

# CGP146

## POLICY FOR Continuing Medical Education (CME) / Continuing Professional Development (CPD)

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## 1. POLICY INTRODUCTION

National Ambulance (NA) strives to deliver safe and quality services in accordance with international evidence based best practices, Clinical Practice Guidelines, EMS education Guidelines, Patient Care protocols, policies and procedures approved and published by NA and to comply with all relevant National Laws and Regulations. National Ambulance is committed to fostering a culture of professional development and has therefore developed capacity and capability to provide best standards of EMS Education and Learning for employees.

NA clinical staff must act in the best interests of the patient, any relatives or guardians accompanying the patients and within their specified scope of practice and must use relevant qualifications, training, skills and experience to provide high standards of care.

This Policy sets the NA requirements for all clinical staff to complete appropriate Continuing Medical Education (CME) / Continuing Professional Development (CPD) whilst employed in NA. All clinical employees must undertake learning and development relevant to their position and maintain all qualifications, skills, and competencies relevant to their employment. The NA education system is geared to monitor all staff education and training, this is used in the privileging to practice system. Therefore, staff CME's /CPD's are audited on a regular basis. This Policy is related to the following Management component: Continuous Improvement.

The purpose of Continuing Medical Education / Continuing Professional Development is to increasing health professionals' knowledge, skills, performance and/or patient outcomes, and to assist health professionals with maintenance of licensure. The National Ambulance is committed to ensuring that medical / EMS practitioners have access to unbiased quality learning and a solid means to obtain and maintain their licensing and credentialing requirements.

## 2. SCOPE

All NA Healthcare Professionals (HP) licensed to practice under the jurisdiction of DOH/MOHAP.

## 3. ROLES AND RESPONSIBILITIES

**Program Medical Director** The qualified physician responsible for medical oversight of the program, thus reviewing and approving the curriculum; monitoring, either directly or indirectly, the quality of instruction; and ensuring terminal competency through monitoring, testing, and program evaluation.

**Clinical Education Manager / EMS Education Manager/ Program Director** Overall responsibility for the program. The program director is accountable to the institutional administrators, national health authorities, accreditation bodies, and students. The program director is ultimately responsible for getting the program approved (authorized) by the institution, the health authority, and the accreditation body, when necessary. The program director is responsible for securing the facility, equipment, supplies, instructors, clinical and field training sites, and funding. The program director is also responsible for selecting and evaluating faculty, ensuring the quality of the instruction, and complying with all regulatory and accreditation standards.

**Primary (lead) instructor** A person who possesses the appropriate academic or healthcare credentials, an understanding of the principles and theories of education, and the required teaching experience

necessary to provide quality instruction to students. This instructor is often identified as the lead instructor.

**Secondary instructor** A person who possesses the appropriate academic or healthcare credentials and an understanding of the principles and theories of education, and who may have limited teaching experience or a limited teaching role within the program. Secondary instructors are responsible for assisting primary instructors and providing instruction to students. In some situations, they may be responsible for lab sessions in which students practice psychomotor skills. Secondary instructors may even conduct classes on specific topics within their realm of expertise. The teaching skills that secondary instructors possess determine their specific responsibilities within the classroom. In some programs the faculty member in this role is defined as an adjunct or contract instructor.

**Program (course) coordinator** The educator responsible for all program logistics, such as scheduling facilities, ensuring ready and properly staged equipment, ensuring adequate available supplies, scheduling secondary instructors, and seeing that all other routine functions of the program operate smoothly. In many programs, these responsibilities fall within the responsibility of the program director.

**Lecturer** A content expert who presents didactic instruction in traditional instructional settings.

**Practical lab instructor** An expert field and hospital practitioner—for example, an experienced paramedic, nurse, or other health professional—who teaches in laboratory settings, most often in psychomotor skills labs and practical scenarios.

**Clinical coordinator** The person who schedules and tracks hospital and other clinical training rotations, communicates with clinical programs, and monitors student clinical progress.

**Field coordinator** The person who schedules and tracks field EMS rotations, communicates with field clinical programs, and monitors student field clinical progress. In many programs, clinical and field coordinating is performed by the same person.

**Simulation coordinator** The person who assists in coordination of simulation opportunities for students. The individual who navigates the technology during the simulation exercise

**Preceptor (field training officer)** Practicing paramedics or other health professionals who teach EMS students in the hospital or field clinical setting by (1) demonstrating clinical procedures, (2) coaching the performance of clinical procedures through increasing stages of competency, (3) assessing clinical performance, and (4) assisting with determining or recommending terminal competency.

### License operative staff

Must read and understand the Policy and maintain the required CPD/CME as manifest by attaining the specified number of hours required according to their position. Staff require to communicate with their supervisor in a timely manner to find the suitable dates to comply with the required CPD/CME.

#### 4. POLICY STATEMENT

National Ambulance EMT Basic must accumulate a minimum of 10 CME credits annually, EMT Intermediate must accumulate a minimum of 10 CME credits annually, Advanced Care Paramedics must accumulate a minimum of 10 CME credits annually, Nurse must accumulate a minimum of 10 CME credits annually and Physicians must accumulate a minimum of 20 CME credits annually as category 1 to maintain certification with national health authority (DOH/MOHAP/DHA). Licensed healthcare must have the required number of credits based on their scope of practice registered prior to their expiry date. Failure to meet these requirements will result in performance review by the Medical Director or designate and may result in the suspension of the certification.

#### 5. CME/CPD CREDIT APPLICATION PROCESS

In order to apply for CME/CPD accreditation with MOHAP, the following documents should be submitted by the Clinical Education Department for review as a part of the accreditation process. This service enables the accreditation of continuous professional development programs in the Ministry of Health and Prevention through the service channels by email.

- A. Clinical Education Dept. (CED) will provide comprehensive, accessible CME activities to all licensed healthcare certified under National Ambulance.
- B. CED NA will develop a CPD/CME curriculum to include the mandatory education requirements for maintenance of certification as well as core and elective educational activities. This curriculum will provide opportunities to licensed healthcare to strengthen their knowledge base as it relates to their scope of practice in the delivery of patient care.
- C. CED NA will allocate CPD/CME credit hours for all activities designated as mandatory and this information shall be recorded in the licensing and HR team.
- D. Licensed healthcare, requesting CPD/CME credit hours for non-CED NA activities, will complete a "Request for CPD/CME" and submit in advance for consideration. If approved, licensed healthcare must notify their operation manager.
- E. If a licensed healthcare is absent from a scheduled mandatory CPD/CME session, the licensed healthcare must notify NA CED no later than 5 business days with a valid reason for the absence such as bereavement or significant illness. In these rare circumstances, NA CED will endeavor to schedule an alternate date for attendance. If no alternate date is available, consideration of supplementary elective component assignments for equivalent CPD/CME credit allocation will be at the discretion of the NA CED depending on the validity of the absence and the merit of the proposed elective CPD/CME.
- F. CPD/CME credit hour allocation per year will be distributed as follows:

##### EMT Basic:

| EMT Basic Mandatory Components to Maintenance of Certification | CPD/CME Credits |
|--|-----------------|
| Clinical CME   | 10hrs           |
| NA LMS   | 4hrs            |
| Basic Life support   | NA              |

| EMT Basic Core Educational Components    | CPD/CME Credits |
|--|-----------------|
| Pre-Hospital Trauma Life Support – PHTLS | 11hrs           |
| Emergency Vehicle Operator Safety – EVOS | 10.5hrs         |
| EMT B Practice Rounds (Full Attendance)  | 2hrs            |

| EMT Basic Elective Educational Components                            | CPD/CME Credits                            |
|--|--|
| Relevant Conferences or Seminars (with multiple topics and speakers) | 2 per day max                              |
| Other relevant online lectures or educational activities             | 1 per hour of attendance to a maximum of 2 |

#### EMT Intermediate:

| EMT I Mandatory Components to Maintenance of Certification | CPD/CME Credits |
|--|-----------------|
| Clinical CME   | 10hrs           |
| NA LMS   | 4hrs            |
| Basic Life support   | NA              |
| Advanced Cardiac Life Support                              | 10hrs           |
| Pediatric Advanced Life Support                            | 10hrs           |

| EMT I Core Educational Components        | CPD/CME Credits |
|--|-----------------|
| Pre-Hospital Trauma Life Support – PHTLS | 11hrs           |
| Emergency Vehicle Operator Safety – EVOS | 10.5hrs         |
| EMT I Practice Rounds (Full Attendance)  | 2hrs            |
| EMS safety                               | 2hrs            |
| All Hazards Disaster Response – AHDR     | 2hrs            |

| EMT I Elective Educational Components                                | CPD/CME Credits                            |
|--|--|
| Relevant Conferences or Seminars (with multiple topics and speakers) | 2 per day max                              |
| Other relevant online lectures or educational activities             | 1 per hour of attendance to a maximum of 2 |

#### Paramedic:

| Paramedic Mandatory Components to Maintenance of Certification | CPD/CME Credits |
|--|-----------------|
| Clinical CME   | 10hrs           |
| NA LMS   | 4hrs            |
| Basic Life support   | NA              |
| Advanced Cardiac Life Support                                  | 10hrs           |
| Pediatric Advanced Life Support                                | 10hrs           |

| Paramedic Core Educational Components       | CPD/CME Credits |
|---|-----------------|
| Pre-Hospital Trauma Life Support – PHTLS    | 11hrs           |
| Emergency Vehicle Operator Safety – EVOS    | 10.5hrs         |
| Paramedic Practice Rounds (Full Attendance) | 2hrs            |

|   |      |
|---|------|
| EMS safety                                  | 2hrs |
| All Hazards Disaster Response – AHDR        | 2hrs |
| Psychological Trauma in EMS Patients – PTEP | 2hrs |

| Paramedic Elective Educational Components                            | CPD/CME Credits                            |
|--|--|
| Relevant Conferences or Seminars (with multiple topics and speakers) | 4 per day max                              |
| Other relevant online lectures or educational activities             | 1 per hour of attendance to a maximum of 4 |

### 5.1. CONDITIONS AND REQUIREMENTS

- The content of scientific events must be relevant to the continuous professional development of health care professionals.
- Applications must be submitted 30 working days (6 weeks) after the date of the event.

### 5.2. REQUIRED DOCUMENTS

- Accreditation form for scientific activities
- Speaker Declaration Form
- Sample agenda of program
- CV of the lecturer/speaker
- Lectures (presentations)
- A copy of the medical license for medical facilities in the private sector
- A list of no fewer than 50 names and contact details of the technical staff in the private medical facility
- A copy of any accreditation for the activity provided by a ministry other than the Ministry of Health and Prevention
- The content of scientific events must be relevant to the continuous professional development of health care professionals.

Documents related to the accreditation of training hours for the required scientific events must be sent 30 working days prior to the event by the training coordinator in NA and by email.

### 5.3. REQUIRED NUMBER OF HOURS PER THE NATIONAL HEALTH AUTHORITY

Continuing education outline(s), must identify the necessary NA assessment skills and treatment protocols that are consistent with the established standards of care for each level of certification as it pertains to the subject being discussed. These treatment procedures may include, but are not limited to the following:

| EMT B  | EMTI / AEMT                                   | PARAMEDIC  |
|--|---|--|
| Oxygen therapy<br>Airway adjuncts<br>Airway control<br>CPR & AED | All Basic Skills<br>ETT, EGTA (NG/OG)<br>IV'S | All Basic & EMT-I Skill(S)<br>Intraosseous infusion<br>Cardiac monitor/pacing<br>Administration of medication(s) |



|  |  |  |
|--|--|--|
| Bandaging<br>Splinting techniques<br>Spinal immobilization<br>Epinephrine autoinjector<br>Any other skill(s)* as defined by NA protocols | Any other skill(s)* as defined by NA protocols | Any other skill(s)* as defined by NA protocols |
|--|--|--|

Note: the above list of skills does not identify all of the required skills, however it addresses the Primary ones. Specific skills identified with an asterisk (\*) signify specialized skills that require by NA medical director.

### National Health Authority minimum requirement for participation in Continuing Education

The minimum requirements for participation in Continuing Education are linked to the revalidation of licensure.

In addition to the minimum requirements, additional standards must be met concerning the proportion of hours for accredited educational activities and for activities specifically related to one's profession, or one's specialty area in a profession. These are outlined in the table below.



| Health professional   | Overall minimum requirement per year | Minimum requirement per year by Continuing Education category |
|---|--------------------------------------|---|
| Physicians/dentists   | 40 hours                             | Minimum of 20 Category 1 hours out of 40 per year             |
|   |                                      | Maximum of 20 Category 2 hours out of 40 per year             |
| Nurses  | 20 hours                             | Minimum of 10 Category 1 hours out of 20 per year             |
|   |                                      | Maximum of 10 Category 2 hours out of 20 per year             |
| Pharmacists   | 20 hours                             | Minimum of 10 Category 1 hours out of 20 per year             |
|   |                                      | Maximum of 10 Category 2 hours out of 20 per year             |
| Allied health   | 10 hours                             | Minimum of 5 Category 1 hours out of 10 per year              |
|   |                                      | Maximum of 5 Category 2 hours out of 10 per year              |
| Traditional complementary and alternative medicine  | 10 hours                             | Minimum of 5 Category 1 hours out of 10 per year              |
|   |                                      | Maximum of 5 Category 2 hours out of 10 per year              |
| The CE requirements for each individual's respective profession will need to be fulfilled when "revalidating" (i.e. renewing after initial licensure) their license according to the cycle established by the DoH for licensing of their particular profession. |                                      |   |

## Curriculum EMT-B refresher course – NA minimum requirements

### EMT B Content

- Module 1 – preparatory
- Module 2 – airway
- Module 3 - patient assessment
- Module 4 - medical/behavioral
- Module 5 – trauma
- Module 6 - obstetrics, infants & children
- Module 7 - operations

### EMT B Life Support Courses

- BLS
- PHTLS
- EVOS (NA requirements)
- EMS Safety (NA requirements)



## Curriculum EMT-I refresher course – NA minimum requirements

### EMT I Content

- All Basic Skills
- Roles and Responsibilities
- Human Systems and Patient Assessment
- Shock and Fluid Therapy
- Respiratory System (EOA/EGTA and/or ET)
- Communications
- Testing (written & practical) (2hrs)

### EMT I Life Support Courses

- BLS (NA requirements)
- ACLS
- PALS
- PHTLS
- EVOS (NA requirements)
- EMS Safety (NA requirements)

## Curriculum Paramedic refresher course – NA minimum requirements

### Paramedic Content

- Prehospital environment
- Preparatory (General Pt. Assessment, Airway Management, Shock, General Pharmacology)
- Trauma (Trauma Assessment, Injuries to CNS, Thoracoabdominal Trauma, Burns)
- Medical emergencies (Assessment/Medical, Respiratory System, Cardiovascular System, Nervous System, Endocrine System, Communicable Disease, Toxicology, Alcohol, Drug Abuse, Environmental Emergencies, Special Considerations for Geriatric & Pediatric Pts)
- Ob/gyn/neonatal (Gynecological Problems, Obstetrics & OB Complications, Care of the Neonate)
- Behavioral emergencies (overview of behavioral emergencies, psychotic disorders, the violent patient, response to the crisis situation)
- Testing (written & practical) (2hrs)

### EMT I Life Support Courses

- BLS (NA requirements)
- ACLS
- PALS
- PHTLS
- EVOS (NA requirements)
- EMS Safety (NA requirements)
- AHDR (NA requirements)
- PTEP (NA requirements)

Staff must make every effort to attend EMS education activities and must notify their manager and/or the Clinical Education Department promptly if they are unable to do so in order in accordance with this policy

to give opportunity to others to attend an activity. Failure to comply with this policy may result in disciplinary action in accordance with the NA Disciplinary Policy COP102.

#### 5.4. BOOKING EDUCATION COURSES

Employees will be contacted prior to their license expiry to enroll to the applicable date of the required course for the license renewal process. As soon he confirmed the date then he will be added by the educators in the LMS system.

The closing dates for sign-up to courses will be Seven (7) Days before a course commences, if an employee wishes to join a course after this they should email or phone the Education Manager for permission to book into the course. ALL NA Courses (CME's) are guided by, credited and regulated through MOH/DOH.

If a course has been booked every effort must be made to attend. Cancellation can be carried out by the employee (through the assigned course administrative) if it is at least ten working days prior to the course; any cancellations made less than ten working days before the course commences must be sanctioned by a supervisor by email or telephone and the information communicated to the Education Manager.

Any cancellation must be based on one of the following reasons:

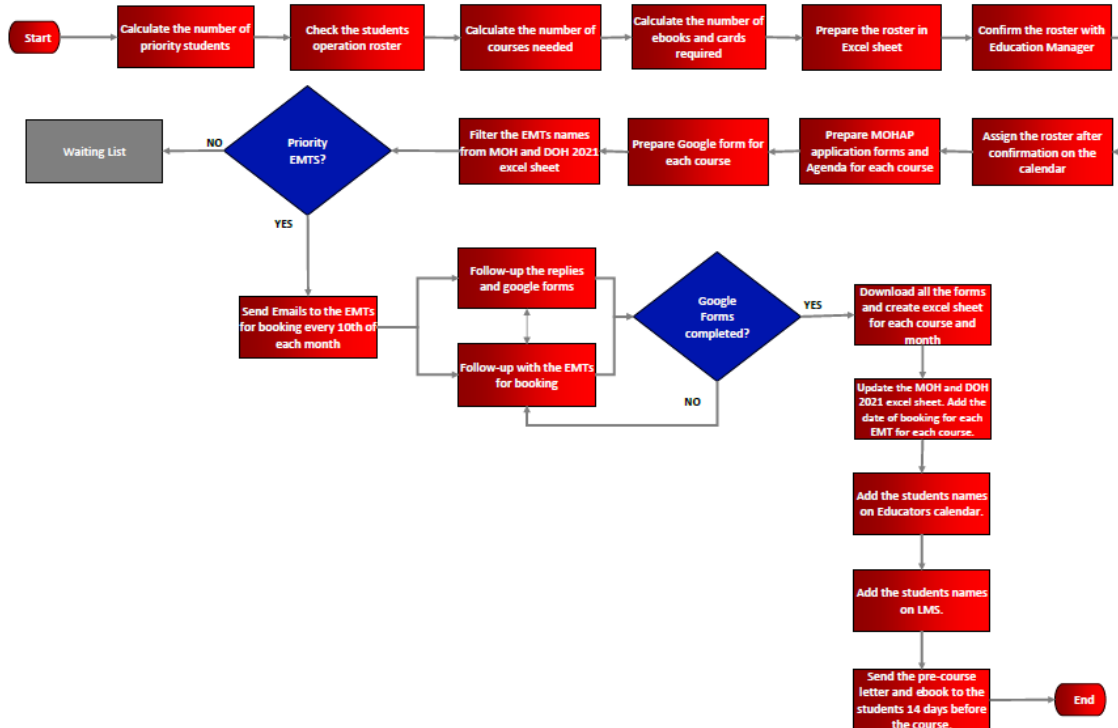
- Conflicting operational requirements. (all the courses done during the off duty)
- Sickness (with a valid sick certification);
- Emergency situation e.g. family bereavement.

Employees must make every effort to be punctual for courses, if there is an issue such as transport which will make an employee late, contact the Course Instructor or Education Manager by telephone.

If the above conditions are breached an employee could be held personally liable for the cost of the course or be subject to other disciplinary measures in accordance with the disciplinary proceedings as contained in COP 102 NA Disciplinary Policy.

### Course Booking Enrollment Flow Chart

Author: Education  
Version & Date Last Modified: V1 03 March 2021



## 5.5. POLICY/PROCEDURE UPDATE SCHEDULE

To be reviewed annually.

## 6. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

| Code, Name of Legislation | Jurisdiction      |
|---------------------------|-------------------|
| MOHAP                     | Jurisdiction here |

## 7. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to [qhse@nationalambulance.ae](mailto:qhse@nationalambulance.ae)

## 8. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Medical Director / Delegate

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

### Change Brief

| Version No. | Date            | Change   |
|-------------|-----------------|--|
| 1           | 19 May 2014     | New Policy   |
| 2           | 11 July 2014    | Version 2 including clarifications in hours required at each level   |
| 3           | 08 July 2015    | Version 3 gives clarification on numerous points and specifies group allocations.  |
| 4           | 19 January 2016 | Updating Appendix 3 to reflect courses currently delivered   |
| 5           | 18 August 2016  | Risk Based Thinking compliance statement added.  |
| 6           | September 2019  | Policy Due for Update, Title Changes, CME Corrections. Removal of Group Training Schedule, Replace HAAD by DOH   |
| 7           | October 2021    | Updating the whole policy to comply with CPD/CME requirements from MOHAP and per the unified healthcare professional qualification.<br><br><b>After Policy Review Committee</b><br><br>To add staff responsibility which is to comply with all the requirements. |

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CEO Approval

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Board Member Verification

## Appendix 1

| Position/ Title  | Min. Total required hours | Min. hours Category 1  | Suggested Min. hours Category 2 |
|--|---------------------------|--|---------------------------------|
| EMT Basic (DOH)  | 20                        | 10   | 10                              |
| Ambulance Technician (MOH)                                   | 20                        | 10   | 10                              |
| DOH EMT Intermediate   | 25                        | 15   | 10                              |
| DOH EMT Advanced-(Paramedic)                                 | 30                        | 15   | 15                              |
| DOH EMT Advanced-(Paramedic) with Extended Scope of Practice | 35                        | 20   | 15                              |
| Pharmacist   | 20                        | 10   | 10                              |
| Physician  | 40                        | 20 (min. of 10 hours of this 20 must be in the relevant specialty) | 20                              |
| Nurse  | 20                        | 10   | 10                              |

\*For Review – above hours do not reflect DOH

Allied Healthcare Workers: EMT's (B/I/A): 10hours /yr

Doctor: 40hours/yr

Appendix 2

| Position/ Title  | Hours of eLearning allowed Category 1 CMEs  |
|--|---|
| EMT Basic (DOH)  | 2.5 hours can be attained from recognized Internet based self-learning approved for Category 1 credit   |
| Ambulance Technician (MOH)                                   | 2.5 hours can be attained from recognized Internet based self-learning approved for Category 1 credit   |
| DOH EMT Intermediate   | 5 hours can be attained from recognized Internet based self-learning approved for Category 1 credit   |
| DOH EMT Advanced-(Paramedic)                                 | 5 hours can be attained from recognized Internet based self-learning approved for Category 1 credit   |
| DOH EMT Advanced-(Paramedic) with extended scope of practice | 5 hours can be attained from recognized Internet based self-learning approved for Category 1 credit   |
| Pharmacist   | 2.5 hours can be attained from recognized Internet based self-learning approved for Category 1 credit   |
| Physician  | 30 hours can be attained from recognized Internet based self-learning approved for Category 1 credit, 5 hours of which will be counted for category 1 hour as the other 25 will be counted towards category 2 hours |
| Nurse  | 2.5 hours can be attained from recognized Internet based self-learning approved for Category 1 credit   |