IMPROVING HEALTH WORKER PERFORMANCE: THE ROLE OF CONTINUING PROFESSIONAL DEVELOPMENT REGULATION

January 2017

David Maingi, Irene Chami, Carol Karutu, Peter Abwao, and Stephen Mbaabu, IntraHealth International

BACKGROUND

Human resources for health (HRH) is a key pillar for any functional health system (Martineau 2000). The Kenya Ministry of Health (MOH), through its HRH Strategy 2014-2018, has committed to developing its health workforce to ensure the delivery of quality health services. The HRH strategy is in line with the 2010 Constitution of Kenya's provision of the right to the highest level of health including reproductive health. The Kenya Health Policy 2012-2030 seeks to ensure adequate health workers to provide health care at all levels of the Kenya Essential Package for Health with an aim to improve overall health status.

Toward achieving these commitments, the FUNZOKenya project, led by IntraHealth International and funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID, supported Kenyan agencies to implement a five-year national health workforce training mechanism to improve training fee access, preservice and in-service education, faculty and infrastructure development, and training regulatory support. The project assisted regulatory bodies to develop training regulations to ensure the health workforce is present and ready to provide comprehensive health care services that are responsive to client needs. A regulatory obligation, continuing professional development (CPD) is a systematic and ongoing process of education, in-service training, learning, and support activities that build on initial education and training to ensure continuing competence, extension of knowledge and skills for new responsibilities or changing roles, and increased personal and professional effectiveness (Giri et al. 2012).

In a dynamic health care field, characterized by increased burden of disease, changing epidemiological and demographical patterns, and emerging and re-emerging diseases, health professionals must acquaint themselves with current and relevant knowledge, skills, and technologies for effective practice. The essence of CPD therefore is to ensure that health workers have requisite competencies at all times in selected core areas of their professional practice to facilitate provision of quality health care to clients (Giri et al. 2012). However, the lack or non-enforcement of CPD guidelines in Kenya had contributed to low uptake of CPD training and non-compliance by health professionals.

APPROACH

Between 2012 and 2016, FUNZOKenya—in partnership with the University of North Carolina, Results for Development, and CDC-Emory University Workforce Project—worked with seven regulatory bodies to design CPD guidelines and an overall framework for the implementation and coordination of a comprehensive CPD system for all health workers, with a focus on national and county training and practice priorities. The CPD guidelines further outline the roles and responsibilities of different stakeholders such as

USAID
FROM THE AMERICAN PEOPLE

KENYANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

FUNZOKenya
TRANSFORMING HEALTH WORKFORCE TRAINING

IntraHealth INTERNATIONAL
Because Health Workers Save Lives.

This publication is made possible by the generous contribution of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of IntraHealth International and do not necessarily reflect the views of USAID or the United States Government.

regulatory bodies, professional associations, MOH human resources departments, county government health departments, CPD providers that include training institutions, and health professionals in the implementation of CPD. FUNZOKenya's approach was not only to enhance regulation but also to institutionalize the CPD system for sustainability. This approach addressed and supported five requirements for CPD implementation, as discussed in detail below.

Regulation: Boards and councils in Kenya are mandated to regulate the training and practice of specific professions. The project worked with six regulatory bodies to develop the necessary guidelines and regulations that govern CPD and enhance uptake. The Kenya Medical Practitioners and Dentists Board (KMPDB) and Nursing Council of Kenya (NCK) regulate the bulk of health practitioners, including continuing medical education. In addition, the project supported four boards and councils for which legislation had recently been enacted to develop CPD guidelines: the Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB), Public Health Officers and Technicians Council (PHOTC), Clinical Officers Council (COC), and Kenya Nutritionists and Dieticians Institute (KNDI).

To ensure clear mechanisms to accredit CPD training programs and institutions, as well as compliance with CPD programs by health professionals, FUNZOKenya supported the development of overarching guidelines for the implementation of these processes. The guidelines establish CPD as a requirement for practice license renewal, as well as for retention in the practitioner registers. The CPD guidelines also support the establishment of regulatory mechanisms for CPD among unregulated health practitioners such as physiotherapists, oral health technicians, occupational therapists, radiographers, and imaging technicians. The process for development, refinement, validation, and implementation of the guidelines by the boards and councils entailed key steps: 1) constitution of a technical working group to draft CPD guidelines and key thematic areas, 2) stakeholder engagement to agree on key thematic areas, 3) CPD guidelines development workshop, 4) guidelines validation and approval by the boards and councils, and 5) printing and dissemination. These processes take at least a year to complete. To hasten this process the newer boards and councils learned from NCK and KMPDB's previous work on CPD.

Cross-cadre CPD framework: A national CPD regulatory framework was then developed under the coordination of the MOH Division of Health Standards, Quality Assurance and Regulations (DHSQAR) with support from FUNZOKenya and participation of the regulatory boards and councils, the human resources development (HRD) unit at the MOH, and health professional associations. The regulatory framework provides guidance and coordination toward a comprehensive CPD system for all health workers with a focus on national priorities. The regulatory framework also outlines the roles and responsibilities of the regulatory bodies, the professional associations, the MOH/HRD unit, and the CPD providers. The focus of the framework is to regulate CPD for all health workers, provide for coordinated course offerings, and minimize the cost of training in thematic areas that cut across professional health disciplines. Thematic areas that have a national bearing include HIV and AIDS, maternal and child health, commodity management, and family planning. These cross-cutting thematic areas were identified for inclusion in the priority cross-cadre course list alongside courses on basic life support, emergency care, leadership and management, research, and infection prevention and control.

Cadre-specific CPD guidelines development: FUNZOKenya also supported the development of guidelines outlining the regulatory basis for CPD implementation that are specific to individual health professional cadres. The Clinical Officers Council, for example, emphasized clinical methods and diagnostics for their practitioners to enhance their capacity to make accurate diagnoses. The nursing council paid special attention to maternal and child health training and other nursing processes that they deemed key to jobs held by nurses and midwives. All cadre-specific CPD training and activities were weighted, values determined, and distinct CPD points allocated. With these guidelines in place the boards and councils are expected to build an inventory of cadre-specific CPD courses and publish a list of accredited cadre-specific CPD providers.

CPD reporting and data systems: Given that the provision of health services in Kenya is devolved to 47 county governments while regulation remains a national government mandate, proper coordination between these two levels of government on CPD implementation and other regulations is critical. Health workers have over the years relied on the physical delivery of their CPD booklet to regulatory boards and councils to report CPD courses taken. Once a year health workers all over Kenya had to leave their work stations to hand deliver these dairies to the regulatory boards and councils based in Nairobi. This meant that health facilities often found themselves short-staffed while health workers sought to meet regulatory obligations.

Table 1: CPD guidelines development and dissemination

Regulatory Board	Status of guidelines	Implemented
KMPDB	Developed and disseminated	• 6,771 practitioners with renewed licenses as of June 2016, up from 3,137 in 2012 • 138 CPD providers accredited
COC	Developed and disseminated	• 1,908 practitioners with renewed licenses in May 2015 • CPD provider accreditation initiated
KNDI	Developed and disseminated	• 4,000 practitioners registered as nutrition practitioners • 8 CPD potential sites identified
PHOTC	Developed and disseminated	700+ registered practitioners as of June 2016, up from 180 reported in March 2015
NCK	Developed and disseminated	CPD providers accredited
KMLTTB	Developed and disseminated	Pending implementation
DHSQAR	CPD framework developed and disseminated	Pending implementation

To address this challenge, FUNZOKenya improved the CPD reporting process by introducing iHRIS Train, a web-based platform that allows training institutions and CPD providers to upload details of course participants to the boards and councils for their records. iHRIS Train now has over 10,000 records of CPD activities, although as yet this represents a small percentage of the estimated 64,000 health workers in Kenya. In addition, an Application Programming Interface enabled data sharing with the regulatory information systems at the boards and councils, further enhancing data sharing, integration, and interoperability. This data sharing has improved the tracking and managing of CPD programs and enhanced data use by stakeholders for decisions relating to human resource development at county and national levels.

Compliance with CPD regulations: To ensure guidelines reached their intended audience and promoted compliance, the boards and councils, with support from FUNZOKenya, disseminated the guidelines to practitioners in the counties. The medical board and nursing council are piloting bulk SMS notifications as well as emails to practitioners reminding them to renew their licenses. The nursing council issued memos through the local dailies reminding nurses to renew their licenses. Whereas CPD is a mandatory regulatory requirement, it is incumbent on individual health professionals to improve their competencies to provide quality health care services. The call to self-directed learning, among other initiatives, encourages health workers to not only be compliant with CPD requirements, but committed to improving their skills and competencies. To promote self-learning, technology-assisted learning, including mobile and eLearning, is being considered for enhancing CPD uptake.

RESULTS

The results of FUNZOKenya's support can be seen in the development and dissemination of CPD guidelines, CPD compliance, and CPD uptake. As shown in Table 1, all six boards and councils have developed cadre-specific CPD guidelines and regulations while the DHSQAR has developed a cross-cadre CPD framework and regulations. This table also shows the number of health workers who have renewed their licenses and the number of accredited CPD providers and training institutions since the CPD guidelines were implemented.

DISCUSSION

A report from the Institute of Medicine of the National Academies (IOM 2009) states that an effective CPD system should prepare health professionals to provide patient-centered care, work in inter-professional teams, employ evidence-based practice, apply quality improvement, and use health informatics. In line with the IOM report, FUNZOKenya's support and interventions sought to put in place a systematic, effective, and comprehensive CPD program for the health sector in Kenya.

Promoting patient-centered care: The CPD program established takes into consideration the service delivery needs of health workers at various service delivery points. The boards and councils were therefore able to come up with thematic areas of CPD that are responsive to the needs of the clients that they serve.

Promoting inter-professional collaboration: The cross-cadre CPD guidelines outline core competencies required by all health professionals. These include leadership and governance, occupational health and safety, communicable disease prevention including HIV/ AIDS, and communication, among others. All health cadres are

required to take CPD courses in areas that enhance inter-professional learning collaboration.

Evidence-based CPD programs: To determine the needs of health workers at service delivery points, a performance needs assessment tool was developed. KMPDB and KMLTTB applied the tool and as such designed their CPD programs based on identified needs.

Application of quality improvement: Aligned with Campbell and Mackay (2001) in their writing about nursing in Canada, the FUNZOKenya interventions ensured that the CPD program was developed with a defined purpose, clear competencies to be achieved, and performance standards. While CPD programs are based on identified priorities, there remains a challenge in determining the impact of CPD programs on the quality of care provided to clients. While more health workers have taken CPD as a result of the enactment of regulations, post-CPD assessment methods and tools need to be introduced to appraise health professional performance to determine the true benefits of CPD.

Use of health informatics: Health informatics is essential in promoting health worker training access and reporting. While the CPD guidelines recognize eLearning courses as a means to enhance access, few CPD providers are offering online programs. And while IntraHealth's open-source human resources information system (iHRIS) has been introduced to the professional regulatory bodies as a tool for CPD reporting, uptake for technology-assisted learning and CPD reporting has been low. Effective CPD programs in Kenya will benefit from expanded use of technology-assisted learning management platforms as well as online CPD reporting.

With seven regulatory bodies (including the Pharmacy and Poisons Board, which was supported by another partner) having the guidelines in place, the implementation process has also been hampered by the slow process of accreditation of CPD providers and courses.

CONCLUSION

CPD regulation is essential toward health care worker competence in service delivery. With the enactment of these guidelines, CPD uptake has increased. However, more needs to be done to ensure that all health care regulators go beyond enacting CPD regulations to enforcing them to optimize performance of the health sector. In addition, expansion of self-directed learning should contribute to improved service delivery, service efficiency, and quality improvement.

RECOMMENDATIONS

The regulatory bodies need to accelerate the accreditation of CPD providers and CPD provision in the counties to enhance health worker performance. In addition, CPD training providers need to embrace technology-assisted reporting systems to shorten the reporting time and facilitate a quick turnaround time for re-licensure.

REFERENCES

Campbell, B. and G. Mackay. 2001. "Continuing competence: An Ontario nursing regulatory program that supports nurses and employers." *Nursing Administration Quarterly* 25, no. 2, 22-30.

Constitution of Kenya 2010. 2010. Republic of Kenya.

Giri, Kamlesh, Nina Frankel, Kate Tulenko, Amanda Puckett, Rebecca Bailey, and Heather Ross. 2012. Keeping Up to Date: Continuing Professional Development for Health Workers in Developing Countries. Washington, DC: Capacity*Plus*/IntraHealth International.

Institute of Medicine of the National Academies (IOM). 2009. Redesigning continuing education in the health professions. Washington DC: National Academies Press. http://www.nap. edu/catalog.php_id=12704 (accessed July 30, 2012)

Martineau T. and J. Buchan. 2000. "Human Resources and the Success of Health Sector Reform." *Human Resources Development Journal* 4(3):174–83.

Ministry of Health. 2014. Human Resources for Health Strategy 2014-2018. Nairobi, Kenya: Ministry of Health.

Ministry of Health. 2014. Kenya Health Sector Strategic and Investment Plan (KHSSP) 2014-2018. Nairobi, Kenya: Ministry of Health.

Ministry of Health. 2014. Post training follow-up assessment of Kenya health workforce training, 2012. Nairobi, Kenya: Ministry of Health and FUNZOKenya/ IntraHealth International.

CONTACT

Carol Karutu, DrPH, MPH
Chief of Party, FUNZOKenya
ckarutu@intrahealth.org

IntraHealth INTERNATIONAL
Because Health Workers Save Lives.

www.intrahealth.org/countries/kenya