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Developing a Continuing Professional Development Program to Improve Nursing Practice in Lesotho

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Abstract

Introduction—In 2010, the Lesotho Ministry of Health and Social Welfare (MOHSW) issued the Continuing Education Strategy for all Health Care Workers in Lesotho, requiring professional regulatory bodies to enforce continuing education requirements amongst their members. In order to comply with this strategy, the Lesotho Nursing Council worked to develop a national comprehensive program for continuing professional development (CPD)

Methods—Through a seed grant and technical assistance from the African Health Professions Regulatory Collaborative (ARC), national nursing and midwifery leadership collaboratively developed a national CPD framework. The draft CPD framework and logbook were formally vetted with stakeholders during consultative meetings held around the country.

Achievements—The CPD framework was successfully piloted prior to being launched nationally in October 2012. This is the first health professional CPD program in Lesotho. Development of a CPD program in Lesotho has created a platform to reconcile nursing practice with the legislative standards governing the workforce.

Challenges—The one-year grant timeframe, along with limited financial and staff resources limited presented implementation challenges.

Conclusion—In establishing a comprehensive national CPD program, it is critical for countries to engage in a staged planning process that includes monitoring and evaluation.

Key phrases

African Health Profession Regulatory Collaborative (ARC); HIV/AIDS; human resources for health (HRH); Lesotho; continuing professional development CPD); midwifery

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Introduction

Nurses and midwives must acquire and maintain specialized knowledge needed to provide highly skilled care and to demonstrate their competencies to the public, employers, and the profession on an ongoing basis throughout their career. In Lesotho, a low-income country with a shortage of physicians and HIV prevalence of 23%, nurses and midwives provide an ever increasing proportion of HIV and other specialized health services (Ford et al., 2010). The Lesotho Ministry of Health and Social Welfare (MOHSW) conducted a Health Sector Human Resources Needs Assessment in 2004 and revealed unsafe practices amongst health professionals, including nurses and midwives (MOHSW, 2004). Furthermore, there was a clear indication that the lack of opportunities for continuing education was negatively impacting morale and motivation, contributing to poor service delivery, and increasing health workforce attrition. The MOHSW subsequently developed the Continuing Education Strategy for all Health Care Workers in Lesotho, which requires professional regulatory bodies to ensure compliance in the implementation of the continuing education requirements by their members (MOHSW, 2010).

Continuing professional development (CPD) is an important mechanism to allow nurses to expand their knowledge, skill, and competence (Iliffe, 2011). CPD enables health professionals to satisfy their personal and professional needs goals and maintain competence in their field, thus improving quality of care to patients (Fleet et al., 2008). The American Nurses Association views professional development as the lifelong process that nurses and midwives should regularly engage in to enhance their skills for professional practice (ANA, 2013). In many sub-Saharan African countries, there is a need to further develop CPD models and establish legal frameworks, policies, and structures to support CPD (Ndege, 2006).

The Lesotho Nursing Council (LNC), a statutory body established by the Nurses and Midwives Act of 1998, is mandated to regulate nursing and midwifery by setting standards for education and practice, establishing guidelines on training curricula, and accrediting nurse training institutions. However, the LNC had not yet developed a systematic approach to implementing and regulating a national program of CPD for the 4,500 nurses, midwives and nursing assistants (referred to henceforth as “nursing cadres”) in Lesotho. In late 2010, the LNC was invited to a meeting of the African Health Professions Regulatory Collaborative for nurses and midwives (ARC), a multi-year initiative to help strengthen nursing and midwifery regulation and standards in the African region.

ARC is a partnership between the Commonwealth Secretariat; the United States Centers for Disease Control and Prevention (CDC) under the US President’s Emergency Plan for AIDS Relief (PEPFAR); Emory University’s Lillian Carter Center for Global Health and Social Responsibility; the Commonwealth Secretariat, the Commonwealth Nurses Federation (CNF) and the East, Central and Southern Africa Health Community (ECSA-HC) (Gross, McCarthy, & Kelley, 2011). ARC convenes nursing and midwifery leadership from countries in the east, central, and southern Africa (ECSA) region to help expand HIV service delivery by nurses and midwives through enhanced and harmonized regulation and standards (McCarthy & Riley, 2012). The inaugural ARC meeting was held in Kenya in February 2011

with leadership teams from 13 countries. The Lesotho team (or "quad") that attended ARC comprised the Registrar of the LNC, the President of Lesotho Nurses Association (LNA), the Chief Nursing Officer (CNO) of the MOHSW, and the Academic Director of the National Health Training College (NHTC). Following the ARC meeting, all 13 country teams were encouraged to submit proposals for grants of $10,000 to address a regulatory issue in their country achievable within the grant period. The Lesotho quad collaboratively developed and submitted a proposal to establish and sustain a national model of continuing professional development for all nurse cadres in Lesotho. Nine other countries submitted proposals and, after a rigorous evaluation, Lesotho was among five countries awarded a one-year, $10,000 grant for the project period of July 2011–July 2012.

Aims

The overall goal of the Lesotho project was to improve the education and practice of nurses and midwives and strengthen the licensing regulatory capacity of the Lesotho Nursing Council through development of a national CPD program. The project had four main objectives:

1. To develop a national CPD framework
2. To introduce the CPD framework to stakeholders
3. To implement a national CPD program
4. To monitor and evaluate the CPD program.

In order to introduce the concept of CPD and garner support for the project, the quad wasted no time in organizing meetings with relevant stakeholders. These included representatives from the MOHSW, the LNC, the LNA, Christian Health Association of Lesotho (CHAL), representatives from each of the nurse training institutions, local NGOs, as well as practicing nursing cadres. As an employer of health care providers, the MOH and CHAL had a vested interest in ensuring quality care through CPD and effective enforcement of LNC regulations for the nursing workforce. As the primary professional and regulatory organizations in Lesotho, support and involvement from the LNC and LNA was critical to project success. In engaging nurses, midwives, and nursing assistants in the stakeholder engagement process, the quad hoped to secure uptake of CPD in the target population. From these stakeholders, the quad created a smaller group of experts to participate on the Lesotho CPD Advisory Committee, which would be responsible for drafting the CPD framework. The Advisory Committee requested technical assistance (TA) on drafting the CPD framework from the ARC faculty. Representatives from the CDC and CNF provided in-country TA according to a five-day program developed by the Advisory Committee (four days allocated for development of the national CPD program and one day allocated for a stakeholder consultation meeting). The goal of the TA visits was to draft a national CPD program as well as monitoring, evaluation and communication strategies.

Methods

Development of the CPD framework began with a process of discussing elements of a CPD framework, critically examining examples from other national CPD programs, and

collaboratively drafting each CPD element for the context of Lesotho. The CPD elements discussed included the introductory statement, the definition of CPD, the rational for implementing a national CPD program, and the principles on which the CPD program would be based. The committee worked in small groups to examine examples from South Africa, Malawi, Australia, New Zealand and the United Kingdom, as these were published national programs. The groups then came together and consolidated their responses, engaging in vigorous dialog and debate to arrive at a consensus. Elements considered on Day 2 included whether the program was to be voluntary or mandatory, what amount of CPD would be required on an annual basis, what activities would be accepted for recognition of CPD, and what documentation would be required and by whom. The committee also designed a table of possible CPD activities and how many CPD points each activity was worth.

On Day 3, again working intensively in small groups, the Advisory Committee developed draft principles for the accreditation of formal learning; short course content; seminars, workshops and in-service; experiential learning; and self-directed learning. This activity involved differentiating between the different types of learning and reflecting on the ways nurses learn, both theoretical and practical, and the different venues in which learning might occur. The Committee also developed draft quality standards for CPD providers and facilitators, along with monitoring compliance, and how the program would be evaluated. On many occasions, Committee members found their thinking challenged as they worked through the issues. Reaching consensus was hard work, however the feeling of accomplishment when consensus was finally reached was considered worth the effort.

The final CPD framework for all practicing nurse cadres in Lesotho provides a rationale for requiring CPD and the principles on which the framework is based. The initial CPD requirement is to complete a minimum of 12 points of active learning each year. Engaging in CPD would be voluntary at first, but would become mandatory in the future for renewal of licenses to practice. Nurse cadres will be required to maintain an individual log book, available from the LNC, detailing the learning activities they are claiming for CPD points, according to the documentation guidelines and the accreditation requirements outlined in the framework. Compliance will be monitored annually by requiring each participant to provide a summary of activities undertaken for CPD points and present this, along with their log book, to the nurse in charge of their facility. The nurse in charge will verify the summary against the log book and submit the summary, along with the bank deposit slip for renewal of license fees, to the LNC. Those working in the private sector must submit their bank deposit slip and their log book and summary to the nurse in charge in the district health management team (DHMT). The CPD framework will be evaluated biennially using a questionnaire survey sent to a random sample of 10% of all nurses, midwives, and nursing assistants in each district to determine if they felt engaging in the required CPD had improved their professional practice.

During the TA visit, the Advisory Committee undertook a stakeholder analysis as the basis for the preparation of a communication strategy and marketing plan. All possible stakeholders who could have an influence on or be impacted by the program were identified. The results of the small group work were then consolidated into a comprehensive list of stakeholders. Strategies were suggested to engage each of the stakeholders; these strategies

were incorporated into a detailed action plan identifying people responsible and timelines. The quad presented the final drafts of the CPD framework and logbook at numerous consultative meetings according to the stakeholder engagement plan.

The buy-in secured from stakeholders greatly facilitated the first step in implementing the CPD program--training the nurse managers responsible for verifying the logbooks in all health facilities. After the training, a pilot program was conducted in three different health facilities (a government health institution, a CHAL-supported facility, and a private facility) in two districts in order to assess the feasibility of all nursing cadres effectively engaging in CPD and to identify needs for adjusting the implementation strategy. In addition to input from stakeholders and the results of the pilot study, the Lesotho quad received feedback both from their regional peers and technical experts at two ARC Learning Sessions held during the project period for country teams receiving grants.

The Lesotho project, though intended to be only one year, was extended at no-cost in order to complete key project activities. During the extension period, the quad developed guidelines for CPD providers, a plan for staged implementation across all districts, and a national communication strategy to raise awareness of and market the CPD program nationally. The marketing campaign successfully utilized printed brochures, fliers, text messages, TV and radio to raise awareness of the new national CPD program among nurse cadres and the general public. The quad leveraged their achievements to date to secure additional funding for the official launch of the CPD program, which was held in Maseru in October 2012 (Figure 1).

Achievements

A hallmark achievement of the project was successful development of a CPD program framework through interactive learning experiences and efficient utilization of resources. The team had no pre-existing knowledge or experience with CPD, but was capacitated through ARC. The use of the CPD logbook will result in strengthened licensure renewal systems and a tracking mechanism for a continuing education data base, which can eventually be used as a tool for licensure renewal tracking. The use of logbooks provides a reinforcing reminder to nursing cadres of the need for annual license renewal, ultimately promoting increased compliance to national guidelines. Consultative Meetings provided the opportunity for stakeholders to be exposed to the concept of CPD at an early stage in the process, and facilitated support and motivation for the project across all groups. Engagement of nursing cadres in all stages of the process of developing a national CPD framework led to broad acceptance and enthusiasm when the CPD program was launched.

Although all professional bodies are required to engage in CPD per the MOHSW Continuing Education Strategy, the LNC is the first health professional organization to do so successfully. As leaders in this movement, the LNC has been requested to provide TA to the Lesotho Medical, Dental, and Pharmacy Council in developing their CPD program. The ability to share successful principles with peer organizations demonstrates further achievement of the project.

Challenges

An early challenge faced by the quad and CPD Advisory Committee was whether or not to include nursing assistants, who are under the control and direction of the LNC. During consultative meetings, many felt that nursing assistants are not ‘professionals’ and therefore could not be included in a continuing professional development program. Participants suggested a separate table of CPD activities for nursing assistants or a separate but similar framework titled “continuing educational development.” Following discussion and debate, it was decided that the CPD program should also cover nursing assistants and that there were sufficient activities in the CPD table for nursing assistants to be able to reach the required number of annual CPD points. Another challenge was reaching agreement on the recommended amount of required CPD annually, and why it was necessary to have a formal program. It was eventually decided that the number of hours should initially be kept low so as to encourage compliance until such time as nurses and their employers were familiar with the program and convinced of its value. The committee reminded stakeholders that the international standard for nursing practice included a requirement to undertake a set amount of annual CPD and that while many, if not most, nurses already participate in CPD, Council has a responsibility to ensure that all nurses do. For those nurses who are already undertaking CPD, the annual requirement would be readily met.

Other challenges included the relatively short time period for the grant, financial resources, and additional sensitization needs. The quad felt the one-year period of the ARC grant limited the time available for holding additional stakeholder consultations. In addition, the team had to creatively consider how to leverage the success of the ARC project thus far to secure funds to formally launch the program. The pilot program for the logbooks indicated slow uptake of logbook documentation and CPD activities by all nursing cadres. In order to address this, the team is holding sensitization meetings in all ten districts of Lesotho. Ongoing sensitization efforts through formal training and peer learning are also needed to continuously dilute workforce resistance to CDP. Some rural areas are difficult to reach due to geographic location, which has also presented a challenge to this process.

Lessons Learned

In establishing a comprehensive national CPD program, it is critical for countries to engage in a staged planning process that includes constant monitoring and evaluation. The CPD model should also be dynamic where modifications and improvements can be made over time as indicated by evaluation and experience. Inclusive stakeholder involvement, particularly of health workers, in all stages of program development and implementation is critical, and stakeholder feedback should be carefully considered and incorporated whenever possible. The quad also recognized the need to hold regular meetings of the Advisory Committee. After the TA visit, the Committee held regular twice weekly meetings to finalize the framework and logbook for the project.

Countries planning CPD implementation should anticipate the need for frequent refresher courses for supervisors overseeing those required to engage in CPD. Supportive visits to healthcare institutions by members of the regulatory body can help ensure continued compliance with CPD regulations, especially during early periods of implementation.

Furthermore, when relying on external funding, countries should be prepared to address time constraints and funding restrictions and to consider creative options to overcome these barriers.

Conclusion

CPD is a healthcare regulatory function that can help improve the quality of care. Countries should address regulatory frameworks to ensure that CPD is a mandatory activity for licensure renewal for all cadres of health workers. Development of a CPD program in Lesotho has created a platform to reconcile nursing practice with the legislative standards governing the workforce. The project has succeeded in developing a comprehensive CPD framework that is being successfully moved forward on the national level. Despite challenges, the Lesotho team was able to make important strides towards their goal and produced tangible results within the project period. As pioneers in CPD, the nursing workforce in Lesotho has established an important precedent for other health care professions both nationally and in the ECSA region.

References

ANA. American Nurses Association: Continuing Professional Development. 2013. Retrieved August 29, 2013, from http://nursingworld.org/MainMenuCategories/CertificationandAccreditation/Continuing-Professional-Development

Fleet LJ, Kirby F, Cutler S, Dunikowski L, Nasmith L, Shaughnessy R. Continuing professional development and social accountability: a review of the literature. J Interprof Care. 2008; 22(Suppl 1):15–29. [PubMed: 19005951]

Ford N, Kranzer K, Hilderbrand K, Jouquet G, Goemaere E, Vlahakis N, Bygrave H. Early initiation of antiretroviral therapy and associated reduction in mortality, morbidity and defaulting in a nurse-managed, community cohort in Lesotho. AIDS. 2010; 24(17):2645–2650. [PubMed: 20980868]

Gross JM, McCarthy CF, Kelley M. Strengthening Nursing and Midwifery Regulation and Standards in East, Central and Southern Africa. African Journal of Midwifery and Women's HEalth. 2011; 5(4)

Iliffe J. Developing a national continuing professional development framework. African Journal of Midwifery and Women's HEalth. 2011; 5(4):189–194.

McCarthy CF, Riley PL. The african health profession regulatory collaborative for nurses and midwives. Hum Resource Health. 2012; 10(1):26.

MOHSW. Lesotho Ministry of Health and Social Welfare Health Sector Human Resources Needs Assessment. Maseru: Lesotho Ministry of Health and Social Welfare; 2004.

MOHSW. Continuing Education Strategy for all Health Care Workers in Lesotho. Maseru: Lesotho Ministry of Health and Social Welfare; 2010.

Ndege, S. International Hospital Federation Reference Book. Nairobi: Pathfinder International; 2006. Continuing professional development: A southern perspective.

Figure 1.
Lesotho Nurses participate in launch party for the national CPD program in Maseru. The event motivated nurses to come together and show support for the program.