

MALAYSIAN MEDICAL ASSOCIATION (MMA) STANDARD OPERATING PROCEDURE

Thank you for being a CPD Provider registered with the MMA CPD system. MMA has been mandated to administer CPD points for all *Registered Medical Practitioners* in the country (*Specialists and Non-Specialists, MMA Members and Non-MMA Members*). To this end, MMA has created a CPD system commenced from 01/07/2017 and requires CPD providers to register with us. Kindly note that this guideline is solely for the use of providers and circulation to external parties is strictly NOT ALLOWED. In case any problems encountered during registration while using the guidelines, kindly contact the MMA CPD Department for further clarification via email at cpd@mma.org.my.

CRITERIA FOR REGISTRATION AS A CPD PROVIDER

1. Providers must apply to MMA for registration and all applications will be vetted by the **MMA CPD committee**.
2. A CPD provider should be managed **By Doctors**, and its CPD activities must be **For Doctors**.
3. The audience for the CPD activities provided **must be healthcare professionals**.
4. The categories of providers include **Government Hospitals, Private Hospitals, Departments in the Ministry of Health, Specialist Bodies and Societies, and Universities, Colleges and Institutes**.
5. Each Provider organisation (*e.g. institute, hospital or university*) needs to **register as a single provider (Master Provider)**; the various **departments/units in the organisation must go through the Master Provider using the Master Provider ID**; for example, the Master Provider ID may be held by **Unit Latihan or Medical Department** in the organisation.
6. Please **upload details of the organisation profile in PDF format** during online registration. Incomplete/inadequate information may delay the approval process.
7. The applicant (**person in charge**) of a CPD provider **should be a Doctor** and name and details must be included in the **“Contact Person Detail”** section of the application.
8. Details of **staff handling CPD activities** must also be included in the **“Contact Person Detail”** section of the application.
9. The details that are required when applying as a CPD Provider are: **organisation name, name of doctor in charge, organisation address, email address, contact number, resident doctors in the hospital, type of CPD activities and mode of dissemination of information regarding CPD activities**.
10. Pharmaceutical companies and medical device companies will **NOT** be considered for registration.
11. Application for CPD activities and events to be accredited for CPD points will only be considered after the Provider organisation has been **approved** as a CPD provider.
12. CPD events registered/submitted to the **MMA CPD system, must be applied to the AMM CPD system & myCPD system** as well for the accreditation of CPD Points.

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SUBMISSION DATELINE

- All applications should be **submitted online** and **NOT later than 30 days before the date of the CPD event** for verification and accreditation of CPD points by the MMA CPD committee.
- All events registered **less than 30 days before the date of the CPD event** may be processed but **approval will not be guaranteed**.
- Late applications made **after the event date will not be entertained and will be rejected**.

EVENT APPLICATIONS

- Educational content must be current, authoritative and evidence based.
- All approved events are advertised on the MMA CPD Mobile Application.
- Participants who attend CPD events held locally must **RSVP to the provider/ organiser directly**, please do **NOT** request the participants to submit the *"certificate of attendance"* through manual submission to MMA.
- Closed group events, should be **indicated and specified during the online application via the MMA CPD System** under the *"Event Synopsis & Organisers' Information"* to inform the participants that the event is **limited to how many Pax** and based on a first come first serve basis.
- Please **DO NOT** indicate the *"number of CPD Points"* OR *"CPD points will be awarded"* on documents/ flyers/ agenda **before approval**.
- Once **after the approval** has been obtained, the CPD Provider shall **indicate the approved CPD Points** and the approved **EVENT ID CODE** should be indicated on the documents/flyers/agenda for reference of the participants and the MMA CPD Department.
- Event title should **NOT** include *"Pharma/Drug Name"*, it must only include topic of the talk discussed.
- **Provider's Logo** must be indicated **at the top** of all documents/flyers/agenda.
- **Pharma/ Sponsor Logo** must only be indicated **at the bottom** of the documents/flyers/agenda.
- Only the Pharma / Sponsor logo on all documents/flyers/agenda, **without the Provider's Logo is strictly not allowed**.
- According to the *Malaysian Medical Council Scoring Schedule* **"internal department meetings or master course teachings"** is strictly **NOT** allowed. All CPD events should be available and **open to other departments in the hospital**.
- Providers are strictly **not allowed** to submit applications for events organised by **pharmaceutical companies and/or medical device companies**.
- Organisers of CPD activities not accredited as CPD providers can submit their applications for their events through the nearest **MMA State Branch**.

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DUPLICATE EVENT APPLICATION

- Once after approval has been obtained and the **event date has been postponed**, kindly take note of the following steps:
 - I. Email to MMA CPD Department to **inform that the date has been changed**.
 - II. After email, login the MMA CPD system and click on "**Edit Event**" to change the Event date/details, click "**save**" once after changed.
 - III. As for cancelled events which has obtained approval, and no postponed date, please **email and request the CPD department to delete the event**.
- Once after approval has been obtained and **the agenda/ itinerary has changes**, kindly take note of the following steps:
 - I. Email to MMA CPD Department to **inform that the agenda/itinerary must be changed**.
 - II. Once **received a reply from the CPD Department**, proceed to amend the document under "**Pending Events**".
 - III. After amended, email to CPD Department to **notify the changes of the new agenda/itinerary**.
 - IV. The CPD Department will **send the application for accreditation of CPD Points** under "**Pending Events for Committee**".
 - V. Process of **new changes in the agenda would take 30 days for verification**.
- **IMPORTANT NOTE:** Please **DO NOT** re-create an application again based on the same event topic/title, in case the date or agenda of the event has been changed/postponed. Each event has a **unique event ID CODE** and must **NOT** be duplicated.

ATTENDANCE RECORD FOR DELEGATES AND SPEAKERS

- The Provider is responsible to record and maintain hardcopy attendance of the participants and speakers at their accredited CPD events.
- The Provider should assign a **unique password for each approved event** via the MMA CPD online system. Please download the **Mobile Application "MMA SCANNER" before the event date** to scan the Doctors' QR code in their MMA CPD mobile application in order to record attendance for participants. The MMA Scanner Guide can be viewed via this link <https://youtu.be/pBTJe5cZlek>
- **Participants who did not scan their QR code** to record attendance during the event, the hardcopy attendance records will need to be **entered/keyed into the MMA CPD system by the Provider/organiser manually**.
- CPD events held solely for the **public, nurses and paramedical staff, administrative staff and medical students, as well as hospital meetings (for discussion of minutes) will NOT be accredited CPD points for the participants**. Application can however be made to accredit **speaker CPD points** if medical topics are delivered at a CPD event held for non-doctors. CPD points for **Speakers and Organising Chairman** of the event (if applicable) should be **keyed in manually** via the online MMA CPD System once the event has been completed.
- Attendance list should be keyed in via the online MMA CPD system **not later than 7 working days** after the event date, for doctors to view their CPD points in their mobile application.



HOW TO REGISTER AS MMA CPD PROVIDER

WEB - URL LINK

1. Link : https://membership.mma.org.my/jw/web/userview/mma_cpd/cpd/_/cpdp_reg



2. Link: <https://membership.mma.org.my/jw/web/login>

REGISTRATION

The image shows the CPD Provider Registration Page. This guide will take you through each section of the registration form. If you have already created an account you can proceed to “**login**” here.

New CPD Provider registration, please proceed to fill in the following details:

Please note the asterisk(*) signs are **mandatory field**.

✓ Username: *e.g. malaysianmedicalassociation*
***without spacing / please do not use personal email as username**

✓ Password: *e.g. mma1234#*
***without spacing**

✓ Name of organisation:
***The name of the organisation.**

✓ Category of Provider:
***Select the category that represents the organisation**

✓ Please click “**Save**” button to proceed

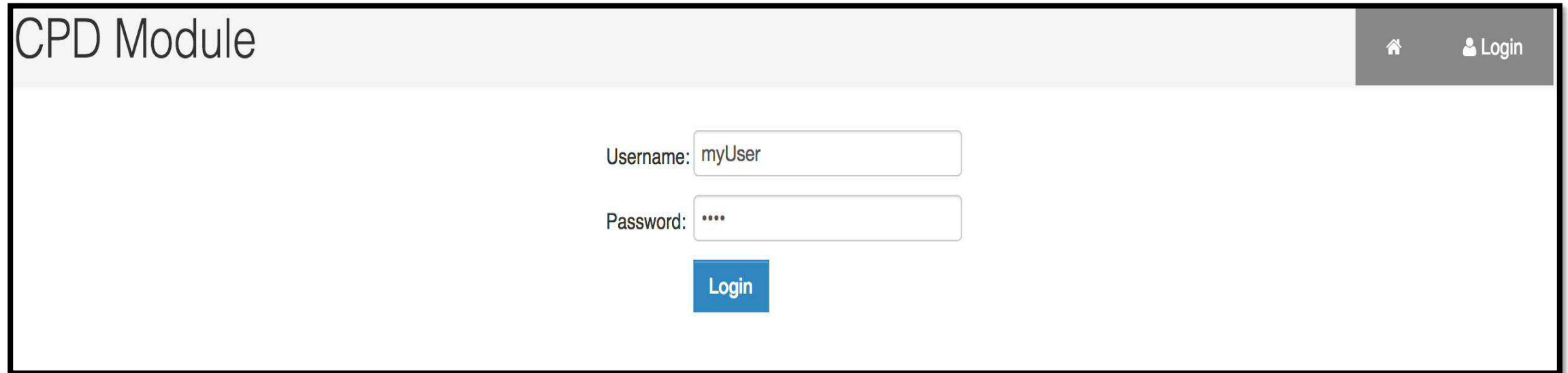
The screenshot shows a web browser interface for creating a CPD Provider Account. At the top right, there is a navigation bar with a home icon and a 'Login' button. Below this is a breadcrumb trail: 'Home > CPD Provider'. The main content area is titled 'Create CPD Provider Account' and contains the following fields:

- Username: ***: A text input field containing 'myUser'. A red arrow points from the instruction '*without spacing / please do not use personal email as username' to this field.
- Password: ***: A password input field with masked characters '....'. A red arrow points from the instruction '*without spacing' to this field.
- Name of Organisation: ***: A text input field containing 'The Name of your organization'. A red arrow points from the instruction '*The name of the organisation.' to this field.
- Category of Providers: ***: A dropdown menu with a list of options: 'Government Hospitals', 'Private Hospitals & Medical Centres', 'Ministry of Health Departments', 'Speciality Bodies & Societies', and 'Universities, Colleges & Institutes'. A red arrow points from the instruction '*Select the category that represents the organisation' to this dropdown.

At the bottom left of the form is a blue 'Save' button. A red arrow points from the instruction 'Please click “Save” button to proceed' to this button.

LOGIN PAGE

Once you have completed the first step of registration, the page will redirect to the Login Page, as shown in the below image:



The screenshot shows a web interface for the CPD Module. The page has a light gray header with the text "CPD Module" on the left and navigation icons (a home icon and a user icon labeled "Login") on the right. The main content area is white and contains a login form. The form has two input fields: "Username:" with the text "myUser" and "Password:" with four dots. Below the password field is a blue button labeled "Login".

To proceed to the next step of the registration, please key in the **username** and **password** which has been created and click “**Login**”

COMPLETE REGISTRATION

After login, the page will be redirected to complete the full registration.
Please fill in the CPD Provider profile, example shown below:

Organisation name will be automatically displayed and cant be changed (*permanent*).

Category of Provider must be selected according to the category that represents the organisation.

Complete CPD Provider Profile

Organisation Name:

Organisation Email: *

Category of Providers: *

IMPORTANT: Your organisation email address is required to proceed to the next step.
The system will automatically send a confirmation email to verify the email account.

COMPLETE REGISTRATION

Kindly note the contact person details is **unlimited** and **mandatory**.

Contact Person

Contact Person Detail: *

Person Name	Designation	Phone No	Email
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To fill in details of the contact person, click the “**Green + Button**”.

IMPORTANT: Doctor in charge details and staff (secretariat) details must be keyed in.

COMPLETE REGISTRATION

After click the “**Green + Button**”, please proceed to fill in the Contact person details, example shown below:

The screenshot shows a web form titled "Add Entry" with a "[close]" button in the top right corner. The form contains the following fields:

- Contact Person** (Section Header)
- Name:**
- Designation:**
- Phone No:**
- Email: ***
- Submit** (Blue button)

“close” button is to cancel the page.

Once completed, click on the “**Submit**” button to proceed.

COMPLETE REGISTRATION

Please complete the organisation full address, contact number and fax details.

Organisation Contact Info:

Address Line 1: *

Address Line 2:

Address Line 3:

Organisation Telephone No: *

Organisation Fax No:

IMPORTANT: The full organisation address and contact details must be the complete and valid organisation details.

COMPLETE REGISTRATION

The information provided here will be used by the CPD Committee to confirm the application, please provide all relevant details.

Member of Doctors at the organisation. (How many Resident Doctors available).

If the organisation is not under **MMA Branch** please select “No”.

Date Created is when the application been created automatic by the CPD system and permanent.

Other Providers, who are not Hospitals/Institutions, should indicate here on what type of CPD activities will be provided.

Type of CPD Activity, please provide details of the CPD activities intend to provide.

Member of Doctors at Your Organisation: *

MMA Branch: Yes No

Date Created:

*Hospitals, Institutions, and any other Provider who do not fall under the above criteria please specify how you intend to disseminate information regarding your proposed CPD activity to Participants

Type of CPD Activity You Intend to Provide *

COMPLETE REGISTRATION

The final stage of registration is the information about the company background profile, file should be uploaded in PDF or Word document. Please click on choose file to proceed.

Company Background Profile:

Choose File No file chosen

Allowed File Types :pdf, .doc, .docs, .docx

Rules and Regulation: *

Yes, I agree.

I UNDERSTAND AND WILL ABIDE BY THE ABOVE MENTIONED PROVIDER TERMS AND CONDITIONS

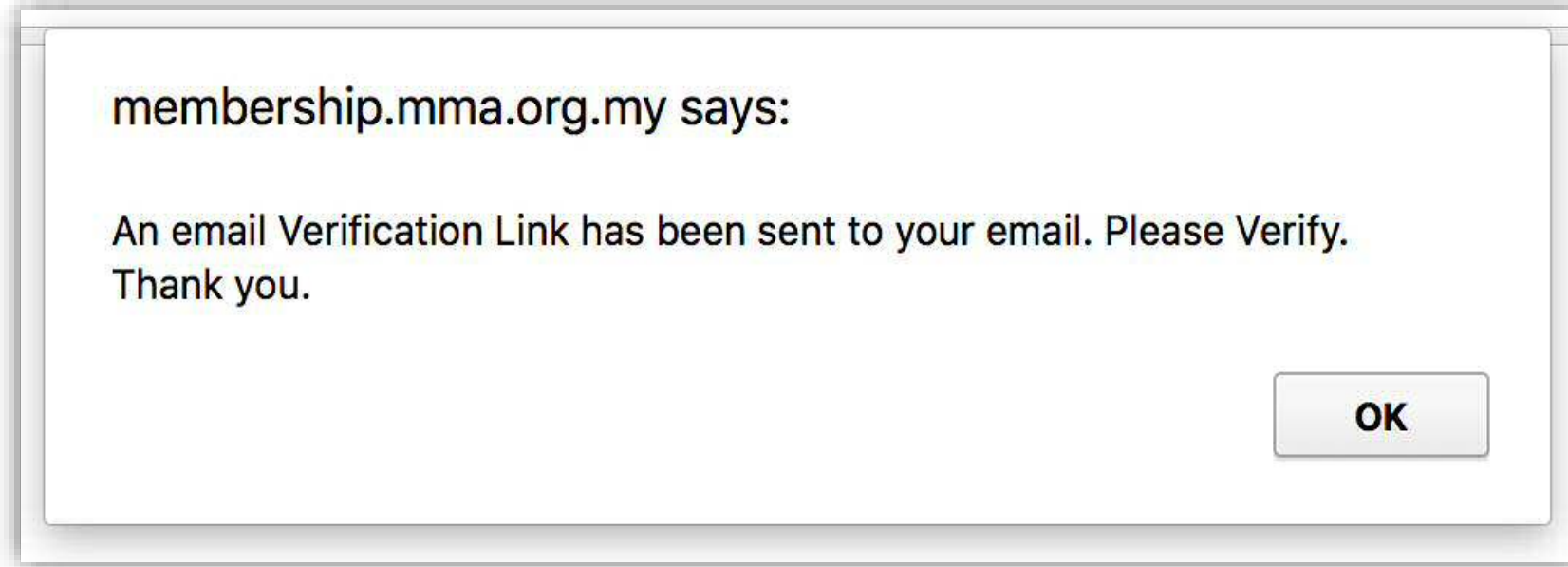
Submit Cancel

Once done, click on the “**Submit**” button. The Cancel button will restart the registration again.

IMPORTANT: Before submit, please click “**Yes, I agree**” to **read** the MMA CPD SOP and **scroll down to click on** “**I Agree to the Terms and Conditions**” to proceed with the CPD Provider application.

COMPLETE REGISTRATION

Once the final stage has been completed, the below example image message will automatically appear, please click “**OK**” and proceed to the next step:



IMPORTANT: Verification email is required before event submission. Please note, that an email containing the *verification link* will be automatically sent by the MMA CPD System to the *organisation email* which was created earlier. Example of the link will be shown in the next page.

COMPLETE REGISTRATION

Automatic verification email will be sent by the MMA CPD System as “no-reply@mma.org.my” example shown below:

Dear User,

In order to activate your account Please click [here](#)

Thank You

MALAYSIAN MEDICAL ASSOCIATION

Tel: +603-4041 1375

Fax: +603-4041 8187 / +603-4041 9929

Email: cpd@mma.org.my

Web: <http://www.mma.org.my/>

Click “[here](#)” to verify the email.

IMPORTANT: If no verification email has been sent or any error message occur, please contact the MMA IT Department at 03-40411375 or email to (itsupport@mma.org.my OR itadmin@mma.org.my).

Please provide the following details:

➤ Username and Password.

APPLICATION STAGE

IMPORTANT: Minimum 14 working days is required for the CPD committee to process the CPD Provider application.

Registration Status	
Organisation Name:	The Name of your organization
Organisation Email:	itsupport@mma.org.my
Category of Providers:	Government Hospitals
Profile Completion Date:	28/07/2017
Email Verified:	Yes
Email Verification Date	28/07/2017
Application Stage:	Pending Admin Approval

You can check the *application stage* under Registration status.