



USAID
FROM THE AMERICAN PEOPLE

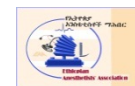
HUMAN
RESOURCES
FOR HEALTH

innovating to save lives



Situational analysis of continuing professional development (CPD) practices and capacity in Ethiopia: a national cross-sectional study

Tegbar Yigzaw, Muluneh Mossie, Manuel Kassaye, Firew Ayalew, Damtew Woldemariam, Samuel Mengistu, Sharon Kibwana, Mastewal Kerebih



Presentation Outline

- Background
- Methods
- Results
- Conclusions and recommendations

Background

- CPD is key to improve performance of health workers and quality of health care.
- In 2013, the Government of Ethiopia developed a directive to make CPD mandatory but its implementation was put on hold due to concerns about readiness.
- We conducted this situational analysis study to explore practices, views and capacity of the health system to manage CPD.

METHODS



Study design and data collection

- National descriptive cross-sectional study conducted in March 2015.
- Structured interviews:
 - Health professionals to assess CPD practice and views
 - Professional associations, universities and hospitals to assess capacity to provide CPD
 - Ministry of Health (MOH) and the Food, Medicine and Healthcare Administration and Control Authority (FMHACA) to assess capacity to regulate CPD

Selecting study participants

- Health professionals: nationally representative sample selected in a 2-stage stratified sampling procedure
- Health professional associations: census
- Universities and hospitals selected to be in-service training (IST) centers: census
- MOH and FMHACA: census of HR management and healthcare regulatory units at federal and regional levels

RESULTS



Participants profile

- 554 (100%) health professionals from 102 public facilities across all regions
- 23/26 (88.5%) professional associations
- 35 (100%) in-service training centers (universities and hospitals)
- 22/24 (91.7%) federal and regional human resource and healthcare regulation managers

CPD clients

HEALTH PROFESSIONALS



Participants' profile

Variables	No. (%)
Sex	
• Male	291 (52.5%)
• Female	263 (47.5%)
Age (in years)	
• 20-29	383 (69.1%)
• 30-39	120 (21.7%)
• 40 and above	51 (9.2%)
Facility level	
• Hospital	154 (27.8%)
• Health center	400 (72.2%)
Work experience (in years)	
• < 2	108 (19.5%)
• 2 to less than 4	125 (22.6%)
• 4 to less than 7	160 (28.9%)
• 7 and above	161 (29.1%)

Participation in CPD in the Past Year

- Percent participated: 59.2%
- Who was the provider: NGOs (71.9%), MOH (46.7%), universities (1.5%)
- Who was the funder: NGOs (63.7%), MOH (44.5%), self (1.5%)
- On demand: 2.2%
- Most rated last CPD activity very favorably: convenient, relevant, and improved their practice.

Participation in CPD...

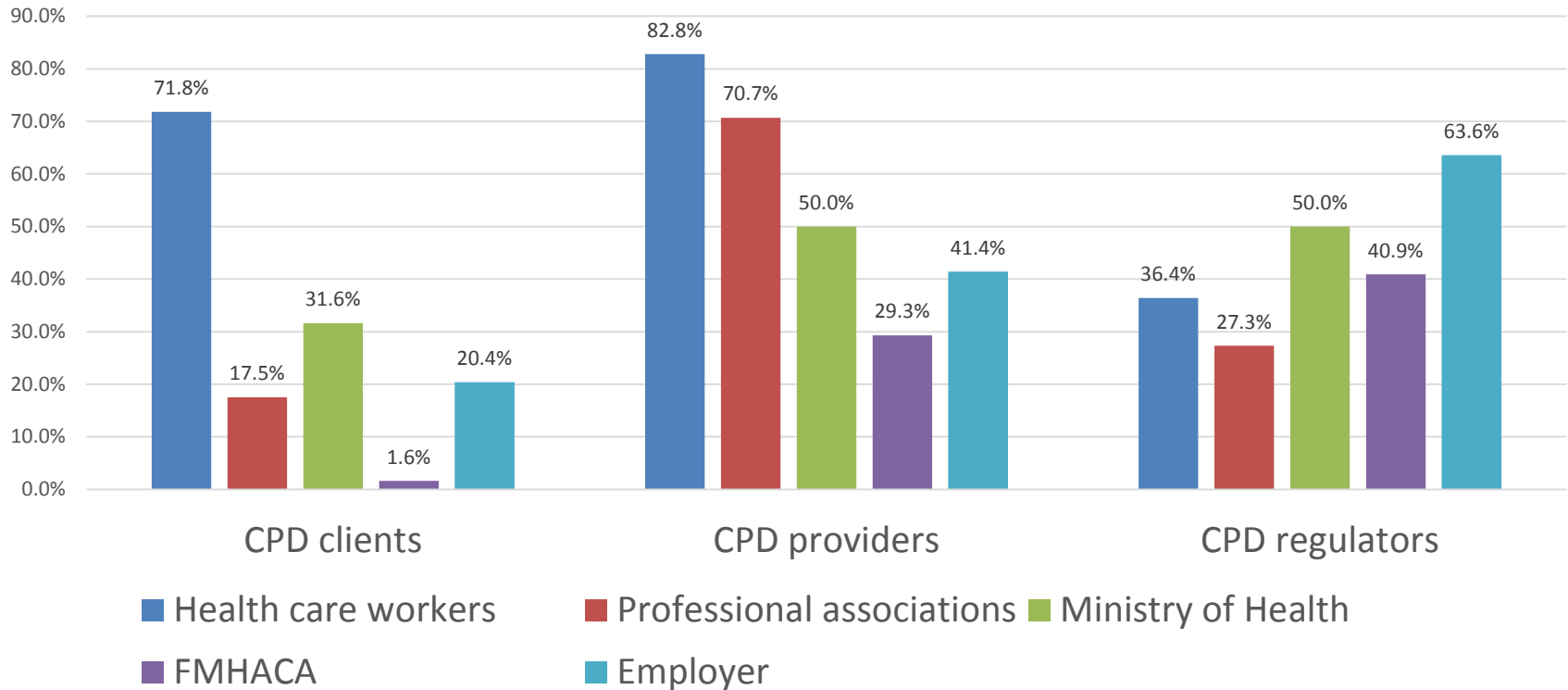
- Participation in CPD did not vary by sex, qualification, facility, work experience; however,
 - Pharmacy (40.2%) and anesthesia (36.4%) professionals had lower rates than doctors (68.2%)
 - Pharmacy: OR=0.23, 95% CI=0.08-0.72
 - Anesthesia: OR=0.30, 95% CI=0.08-1.08
 - Older health workers (40+ years) were 61% less likely to receive CPD
 - OR=0.39, 95% CI=0.16-0.91

Views about CPD #1

- Why engage in CPD?
 - To advance career (93.6%) and performance (68.2%)
- Should CPD be voluntary or mandatory?
 - 87.2% of HPs suggested to be voluntary
- What should be the incentive for CPD?
 1. Re-certification: 69.6% (HPs) to 93.1% (providers)
 2. Promotion: 45.5% (regulators) to 69% (providers)
 3. Pay raise: 41.4% (providers) to 50.5% (HPs)

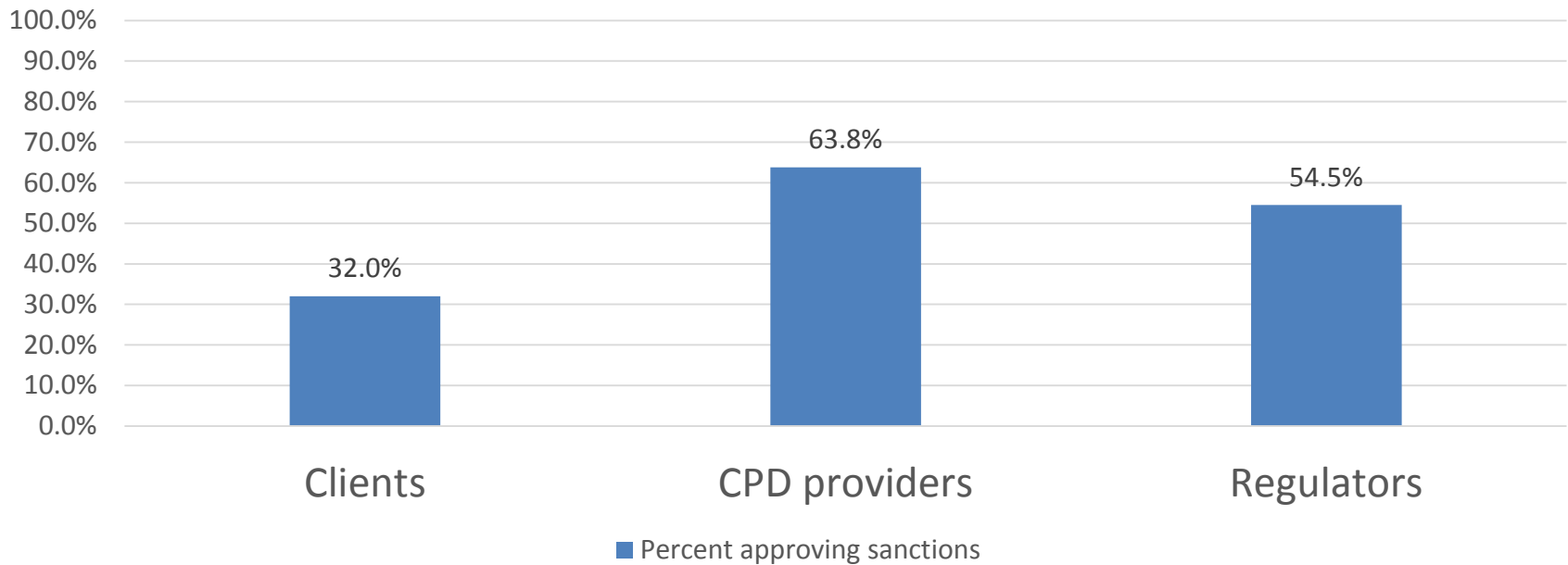
Views about CPD #2

Who should define learning needs?



Views about CPD #3

Should there be sanction for not undertaking CPD?



Views about CPD #4

- HPs perspectives on documentation of learning from CPD activities:
 - Self portfolio (65.9%), employer (44.7%), MOH (28.3%), professional associations (17.7%)
- What do HPs think are the barriers for CPD implementation?
 - Cost (56%), time (37.6%), lack of incentive (29.2%), lack of awareness (27.1%)

CPD providers

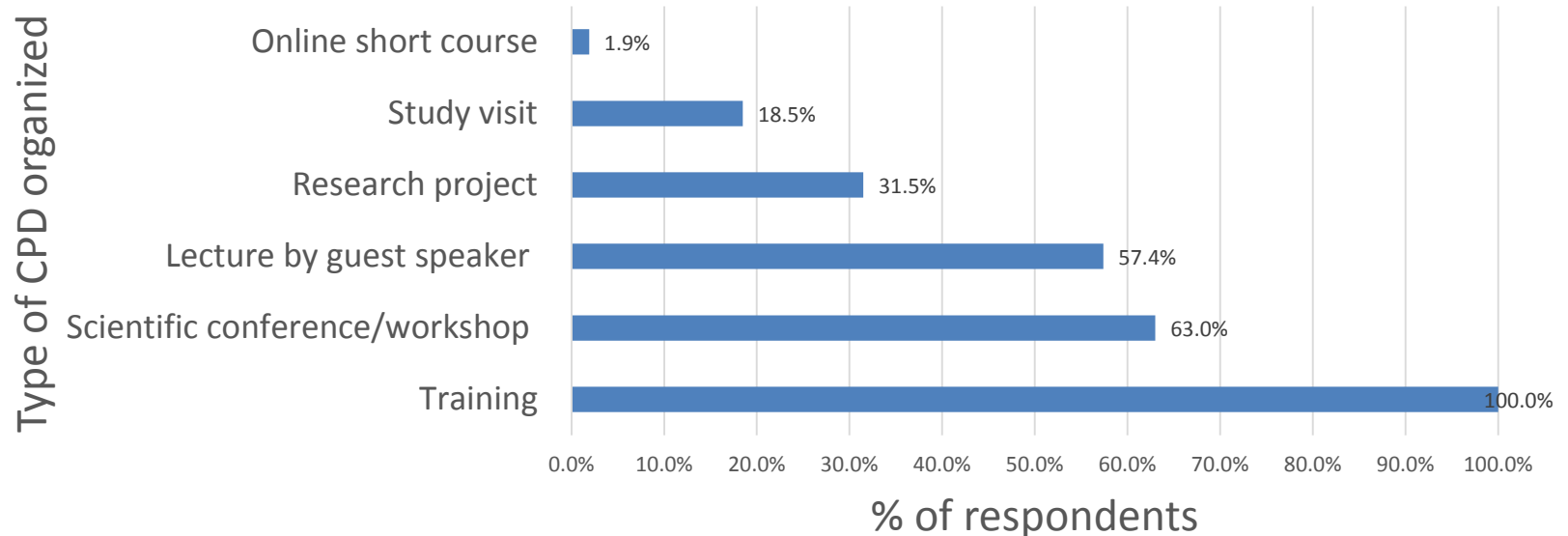
PROFESSIONAL ASSOCIATIONS, UNIVERSITIES AND HOSPITALS



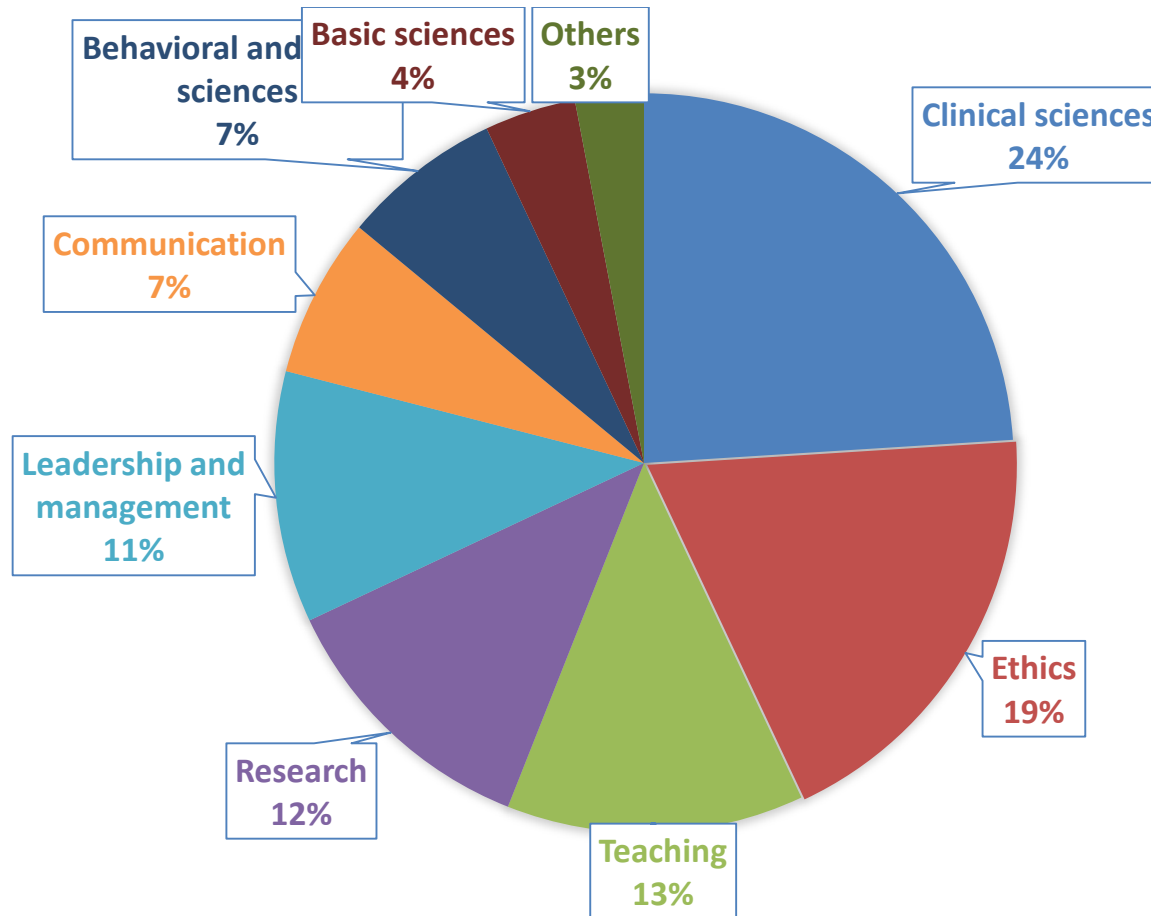
CPD Provision

- 93% (54/58) organized CPD in the past year

Type of CPD activities

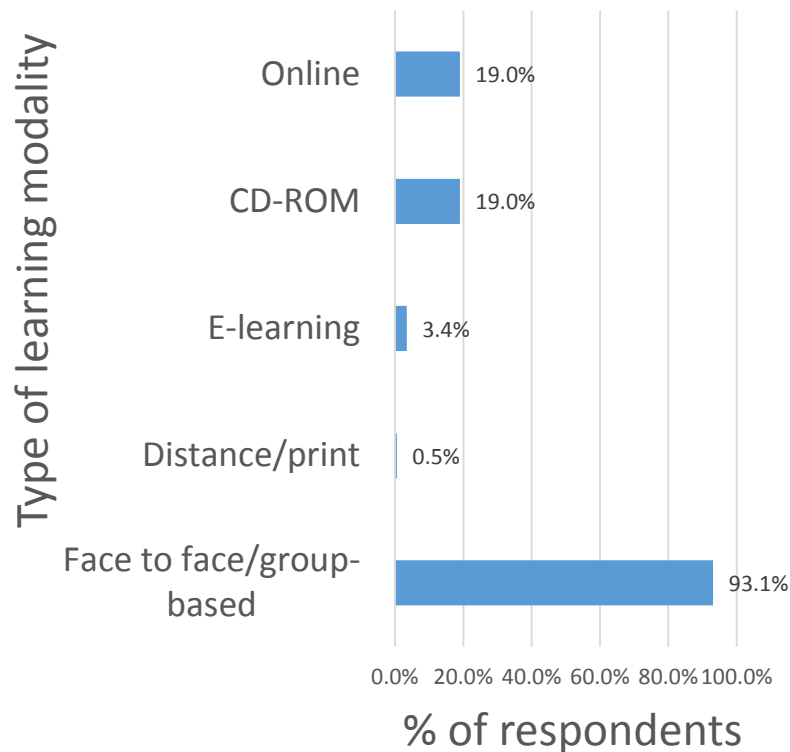


CPD Contents

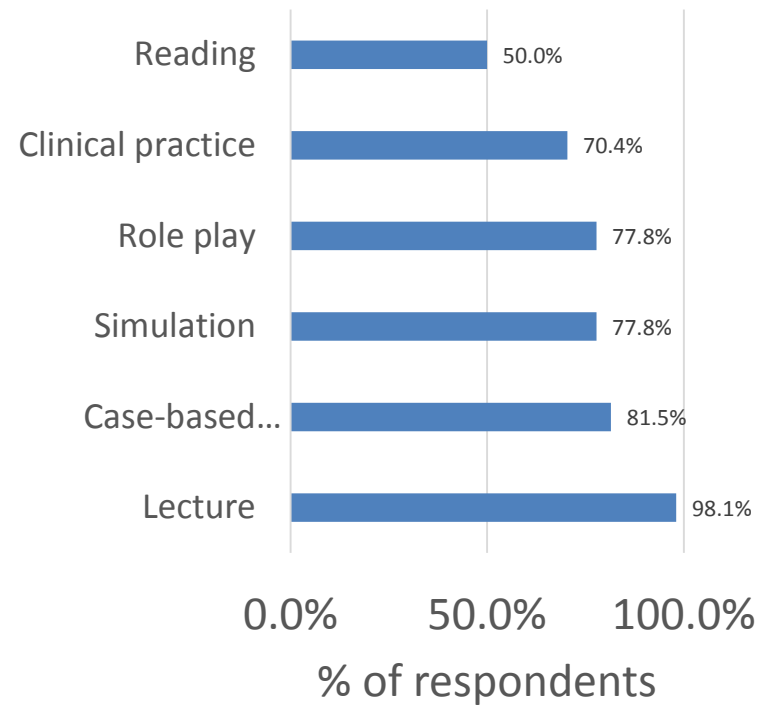


Modality and Training Techniques

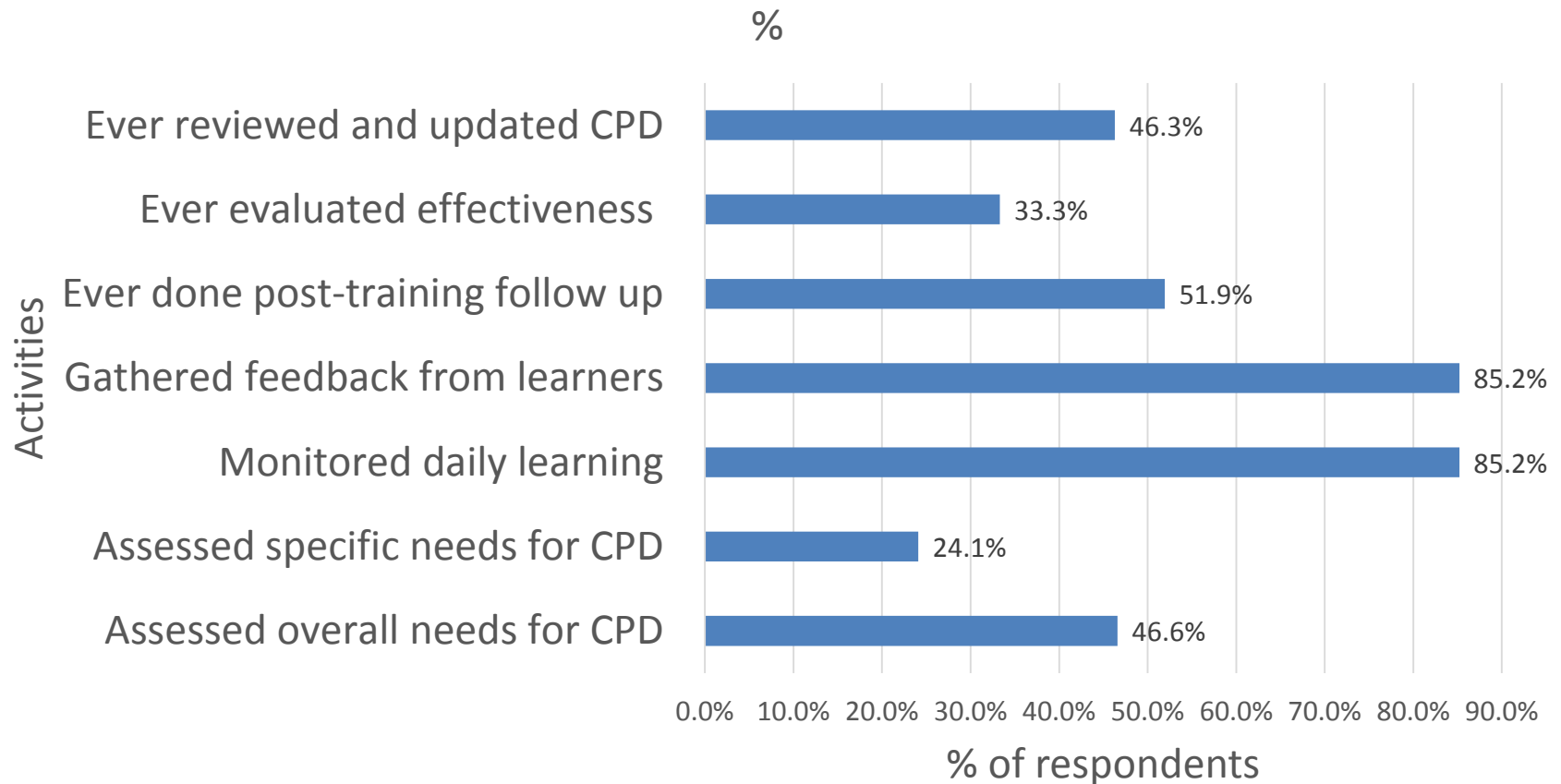
Learning modality



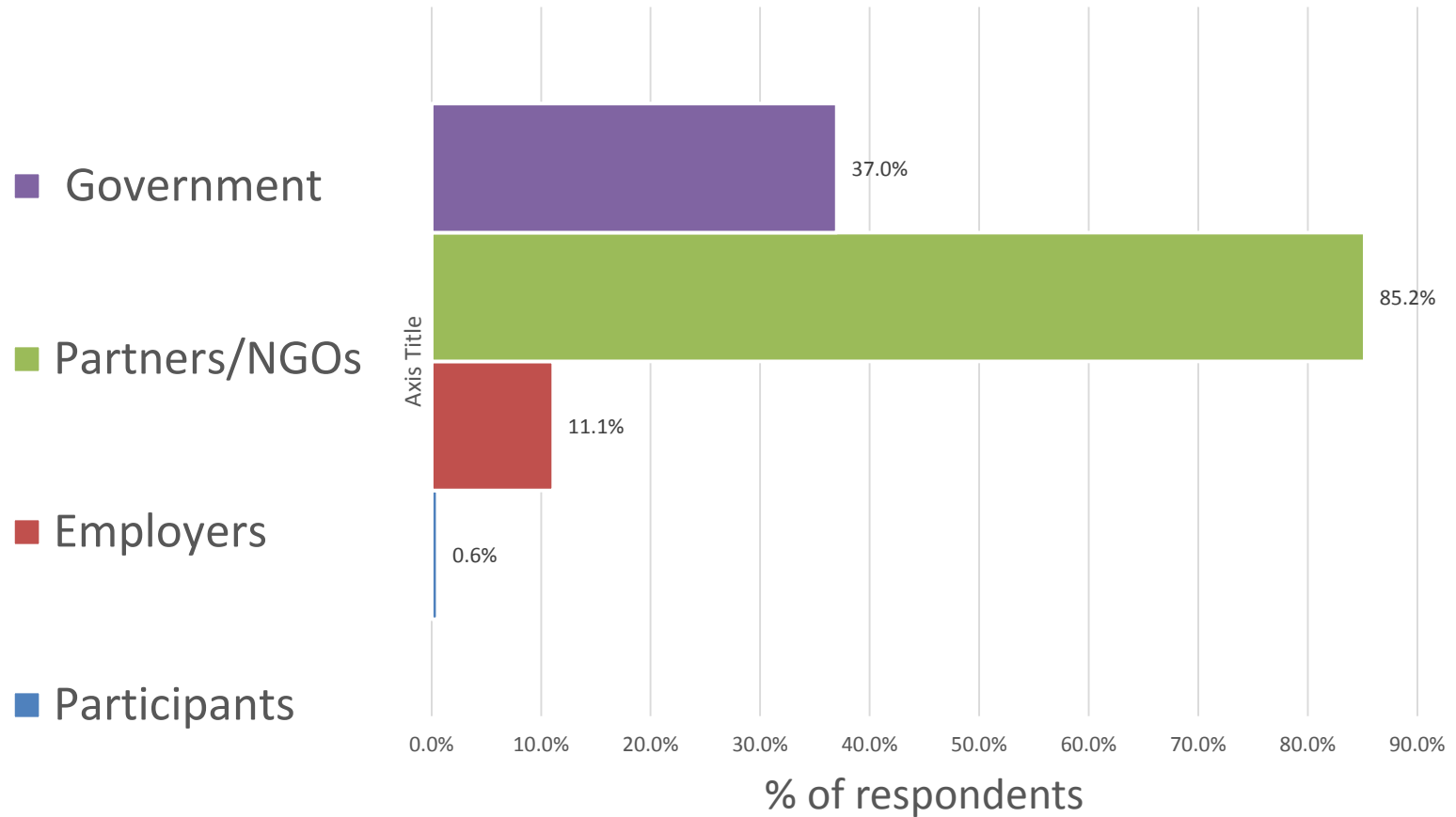
Training techniques



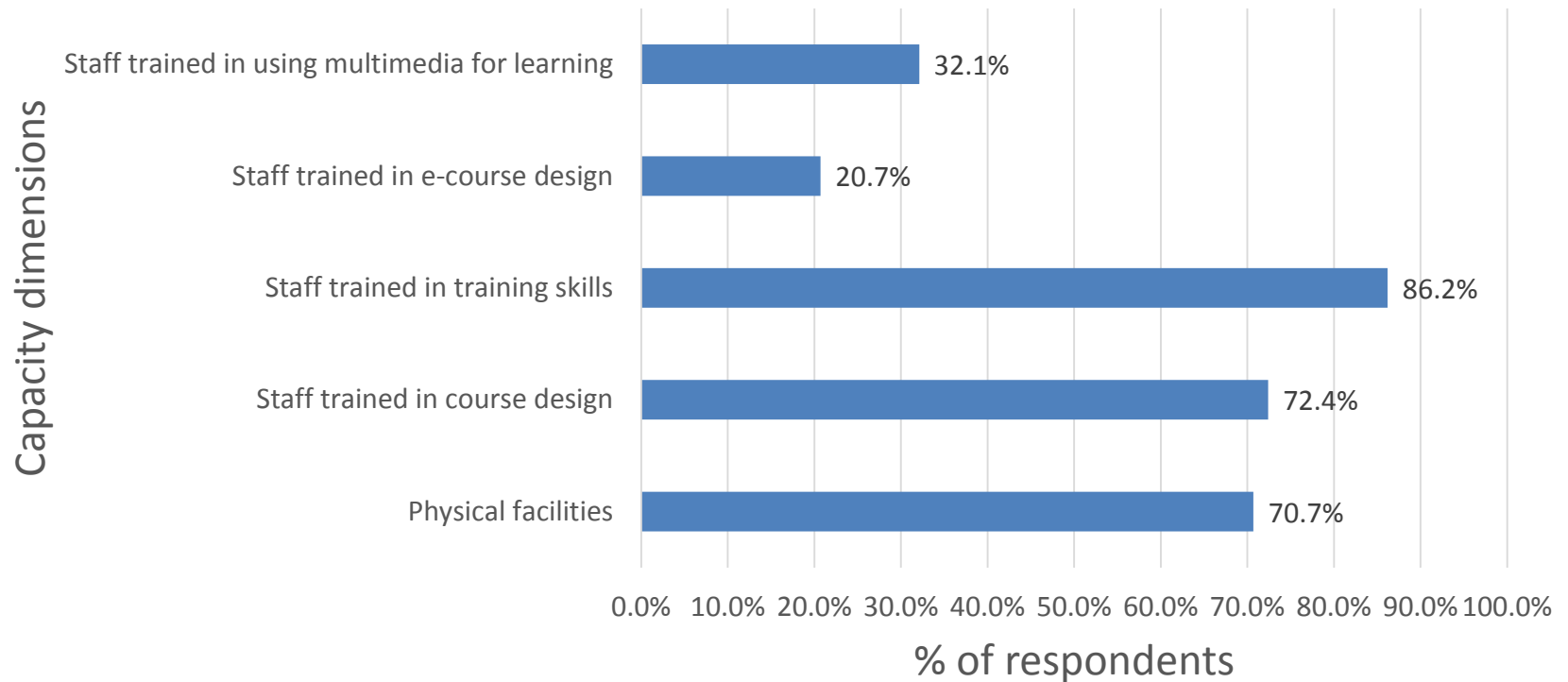
Needs Assessment, Monitoring and Evaluation



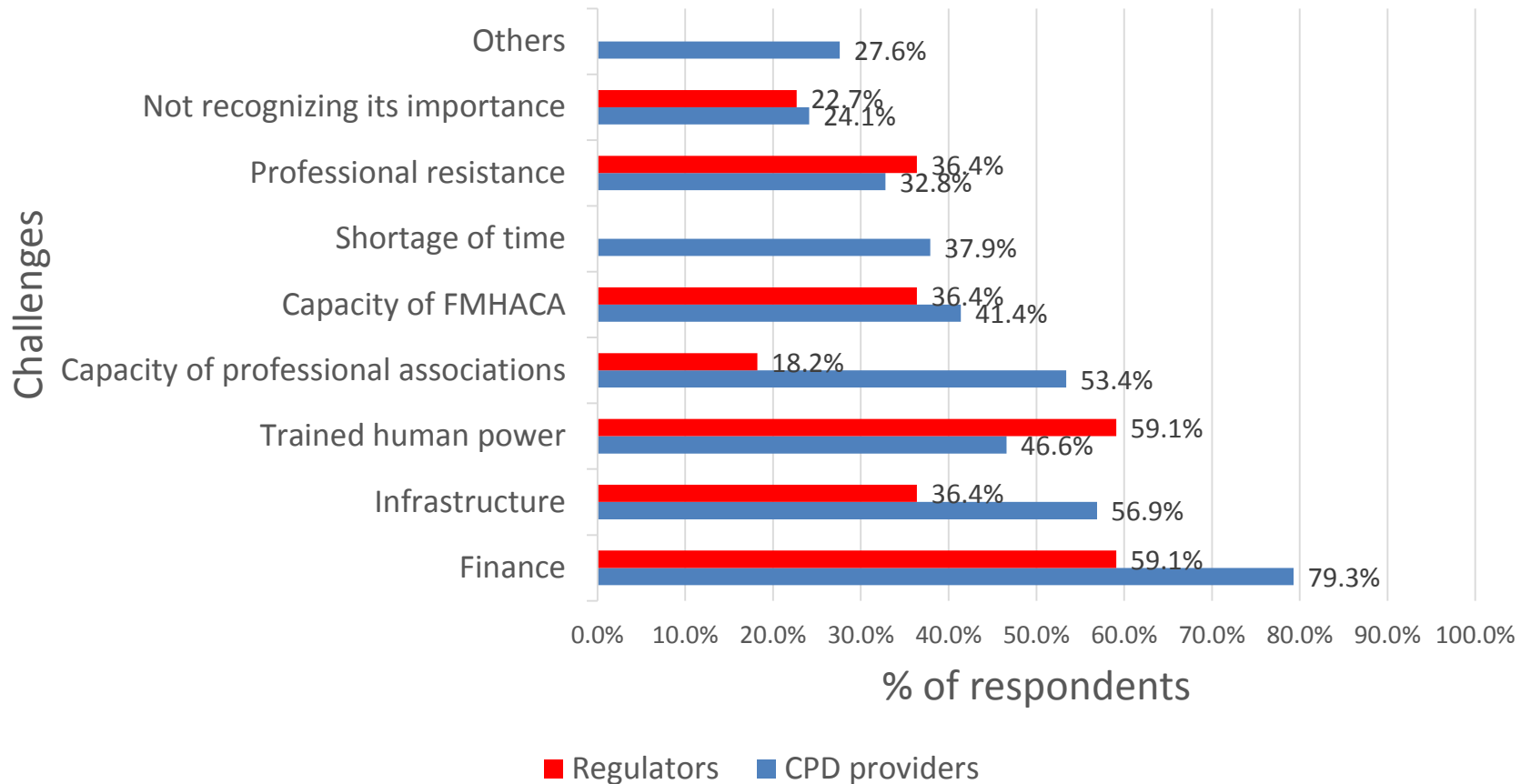
How is CPD financed?



Human and Infrastructural Capacity



Challenges: CPD Providers and Regulators

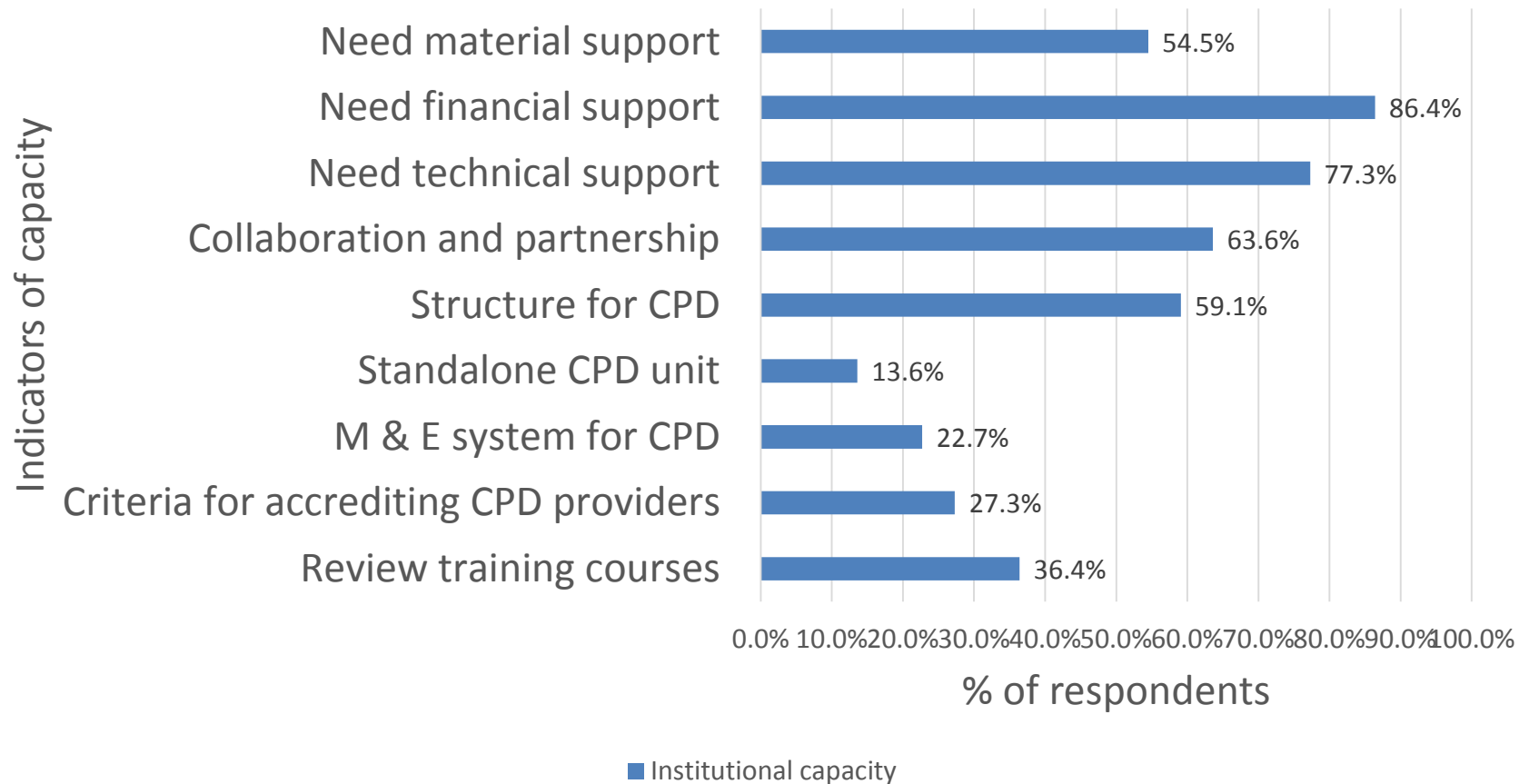


MOH and FMHACA: federal and regional

MINISTRY OF HEALTH AND FOOD, MEDICINE, HEALTHCARE REGULATORY AGENCY



Regulatory Capacity: MOH and FMHACA



Conclusions and Recommendations

- The level of CPD participation among health professionals is low.
- Key actors recommend linking CPD to re-certification and career promotion.
- Consensus building discussions are needed to negotiate different perspectives.
- Local capacity to provide and manage CPD needs to develop.
- Sustainable financing mechanisms should be devised.