



## Continuing Professional Development for Health Workers

## Introduction

The development of a skilled motivated workforce is essential to raising standards of patient care and addressing challenges such as health worker shortage. Continuing Professional Development (CPD) is essential for updating skills and the development of a professional ethos for all staff cadres, including volunteers. To be most effective CPD needs to be carried out within a national framework, which addresses issues such as licensing and accreditation. It needs to be guided by the health needs of the community, with specific reference to primary care and the more remote areas of the country. Planned, cost effective CPD is essential if national programmes are to achieve the health Millennium Development Goals (MDGs) and move towards providing Universal Health Coverage for the whole population.



## Why is it important?

Good health is a pre-requisite for national development. “At the heart of each and every health system, the workforce is central to advancing health. There is ample evidence that worker numbers and quality are positively associated with immunisation coverage, outreach of primary care, and infant, child and maternal survival.”<sup>1</sup>

“Continuing Professional Development for health workers is defined as the process by which individual healthcare professionals maintain and improve standards of healthcare practice, through development of knowledge, skills, attitudes and behaviour.”<sup>2</sup> It covers a range of activities such as training, supervision, performance management, licensing and accreditation for existing employed staff and volunteers.

CPD increases health worker productivity, can be very cost effective, improves retention and builds for the future by strengthening the health system and developing professional

approaches. CPD is a vital tool for success in all the initiatives undertaken to address health worker shortages, as seen from the following examples. “In Tanzania the country has recognised that a key part of its response must be to increase the productivity of existing health workers through CPD.” (VSO Tanzania) CPD is an essential part of successful task-shifting as in Mozambique where clinical officers have been trained to carry out caesarean sections<sup>3</sup>. The WHO report on community health volunteers says that “there is universal agreement that continuing or refresher training is as important as initial training.”<sup>4</sup> CPD improves motivation and retention, it “provides opportunities for professional development, staff are motivated and therefore can be retained.” (VSO Zambia) CPD directly improves patient care by updating skills and maintaining effective delivery of the health task under changing conditions. It can improve the way health workers interact with patients by improving competencies which “will also contribute to more confidence with consequent improvement in attitudes.” (VSO Mongolia)

## Key debates

**Training focus** – Some countries focus on pre-service training to address health worker shortages and fail to see the relevance of CPD. While both are needed, CPD increases health worker productivity, is quicker, more cost effective and improves retention. It builds for the future by strengthening the health system, whilst also developing professional approaches.

**Primary Care emphasis** – the initial focus of CPD tends to be on hospital care. There needs to be an equal focus on primary health care, where most people come into contact with the health system. CPD should include prevention and health promotion activities as well as curative care, and be delivered to health volunteers as well as paid staff. Planned, properly targeted CPD is essential to address the health MDGs and to support efforts to ensure Universal Health Coverage in all countries.

**Position within national policy** – a key message emerging from VSO experience, the World Health Organisation and other international agencies is that CPD should be part of a national training plan, in support of the human resources strategy determining the cadres and numbers of staff required and their skills. A major effort is required to bring all training activity within this framework: current provision is fragmentary and delivered by a very wide range of training providers. Low health budgets make it difficult to support CPD effectively, especially as most of the funding comes from

<sup>1</sup> WHO, ‘World Health Report: Working Together for Health’, 2006

<sup>2</sup> Laura Golding and Ian Gray, ‘Continuing Professional Development – a Brief Guide’, 2006

<sup>3</sup> Human Resources for Health, ‘Task shifting: the answer to the human resources crisis in Africa?’, 2009

<sup>4</sup> WHO, Community Health Workers: what do we know about them?, 2007

international aid. The ideal must be to prioritise CPD and to move towards commitments such as the Abuja Declaration 2001, whereby African countries committed to spend 15% of the national budget on healthcare. The UK Royal College of Midwives states “to get that appropriately educated workforce, you do need acceptance by government in policy that is backed by finances.”<sup>5</sup>

**Quality, Licensing and Accreditation** - the foundation of a strong CPD system is agreed standards of care, accredited by a licensed organisation within each country. Licensure and certification also apply to health facilities and educational institutions: they are also eligible for accreditation as an organisation capable of delivering reliable quality training and support. In most countries there is a need to build capacity in professional associations and training institutions, to ensure good quality training and professional leadership and advocacy for CPD. Countries differ in their approach to licensing and accrediting policy, some making it mandatory and others taking a more voluntary approach to CPD, however, more formal systems are the way of the future.



## VSO's Position

**VSO strongly supports** CPD as a key part of any national health service strategy to develop and maintain a skilled motivated workforce. At its heart is life-long learning for all staff cadres and health volunteers. **VSO believes** that the following enabling conditions need to exist to ensure successful implementation of CPD programmes:

**National Human Resources Plan** to set targets for the numbers and cadres of staff the country needs, identify the skills they require and introduce a national training plan to deliver planned outcomes. The plan will also look at the

numbers and capacity of training institutions and integrate donor programmes with national strategies to provide a common approach to national workforce planning, standards and delivery of training.

### **National policy on Licensing and Accreditation**

to identify and promote country-wide standards in healthcare. Job roles should be linked to competency-based skills. Countries should move towards compulsory licensing of staff and training institutions in the interests of strengthening the health system and raising the status of health workers.

**Professional leadership** is required from senior clinicians, managers and the professional associations in support of national goals for CPD. Senior clinicians should act as role models at the local level and participate in supervision and clinical meetings.

### **Partnering with equivalent institutions or associations**

abroad would help developing countries to set up and maintain structures for continuing training. There is much international support available, for example, the UK Royal College of General Practitioners builds partnerships with overseas health organisations. Individual hospitals in the North have established partnerships with hospitals in developing countries. All clinicians should be enabled to align themselves with international networks.

**Employer support** in the home facility is essential to the development of CPD for individual staff and for organisation wide adoption of standards. There must be employer support for linking job roles to competencies, time devoted to CPD and the adoption of minimum standards such as adequate training to support task shifting.

**Financial support** at local and national level for CPD is essential. There must be investment in human resources planning and training plans. Training institutions must be properly resourced and staff skills developed. Financial support is needed for an effective infrastructure, which supports and offers CPD nation-wide.

**VSO identifies** the following as good strategies to ensure a sustainable CPD programme:

**Invest in professional associations and training institutions** – build the capacity of the professional associations so that they can initiate, provide and promote CPD. Work with the government to enable them to play a part in regulating the

<sup>5</sup> APPG on Global Health and Africa APPG, 'All the Talents: how new roles and better teamwork can release potential and improve health services', 2012

training, education and practice of health workers, which includes registration processes and licensure examinations.

Similarly, build the capacity of training institutions to guarantee compliance with the national strategy; evaluate and develop skills at individual tutor level to meet new curricula and delivery methods.

**Support the development of a CPD policy** – develop an employment and pay policy to acknowledge the need for CPD and provide employer direction for CPD activities for example allocating time for CPD. Work towards licensing and accreditation at national level to provide a legal basis for improving standards and the status of health workers.

**Provide evidence of effectiveness** – work with government and other stakeholders to show how CPD materially improves performance, patient care and outcomes. Draw on any research for example the evaluation of CPD supported by VSO in Malawi.

**Support localisation of training** – because of its benefits for training relevance, rural staff access and cost effectiveness. Support on-the-job training for practical application of skills in the workplace, development of supervision and cost-effectiveness. Draw on VSO Sierra Leone/UNICEF research into the value for money of on-the-job training versus centralised training.

**Support multi-disciplinary approaches** – encourage clinicians in taking a multi-disciplinary approach to CPD, with a team approach rather than working in professional isolation. Support the use of clinical pathways where the roles and tasks of all staff cadres are clear.

**Support innovation** – by supporting pilots for new ways of delivering CPD. Evaluate the potential for scale-up. Invest further in those which can show good training outcomes and value for money. Draw on innovation in other countries in similar circumstances. Enable CPD for new staff cadres which may arise from innovation.

**VSO identifies** the following as being essential to the effective development and maintenance of CPD at national level:

**Build HR capacity** – work with government to build capacity in human resource planning. Support skills gap analysis projects for particular professions, with plans to cover all health cadres.

**Promote job descriptions** – support the development of job descriptions for all roles. Link job descriptions to competency

based skills as the basis of supervision and performance management. Adapt competencies to the local context.

**Develop training courses** – work with professional associations and training institutions to develop courses and materials to fill skill gaps. Update the skills of clinical tutors. Emphasise both the cascading of training to local institutions and the importance of on-the-job training.

**Invest in managers** – work with government and training institutions to develop training for health managers. Carry out analysis related to their tasks of planning, budgeting, monitoring and evaluation. Support development of health management courses and tutors to deliver them.



**Human Resource Management Information System** – support development of a system covering all staff, their post, remuneration, job role and qualifications.

**VSO with its partners will:**

**Advocate for CPD** – on the basis of lifelong learning for a skilled motivated workforce.

**Provide an evidence base** – on the effectiveness and value for money of CPD approaches by working with providers and the government.

**Support capacity building** – of professional associations and training institutions, individual facilities and health ministries, to work together to develop, resource and deliver enhanced CPD for all health cadres in line with national plans.

**Promote international partnerships** – for sharing of expertise and information, including exchange between countries in similar circumstances.



### **On-the-job training for anaesthetists, Ethiopia**

As the only anaesthetic doctor at Yekatit 12 hospital in Addis Ababa, Dr Tom Bashford helped to improve the entire cycle of surgical care in a country where such specialist skills are rare. During his year working alongside the hospital team, Tom introduced simple, but life-saving practices. After observing the way operations were being carried out, he implemented the routine use of the globally recognised WHO Safe Surgery Checklist.

“The turning point came early on when I was operating on a boy called Binyam.” Tom said Binyam had a huge tumour on the side of his face, which started to bleed heavily during an operation, putting his life in danger. Blood arrived from the laboratory just in time to save his life, but Tom observed how it should have been available before the operation. Binyam’s surgery prompted Tom to teach colleagues how to use a Safe Surgery Checklist; a simple piece of paper that is shown to reduce surgery related deaths by as much as 50% in the developing world.

Tom was able to introduce other life saving practices. He left behind a team with the skills to keep patients alive through surgery and crucially, to be able to train more staff to do the same.



### **Nurses and midwives evaluate CPD Programme, Malawi**

In June 2010 the Nurses and Midwives Council of Malawi (NMCM) launched a mandatory CPD programme for all nurses and midwives practising in Malawi. However, in 2012 the NMCM recognised that meeting the requirements of the CPD programme was still presenting a challenge for some nurses and midwives.

With the support of VSO and I-TECH (International Training and Education Centre for Health) an in-depth evaluation of the CPD Programme was initiated. In September 2012 the evaluation team began identifying the objectives and developing gap analysis work plans. In November 2012 the team began conducting a series of interviews with the nurses and midwives. In an effort to ensure as many health facilities and educational institutions across the country were represented a selection of nurses and midwives were consulted in either Lilongwe or Blantyre.

The full CPD Evaluation Report will be published in March but preliminary findings indicate a number of key areas where the CPD Programme requires strengthening. One is how nurses and midwives working as lone practitioners in rural health centres require additional support to attend CPD activities. Another is that CPD facilitators need on-going support to ensure they are kept updated and that a robust approach to communication and networking would benefit all stakeholders. VSO and I-TECH will now proceed to address the evaluation findings.



### **Competency based training for management, Mongolia**

Recent emphasis on primary health care and implementation of the MoH Ministry of Health Sectoral Strategic Master Plan (HSMP) has highlighted the need to improve the management skills in health facilities at all levels of the health service in Mongolia.

The development of a practice-oriented in-service training programme began with the agreement that the core management skills required by the facility management teams were based on the six stages of the planning cycle described in the HSMP’s planning and budgeting framework. Using the MoH planning cycle and a task analysis table each stage was divided into the tasks, skills, knowledge and attitudes required to carry out each task. The table was also used to develop training objectives: organise the training modules; develop training materials and participatory learning methods and to guide the training of the trainers. The programme has formalised the use of Competency Based Training.

Thirty trainers have conducted training of the main tertiary level hospital management teams using the training programme and the MoH has now instructed all hospitals to undergo this training. VSO Mongolia, supported by the Asian Development Bank, was instrumental in designing the approach, processes, materials and various components of the practice oriented Management in-Service Training Programme, training the trainers and the demonstration training events.

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*Valuing Health Workers* is a VSO research and advocacy initiative, which supports the achievement of the health-related Millennium Development Goals.

Valuing Health Workers research has already been completed in Uganda, with Cambodia being the second country to undertake similar research. Following on from the research, advocacy strategies will be created, which will include the development of volunteer placements in civil society coalitions, professional associations and health ministries.

VSO supports the work of the Health Workforce Advocacy Initiative (HWAI). HWAI is the civil-society led network of the Global Health Workforce Alliance (GHWA) and engages in evidence-based advocacy with the goal of enabling everyone to access skilled, motivated and supported health workers who are part of well-functioning health systems. [www.healthworkforce.info/HWAI/Welcome.html](http://www.healthworkforce.info/HWAI/Welcome.html)

VSO works with Action for Global Health – a cross-European network of health development organisations. The network calls on European governments and the European Commission to act now to support developing countries to achieve the health-related Millennium Development Goals. [www.actionforglobalhealth.eu](http://www.actionforglobalhealth.eu)

For more information about VSO's Valuing Health Workers research and advocacy initiative please contact Clive Ingleby (VSO's Global Adviser for health/HIV and AIDS): [cliveingleby@vso.org.uk](mailto:cliveingleby@vso.org.uk)

If you would like to volunteer with VSO please visit: [vsointernational.org/volunteer](http://vsointernational.org/volunteer)

In addition to this publication, the following research and publications may also be of interest:

- **Participatory Advocacy: A Toolkit for Staff, Volunteers and Partners** – this manual is an easily accessible guide to lobbying and campaigning, and can be used by health activists and other campaigners for social justice.
- **Our Side of the Story: Ugandan Health Workers Speak Up** – a report which documents the experiences of over 120 Ugandan health workers, along with inputs from representatives of civil society, trade unions, professional associations and regulatory councils, and includes recommendations for policy change.
- **Ugandan Health Workers Speak: The Rewards and the Realities** – a report of initial findings of the Valuing Health Workers research in Uganda.
- **Valuing Health Workers in Cambodia** – a short briefing on the research approach in Cambodia.
- **Valuing Health Workers: Implementing Sustainable Interventions to Improve Health Worker Motivation (Malawi)** – a report drawing together existing research in Malawi, and identifying recommendations to tackle the human resources for health (HRH) crises.
- **Community Health Volunteering: Position Paper** – this 2012 report looks at how the health worker crisis has led to investment in community health volunteers, key debates, the benefits and the risks as well as giving VSO's position on best practice.
- **Local Volunteering Responses to Health Care: Challenges and Lessons from Malawi, Mongolia and the Philippines** – this report looks at how community volunteers can be involved in delivering health services.
- **Brain Gain: Making Health Worker Migration Work for Rich and Poor Countries. VSO Briefing: the perspective from Africa.**
- **The IMF, the Global Crisis and Human Resources for Health** – this 2010 report, written with the Stop AIDS Campaign and Action for Global Health, shows how the International Monetary Fund (IMF) constrains the fiscal space for developing countries and impedes the recruitment of much-needed new health workers.

To access any of these publications, please visit: [www.vsointernational.org/health](http://www.vsointernational.org/health)



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