medical Centre	Private	AMMAN	All HCPs	✓		✓
6	Al-Khalidi Hospital	Private	AMMAN	All HCPs	✓		✓
7	KHCC	Private, NGO, non-for profit	AMMAN	All HCPs	✓	✓	✓
8	Al Haya General Hospital	Private	AMMAN	All HCPs	✓	✓	✓
9	Marka Specialty Hospital	Private	AMMAN	All HCPs	✓	✓	✓
10	Al Amal Maternity Hospital	Private	AMMAN	All HCPs	✓		✓
11	Bio-lab medical laboratories	Private	Multiple	Medical labs	✓		✓
12	Med-lab medical laboratories	Private	Multiple	Medical labs	✓		✓
13	TeamLab medical laboratories	Private	Multiple	Medical labs	✓		✓
14	Trusted medical laboratories	Private	Multiple	Medical Labs	✓		✓

1: Presence of focal person and/ or committee to coordinate CPD

2: Availability of electronic facility to engage in CPD activities

3: Availability of CPD provider unit

Target CPD population: All HCPs including medical, nursing, dentistry, pharmacy, and allied health professions.

Note: the medical laboratories are accredited by HCAC but are not required to have a CPD unit

Table 3: Accredited Health Institutions by JCI in Jordan

Source: [https://www.jointcommissioninternational.org/about-jci/accredited-organizations/#f: Facet_Country=\[Jordan\]](https://www.jointcommissioninternational.org/about-jci/accredited-organizations/#f: Facet_Country=[Jordan]).

Retrieved 15th. June 2021

	Institution	Sector	Area	*Target CPD population	*1	2	3
1	Al-Khaldi Hospital	Private	AMMAN	All HCPs	✓		✓
2	Istishari Hospital	Private	AMMAN	All HCPs	✓		✓
3	Jordan Hospital	Private	AMMAN	All HCPs	✓	✓	✓
4	KHCC	Private, NGO, non-for profit	AMMAN	All HCPs	✓	✓	✓
5	Specialty Hospital	Private	AMMAN	All HCPs	✓		✓
6	Bio-lab medical laboratories	Private	Multiple	Medical labs	✓		✓

1: Presence of focal person and/ or committee to coordinate CPD

2: Availability of electronic facility to engage in CPD activities

3: Availability of CPD provider unit

Target CPD population: Medical, Nursing, Dental, Pharmaceutical, Allied Health, Multi-Professional

Private Hospitals approved for training and specialization by JMC

About 51 private hospitals are registered in the Private Hospitals Association and 5 are approved as training and specialization hospitals by Jordanian Medical Council (Table 4).

Table 4: CPD providers at Private Hospitals in Jordan accredited as training hospitals by JMC

<https://www.jmc.gov.jo/hospitals> Retrieved June 16, 2021

	Institution	Area	*Target CPD population	*1	2	3
1	Jordan Hospital	AMMAN	All HCPs	✓	✓	✓
2	Specialty Hospital	AMMAN	All HCPs	✓		✓
3	Islamic Hospital	AMMAN	All HCPs	✓		✓
4	KHCC	AMMAN	All HCPs	✓	✓	✓
5	Al Rasheed	AMMAN	Mental Health and drug rehab.			

1: Presence of focal person and/ or committee to coordinate CPD

2: Availability of electronic facility to engage in CPD activities

3: Availability of CPD provider unit

Target CPD population: All HCPs including medical, nursing, dentistry, pharmacy, and allied health professions.

3. Professional health associations and scientific committees

Professional associations and NGOs are registered in several ministries: Ministry of Health, Ministry of Social Development and Ministry of Interior. The Ministry of Health has 145 organizations listed which are a mix of societies that represent health professionals while others provide health education or training courses for health professionals. Ministry of Social Development Civil Society Registry includes around 250 societies that represent health professionals or provide health awareness or training courses for HCPs. Below is a list of the professional associations that were identified as having the capacity to offer CPD courses:

Table 5: Professional health associations and scientific committees

Source: JNMC, JMA, JPA, JDA and others

	Association	Arabic title	*Target CPD population	*1	2	3
1	Jordan Medical Association	نقابة الأطباء الاردنية	Physicians	✓		✓
2	Jordanian Nurses and Midwives Council	نقابة الممرضين والممرضات والقابلات القانونيات	Nurses and midwives	✓		✓
3	Jordan Dental Association	نقابة اطباء الاسنان الاردنية	Dentists	✓		✓
4	Jordan Pharmacist Association	نقابة الصيادلة الاردنية	Pharmacists	✓		✓
5	Medical Technology and Laboratory Society	جمعية المختبرات والتحليل الطبية الاردنية	Lab and medical technology	✓		
6	Physiotherapy Society	جمعية العلاج الطبيعي الاردنية	Physiotherapists	✓		
7	Jordan Association for Health Workers	نقابة العامة للعاملين في قطاع الخدمات الصحية	All HCPs	✓		
8	Jordan Association for Allied Health	نقابة العاملين في المهن الصحية المساعدة	Allied Health Professionals	✓		

9	Jordanian Optometric Syndicate	التقابة العامة لمهني البصريّات الأردنيّة	Optometrists	✓		
10	Jordan Dental Hygienist Association	جمعية اخصائي صحة الفم والاسنان	Dental hygienists	✓		
11	Prosthetics & Orthotics Society in Jordan (POSJ)	جمعية الاطراف الصناعية والاجهزة المساعدة الاردن		✓		
12	Jordanian Clinical Psychologist Association	الجمعية الاردنية لاختصاصي علم النفس العيادي	Clinical psychologists	✓		
13	Jordanian Dietitians Association	جمعية اخصائي التغذية الاردنية	Nutritionists	✓		
14	Jordanian Association of Clinical and Forensic Toxicology	جمعية علم السموم السريري والجنائي	Toxicologists	✓		
15	Jordanian Association of Optometrists	الجمعية الاردنية لفاحصي البصر ومجهزي النظارات الطبية ومركبي العدسات اللاصقة	Optometrists	✓		
16	Jordanian Infection Control Society	الجمعية الاردنية لضبط العدوى	All HCPs	✓		

1: Presence of focal person and/ or committee to coordinate CPD

2: Availability of electronic facility to engage in CPD activities

3: Availability of CPD provider unit

Target CPD population: All HCPs including medical, nursing, dentistry, pharmacy, and allied health professions.

4. Academic institutions teaching health specialties

In total, there are 13 private universities with 28 health programs that provide teaching for one or more health specialty in Jordan. All of which have the capacity to provide CPD activities either online or at institutional level for HCPs in Jordan (Table 5).

Table 6: Academic Institutions teaching health specialties in Jordan

Source: <http://www.mohe.jo/>. Retrieved June 2019

	Institution	Sector	Area	*Target CPD population	*1	2	3
1	Amman University	Private	AMMAN	Nursing, Pharmacy, Allied Health	✓	✓	✓
2	Applied Science University	Private	AMMAN	Nursing, Pharmacy	✓	✓	✓
3	Philadelphia University	Private	JERASH	Nursing, Pharmacy	✓	✓	✓
4	Al Israa University	Private	AMMAN	Nursing, Pharmacy, Allied Health	✓	✓	✓
5	Petra University	Private	AMMAN	Pharmacy and Pharmaceutical sciences	✓	✓	✓
6	Al Zaytoonah University of Jordan	Private	AMMAN	Nursing, Pharmacy	✓	✓	✓
7	Zarqa University	Private	ZARQA	Nursing, Pharmacy, Allied Health	✓	✓	✓
8	Irbid National University	Private	IRBID	Nursing	✓	✓	✓
9	Jerash University	Private	JERASH	Nursing, Pharmacy	✓	✓	✓
10	Amman Arab University	Private	AMMAN	Pharmacy	✓	✓	✓
11	Middle East University	Private	AMMAN	Pharmacy	✓	✓	✓
12	Jadara University	Private	IRBID	Pharmacy	✓	✓	✓
13	American University of Madaba	Private	MADABA	Pharmacy, Allied Health	✓	✓	✓

1: Presence of focal person and/ or committee to coordinate CPD

2: Availability of electronic facility to engage in CPD activities

3: Availability of CPD provider unit

Target CPD population: All HCPs including medical, nursing, dentistry, pharmacy, and allied health professions.

5. American Heart Association affiliated institutions

Although the Relicensing by-law instructions confirmed additional CPD providers who can apply to and are approved by NCCPD, internationally accredited and AHA affiliated institutions are additional CPD providers because they have the physical and human resources to provide essential CPD activities for HCPs in Jordan (Table 11).

Table 7: American Heart Association Affiliated Institutions

Source: <http://www.heart.org>. Retrieved May 30th. 2019

	Institution	Sector	Area	*Target CPD population	*1	2	3
1	Al-Khalidi Hospital	Private	AMMAN	All HCPs	✓		✓
2	KHCC	Private, NGO, non-for profit	AMMAN	All HCPs	✓	✓	✓
3	Specialty Hospital	Private	AMMAN	All HCPs	✓		✓
4	Regional Life Support Training Center	Private	AMMAN	All HCPs	✓		✓

1: Presence of focal person and/ or committee to coordinate CPD

2: Availability of electronic facility to engage in CPD activities

3: Availability of CPD provider unit

Target CPD population: Medical, Nursing, Dental, Pharmaceutical, Allied Health, Multi-Profession

6. Private training centers

Around 184 companies registered in Ministry of Trade and Industry list health education and training in health issues in their company objectives. There is a lot of duplication in the registration data and when contacted the contact information was incorrect. Many of the registered companies were inactive. Below are examples of some of these training companies that are active and cater for HCP training based on demand for a fee.

Table 8. Examples of private training centers

	Institution	Sector	Area	*Target CPD population	*1	2	3
1	Pioneers Academy	Private	AMMAN	All HCPs	✓		✓
2	Integrated Development Academy	Private	AMMAN	All HCPs	✓	✓	✓
3	Jordan Experts Training	Private	AMMAN	All HCPs	✓		✓
4	Wayfinder Nursing Educational Solutions (NCAA accredited provider)	Private	AMMAN	All HCPs	✓	✓	✓

Summary

Mapping the CPD providers in Jordan shows an unlimited number of providers in the private sector in Jordan. However, further instructions from NCPDC should align CPD provision mechanisms of collaboration with accredited CPD providers, in addition to the consistency and transparency of the financial aspects among providers. Mapping the variety of CPD providers in Jordan will assist HCPs as well as health decision makers to manage resources in terms of human and physical facilities which will facilitate the implementation of the CPD system in Jordan.

References:

American Heart Association: www.heart.org

Eastern Mediterranean Public Health Network <http://emphnet.net/en/>

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Integrated Development Academy: <https://ida.edu.jo/>

Joint Commission International (JCI): www.jointcommissioninternational.org

Jordanian Medical Association: <http://www.jma.org.jo/DefaultAr.aspx>

Jordan Medical Council: <https://www.jmc.gov.jo/>

Jordan Paramedics Society: <https://jpsjo.org/>

King Hussein Cancer Center training academy: <https://www.khcc.jo/en/about-education-and-training-academy>

Ministry of Health: <http://www.moh.gov.jo/#>

Ministry of Social Development, Civil Societies Registry <http://www.societies.gov.jo/UI/Arabic/Default.aspx>

Ministry of Trade, Industry and Supply: <https://www.mit.gov.jo/Default/Ar>

Pioneers Academy Jordan: <https://www.pioneersacademy.com/>

4. ANNEX C

THE HASHIMITE KINGDOM
OF JORDAN
HIGH HEALTH COUNCIL

المملكة الأردنية الهاشمية
المجلس الصحي العالي

الرقم:
التاريخ:
التوافق:

REF NO :
DATE :

وتستلم المسيرة
High Health Council

قرار رقم (1) لسنة 2021

نظرا لظروف الراهنة بسبب جائحة كورونا وما ترتب عليها من إيقاف للأشطة التدريبية الوجيهة وإستجابة لأوامر الدفاع والتوجيهات الحكومية وإستنادا للمادة (6 / أ) من نظام تجديد ترخيص العاملين في المهن الصحية رقم (46) لسنة (2018) وإستنادا للمادة (11 / أ) والمادة (11 / ب) من تعليمات التطوير المهني المستمر لغايات تجديد ترخيص العاملين في المهن الصحية رقم (1) لسنة 2019 .

قررت اللجنة الوطنية للتطوير المهني المستمر في جلستها التي عقدت بتاريخ 2021/3/30 الموافقة على زيادة نسبة أنشطة التطم عن بعد (Online) إلى 100% من إجمالي عدد الساعات المطلوبة سنويا وذلك ابتداء من 1 / 1 / 2020 لغاية انتهاء الظروف المشار إليها أعلاه.

ممثل عن جمعية فني الأشعة السيد أحمد ملكاوي	ممثل جمعية العلاج الطبيعي السيد أمجد الجابري	جمعية المختبرات والتحليل الطبية الدكتور حسين الحجاوي
ممثل نقابة المعمرضين والمرمضات والقبالات القانونيات السيد مالك الخالدي	ممثل نقابة الصيادلة الدكتور زيد رويحي الكيلاني	ممثل نقابة أطباء الاسنان الدكتور أية الأسمر
ممثل نقابة الأطباء الدكتورة ميسم عكروش	ممثل مستشفى الجامعة الاردنية الدكتور كميل أفرام	ممثل جمعية المستشفيات الخاصة السيد سامر الخفص
ممثل المجلس الطبي الأردني الدكتور محمد العبدللات	ممثل المجلس التمريضي الأردني الدكتور هاني التوافقة	ممثل الخدمات الطبية الملكية المقدم الطبيب عماد الدين الشرع
ممثل وزارة الصحة الدكتور ناصر خُشمان	عطوفة أمين عام المجلس الصحي العالي رئيس اللجنة الدكتور حكمت أبو الفول السيد علي أحمد الفرح	أصايق على القرار وزير الصحة رئيس المجلس الصحي العالي الدكتور فراس السهواري

٣٠ شارع مفلح العلي اللوزي - حسي البلدية - الجبيلة الغربية - ص.ب. ٣٣٦٥ عمسان ١١٩٤١ الأردن - هاتف: ٥٣٣٦٠٥ - فاكس: ٥٣٣٣٧٠٤
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5. ANNEX D

Interviews with CPD Stakeholders for Private Sector Engagement

	Name of Organization	Name of persons interviewed	Date of Interview
1	Health Care Accreditation Council (private, non-profit)	Ms. Salma Jaouni, CEO	June 8, 2021
2	Eastern Mediterranean Public Health Network (EMPHNET) (private, non-profit)	Dr. Muhannad Nsour, CEO	June 8, 2021
3	Jordanian Paramedics Society (JPS)(non-profit)	Dr. Yanal Ajlouni, CEO Dr. Mohammad Tobal Dr. Ehab Thbeyan	June 9, 2021
4	EDRAAK	Ms. Hala Daoud, Freelancer	June 10, 2021
5	Integrated Development Academy for Training and Consultation (IDA) (for profit company)	Mr. Yahya Abdellatif, CEO Dr. Ayman Mansour (Consultant) Mr. Moumen Sallam, Manager of Training	June 15, 2021
6	National Continuous Professional Development Committee (NCPDC)	Ms. Shorouq Jbriel(HHC) Dr. Mohammad Abu Assab (Pharmacist Association)	June 16, 2021
7	Pioneers Academy (for profit company)	Mr. Mufeed Dawoud, Corporate Dept. Ms. Muna Al Masri, sales & Marketing Manager	June 16, 2021

8	Director of Institutional Development and Quality Control Directorate, MOH	Dr. Randa Obeidat	June 17, 2021
9	Jordanian Medical Association	Dr. Mohammad Tarawneh, Acting President of Medical Association	June 21, 2021
10	Hakeem – Electronic Library of Medicine (non-profit company)	Eng. Feras Ragheb Kamal CEO Mr. Gaith Salameh	June 23, 2021
11	Specialty Hospital Training Center (for profit)	Abdallah Haymour, Dir. Of Nursing Louay Sahawneh, Dir of training center	June 23, 2021
12	Jordanian Private Hospitals Association	Mr. Samer Kufash, Secretary General and member of NCPDC	June 23, 2021
13	Wayfinder (for profit training center)	Suhaib Abu Nabba, CEO Dr Ibrahim Salameh, consultant	June 23, 2021
14	Medlabs	Reem Akel, Head of Training	July 12, 2021
15	PSE experts, USAID	Ms. Anna Karamandarian Mr. Steve Penfold Mr. Richard Chiou	June 14, 2021
16	BioLabs	Ms. Dana Nassar, Dir. HR	July 25, 2021
17	Technical & Vocational Skills Development Commission (TVSDC)	Dr Qais Alsafasfeh, President Ms. Rana Kiriakos Ms. Mohammad Nawayseh	July 26, 2021
18	KHCC Training Academy	Dr Jamal Khader, Director	Aug. 1, 2021

		Ms. Marwa Abu Aldouleh Mr. Mutaz Faawaz	
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