



# Continuing Professional Development for Nurses and Midwives

## A Toolkit for Developing a National CPD Framework July 2013

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East, Central, and Southern Africa College of Nursing



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## **ARC CPD Toolkit Version 1**

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## Purpose

The United States Centers for Disease Control and Prevention (CDC) under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Emory University's Lillian Carter Center for Global Health and Social Responsibility, the East, Central and Southern Africa Health Community (ECSA-HC), the Commonwealth Secretariat, and the Commonwealth Nurses Federation established an initiative titled *The African Health Professions Regulatory Collaborative (ARC)* for nurses and midwives. ARC is an innovative south-to-south partnership to engage and build on the capacity of Africa's health professional regulatory leadership for nursing and midwifery. The goal of this collaborative is to improve health professional standards and practice in the region using local solutions and peer-based learning.

The ARC initiative aims to improve HIV and other health outcomes by strengthening nursing and midwifery practice and education regulation, such as registration, licensure, scopes of practice, and continuing professional development. The rationale for the ARC initiative is that there is a proven correlation between the number of providers and health outcomes. The disease burden in sub-Saharan Africa is disproportionate to the available health workforce; global initiatives have invested in service delivery without comparable investments in the health workforce; and nurses and midwives are the largest workforce in Africa's health system.

The objectives of ARC are the following:

- Sustain the scale-up of HIV services through strengthened nursing and midwifery regulatory frameworks
- Align accreditation, licensing, continuing education, scopes of practice among other key regulatory functions with global guidelines and regional standards
- Review legislation and regulation to strengthen the alignment of policy and practice for nurses & midwives
- Strengthen the capacity and collaboration of national organizations to perform key regulatory functions and mobilize resources
- Foster a sustained regional network of nursing and midwifery regulatory leaders to facilitate the exchange of best practices

Several countries in the East, Central, and Southern Africa (ECSA) region identified strengthening continuing professional development (CPD) as a national priority to improve nursing and midwifery regulation and practice. In response, ARC, in collaboration with the Commonwealth Nurses Federation (CNF), and the nursing regulation leadership from countries participating in ARC, developed the CPD Toolkit to support nursing and midwifery leaders working to develop national CPD frameworks and programs in their countries.

This toolkit provides step-by-step guidance in developing, implementing, and evaluating a national CPD framework for nurses and midwives. An explanation of each step is provided, based on the available literature on CPD. Examples of each step are also provided, taken from national CPD frameworks of countries around the world. The examples are included to show how other countries have designed that step. You might choose to adapt language from the examples, or the examples might serve to highlight what you do or do not want in your CPD framework.

## Acknowledgements

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## I. BACKGROUND

The last decade has included significant emphasis on human resources for health<sup>1</sup> as an important strategy to meet the Millennium Development Goals (MDGs) agreed in 2000 by 191 member states of the United Nations.<sup>2</sup> The World Health Organisation (WHO) recognises the vital role that competent nurses and midwives play in the delivery of health and illness services.<sup>3</sup> The member states of the WHO have reiterated the need for strengthening nursing and midwifery for several decades in the form of World Health Assembly (WHA) resolutions. The most recent WHA resolution calls upon member states (governments) to address the critical shortages of nurses and midwives by including nurses and midwives “in the development and planning of human resource programs which support incentives for recruitment, retention, and strategies for improving workforce issues ...”<sup>4</sup> An essential and often overlooked component of these programs for nurses and midwives is ongoing professional development throughout the nurse’s and midwife’s career in order to develop, maintain, and expand their competence, which leads to improved quality of nursing and midwifery services and better health for all.

Lifelong learning is a hallmark of committed and competent health professionals. It is not sufficient to have successfully completed a pre-service education program and then think you have nothing more to learn.<sup>5</sup> The knowledge and evidence-base nurses and midwives need to perform clinical practice and other roles (e.g., educator, researcher, administrator, manager, policy development specialist, or working with the professional association or union) are constantly advancing, more rapidly today than ever before, and becoming more complex. New and emerging diseases, global transmission of viruses, new drugs or medications to treat illnesses, next generation vaccines, and new technologies all contribute to the need for new learning throughout a professional career. Ongoing learning, both formal and informal, is required to maintain clinical competence and acquire new knowledge and skills for expanded health professional roles.<sup>6</sup>

Maintaining clinical competence is a legal and ethical mandate, and one of the shared ethical mandates for health professionals is a commitment to competence. No matter which role in nursing and midwifery is chosen, becoming and remaining competent in that role requires ongoing, lifelong learning as new knowledge, understanding, and experience require new ways of doing things. Nurses and midwives have an obligation to the community, their employers, and the government, who offer legal recognition and remuneration for their services, to maintain competency.

The international trend in nursing and midwifery is to require participation in CPD activities through regulation or professional association standards of practice or codes of conduct. Many countries have no organised system for CPD,

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<sup>1</sup> World Health Report (WHR). 2005. *Make every mother and child count*. Geneva: WHO. Available from: <http://www.who.int/whr/2005/en/index.html>; World Health Report (WHR). 2006. *Working together for health*. Geneva: WHO. Available from: <http://www.who.int/whr/2006/en/> (accessed 1 January 2013)

<sup>2</sup> United Nations. 2000. *Millennium declaration and millennium development goals*. Available from: <http://www.un.org/millenniumgoals/> (accessed 1 January 2013)

<sup>3</sup> Thompson, J. 2002. The WHO Global Advisory Group on Nursing and Midwifery. *Journal of Nursing Scholarship*, 34:2 pp.111-113 (2<sup>nd</sup> Quarter)

<sup>4</sup> World Health Assembly. 2011. *Resolution on strengthening nursing and midwifery (64/7)*. Geneva: WHO. Available from: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA64/A64\\_R7-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R7-en.pdf) (accessed 1 January 2013)

<sup>5</sup> Lamnyam, C. 2009. Achieving a sustainable nursing and midwifery workforce for the future. *The Commonwealth Nurse* No.41:8-9. Available from: <http://www.commonwealthnurses.org/documents/TheCommonwealthNurseNumber41.pdf> (accessed 1 January 2013)

<sup>6</sup> Nursing and Midwifery Council (NMC UK). 2008. *Guidance for continuing professional development for nurse and midwife prescribers*. Available from <http://www.nmc-uk.org/Documents/Guidance/NMC-Guidance-for-CPD-for-nurse-and-midwife-prescribers.pdf> (accessed 1 January 2013)

while others have many years of experience. One outcome of the 2011 African Health Professions Regulatory Collaborative (ARC) meeting in Nairobi, Kenya, in February, 2011 was a request for guidelines for implementing national CPD programs in the ECSA region, including legislative requirements. This document, developed as a response, is designed specifically for nurses and midwives. Because nursing regulatory authorities may have responsibilities for other personnel, the document can serve as a guide when developing national CPD programs for other health personnel.

## 2. DESIGNING A NATIONAL CPD FRAMEWORK

So just how can a nurse or midwife maintain competence and acquire new knowledge in their professional roles over time? One answer is participation in continuing professional development (CPD) activities. The credibility of a profession is based on the willingness of each professional to embrace new skills, knowledge, and experience. CPD is the process that professionals engage in to maintain and update professional competency throughout their careers. CPD is a personal commitment to keeping professional knowledge up to date.

The common authority for establishing CPD requirements is a legal mandate (incorporating the requirement in a Nursing and Midwifery Act), of which the implementing authority is the regulatory body. CPD requirements are often enforced by linking completion of a certain type or number of CPD activities or hours of learning to the renewal of an individual's license to practice. The type of CPD activities and number of hours spent vary across countries. The regulatory body does not necessarily provide the CPD activities itself. It often relies on educational institutions, service facilities (such as hospitals), professional associations, or, in some cases, privately run providers of continuing education to offer the CPD activities. In countries where there is no legal requirement to demonstrate continuing competence to renew a license to practice, professional associations may take on the role of requiring and providing CPD activities for their members. Every nurse and midwife should know the specific requirements for registration and licensure in their country and whether these requirements include CPD activities for maintenance or renewal of a license to practice.

A national CPD program has benefits for individual professionals, for regulatory bodies, for governments, and most importantly, for the public. This section explains some steps countries can follow in designing a program, and gives some examples of national CPD frameworks that have been developed to assist countries wishing to do the same. The steps are a suggested guide only. Some countries may find it useful to follow each step in the process. Other countries may require only a few steps as they develop their national programs. The steps try to follow a logical process and cover all areas that need to be considered when developing a national CPD framework. There are many other resources available through the internet or through networking with colleagues in other countries.

Providing high quality nursing and midwifery care is the objective of each nurse and midwife. Involvement in CPD activities helps nurses and midwives achieve that goal.

The African Regulatory Collaborative hopes that this toolkit will be of assistance to countries wishing to establish a national CPD framework and wishes them well during that process.



## Step 1: INTRODUCTION

### ***Conducting a needs assessment - Is it really necessary? How do I go about it?***

Many countries choose to begin the process of developing a national CPD framework, or evaluating an existing CPD framework, by conducting a needs assessment. A “need” refers to the gap between what is and what could or should be within a specific context. A needs assessment is a planning tool which allows you to prioritise, target your interventions or actions, and make best use of your resources. It is a systematic process for determining and addressing “needs” or “gaps” between what currently exists, and what are desired “wants” for the future. Conducting a formal needs assessment is not an essential first step in developing a national CPD framework, but it may provide you with useful information about what CPD currently exists; what CPD nurses and midwives may already be accessing; what CPD they might like to be able to access; and what some of the barriers are in accessing CPD that you may be able to overcome. Needs assessments can provide baseline information that can be used to monitor or evaluate your national CPD program. A needs assessment also serves to inform nurses and midwives and existing providers of CPD about your objectives in developing a national CPD program and engage them in the process. The data from a needs assessment can support applications for funding for specific CPD activities.

Roger Kaufman was the first to develop a model for determining **needs**, defined as the gap between what currently exists and what should exist. Kaufman argued that the need must be identified first, before an appropriate solution is selected to close the gap. A good needs assessment determines the current situation, articulates the desired result, and then identifies a solution to close the gap between what is and what should be.<sup>7</sup>

Needs assessments can be normative or prescriptive or include elements of both. **Normative** assessments seek responses which determine past or current demand. **Prescriptive** assessments seek responses which determine future or ideal demand.

A needs assessment seeks answers to the following questions:

- What is the need?
- What is required to meet the need?
- What is already available to help meet the need?

By clearly identifying the problem, finite resources can be directed toward developing and implementing a feasible solution. Gathering appropriate and sufficient data informs the process of developing an effective response to meet needs and wants. It is important to remember however that nurses and midwives may not necessarily recognise a need. For example, they may not recognise that they need continuing professional development in the area of communication or infection control. Needs may be confused with wants, and wants may not be relevant to the need in the workplace. Also, if providers of CPD are included in the needs assessment, this may skew the results, as providers may have a vested interest in promoting their particular area of expertise. A needs assessment is also unlikely to identify new or emerging areas of learning or treatments or technology or changing scopes of practice. So while your needs assessment may provide you with important and interesting information, it will not provide you with all the information. A needs assessment is just one tool you can use in the process of developing your national CPD framework.

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<sup>7</sup> Kaufman R, Rojas A and Mayer H 1993 *Needs Assessment: A User's Guide* Englewood Cliffs New Jersey: Educational Technology Publications Inc

The important things to remember about needs assessments are that they are time limited; they need to be targeted to the specific audience; they need to take account of the variety of roles that nurses and midwives have; they need to be clearly written and relatively easy to respond to; and they need to be updated on a regular basis.

If you decide to conduct a needs assessment, how do you go about it, and what are some of the issues you need to consider? It is important to remember that there is not one method, but a range of methods you might consider using, such as observation, literature reviews, examining existing data and reports, surveys, interviews, and focus groups. Survey Monkey is a relatively easy to use online survey tool that can be tailored to a specific audience and content (<http://www.surveymonkey.biz>).

### **Twelve-Step Needs Assessment**

- 1) Be really clear about what you think is the issue and what you want to achieve. Write down your goal and objectives and clarify them with others to make sure they are clear, objective, realistic, measurable, and achievable.
- 2) Define your target group or groups. Are there subsections within your target group? For example, a target group of “nurses” may include registered nurses and enrolled nurses. List all subsections to make sure they are included. Work out who is the audience for the report of your results and whom you need to target to implement any recommendations, as you will need to make sure the information you gather is relevant to them. Take the time at this step to do a stakeholder analysis (identify who is important, who is influential, and who is interested); a force field analysis (who is for you and who is likely to be against you); or a SWOT analysis (identify your strengths, weaknesses, opportunities, and threats). The strategies you adopt to engage stakeholders who are for you will be different to those you adopt for stakeholders who are likely to be against you. Likewise, strategies you adopt for stakeholders who are influential but not interested will be different to those you adopt for stakeholders who are interested but not influential to achieving your outcome.
- 3) Establish your project team or committee, making sure your team includes a representative of each major stakeholder. Be inclusive, not exclusive. Make sure your team understands what you are trying to achieve and that all team members have the same understanding.
- 4) Establish your goals and objectives with your team. Make sure your goals and objectives are feasible, achievable, and measurable.
- 5) Conduct an information or literature search. Who else in your area has conducted a needs assessment? How did they do it? What did they find? Are there any published reports nationally or internationally with the same or similar target groups?
- 6) Select your data collection method for your project, which could include conducting a survey, conducting interviews, or holding focus groups. The questions you ask in your survey, interview, or focus group are critically important in determining whether you obtain the information you require. Important considerations for developing your questions are provided at the end of this step and an example survey form can be found at Appendix C.

Formal permission to collect and share such information may be necessary. Consult your organization’s institutional review board (IRB) or policies pertaining to research and human subjects’ protection. Steps 6-12 and

Appendix C are provided with the assumption that any and all required prior approvals for these activities have been granted.

- 7) Once you have decided on your data collection method, determine your sample of the target population. Are you sampling the whole population or a representative sample? Is your sample truly representative (random sample or convenience sample)? Is your sample a manageable size for data input and analysis for your available resources?
- 8) Pilot your data collection instrument. Test your questions on a small sample of your target group to make sure your questions are easily understood; they take a reasonable time to answer; the questions are interpreted the same way by those answering them; and the information collected is what you need.
- 9) Establish a time frame and collect your data.
- 10) Input the data using a program that allows you to analyse and interpret the results and compare and contrast your results with similar studies.
- 11) Generate a report and recommendations, remembering your audience and the stakeholders you will be relying on to implement your recommendations. Make sure your report is clear and concise and that it honestly reports your findings. Use tables and graphs to illustrate your findings.
- 12) Once your report and recommendations have been finalised, disseminate and act on the results. How and to whom you disseminate the results should have already been determined during your initial planning. Who you disseminate the results to should have been determined by your stakeholder or force field analysis. How you are going to act on the recommendations should also have been determined during the initial planning.

Key considerations for developing survey, interview, or focus group questions:

- What questions should you ask?
- Why should you ask the question?
- Whom should you ask the questions of?
- How should you ask the questions?
- Is the information absolutely essential and relevant?
- How long will it take to answer the question?
- Will it be easy to extract the data from the answer?
- Have you examined the question to eliminate bias?
- Have you explained why you are asking the question?
- Have you ensured and assured confidentiality?
- Have you met the human rights requirement for privacy of identifying information?
- Have you added a statement regarding consent?
- Have you obtained or do you need ethical clearance?
- Are there any legal considerations?
- Have you considered resource and cost implications?
- Have you considered distribution and collection?
- What resources are available to input and analyse data?
- Who will interpret unclear data?
- Have you considered inter-rater reliability in data input?
- Have you decided who owns the data collected?

- Have you arranged safe storage of the data?
- Have you considered safe disposal of the participants' answers to your questions?
- Who will write the report?
- How will the report be disseminated?
- What is the process for acting on recommendations?

Questions on CPD should differentiate between needs and wants (I need this training versus I want this training). They should also allow for conscious needs versus unconscious needs, for instance, someone may know they need training on neonatal resuscitation, but not realise they need training on infection control). Your questions should also capture present versus future (what do you access now versus what would you like to be able to access in the future). A sample survey form can be found in Appendix C.

## Step 2: PREAMBLE

### ***What is your mandate for introducing CPD?***

Many countries begin their CPD framework document with a brief statement outlining the mandate of the regulatory body to introduce a requirement for nurses and midwives to undertake a minimum amount of CPD to maintain their practising licenses.

Most nurses will have been involved in CPD activities on their own initiative for many years. They may wonder why the regulatory body is now imposing this requirement on them. The requirement may be based on a change to legislation which introduces a mandatory legal obligation on nurses and midwives. It may be the result of a new policy from the Ministry of Health which requires nurses and midwives, along with other health workers, to be actively involved in CPD activities. It may be the result of the regulatory body considering that imposing a minimum amount of CPD allows them to better fulfill their obligation to protect the public in an ethical, legal, and professional manner. It may be the initiative of a professional nursing or midwifery body in the absence of a regulatory requirement to be involved in CPD.

An introduction to CPD helps set the tone of the CPD document and can provide a justification for a national CPD framework and convince people, especially nurses and midwives, that CPD is a necessary and positive thing.

The introduction might also explain who the new CPD requirement applies to: all nurses and midwives whatever their role (clinical, administrative, teaching, research, policy, professional association, union) or whatever their cadre (registered nurse, midwife, nursing aide, nursing assistant, nursing registrar, chief nursing officer, etc.)

### **EXAMPLES OF PREAMBLES**

Below are some examples of introductory statements that have been used in national CPD frameworks from other countries. The examples are included to illustrate how other countries have designed their introduction. They are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

#### **Malawi**

CPD applies to all nurses and midwives wherever they work - in hospitals, clinics, health centres, training schools, universities, nursing and midwifery organisations, commercial companies, charities, orphanages, schools, NGOs – everywhere (NMCM 2010).<sup>8</sup>

#### **New Zealand**

The Council and the public have an expectation that all nurses will continue to learn and maintain their competence. You are responsible for seeking opportunities to learn and maintain your competence (NCNZ 2011).<sup>9</sup>

#### **Australia**

As registered health practitioners, nurses and midwives have a professional obligation to maintain their competence and to aim for continuous improvement in the standard of service they provide (NSWNA 2010).<sup>10</sup>

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<sup>8</sup> Nurses and Midwives Council Malawi. 2010. *What does CPD mean?* Available from: <http://www.nmcm.org.mw/cpd.html> (accessed 1 January 2013)

<sup>9</sup> Nursing Council of New Zealand (Te Kaunihera Tapuhi o Aotearoa). 2011. *Continuing competence requirements*. Available from: <http://www.nursingcouncil.org.nz/index.cfm/1,187,html/Continuing-Competence> (accessed 1 January 2013)

## United Kingdom

Post-registration education and practice (PREP) is a set of Nursing and Midwifery Council (NMC) standards and guidance which is designed to help you provide a high standard of practice and care. PREP helps you to keep up to date with new developments in practice and encourages you to think and reflect for yourself. It also enables you to demonstrate to the people in your care, your colleagues, and yourself that you are keeping up to date and developing your practice. PREP provides an excellent framework for your continuing professional development (CPD) which, although not a guarantee of competence, is a key component of clinical governance (NMC-UK 2008 p.2).<sup>11</sup>

## South Africa

Ethical practice of health professionals requires consistent and ongoing commitment to lifelong learning to update and develop the knowledge, skills, and ethical attitudes that underpin practice. This perspective protects the public interest and promotes the health of all members of society. ... Guided by the principle of beneficence, health professionals aspire to standards of excellence in health care provision and delivery. ... The CPD system is based on trust.<sup>12</sup> ... The purpose of CPD is to assist health professionals to maintain and acquire new and updated levels of knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice and to enhance and promote professional integrity. The beneficiary will ultimately be the patient or client.<sup>13</sup> ... CPD is an international trend crucial and necessary to ensure that health care professionals remain current and competent at all times. Certification of qualification undertaken as a health care professional does not guarantee that the proficiency of an individual will be maintained for the rest of their professional life (HPCSA 2011).<sup>14</sup>

## Swaziland

The Swaziland Nursing Council as the regulatory body for nurses recognises the importance of a national Continuing Professional Development (CPD) program that assures the public that nurses are continually improving their skills, knowledge, and competencies in order to provide a quality health service. ... The underlying value of CPD in nursing is to promote and maintain professionalism. The beneficiary will ultimately be the individual, the profession, the patient, and the community.<sup>15</sup>

## Lesotho

Nursing is a profession committed to providing quality care to patients, clients, and communities. The Lesotho Nursing Council (LNC), having the responsibility for regulating nurses, midwives and nursing assistants' education and practice, and for protecting the public from harm as a result of incompetent care, recognises the importance of continuous learning and maintenance of competence by all nurses, midwives and nursing assistants who are recognised by the LNC.<sup>16</sup>

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<sup>10</sup> New South Wales Nurses Association. 2010. *Continuing Professional Development – frequently asked questions*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>11</sup> Nursing and Midwifery Council United Kingdom. 2008. *The PREP Handbook*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>12</sup> Health Professions Council of South Africa. 2011. *Continuing Professional Development Guidelines for Health Care Professionals*. Available from: [http://www.hpcsa.co.za/downloads/cpd/activities\\_2011/guidelines\\_2011.pdf](http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf) p.4 (accessed 1 January 2013)

<sup>13</sup> *ibid* p.5

<sup>14</sup> Health Professions Council of South Africa. 2011. *Guidelines for Continuing Professional Development*. Available from: <http://www.hpcsa.co.za/downloads/newsletters/cpd.pdf> p.2 (accessed 1 January 2013)

<sup>15</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Introduction). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>16</sup> A Continuing Professional Development Framework for Lesotho (Zero Draft - Introduction). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## Step 3: DEFINITION

### *What is Continuing Professional Development?*

Many definitions can be found in the literature and on the World Wide Web (www) defining what constitutes CPD and CPD activities. Each country needs to decide which definitions suit their purpose best. Having a definition of CPD in your framework makes it clear to nurses, midwives, and others what it is you mean when you talk about CPD.

Several definitions related to CPD are used throughout this document by particular countries, and you might need to consider whether these terms also need to be defined in your framework. There are other terms that are encountered in the literature and across countries which reflect the same process of ongoing professional learning that leads to continuing competence in one's professional role. Some of these terms may be used interchangeably in this toolkit especially by other countries. These terms include:

- Continuing education
- Continuing education units
- Continuing professional education
- Continuing medical education
- Short courses
- Staff development
- In-service training
- Lifelong learning

**CPD activities** are planned and organised learning experiences which aim to maintain a competent, up-to-date nursing and midwifery workforce and enhance the status of the professions. CPD activities are sometimes referred to as **CPD offerings**. CPD activities or offerings may include a broad range of learning experiences, from self-directed learning activities to professional writing or speaking to formal education and training programs. Many examples of CPD activities are provided in Step 8: Scope. Some countries mandate that nurses and midwives undertake a set number of hours of CPD each year (or every two years or three years). Other countries allocate CPD points or units to particular CPD activities or offerings and mandate that nurses and midwives accumulate a set number of CPD points or units each year (or every two years or three years). The allocation of CPD points or units is discussed in more detail in Step 7: Requirements for CPD.

**CPD providers** are those groups or agencies that provide CPD activities or offerings. Providers may be accredited (or authorised or approved or endorsed) or they may not. **CPD accredited or approved providers** have gone through an approval process generally provided by a regulatory agency or professional organisation and have successfully met all the requirements to be recognised as an accredited provider of CPD activities or offerings. Some countries use the term "approved CPD provider" or "endorsed" or "authorised" rather than accredited.

## EXAMPLES OF DEFINITIONS

Below are some examples of definitions that have been used in national CPD frameworks from other countries. The examples are included to illustrate what definitions other countries have used. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

## **Australia**

CPD is the means by which members of a profession maintain, improve, and broaden their knowledge and skills and develop the personal qualities required in their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities, and reflecting on the value of those activities (ANMC 2009).<sup>17</sup>

CPD is the purposeful maintenance and improvement of a professional's knowledge and skills to remain competent in their chosen profession for the benefit of themselves, their patients or clients, and the wider profession. CPD is recognised as a commitment to being professional, keeping up to date, and continuously seeking to improve (NSWNA 2010).<sup>18</sup>

## **Lesotho**

CPD assists nurses, midwives, and nursing assistants to continue to learn and develop. It is a deliberate process where nurses, midwives, and nursing assistants identify gaps in knowledge and skills and engage in activities that are geared toward improving skills and competencies to enhance the quality of nursing and health care services provided. The beneficiary is ultimately the individual nurse, midwife, nursing assistant, nursing student; the nursing profession; and the patient, client, and the community.<sup>19</sup>

## **Swaziland**

CPD is a purposeful process by which members of a profession are committed to maintain, improve, and broaden their knowledge, skills, and competence throughout their careers to ensure they retain their capacity to practice safely, effectively, competently, and legally within their evolving scope of practice.<sup>20</sup>

## **United Kingdom**

CPD is "a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively, and legally within their evolving scope of practice". Put simply, CPD is the way health professionals continue to learn and develop throughout their careers so they keep their skills and knowledge up to date and are able to work safely, legally, and effectively (HPC-UK 2011).<sup>21</sup>

## **Ireland**

CPD encompasses experiences, activities, and processes that contribute toward the development of a nurse or midwife as a health care professional. This means it is a lifelong process of learning, both structured and informal. ... It consists of planned learning experiences that are designed to augment the knowledge, skills, and attitudes of a registered

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<sup>17</sup> Australian Nursing and Midwifery Council. 2009. *Continuing competence framework for nursing and midwives* Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>18</sup> New South Wales Nurses Association. 2010. *Continuing Professional Development – frequently asked questions*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>19</sup> A Continuing Professional Development Framework for Lesotho (Zero Draft - Definition). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>20</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Definition). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>21</sup> Health Professions Council (United Kingdom). 2011. *Your guide to our standards for continuing professional development*. Available from: <http://www.hpc-uk.org/assets/documents/10003B70Yourguidetoourstandardsforcontinuingprofessionaldevelopment.pdf> p.1 (accessed 1 January 2013)



nurse or registered midwife, for the enhancement of nursing or midwifery practice, patient/client care, education, administration, and research (INB 2000).<sup>22</sup>

### **Malawi**

CPD is the process through which professional people update and improve their knowledge and skills to assist them in their working lives. ... CPD is "continuing" because learning never stops. CPD is "professional" because it is about maintaining the specialised knowledge and skills that nurses and midwives need in order to carry out their work. CPD is about "development" because it is about moving toward something better so it will help raise the standard of care and health care education across the country (NMCM 2010).<sup>23</sup>

### **Tanzania**

Continuing professional development (CPD) is any form of purposeful education that takes place after completion of basic training that aims at improving performance through updating knowledge, skills, and attitudes so that nurses and midwives retain their capacity to practise safely, effectively, competently, and legally within their evolving scope of practice. Continuing professional development involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities, and reflecting on the value of those activities.<sup>24</sup>

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<sup>22</sup> Irish Nursing Board (An Bord Altranais). 2000. *Scope of nursing and midwifery practice framework p.8*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>23</sup> Nurses and Midwives Council Malawi. 2010. *What does CPD mean?* Available from: <http://www.nmcm.org.mw/cpd.html> (accessed 1 January 2013)

<sup>24</sup> Tanzania National Continuing Professional Development Framework for Nurses and Midwives (Draft 1 - Definition). 2012. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## Step 4: RATIONALE

### ***Why is CPD important to nurses and midwives? Why have a national CPD framework?***

CPD programs are designed to promote ongoing safe, ethical, and competent practice for nurses and to ensure that nurses have opportunities for professional growth throughout their careers. This in turn contributes to protection of the public. The rationale presents the arguments for introducing a national CPD program to convince nurses, midwives, and others (including employers and governments) that involvement in CPD is an essential activity. As noted in the Introduction, the world community and individual governments recognise the vital role that nurses and midwives play in keeping people healthy and caring for those who are ill or dying. However, the demands on nursing and midwifery services are rapidly becoming more complex. New and emerging diseases, global transmission of viruses, new drugs or medications to treat illnesses, next generation vaccines, and new technologies all contribute to the need for new learning throughout a career. Below are some of the arguments presented in other countries' national CPD programs.

### **EXAMPLES OF RATIONALES**

Below are some examples of rationales that have been used in national CPD frameworks from other countries. The examples are included to illustrate what rationales other countries have used. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

#### **Australia**

CPD is intended to encourage the development of professionals so that they reflect on their practice and its quality, are able to adopt and assess new approaches to their practice and develop better ways of working as a result. ... CPD is a critical mechanism in ensuring that all members of the health professions are able to deliver high quality care and services and keep pace with health care developments that affect their practice. ... The knowledge needed to function effectively as a health professional continues to expand and change while consumer demand and expectations continue to increase. ... Therefore, as registered health practitioners, nurses and midwives have a professional obligation to maintain their competence and to aim for continuous improvement in the standard of service they provide (NSWNA 2010).<sup>25</sup>

#### **Swaziland**

Nurses have a professional obligation to maintain their competence and to aim for continuous improvement in the standard of service they provide. CPD is a critical mechanism to ensure that nurses have opportunities to pursue and achieve professional growth throughout their careers.<sup>26</sup>

#### **New Zealand**

It is the professional responsibility of all practising nurses to maintain their competence to practise. The role of the Nursing Council is to protect the health and safety of the public by setting standards and ensuring nurses are competent to practise under the Health Practitioners Competence Assurance Act 2003.<sup>27</sup>

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<sup>25</sup> New South Wales Nurses Association. 2010. *Continuing Professional Development - frequently asked questions*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>26</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Rationale). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>27</sup> Nursing Council of New Zealand (Te Kaunihera Tapuhi o Aotearoa). 2011. *Continuing competence requirements*. Available from: <http://www.nursingcouncil.org.nz/index.cfm/1,187,0,0,html/Continuing-Competence> (accessed 1 January 2013)

## **Lesotho**

The knowledge, information, and skills acquired as students become obsolete with time. It is therefore the responsibility of nurses, midwives, and nursing assistants to keep up to date with their knowledge, skills and competencies in order to provide high quality care to patients, clients, and the community; respond to increasing technological advances; the ever-changing and ever-increasing health needs of patients, clients, and the community; emerging diseases; and health sector reforms as well as the many other challenges facing nursing education and practice. ... Participation in CPD is a means to achieve quality assurance standards and meet the expectations of patients, clients, and the community, who are becoming more knowledgeable, have higher expectations, and are aware of their rights to services and the way those services are provided.<sup>28</sup>

## **South Africa**

CPD plays a vital role in helping health care practitioners to acquire new and updated levels of knowledge, skills, and ethical attitudes that will not only add measurable benefit to professional practice but also enhance and promote professional integrity to the ultimate benefit of the patient or client. ... The knowledge, information, and skills acquired by health care professionals as students and or interns become obsolete at some point in time. The acquisition of new knowledge and skills for any field is advancing constantly. In order to protect the public by ensuring the promotion of the health of society, health care professionals are required to commit themselves to lifelong learning and to keep abreast by improving their knowledge, skills, and ethical attitudes (HPCSA 2011).<sup>29</sup>

## **Tanzania**

The purpose of CPD is to improve the performance of nurses and midwives in providing safe, ethical, and competent care and meet the expectations of the community for high quality health care services. CPD provides an opportunity for nurses and midwives to identify their learning needs, promote lifelong learning, and pursue and achieve professional growth and career progression and promotion. This contributes to meeting society's dynamic health needs, public safety, and ethical and competent practice in line with related policies. ... Nurses and midwives have an obligation to attend CPD to maintain professional competence and aim for continuous improvement in the standard of care they provide. It is the obligation of employers to provide, facilitate, sustain, and support the provision of CPD for nurses and midwives at all levels in both public and private institutions and health care settings and the responsibility of government to ensure the legislative and regulatory foundation framework.<sup>30</sup>

## **Ireland**

It is essential for each nurse and midwife to engage in continuing professional development following registration in order to acquire the new knowledge and competence which will enable him/her to practice effectively in an ever-changing health care environment. Continuing professional development is required in order to maintain and enhance professional standards and to provide the highest quality of health care; it should also contribute to the nurses' and midwives' personal development.<sup>31</sup>

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<sup>28</sup> A Continuing Professional Development Framework for Lesotho (Zero Draft - Rationale). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>29</sup> Health Professions Council of South Africa. 2011. *Guidelines for Continuing Professional Development*. Available from: <http://www.hpcsa.co.za/downloads/newsletters/cpd.pdf> p.2 and 3 (accessed 1 January 2013)

<sup>30</sup> Tanzania National Continuing Professional Development Framework for Nurses and Midwives (Draft 1 - Purpose). 2012. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>31</sup> Irish Nursing Board (An Bord Altranais). 2000. *Scope of nursing and midwifery practice framework p.8*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## Step 5: PRINCIPLES

### ***What are the principles or values on which to base CPD?***

What are the principles on which your CPD program will be based? There should be equity in access for all nurses, midwives, and others regardless of where they work, in urban, rural, or remote settings. The cost of accessing CPD activities should also be taken into consideration. CPD activities should be based on the principles of adult learning and individual responsibility. CPD should be a continuous process based on the principle of lifelong learning, and take into account different learning styles, remembering that the fundamental purpose of CPD is to maintain, improve, and broaden knowledge skills and competence. CPD activities should be based on a rigorous analysis of an individual's professional learning needs and the development of a personal learning plan.

### **EXAMPLES OF PRINCIPLES**

Below are some examples of principles that have been used in national CPD frameworks from other countries. The examples are included to illustrate what principles other countries have used. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

#### **Australia**

CPD is self-directed; includes a wide range of formal and informal learning activities; is based on learning needs identified by the individual; builds on an individual's existing knowledge and experience; links an individual's learning to their practice; and includes an evaluation of the individual's development (NSWNA 2010).<sup>32</sup>

CPD requires professionals to have identified and prioritised their learning needs based on an evaluation of their practice against relevant competency or professional practice standards; developed a learning plan based on identified learning needs; participated in effective learning activities relevant to their learning needs; and reflected on the value of the learning activities or the effect that participation will have on their practice (NMBA 2010).<sup>33</sup>

#### **Lesotho**

CPD is based on the core values of affordability, accessibility, quality, evidence based, sustainability, equity, transparency ethics, collaboration, accountability, and respect for human rights. ... CPD is based on trust that the nurse, midwife, or nurse assistant will appreciate the need for, and actively participate in, learning opportunities in order to maintain safe and competent practice and provide high quality care to patients, clients, and the community.<sup>34</sup>

#### **Swaziland**

CPD is based on learning needs, identified by the individual and their employer; applies to all clinical and non-clinical roles related to the delivery of nursing and health care services; and actively seeks to improve a nurse's skills, knowledge, and performance.<sup>35</sup>

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<sup>32</sup> New South Wales Nurses Association. 2010. *Continuing Professional Development - frequently asked questions*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>33</sup> Nursing and Midwifery Board of Australia. 2010. *Continuing professional development registration standard*. Available from: <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx> (accessed 1 January 2013)

<sup>34</sup> A Continuing Professional Development Framework for Lesotho (Zero Draft - Principles). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>35</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Rationale). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## United Kingdom

Our flexible approach means that your CPD can take account of how you work, whether part-time or full-time, whether in the NHS or in private practice, whether dealing with patients or in management, education or research (or anywhere else). Our standards mean that you can plan your CPD activity to take account of your changing needs (HPC-UK 2011).<sup>36</sup>

## Australia

The NMBA expects nurses and midwives to demonstrate that they have taken a planned approach to CPD. This requires nurses and midwives to:

- Identify their learning needs based on an evaluation of their practice against recognised professional standards
- Develop a brief learning plan based on the needs identified
- Participate in CPD activities which meet these learning needs, and
- Reflect on the value of these activities to their practice (NSWNA 2010).

This means that nurses and midwives need to keep evidence that explains why they chose the particular CPD activity and how it met their learning needs; how it was relevant to their context of practice; what they learned from the activities; and how it contributed to their practice (NSWNA 2010).<sup>37</sup>

## Australia

There are no compulsory or proscribed activities. There are also no particular restrictions on the types or number of activities that may be included as CPD. The NMBA expects only that the CPD is relevant to the nurse's or midwife's context of practice and the activities undertaken meet the individual learning needs of the nurse or midwife (NSWNA 2010).<sup>38</sup>

## South Africa

Guided by the principle of beneficence, health professionals aspire to standards of excellence in health care provision and delivery. The Health Professions Act, 1974 (Act No. 56 of 1974) (as amended) endorses CPD as the means for maintaining and updating professional competence, to ensure that the public interest will always be promoted and protected, as well as ensuring the best possible service to the community. CPD should address the emerging health needs and be relevant to the health priorities of the country (South Africa).<sup>39</sup>

## Tanzania

CPD should link an individual's learning to their practice; be relevant to their current and future professional practice; incorporate learning about new technologies as well as the current and emerging health needs of patients, clients, and the community.<sup>40</sup>

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<sup>36</sup> Health Professions Council (United Kingdom). 2011. *Your guide to our standards for continuing professional development*. Available from: <http://www.hpc-uk.org/assets/documents/10003B70Yourguidetoourstandardsofcontinuingprofessionaldevelopment.pdf> p.3 (accessed 1 January 2013)

<sup>37</sup> New South Wales Nurses Association. 2010. *Continuing Professional Development - frequently asked questions*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>38</sup> New South Wales Nurses Association. 2010. *Continuing Professional Development - frequently asked questions*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>39</sup> Health Professions Council of South Africa. 2011. *Continuing Professional Development Guidelines for Health Care Professionals*. Available from: [http://www.hpcs.co.za/downloads/cpd/activities\\_2011/guidelines\\_2011.pdf](http://www.hpcs.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf) p.4 (accessed 1 January 2013)

<sup>40</sup> Tanzania National Continuing Professional Development Framework for Nurses and Midwives (Draft 1 - Principles). 2012. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## **Step 6: NATURE - VOLUNTARY OR MANDATORY**

### ***How is the nature of CPD established?***

CPD may be either voluntary or mandatory, as determined by the regulatory body or relevant national legislation or policy. Some CPD frameworks may begin as voluntary and later become mandatory. Mandates may be in the form of legislation or regulation that specifies the legal requirement. Alternatively, the legislation or regulation may transfer the responsibility for implementation of the legislation to a licensing body, professional council, or other regulatory authority in a given geographic area (national, state, or region). If CPD is mandatory, providing evidence of CPD may be required in order to renew a practice license. If CPD is voluntary, there are usually no penalties for not engaging in CPD.

The common authority for establishing the requirement for CPD is usually the the nurses and midwives regulatory council. It acts with the responsibility for implementing the CPD regulation and monitoring compliance with the regulation by nurses and midwives. It is important for every nurse and midwife to know the specific requirements for registration or licensure in their country or region and whether these requirements include CPD activities for maintenance or renewal of registration or license. Professional associations may take on the role of requiring and providing CPD activities for their members in countries where CPD is not legally mandated by the regulatory council in order to renew practicing license or registration (or where there is no renewal process at all). An example of a professional association which provided CPD activities before they became legally required is the American College of Nurse Midwives (ACNM 2010)<sup>41</sup>. Professional nursing and midwifery associations use their codes of ethics and standards of practice to support the ethical obligation of members to maintain competence. This can be problematic in countries where association membership is weak, leaving the majority of the nursing and midwifery workforce uninformed of association mandates.

Regulatory bodies may or may not provide the CPD activities themselves. They may rely on educational institutions, service facilities (such as hospitals), professional associations, development partners, donors, or in some cases, private providers of continuing education, to provide the actual CPD offerings. In some national CPD frameworks, the regulatory authority provides oversight of such activities or offerings by accrediting the agency that provides the activities or approving courses and programs directly (see next section on accredited providers).

### **EXAMPLES OF THE NATURE OF CPD**

Below are some examples of the nature of CPD that have been used in national CPD frameworks from other countries. The examples are included to illustrate what nature of CPD other countries have used. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

#### **Australia**

All nurses and midwives must meet the continuing professional development (CPD) standards. This standard has been approved by the Australian Health Workforce Ministerial Council on 31 March 2010 pursuant to the Health Practitioner Regulation National Law (2009) with approval taking effect from 1 July 2010 (NMBA 2010).<sup>42</sup>

#### **United Kingdom**

All health professionals registered with the Health Professions Council must undertake CPD to stay registered.<sup>43</sup>

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<sup>41</sup> American College of Nurse Midwives. 2010. *Continuing competency assessment*. Available from: <http://www.midwife.org/Continuing-Competency-Assessment>

<sup>42</sup> Nursing and Midwifery Board of Australia. 2010. *Continuing professional development registration standard*. Available from: <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx> (accessed 1 January 2013)

## Swaziland

Participation in the CPD program for nurses in Swaziland is currently voluntary in nature although there is a requirement in the Swaziland National Health Policy for all health professionals in the country to engage in continuing education as a prerequisite to the renewal of their practicing license. It is anticipated that in the future there will be a legislated requirement for nurses to participate in a specific amount of CPD each year.<sup>44</sup>

## Lesotho

Participation in the CPD program for nurses, midwives, and nursing assistants in Lesotho is currently voluntary in nature; however, the Nurses and Midwives Act 1998 is currently under review with a view to including a mandatory legislated requirement for nurses, midwives, and nursing assistants recognised by the LNC, to participate in a specified amount of CPD each year in order to renew their practising license. The Ministry of Health and Social Welfare recommends that all health professionals in the country engage in continuing education (LMHSW 2011)<sup>45</sup>.

## South Africa

All registered health professionals are required to complete a series of accredited continuing education activities each year.<sup>46</sup>

## Ireland

It is essential for each nurse and midwife to engage in CPD following registration in order to acquire the new knowledge and competence which will enable him/her to practice effectively in an ever-changing health care environment. CPD Continuing professional development is required in order to maintain and enhance professional standards and to provide the highest quality of health care; it should also contribute to the nurse's and midwife's personal development (INB 2000)<sup>47</sup>.

## New Zealand

It is the professional responsibility of all practising nurses to maintain their competence to practise. The role of the Nursing Council is to protect the health and safety of the public by setting standards and ensuring nurses are competent to practise under the Health Practitioners Competence Assurance Act 2003. The Council has set standards for continuing competence; it requires an annual declaration of continuing competence from each nurse and annually selects 5% of practising nurses to complete a recertification audit of the continuing competence requirements under section 41 of the Act.<sup>48</sup>

## Tanzania

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<sup>43</sup> Health Professions Council (United Kingdom). 2011. *Your guide to our standards for continuing professional development*. Available from: <http://www.hpc-uk.org/assets/documents/10003B70Yourguidetoourstandardsforcontinuingprofessionaldevelopment.pdf> p.1 (accessed 1 January 2013)

<sup>44</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Nature). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>45</sup> Lesotho Ministry of Health and Social Welfare. 2011. *National Continuing Education Implementation Plan for Lesotho Health Sector 20112012*. Available from: <http://www.k4health.org/sites/default/files/Lesotho%20Continuing%20Education-%20Implementation%20Plan.pdf> p.16 (accessed 1 January 2013)

<sup>46</sup> Health Professions Council of South Africa. 2011. *Guidelines for Continuing Professional Development*. Available from: <http://www.hpcs.co.za/downloads/newsletters/cpd.pdf> p.2 (accessed 1 January 2013)

<sup>47</sup> Irish Nursing Board (An Bord Altranais). 2000. *Scope of nursing and midwifery practice framework p.8*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>48</sup> Nursing Council of New Zealand (Te Kaunihera Tapuhi o Aotearoa). 2011. *Continuing competence requirements*. Available from: <http://www.nursingcouncil.org.nz/index.cfm/1,187,html/Continuing-Competence> (accessed 1 January 2013)

Participation in the CPD program for nurses and midwives in Tanzania is mandatory as stipulated in the Nursing and Midwifery Act No.1 of 2010 and further clarified in the Nursing and Midwifery (Registration, Enrolment and Licensing) Regulations 2010 that requires in Part III, Section 21(1) that every enrolled or registered nurse and midwife has a duty to attend CPD and in Part III, Section 21(2) that continuing professional development shall be considered a criteria for renewal of license.<sup>49</sup>

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<sup>49</sup> Tanzania National Continuing Professional Development Framework for Nurses and Midwives (Draft 1 - Nature). 2012. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources



## Step 7: SCOPE

### ***What types of activities can be considered as CPD?***

The scope of CPD activities should be as broad as possible and take into account issues such as relevance, currency, accessibility, availability, and affordability. **Relevance** refers to designing CPD activities based on the actual needs of the intended audience. One way of determining actual needs is by an initial or period needs assessment. **Currency** implies that CPD activities include up-to-date evidence-based content. **Accessibility** refers to the need to offer CPD programs in a variety of locations as close as possible to the work environment of nurses and midwives and taking into account work schedules that vary. **Availability** implies that CPD activities are planned and offered frequently enough to meet the needs of nurses and midwives. **Affordability** implies that the cost of attending a program or participating in CPD activities is reasonable if not covered by the employer or other sponsorship.

CPD activities may include formal and informal learning, self-directed learning, and experiential learning. In some countries, requirements for continuing professional development may be met by presenting the content of a CPD program, presenting at a professional conference or congress, attending workshops, or conducting clinical research. A common type of CPD activity is participation in a formal program of study organised and offered by an accredited or approved provider of education. Clinical learning is also commonly recognised as a CPD activity with peer or supervisor evaluation to demonstrate ongoing competence. Some hospitals mandate attendance at regular knowledge or practice updates provided by hospital staff, such as yearly renewal of advanced life support techniques or risk management updates. Some employers require enrollment in advanced degree programs to maintain or advance in one's professional position. Self-directed activities such as a periodic self-assessment of competencies, reading professional journals, or development and maintenance of a professional portfolio are included in approved CPD activities.

The choice of CPD activities is often left to the professional and will ideally match available resources as well as the individual's professional practice (current and future), their personal goals, and their preferred learning style as an adult (Knowles et al 2005)<sup>50</sup>. Most professional learning today requires the learner to identify gaps in knowledge and skill and develop specific learning goals related to these gaps (Fullerton et al 2011<sup>51</sup>; IntraHealth USAID 2007<sup>52</sup>). Once learning needs are identified, the learner is expected to search for CPD activities or offerings that will address their learning goals. Therefore, whatever choice of CPD activities a nurse or midwife makes to update knowledge and role competency, it should be relevant to the role, interesting to the participant, and able to make a difference to their daily practice. CPD does not require that nurses and midwives only learn from other nurses and midwives. Depending on the role, participating in programs led by physicians or pharmacists or social workers may have value to the nurse or midwife and constitute a CPD activity. It is important to note that some activities undertaken for CPD points or units or credits may not be recognised by the regulatory authority in another country or province (see Step 10: Accreditation).

The actual type of CPD activities and the number of hours spent or CPD points, units, or credits attached to different CPD activities, may also vary across countries. Some countries classify CPD activities into groups, such as by formal courses or in-formal learning, and may set limitations on how many CPD points may be credited from each group (e.g.

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<sup>50</sup> Knowles, M., Holton, E. and Swanson, R. 2011. *The adult learner: the definitive classic in adult education and human resource development (7<sup>th</sup> ed)*. Burlington, Massachusetts: Elsevier

<sup>51</sup> Fullerton, J., Gherissi, A., Johnson, P. and Thompson, J. 2011. Competence and competency: core concepts for international midwifery practice. *International Journal of Childbirth* 1:1, pp.4-12

<sup>52</sup> IntraHealth International, USAID. 2007. *Learning for performance: a guide and toolkit for health worker training education programs*. Washington DC: The Capacity Project. Available from: <http://www.who.int/management/Learning-for-performance-A-guide-for-health-worker-training-and-education-programs.pdf>

mandatory in-service may not count for more than 50% of CPD hours or points). One of the creative approaches being tested in rural areas is the use of cell phones to access internet-based CPD offerings.

For personal and professional reasons, every nurse and midwife needs to know where to go for continuing professional development programs that will be of interest to them and be important to their professional and personal growth. Membership and active participation in the professional association is an important way to understand the profession's mandates and to have easy access to resources that support professional development.

## **EXAMPLES OF SCOPE**

Below are some examples of the scope of CPD that have been used in national CPD frameworks from other countries. The examples are included to illustrate what scope other countries have used. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

Examples of scope include:

- Formal educational programs, including undergraduate or postgraduate studies relevant to practice
- Clinical learning
- Additional certification (post-registration) in specialty area
- Undertaking relevant short courses, either face-to-face, online, or distance education
- Presenting at or attending professional meetings, conferences, seminars, lectures, or workshops
- Publishing articles/writing for publication
- Presenting at or attending workplace education, in-service trainings, or skills workshops
- Reading books and professional journals and providing evidence of learning (e.g., sharing knowledge with peers at a formal in-service session that has been verified by manager)
- Participating in or organizing a professional reading and discussion group (i.e., a professional journal club).
- Keeping self-reflection notes or journaling about professional practice
- Developing policies, protocols, or guidelines
- Acting as a mentor, preceptor, tutor, or supervisor of staff or students
- Participating in committees (e.g., quality improvement, accreditation, quality improvement, occupational health and safety) or on an audit
- Participating in clinical audits, critical incident monitoring, or case reviews/case-studies
- Working with a mentor or supervisor to improve practice or develop new skills
- Developing skills in IT, numeracy, communications, problem solving, and team work, or other specialist skills (for example, musical skills)
- Writing or reviewing educational materials, journal articles, books
- Active membership of professional groups and committees, such as attending branch meetings
- Conducting or contributing to research
- Peer-review of practice or periodic self-assessment of competencies related to published standards
- Expanding your professional role (for example, being a representative on a committee)
- Work shadowing, secondment, visiting other departments and reporting back
- Project work or project management
- Membership of a special interest group or other professional body or group
- Lecturing or teaching
- Being an examiner or a national assessor

- Being an expert witness
- Being promoted
- Organising or running a course
- Public service or voluntary work in your profession
- Development and maintenance of a professional portfolio to track ongoing learning activities related to your professional role.

### **South Africa**

Activities include traditional learning experiences such as attendance at conferences and workshops as well as structured courses and quality assurance audits of practice.<sup>53</sup>

### **Swaziland**

A wide range of activities, both formal and informal, classroom and workplace based, will be recognised toward meeting the CPD requirement. CPD activities must be relevant to current or future practice.<sup>54</sup>

### **Malawi**

Some CPD activities will be part of regular in-service training; some might be external training courses, meetings, or conferences. It is up to each individual nurse and midwife to think about what CPD means for them and choose activities that will help them in their personal learning goals (NMCM 2010).<sup>55</sup>

### **New Zealand**

Individuals need to complete professional development in the context of their area of practice. These activities may be within the work environment or within an educational context. CPD may be taken as whole days or hours and include a variety of learning activities, such as degree courses, short course, seminars, conferences, in-service education or online learning, and internet based courses. The level of your CPD should be appropriate to your scope of practice and work context. Mandatory or core training required by your employer should not constitute all your CPD hours. Some of your CPD must be relevant to your development as a nurse or midwife and to your area of practice. Journal reading may be considered a professional development activity if it takes place within a formal framework such as a journal club, a presentation to colleagues, or to inform and educational or quality improvement process. Meetings may be considered a CPD activity if they have an educational focus and appropriate documentation is supplied (e.g., minutes with the educational topic clearly identified) (NCNZ 2011).<sup>56</sup>

### **Australia**

Does CPD need to be provided by an accredited organisation? No. CPD activities may be undertaken in a range of ways, including self-directed, workplace based or through seminars, conferences, or formal programs offered by professional organisations and education providers. The important point is that the activities are relevant to the individual nurse's or midwife's context of practice and are able to meet their learning needs (NSWNA 2010).<sup>57</sup>

<sup>53</sup> Health Professions Council of South Africa. 2011. *Continuing Professional Development Guidelines for Health Care Professionals*. Available from: [http://www.hpcs.co.za/downloads/cpd/activities\\_2011/guidelines\\_2011.pdf](http://www.hpcs.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf) p.4 (accessed 1 January 2013)

<sup>54</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Scope). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>55</sup> Nursing and Midwifery Council of Malawi. 2010. *Where will CPD activities be carried out?* <http://www.nmcm.org.mw/cpd.html> accessed 1 January 2013).

<sup>56</sup> Nursing Council of New Zealand (Te Kaunihera Tapuhi o Aotearoa). 2011. *Continuing competence requirements*. Available from: <http://www.nursingcouncil.org.nz/index.cfm/1,189,html/continuing-competence-requirements> (accessed 1 January 2013)

<sup>57</sup> New South Wales Nurses Association. 2010. *Continuing Professional Development - frequently asked questions*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## Ireland

Examples of activities that might contribute to a nurse's and a midwife's professional development include formal education programs, reflective practice, journal clubs, case conferencing, clinical supervision, learning sets, preceptorship, mentorship, workshops, distance learning, accessing and sourcing information.<sup>58</sup>

## Tanzania

A wide range of activities, both formal (classroom based) and informal (workplace or community based), will be recognised toward meeting the CPD requirement. Each CPD activity must be at least one hour of active learning. CPD activities must be relevant to current or future practice. The type of CPD activity undertaken will depend on the level of educational preparation of the individual. CPD points will be allocated according to the table below where one hour of active learning for different activities may qualify for 1, 2 or 3 points depending on the activity undertaken.<sup>59</sup>

<b>CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES FOR NURSES AND MIDWIVES</b>		
<b>In-service education (short term)</b> Attending conferences, seminars , workshops, or in-service education	<b>In-service education (short term)</b> Presenting at conferences, seminars, workshops or clinical in-service education  Lecturing, teaching or doing assessments, if it is not part of job description  Planning or running a seminar or workshop	
	<b>Medium term education</b> Undertaking a short course distance or online	<b>Medium term education</b> Attending a short course face to face  Designing, writing curricula, planning, running or evaluating a short course face to face, distance or online
<b>Reflective practice</b> Reading professional journals, guidelines, protocols and/or books  Keeping a self-reflection journal  Participating in a professional reading or reflective discussion group or journal club  Filling in self-assessment questionnaires or self-appraisal	<b>Reflective practice</b> Reviewing educational materials, journal articles, guidelines, protocols and/or books followed by a presentation to peers	<b>Reflective practice</b> Facilitating reflective discussions or reading groups or journal club
<b>Research and projects</b> Participating in project work if it is not part of job description	<b>Research and projects</b> Participating in research as a team member	<b>Research and projects</b> Managing a project that is additional to and is not part of job description

<sup>58</sup> Irish Nursing Board (An Bord Altranais). 2000. *Scope of nursing and midwifery practice framework p.8*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>59</sup> Tanzania National Continuing Professional Development Framework for Nurses and Midwives (Draft 1 - Scope). 2012. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

Utilising research findings to provide evidence based practice	Participating in research activities such as proposal writing	Conducting research as principal investigator, writing research report, publishing research findings
<b>Meetings and committees</b> Attending meetings as an active member of professional bodies (association or regulatory) and its committees  Participating in case studies, clinical audits, clinical meetings , focus groups, or peer review	<b>Meetings and committees</b> Participating in committees, e.g., quality improvement, occupational health and safety  Presenting case studies, research findings, or clinical audit reports	<b>Meetings and committees</b> Participating in developing policies, protocols, standard operating procedures, educational material, manuals or guidelines  Facilitating focus groups or peer reviews
<b>Mentoring and supervising</b> Working with a mentor or supervisor to improve practice  Supervised practice for skills development	<b>Mentoring and supervising</b> Acting as a mentor or preceptor  Supervising staff or students if it is not part of job description	<b>Mentoring and supervising</b> Examining, evaluating, auditing and reporting on clinical practices, educational programs and projects if it is not part of job description
<b>Self-directed education</b> Participating in community based groups and programs relevant to practice as a volunteer  Participating as a witness in professional disciplinary hearings	<b>Self-directed education</b> Skills development in IT, numeracy, communications, problem solving ,and working with others  Investigating disciplinary cases if not part of job description	<b>Self-directed education</b> Writing articles for publication in professional newsletters, journals, and/or books  Chairing community based groups or committees as a volunteer

## Step 8: REQUIREMENTS

### ***How are CPD activities counted (in terms of points or hours) toward the requirement?***

In this step, countries should specify how much CPD will be the minimum requirement for nurses and midwives to undertake. There should be a minimum requirement for CPD but there is usually no maximum. Minimum requirements for health professionals vary globally from the equivalent of 10 hours to 60 hours annually. It is important that countries recognise it is legitimate to start small and build on that beginning over time (specifying a minimum number of hours of CPD activity is a satisfactory first step). Some countries do not deal in CPD points but specify a minimum number of hours spent in CPD activities. Some countries specify that one CPD point is awarded for one hour of active learning. Other countries put a value on CPD activities in that some activities gain one point, some two, some three and so on. Awarding CPD points for learning activities requires the development of a formal process which may involve personnel, time, and cost. All CPD offerings should be at least 60 minutes in length of active learning or one (1) contact hour in an organised and active learning environment.

### **EXAMPLES OF REQUIREMENTS**

Below are some examples of requirements that have been used in national CPD frameworks from other countries. The examples are included to illustrate what requirements other countries have used. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

#### **United Kingdom**

The PREP (post registration education and practice) requirements include a commitment to undertake continuing professional development (CPD). This element of PREP is referred to as PREP (CPD). The PREP (CPD) standard is to undertake at least 35 hours of learning activity relevant to your practice during the three years prior to your renewal of registration; maintain a personal professional profile of your learning activity; and comply with any request from the NMC to audit (NMC-UK 2008).<sup>60</sup>

#### **New Zealand**

Every practising nurse must maintain his or her competence to practise by

- completing 60 days or 450 hours of practice in the last three years
- completing 60 hours of professional development in the last three years
- being able to meet the Council's competencies for their scope of practice.

Individual nurses are expected to retain evidence of their continuing competence.<sup>61</sup>

#### **Swaziland**

Nurses registered with Swaziland Nursing Council will be expected to undertake at least 10 hours of continuing professional development each year prior to renewing their practicing license. One hour of active learning will equal one point of CPD so each nurse will be required to accrue 10 CPD points each year. CPD points will only be allocated on

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<sup>60</sup> Nursing and Midwifery Council United Kingdom. 2008. *The PREP Handbook p.11*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>61</sup> Nursing Council of New Zealand (Te Kaunihera Tapuhi o Aotearoa). 2011. *Continuing competence requirements*. Available from: <http://www.nursingcouncil.org.nz/index.cfm/1,189.html/continuing-competence-requirements> (accessed 1 January 2013)

completion of the CPD activity. A record must be kept by the nurse of the CPD undertaken which is verified by the provider of the CPD. CPD activities will include both formal and informal learning.<sup>62</sup>

### South Africa

60 units are required each two years. 60 points can be obtained all in one level or across levels.

Level 1: those activities with non-measurable outcomes; 1 point = 1 hour of active learning

Examples: small group activities (presentations, meetings, case discussions, mentoring, supervision)

Level 2: those with measurable outcomes (see table below)

Level 3: formally structured learning programs which attract:

30 units for each successfully completed year plus 30 units at completion of program.

30 units for a short course minimum of 25 hours with additional clinical hands-on training plus a formal assessment of the outcome (HPCSA 2011).<sup>63</sup>

<b>Level 2</b> This level includes activities that have an outcome but do not constitute a full year of earned CEUs. It includes education, training, research, and publications. (Teaching and examination of undergraduate and postgraduate students will not be accredited if these activities fall within a registered health professional's job description).			
Principal author of a peer reviewed publication or chapter in a book	15	Presenters of accredited short courses	10
Co-author/editor of a peer reviewed publication or chapter in a book	5	Co-presenters of accredited short courses	5
Review of an article/chapter in a book/journal	3	Interactive skills workshop with an evaluation of the outcome	5
Principal presenter/author of a paper/poster at a congress/symposium/ refresher course.	10	All learning material (which could include DVD, CD, internet or email activities) with MCQs for evaluation with a pass rate of 70%.	3 per questionnaire
Co-presenters/co-authors of a paper/poster at a congress/symposium/ course/refresher course	5	Guest/occasional lecturer at an accredited institution	3 per lecture
Health personnel who supervise undergraduates/interns/postgraduates in clinical/technical training in collaboration with an accredited training institution on a regular basis during the academic year (if not in the job description)	2 per student (max 16 CEUs per calendar year)	Workshops, lectures, seminars on ethics (not including general presentations with a so-called component of ethics)	2 per hour
External examiner of Masters and Doctoral thesis	5 per thesis	Single modules of Masters degrees with part-time enrolment for study for non-degree purposes	5 on completion of module
Professional Interest Groups (this could include Journal Clubs if compliant with the criteria) that are formally constituted and present a regularly recurring program that extends for one year with a minimum of 6 meetings per year. These activities should be ongoing or have a measurable outcome that is assessed according to criteria determined by the group, which may be interdisciplinary.	3 per meeting		

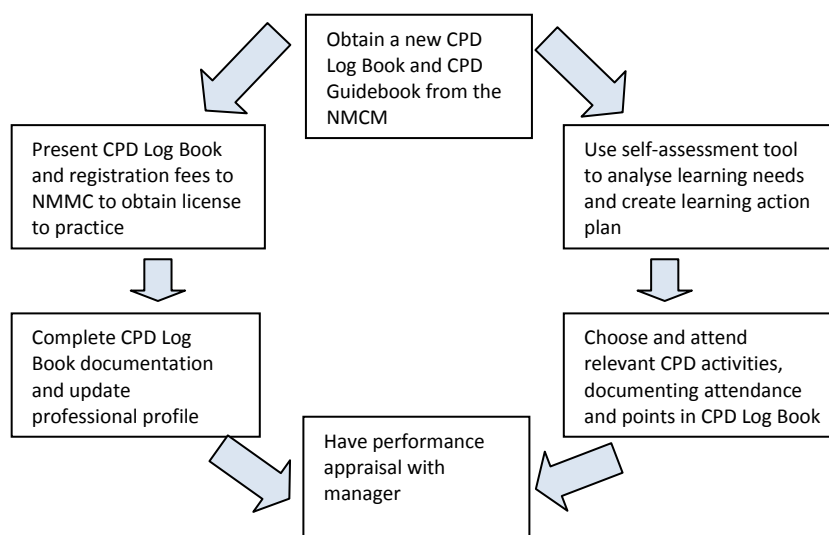
<sup>62</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Requirement). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>63</sup> Health Professions Council of South Africa. 2011. *Continuing Professional Development Guidelines for Health Care Professionals*. Available from: [http://www.hpcsa.co.za/downloads/cpd/activities\\_2011/guidelines\\_2011.pdf](http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf) pp.5, 11-14 (accessed 1 January 2013)

**Malawi**

The NMCM CPD program is based on three key aspects - knowledge, skills, and attitudes. Every nurse and midwife in the country will have to engage in specific CPD activities for which they will be awarded CPD points. A total of 30 points is required every year in order to become eligible to re-register with the Malawi Nurses and Midwives Council and obtain a license to practice. In addition, nurses and midwives will carry out reflective practice tasks and create a learning action plan for themselves to help guide their CPD choices. All nurses and midwives will be appraised by their managers and be given feedback on their performance to help encourage and direct them in their professional training and career choices (NMCM 2010).<sup>64</sup>

**THE CPD PROCESS (Malawi)**



All the activities that nurses/midwives carry out (and the corresponding number of CPD points) will be recorded in their individual CPD log book which will be signed by their CPD provider to provide evidence of their attendance.

<b>CPD POINTS</b>			
<b>Each activity will be worth a certain number of CPD points</b>			
<b>1 point</b>	<b>2 points</b>	<b>3 points</b>	<b>5 points</b>
Attendance at a full CPD teaching session lasting at least one hour	Presenting or facilitating a CPD teaching session that lasts at least one hour	Attending external training courses	Completion of reflective practice tools (self-assessment, learning action plan, feedback)
Attendance at a full journal club meeting lasting at least one hour	Presenting or facilitating a journal club meeting that lasts for at least one hour	Attending a national or international conference	Completion of nurse/midwife appraisal by manager
	Chairing clinical standards meetings of at least one hour	Publishing an article in a nursing or midwifery journal	
		Contributing to a nursing or midwifery textbook	

<sup>64</sup> Nurses and Midwives Council Malawi. 2010. *What will nurses and midwives have to do for CPD?* Available from: <http://www.nmcm.org.mw/cpd.html> (accessed 1 January 2013)



## Lesotho

Nurses, midwives, and nursing assistants recognised by the Lesotho Nursing Council will be expected to obtain a minimum of 12 CPD points each year prior to renewing their practising license. CPD points will only be allocated on completion of the CPD activity. The CPD points will be allocated according to the CPD table. One hour of continuous active learning will attract 1, 2 or 3 CPD points depending on the activity. A record in the log book, available from the LNC, of the CPD undertaken must be kept by the nurse, midwife, or nursing assistant and must be verified by the provider of the CPD. CPD activities will include both formal and informal learning.<sup>65</sup>

CPD ACTIVITIES		
Reading professional journals and books (SD)	Acting as a mentor or preceptor (EX)	Formal education programs leading to a qualification (FL)
Keeping a self-reflection journal (SD)	Attending a short course distance or online with a minimum of 3 hours of active learning each week (SDO)	Attending a short course 3–6 months long, face to face, with a minimum of 15 hours of active learning each week (SF)
Attending conferences, seminars, workshops or in-service education (SWI)	Presenting at conferences, seminars, workshops, or clinical in-service education (SWI)	Writing articles for publication in journals or books (SD)
Active membership of professional body and its committees (SD)	Participating in committees e.g., quality improvement, occupational health and safety (EX)	Developing policies, protocols or guidelines (EX)
Working with a mentor to improve practice (EX)	Lecturing, teaching or doing assessments if not part of job description (EX)	Conducting research as principal investigator (EX)
Participating in case studies, clinical audits, clinical meetings, focus groups, or peer review (EX)	Planning or running a seminar or workshop (SWI)	Planning or running a short course 3–6 months long, face to face, distance or online (SF or SDO)
Participating in a professional reading or discussion group or journal club (SD)	Reviewing educational materials, journal articles, books (SD)	Project management if not part of job description (EX)
Observation at disciplinary hearings (EX)	Skills development in IT, numeracy, communications, problem solving, and working with others (SD)	
Voluntary work relevant to practice (SD)	Investigating disciplinary cases (if not part of job description (EX)	
Project work if not part of job description (EX)	Participating in research as a team member (EX)	
Supervising staff or students if not part of job description (EX)	Supervised practice for skills development (EX)	
Filling in self-assessment questionnaires (SD)		

FL	Formal learning	SWI	Seminars, workshops and in-service
SF	Short courses face to face	EX	Experiential learning
SDO	Short courses distance and online	SD	Self-directed learning

<sup>65</sup> A Continuing Professional Development Framework for Lesotho (Zero Draft - Requirement and Scope). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## Botswana

It is the responsibility of the individual nurse or midwife to identify, select and attend relevant CPD activities that will help them in their personal and professional learning goals. CPD activities chosen should be relevant to current or future practice. The nature of the CPD should be appropriate to the scope of practice and the work context of the nurse or midwife.

A wide range of CPD activities will be recognized for CPD requirements, both formal and informal, within practice environment or educational context.

CPD points will be allocated according to Table 1 below where involvement in continuous learning may qualify for 1, 2, 3, 4, 5, 10 and 20 CPD points depending on the complexity of the activity undertaken.

Nurses and midwives who would like any other activities credited for CPD points than those listed in Table 1 must first contact the NMCB for approval.

<b>CPD ACTIVITIES FOR NURSES AND MIDWIVES IN BOTSWANA</b>		
<b>1 point</b>	<b>1 point</b>	<b>1 point</b>
Attending workplace education, in-service sessions or skill development programs	Attending a journal club meeting	Participation in commemorations or special events relevant to work role 1 point each event
Working with a mentor to improve practice	Active membership of professional or regulatory body (e.g. attending and contributing at meetings and adding value as a member)	
Reading professional journals and books and making a summary of learning and how it will be applied to practice which is verified by supervisor 1 point each article		
<b>2 points</b>	<b>2 points</b>	<b>2 points</b>
Keeping a monitored practice journal or reflective diary	Participating in research as a team member	Participating in project work as a team member, 2 points each project
Facilitating a journal club meeting, 2 points each meeting	Attending conferences, lectures, seminars, workshops or professional meetings outside the workplace, 2 points each attendance	Participating in disciplinary hearings, 2 points each hearing
<b>3 points</b>	<b>3 points</b>	<b>3 points</b>
Presenting at conferences, in-service sessions, lectures, seminars, workshops or professional meetings, 3 points each presentation	Acting as a preceptor, mentor, or coach, or supervising staff or students	Participating in clinical audits, case reviews, focus groups, or critical incident monitoring and evaluation, 3 points each meeting
Participating on workplace committees, for example accreditation, audit, quality improvement, infection control, or occupational health, safety and wellness committees, 3 points for each committee	Attending short courses classroom based, distance or online with a minimum of 3 hours of active learning each week, 3 points each week  Active membership of professional or regulatory body as a member of a committee/s	Reviewing educational materials, journal articles, books, 3 points each article  Participating in the development of policies, protocols, and guidelines

<b>4 points</b>	<b>4 points</b>	<b>4 points</b>
Assuming a leadership role in developing policies, protocols, or guidelines	Attending short courses classroom, distance or online with a minimum of 15 hours of active learning each week, 4 points each week	Investigating disciplinary cases or being an expert witness, 4 points each case
Being an internal or external examiner, 4 points each attendance	Planning, running or facilitating a seminar, workshop in-service session, or on-job training, lecture, or professional meeting, 4 points each event	Organising or coordinating commemorations or special events relevant to work role, 4 points each event
Managing a project or a special assignment in addition to regular duties, 4 points each project	Active membership of professional or regulatory body as a member of the executive committee	Chairing clinical standards development or review meetings, 4 points each meeting
Lecturing, teaching or doing assessments, 4 points each lecture or assessment	Coordinator for preceptorship, mentorship, coaching, or supervision program for staff or students in addition to regular duties, 4 points each program	Participation in a commission of inquiry
<b>5 points</b>	<b>5 points</b>	<b>5 points</b>
Faculty/Clinical practice – minimum one week, 5 points per week	Conducting research or project work as principal investigator or supervisor, 5 points each project	Planning, running or facilitating a conference, 5 points each conference
Planning, running or facilitating a short course classroom, distance or online, 5 points each program	Community service or voluntary work relevant to practice	Being an internal or external examiner for Masters or Doctoral thesis, 5 points for each thesis
<b>10 points</b>	<b>10 points</b>	<b>10 points</b>
Published educational material, article, 10 points each material and article		
<b>20 points</b>	<b>20 points</b>	<b>20 points</b>
Published journal article, book chapter. Published book.	Education program leading to a qualification (e.g. diploma or degree). Completed education program with a qualification (e.g. diploma or degree).	

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<sup>66</sup> National CPD Framework for Nurses and Midwives in Botswana - Final Draft July 2013. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## Step 9: DOCUMENTATION

### ***How will CPD activities be recorded?***

Documentation and providing evidence of completion of a certain type and number of continuing professional development activities is generally required, often as part of renewal of registration or license to practice as a nurse or midwife. This means that nurses and midwives need to document their CPD activities and include an explanation of why they chose the particular CPD activity and how it was relevant to their context of practice, what it contributed to their practice, and what they learned from the activity. Some countries ask nurses, midwives, and others to sign a statement confirming they have met the CPD requirements. Other countries require a list of CPD activities attended, or the CPD requirements may need to be submitted on a specified form or in a specified log book. It is generally the responsibility of the individual to maintain a record of their CPD activities and be able to verify their attendance and provide more detail, if required, about what was learned. Maintaining a professional portfolio is often recommended.

### **EXAMPLES OF DOCUMENTATION**

Below are some examples of the documentation requirements that have been used in national CPD frameworks from other countries. The examples are included to illustrate what documentation other countries have required. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

#### **Swaziland**

It is the responsibility of the learner of CPD to prove that she/he undertook CPD. Participants are required to keep a log of all activities they participated in and to produce documentary evidence to the SNC. Claims for CPD credit may, from time to time need to be verified. ... Nurses and midwives must keep written documentation of their CPD that demonstrates they have met the CPD requirements. Documentation of CPD evidence must include dates of the CPD activities, a brief description of the outcomes of the activities and the number of hours spent in each activity. Documentation of self-directed CPD must include dates, a brief description of the outcomes, and the number of hours spent in each activity. All evidence should be verified. It must demonstrate that the nurse or midwife has:

- identified and prioritised their learning needs, based on an evaluation of their practice against the relevant competency or professional practice standards
- developed a learning plan based on identified learning needs
- participated in effective learning activities relevant to their learning needs
- reflected on the value of the learning activities or the effect that participation will have on their practice. All evidence should be verified.<sup>67</sup>

#### **Malawi**

Nurses and midwives will be responsible for organising their attendance at CPD and keeping their logbook updated.<sup>68</sup>

#### **Australia**

Nurses and midwives will only be required to make an annual statement when they renew their registration; it includes a declaration that they have met the NMBA requirements for CPD. The NMBA will audit a small percentage of

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<sup>67</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Documentation). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>68</sup> Nursing and Midwifery Council of Malawi. 2010. *Where will CPD activities be carried out?* <http://www.nmcm.org.mw/cpd.html> accessed 1 January 2013).

randomly selected nurses and midwives each year. If a nurse or midwife is selected for audit, they will then be required to provide evidence of their CPD to the NMBA (NSWNA 2010).<sup>69</sup>

### **United Kingdom**

Our standards say that health professionals registered with us must maintain a continuous, up to date, and accurate record of their CPD activities; demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice; seek to ensure that their CPD has contributed to the quality of their practice and service delivery; seek to ensure that their CPD benefits the service user; and upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD.<sup>70</sup>

### **New Zealand**

Individual nurses or midwives must supply evidence that they have met the CPD requirements by:

- Providing a summary of courses and hours you have attended in the last three years.
- This must be verified by your employer, manager, or nurse educator, supplying name, status, and contact details.
- Alternatively, if you do not have an employer or educator who can confirm your hours, you may supply certificates for the actual courses attended. You must provide evidence of the hours attended at each course.
- Also supply a statement of what you learned or how you will apply this learning to your practice.

Your statement of learning must explain what you did, what you learned, and how each activity affirmed or influenced your practice. You are also required to reflect on your professional development and may be required to supply a statement of learning if selected for audit.<sup>71</sup>

### **South Africa**

Every health professional shall maintain a record of their own learning activities and document these on an official HPCSA Individual CPD Activity Record (Form CPD 1 IAR). This record is the only data required of individual health professionals. It should be duly completed so that it accurately reflects a health professional's CPD activities for the previous 24 months. This is the record that needs to be submitted should the health professional be selected in the randomly selected audits. Every health care professional is required to maintain an official individual CPD activity record, supported by documentary evidence, e.g., certificates of attendance at CPD activities.<sup>72</sup>

### **Lesotho**

Nurses, midwives, and nursing assistants are responsible for organising their attendance at CPD activities and recording in a logbook, available from the LNC, documentation confirming their attendance at the CPD activity in order to provide evidence to the LNC that they have undertaken the required amount of CPD each year prior to renewal of their practising license. The documentary evidence must include a summary of courses and activities undertaken, active learning hours, relevance to current or future work, and a brief description of what was learned from the

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<sup>69</sup> New South Wales Nurses Association. 2010. *Continuing Professional Development - frequently asked questions*. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>70</sup> Health Professions Council (United Kingdom). 2011. *Your guide to our standards for continuing professional development*. Available from: <http://www.hpc-uk.org/assets/documents/10003B70Yourguidetoourstandardsforcontinuingprofessionaldevelopment.pdf> p.1 (accessed 1 January 2013)

<sup>71</sup> Nursing Council of New Zealand (Te Kaunihera Tapuhi o Aotearoa). 2011. *Recertification audit evidence requirements*. Available from: <http://www.nursingcouncil.org.nz/index.cfm/1,202,html/Recertification-audit-evidence-requirements> (accessed 1 January 2013)

<sup>72</sup> Health Professions Council of South Africa. 2011. *Continuing Professional Development Guidelines for Health Care Professionals*. Available from: [http://www.hpcsa.co.za/downloads/cpd/activities\\_2011/guidelines\\_2011.pdf](http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf) p.7 (accessed 1 January 2013)

activities. Documentary evidence must be verified by the employer, manager, nurse educator, or CPD provider by supplying their name, designation, contact details, and signature. Documentary evidence may include certificates of attendance at CPD activities where provided.<sup>73</sup>

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<sup>73</sup> A Continuing Professional Development Framework for Lesotho (Zero Draft - Requirement and Scope). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## **Step 10: ACCREDITATION**

### ***Does CPD or do providers of CPD activities need to be accredited?***

### ***What are the criteria for becoming an accredited provider of CPD activities?***

Some countries accredit CPD content or the agencies that provide CPD activities. Other countries do not. Whether a country chooses to accredit CPD content or CPD providers depends on their capacity to do so. Establishing a formal accreditation process requires the regulatory body to invest personnel and time in the process, which adds to the cost and may not be recoverable in fees charged for the accreditation process. Some countries may choose not to accredit initially but later decide they have the capacity to do so. Many countries with the capacity to do so (e.g., United Kingdom and Australia) have chosen not to accredit either CPD content or CPD providers, and there is no evidence to suggest that the care provided by nurses and midwives in those countries is of a lesser quality than the care provided by countries where CPD content and CPD providers are accredited. Countries who choose not to accredit CPD content or CPD providers may still establish standards that CPD providers or CPD facilitators must meet.

Establishing standards for CPD activities or offerings is a possible alternative option to accrediting CPD content or providers. A formal accreditation process may put at a disadvantage small providers of specialist education. An accreditation process, however, helps the regulatory body ensure that the CPD offerings meet the national standards they have established and that nurses and midwives are acquiring evidence-based and up-to-date skills and knowledge. If individual agencies or groups are left to decide what the content of CPD activities will be for their constituency, such activities may not be appropriate to the needs of the nurse or midwife in a particular setting or meet national or global standards for content and quality.

One of the advantages that nurses and midwives have in participating in CPD activities offered by a provider accredited by the regulatory body is that the contact hours or CPD points will more readily be accepted by the regulatory authority (who accredited the provider) as evidence that the nurse or midwife has participated in an approved CPD activity. Health service facilities and regulatory authorities may not be the most appropriate body to provide the actual activities needed for ongoing professional development of health professionals. Instead, a variety of agencies and institutions may be involved in providing CPD for nurses and midwives, given the range of activities and programs these health professionals need to update their professional knowledge and practice.

The primary value of controlling who actually provides CPD programs and activities is to assure the ongoing quality of each offering (benchmarks for success). Nurses and midwives have limited time, so it is important to ensure that the CPD activities are thoughtfully designed and presented in a way that meets the complex needs of today's nursing and midwifery professionals.

Another advantage to accrediting CPD providers, especially at a national level, is to determine or verify that these programs:

- Have institutional capability and support for educational activities (e.g., education department, appropriate venues)
- Offer up-to-date curricula in program offerings that meet current population health needs and national standards
- Address key elements of a national plan for CPD that tailor specific learning/development needs to a given local or provincial area or institutional setting.

Many countries with experience in CPD activities and programs have developed specific criteria or requirements that must be met in order for an agency or group to be **accredited** or **approved** as a provider of continuing education for health professionals. Regulatory authorities who mandate CPD often partner with a variety of agencies to determine the need for and carry out proposed CPD activities that are in keeping with the results of a national training needs assessment. For example, if a nursing or midwifery regulatory body requires specific educational updates, it may work with local colleges or universities to provide these updates. If clinical updates are required, the regulatory body may work with hospital staff education departments to develop criteria for approving the presenters and content. Professional associations in other countries have developed independent criteria for CPD accreditation and then asked for endorsement by regulatory bodies. In the U.S., for example, the American Nurse Credentialing Center (ANCC) has specific criteria that must be met to be designated as an accredited provider of continuing education offerings that attract contact hours or Continuing Education Units (CEUs) for nurses. This accredited status lasts for two years, and must be renewed with appropriate application fees and evidence of successful continuing education programs. Hospitals, schools of nursing, professional associations, specialty nursing groups, health-related organisations, and for-profit companies are eligible to apply to be an accredited or approved provider of continuing education programs for nurses (see Appendix A for a summary of ANCC criteria).

Elements of an accreditation process for providers of CPD activities, whether done by a regulatory authority or professional association, include:

- Completion of up-to-date needs assessment for CPD activities in local or regional/provincial area or a demonstration of why the particular CPD activity is being offered (a formal needs assessment may not necessarily be appropriate in some circumstances)
- Availability of qualified nurse and midwife planners and presenters of CPD offerings
- Capacity to recruit expert faculty
- Willingness to approve training content and curricula that aligns course objectives with national standards
- Development of valid and reliable assessment methods
- Viable recordkeeping system in place
- Demonstrated understanding of conflict of interest principles
- Demonstrated quality of training facility and/or an environment conducive to adult learning.

## **EXAMPLES OF ACCREDITATION REQUIREMENTS**

Below are some examples of the accreditation requirements that have been used in national CPD frameworks from other countries. The examples are included to illustrate what accreditation requirements other countries have required. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

### **South Africa**

Professional Boards shall appoint profession-specific Accreditors and approve Accredited Service Providers in accordance with the HPCSA CPD Committee criteria and guidelines. A Professional Board shall ensure that high standards are set and maintained for their Accreditors and Accredited Service Providers. Professional Boards may delegate their responsibility for accrediting service providers to Accreditors (Professional Boards). ... The role of the Accreditor is to review and approve applications for the provision of CPD activities by organisations and individuals



without accredited service provider status; to monitor these activities; and to revise continuing education units (CEUs) allocated where the provider failed to comply with the rules and regulations of the CPD guidelines (Accreditors).<sup>74</sup>

### **Lesotho**

Providers and facilitators of CPD in Lesotho are required to meet the following quality standards:

- Be familiar with and adhere to the Lesotho CPD framework
- Ensure CPD is provided by teachers and facilitators who use effective teaching and learning strategies matched to content and the level and type of learners
- Use valid and reliable assessment methods that provide feedback on whether the learning objectives have been met
- Document and retain information about program design and content; number of contact hours; names and contact details of participants; and evaluation outcomes. Secure storage must be provided for this documentation.
- Understand the need to minimise any conflicts of interest related to commercial supporters and willingly disclose any conflicts of interest to participants at the beginning of the CPD activity.<sup>75</sup>

### **Tanzania**

Quality standards for CPD providers:

- Provide a purpose and objectives for the CPD activity
- Be familiar and conversant with the topic they are presenting
- Employ facilitators who use effective teaching and learning strategies, matching the content, level, and type of learning
- Use valid and reliable assessment methods that provide feedback on whether the learning objectives have been met
- Document and retain information about program design and content; number of contact hours; names and contact details of participants; and evaluation outcomes; and provide secure storage for this documentation
- Ensure that learning sessions should not be less than one hour.<sup>76</sup>

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<sup>74</sup> Health Professions Council of South Africa. 2011. *Continuing Professional Development Guidelines for Health Care Professionals*. Available from: [http://www.hpcsa.co.za/downloads/cpd/activities\\_2011/guidelines\\_2011.pdf](http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf) p.8 and 10 (accessed 1 January 2013)

<sup>75</sup> A Continuing Professional Development Framework for Lesotho (Zero Draft - Accreditation). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>76</sup> Tanzania National Continuing Professional Development Framework for Nurses and Midwives (Draft 1 – Quality Standards for Service Providers). 2012. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## **Step 11: COMPLIANCE**

### ***How are compliance and non-compliance monitored? How do you decide penalties for non-compliance; establish a process for appeals; and decide on exemptions?***

Countries need to decide how they are going to monitor compliance with the CPD requirements they have established, regardless of whether these requirements are voluntary or mandatory. The monitoring strategy should align with the documentation requirements already established. The mechanism established by a country depends to some degree on the number of individuals they have to monitor and the capacity of the regulatory body. Many regulatory bodies do not monitor each individual but only a random (or purposive) sample of the individuals they are responsible for.

For some countries, a signed declaration from the individual that they have met the CPD requirements which accompanies the request for license renewal is all that is required. This strategy is supported by an annual random audit of a percentage of individuals on the register. Some countries require individuals to submit a list of the CPD activities they have undertaken when they apply for renewal of their license. A random audit of these lists usually supports this strategy. Some countries with a smaller complement of nurses, midwives, and others on the register may choose to audit each person's CPD activities. The choice of monitoring strategy is determined by the country concerned.

The monitoring strategy should be developed using a consultative process. Compliance is more likely if nurses and midwives have been involved in determining the way the program will be monitored. The consultative process should include explaining to nurses and midwives why monitoring is required; it may be to meet legislative requirements or to satisfy the registering body's mandate to protect the public. Monitoring may be at different levels: at the regulatory authority level; in the workplace; and by nurses and midwives themselves. A positive approach, emphasizing the benefits of the national CPD program to nurses and their clients and focusing on encouragement, motivation, and facilitation to undertake CPD at the workplace, is likely to be more effective than a punitive approach.

If CPD is mandatory, then the regulatory authority will also need to consider what penalties will apply for non-compliance. The capacity of the regulatory body to impose penalties should be included in the legislation. Penalties for non-compliance might include setting a time in which to achieve compliance; scheduling regular audits of the individual for the next few years; requiring attendance at in-services or courses; a period of supervised practice; conditions applied to the license to practice; or removal of the license to practice if non-compliance continues. If penalties are to be imposed, then a formal process for appeal against the penalties must be established.

Countries will also need to consider whether exemptions from the CPD requirements will be granted (e.g., someone who is on sick leave for an extended time or someone on maternity leave) or whether deferments will be accepted (e.g., someone who is going overseas for a short period). Exemptions may also be appropriate if the CPD framework is voluntary. The penalties, the appeal process, and the process for exemptions and deferments should be clearly specified in the framework.

## **EXAMPLES OF COMPLIANCE, PENALTIES, APPEALS, AND EXEMPTIONS**

Below are some examples of the compliance, penalties, appeals, and exemptions that have been used in national CPD frameworks from other countries. The examples are included to illustrate what mechanisms other countries have used. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

### **Lesotho**

Before renewing their practising license, each nurse, midwife, and nursing assistant must submit their bank deposit slip for fees paid for the renewal of their license, as well as their logbook and a summary of the activities in their logbook, to the nurse in charge of their health facility or training institution. ... The nurse in charge will verify the summary against the logbook and sign the summary. The signed summary with the bank deposit slip attached will be forwarded by the nurse in charge to the LNC who will then issue the practicing license. Verification of CPD for nurses in charge should be undertaken by one of their peers. Nurses who are registered with the LNC but who are not currently practicing may apply in writing each year to the LNC for an exemption from CPD requirements. Once the CPD program becomes mandatory, penalties for non-compliance will apply.<sup>77</sup>

### **South Africa**

All health professionals shall ensure that they are in possession of a certificate of attendance for every activity they have attended. They shall keep these for at least two years so that their certificates will be available if required for a random compliance check (HPCSA 2010 p.7). ... Health professionals who are non-compliant or who do not submit their CPD records will automatically be included in the next audit (HPCSA 2010 p.8).... The CPD Section will, on receipt of a non-compliant audit or request for extension, automatically grant the health professional with a six-month extension in which they can attempt to be compliant. After the six months, those practitioners will again be audited. ... Health professionals who have not submitted their portfolios as requested will be regarded as non-compliant and a letter will be sent to the health professional requesting a reason for not responding to the audit. The health professional will be required to furnish the CPD Section with a letter of explanation or with his/her CPD portfolio within 21 days of the date of the letter. Should the explanation be acceptable, the health professional will be given 6 months to comply with the CPD requirements if found to be non-compliant. Those health professionals will be audited again after 6 months (HPCSA 2010 p.15).<sup>78</sup>

### **New Zealand**

The Council has set standards for continuing competence, requires an annual declaration of continuing competence from each nurse and annually selects 5% of practising nurses to complete a recertification audit of the continuing competence requirements under section 41 of the Act.<sup>79</sup>

### **Australia**

The Board's role includes monitoring the competence of nurses and midwives; the Board will therefore conduct an annual audit of a number of nurses and midwives registered in Australia.<sup>80</sup>

### **Swaziland**

When applying for renewal of the practicing license with the Swaziland Nursing council, all nurses (both public and private) should submit their logbook of CPD activities undertaken throughout the year which demonstrates they have

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<sup>77</sup> A Continuing Professional Development Framework for Lesotho (Zero Draft - Monitoring Compliance). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>78</sup> Health Professions Council of South Africa. 2011. *Continuing Professional Development Guidelines for Health Care Professionals*. Available from: [http://www.hpcsa.co.za/downloads/cpd/activities\\_2011/guidelines\\_2011.pdf](http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf) p.7,8 and 15 (accessed 1 January 2013)

<sup>79</sup> Nursing Council of New Zealand (Te Kaunihera Tapuhi o Aotearoa). 2011. *Continuing competence requirements*. Available from: <http://www.nursingcouncil.org.nz/index.cfm/1,187,html/continuing-competence> (accessed 1 January 2013)

<sup>80</sup> Nursing and Midwifery Board of Australia. 2010. *Continuing professional development registration standard*. Available from: <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx> (accessed 1 January 2013)

met the 10 CPD point requirement. The Swaziland Nursing Council each year will randomly audit 5% of nurses to verify their CPD activities.<sup>81</sup>

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<sup>81</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Monitoring). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

## **Step 12: IMPLEMENTATION**

### ***How can a national CPD framework be successfully implemented and communication and marketing strategies be developed?***

The most important step for a successful implementation is to make sure that all stakeholders are involved in the development process right from the very beginning; have been regularly consulted; and have had an opportunity to comment, be heard, and have their issues resolved. Keep stakeholders informed with regular updates about your progress in the development of your national CPD framework. Circulate drafts and encourage comment. Consider all comments, even those you eventually reject.

1. Be very clear about your objectives. If you are not clear about what your objectives are, no one else will be either. Be able to articulate them clearly and succinctly both orally and in writing.
2. Develop publicity material that is attractive, clear, and concise. Avoid long paragraphs of text. Use bullet points, making sure you cover all the essential elements. Road test your publicity material to make sure it is easily understood by people not involved in its development. Use photographs, diagrams, or boxes if possible to break up the text and give it an interesting appearance. Use colours that are easy to read BUT ALSO EASY TO PHOTOCOPY. Avoid dark backgrounds and light text, which does not photocopy well. Use light backgrounds and dark text. Make sure your publicity material can be easily attached to an email or downloaded online.
3. Take the time to list your stakeholders. These will include the nurses and midwives your program is directed to as well as nurse managers and leaders; members of the regulatory authority council or board; other health professionals; officials from the Ministry of Health as well as the Minister and other parliamentarians; the media; and the public. There may be many other stakeholders you can identify. Develop separate communication and marketing strategies for each of your stakeholders as they will all have different needs and different levels of understanding, interest, and influence. This is a key step, so spend as much time as necessary. It is important to spend as much time as is needed to make sure all your stakeholders know what you are trying to achieve, and why, and how you plan to achieve your objectives. You are aiming for them to be your ambassadors or champions in selling the program to all nurses and midwives, the community, and the media.
4. Once your national CPD framework is finalised in printed and electronic format and your stakeholders have been sufficiently briefed, you need to set a launch date. Give yourself AT LEAST three months lead time. Try to pick a date that has some significance to nurses (e.g., International Nurses' Day) and choose the venue carefully. Launching the framework in a clinical setting may present a positive message. Develop a list of people you want to invite to the launch. Decide who you would like to launch the program and who you are going to invite to speak. Have the Minister for Health or the Prime Minister or President launch the program if you can. Other high-profile celebrities can be invited to take part in the launch, particularly if they are known to be "nurse friendly". Make sure all your key nurses and midwives are invited, as well as a selection of nurses and midwives from the workplace. The media need to be informed, invited, and briefed. Press releases need to be issued. Catering needs to be organized. The launch should only take an hour with some speeches followed by refreshments. Make sure you take pictures so you can put a story of the launch on your website.
5. Keep your stakeholders informed of how the implementation is progressing and make sure that, when an evaluation is conducted, all stakeholders have the opportunity to comment and all stakeholders receive or have access to a copy of the evaluation report.

## Step 13: EVALUATION

### *How can you evaluate whether your CPD framework is achieving your objectives?*

As part of the establishment of a national CPD program, whether voluntary or mandatory, countries need to consider how they will evaluate whether their program is achieving its purpose: that of ensuring that nurses, midwives, and others undertake a minimum amount of CPD activity each year (or other specified period). The evaluation criteria established should be achievable and measurable and directly relate to the CPD program. For example, it would be difficult to establish that the involvement of nurses, midwives, and others in CPD was directly responsible for a reduction in the incidence of a particular disease. However, it would be possible to survey nurses, midwives, and others to determine whether they considered their involvement in CPD had improved their practice.

### EXAMPLES OF EVALUATION

Below are some examples of the evaluation strategies that have been used in national CPD frameworks from other countries. The examples are included to illustrate what strategies other countries have used. The examples are a guide only. You might choose to copy or adapt certain language in the examples or the examples might serve to highlight what you do or do not want in your CPD framework.

#### **Swaziland**

A biennial survey (questionnaire) of a random sample of 5% of all nurses (public and private) will be undertaken by the Swaziland Nursing Council in order to determine:

- The number of nurses who met the 10 CPD points in the year
- The type of CPD undertaken
- The nurses' satisfaction with their learning experience and if their learning objectives were met
- The nurses' perception of whether the learning was beneficial
- The nurses' ease of accessing CPD
- How the nurses' attendance was funded
- Whether the nurse was able to obtain release from work for the CPD activity
- Whether the CPD was a part of an individual assessment of learning needs
- The nurses' perception of the CPD program
- Any suggestions for improvement

As part of the evaluation, the SNC will collate, report on, and disseminate in a timely manner the results of their random annual monitoring survey of 5 % of nurses. The evaluation report should be made publicly available on the SNC website.<sup>82</sup>

#### **Tanzania**

The CPD program will be evaluated every three years by a survey questionnaire administered to nurses and midwives in a random sample of 5% of facilities and institutions to determine:

- Number of nurses and midwives who met the 30 point requirement
- Type of CPD activity undertaken
- Satisfaction with learning and perception of learning gained and whether it was beneficial
- Application of learning from CPD activity
- Ease of accessing CPD and ease of using log book

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<sup>82</sup> Swaziland Continuing Professional Development Framework (Zero Draft - Evaluation). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

- Affordability of attaining CPD and ability to obtain release from work
- Whether the CPD was part of a professional development plan
- Feedback about CPD as a part of the requirement for renewal of license.<sup>83</sup>

### **Lesotho**

A biennial survey (questionnaire) of a random sample of 10% of the total population of practising nurses and midwives (public and private) and 10% of nursing assistants (public and private) in each district will be undertaken by the Lesotho Nursing Council in order to determine:

- Whether they met the minimum 12 CPD points in the year
- The types of CPD undertaken in the last two years
- Their satisfaction with their learning experience and if learning objectives were met
- Whether there were any challenges in accessing the CPD
- Whether they received support to undertake the CPD
- Whether they were able to access CPD that was relevant to current or future practice
- What they understand as the importance of CPD
- What they perceive as the benefits and impact of the CPD on themselves, their practice, their profession, and their clients
- Biographical details
- Recommendations for improvement to the national CPD program.<sup>84</sup>

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<sup>83</sup> Tanzania National Continuing Professional Development Framework for Nurses and Midwives (Draft 1 - Evaluation). 2012. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

<sup>84</sup> A Continuing Professional Development Framework for Lesotho (Zero Draft - Evaluation). 2011. Available in PDF form on the ARC website: <http://www.africanregulatorycollaborative.com> under Resources

### 3. SUMMARY

The credibility of a profession is based on the willingness of each professional to embrace new skills, knowledge, and experience. Continuing professional development (CPD) is the process that professionals engage in to maintain and update professional competency throughout their careers. CPD is a personal commitment to keeping professional knowledge up to date. Maintaining and updating skills and knowledge throughout their career is also an ethical responsibility to the people to whom nurses and midwives provide care, to their employer, to themselves, and to their profession. Maintaining a professional development portfolio (see Appendix B) is a useful way for nurses and midwives to keep track of the ongoing professional development activities that they undertake.

Nursing and midwifery regulatory bodies also have a legal responsibility to ensure that the standard of care provided by nurses and midwives is of sufficient quality to protect the public. One way of fulfilling this legal responsibility is to mandate that, in order to renew their practicing license, nurses and midwives undertake a specified amount of CPD relevant to their context of practice to maintain competency. In some countries, nurses and midwives have to sign a declaration confirming they meet national competency standards. In other countries, the regulatory body requires that nurses and midwives have had recent practice in their profession. The overriding imperative for regulatory bodies is to be able to demonstrate that they are fulfilling their mandate to protect the public.

Governments and Ministries of Health (however titled) also have a responsibility to ensure that the health care that is provided to the public is of a sufficient standard that they come to no harm when seeking health care. They also have an economic imperative, as care that results in harm adds a significant cost to the health system.

Nursing and midwifery professional associations and unions have a responsibility also to the profession they represent to ensure that standards are in place, that legislation and regulation supports quality practice, and that nurses and midwives do not bring the profession into disrepute by the provision of poor-quality care.

A national CPD program has benefits for individual professionals, for regulatory bodies, for governments, and most importantly, for the public. This toolkit has outlined some steps that could be considered when establishing a national CPD program. The toolkit is not prescriptive but seeks to give some examples of national CPD frameworks that have been developed to assist those countries wishing to do the same. There are many other resources available through the internet or through networking with colleagues in other countries. The provision of high quality nursing and midwifery care is the objective of each nurse and midwife. Involvement in CPD activities helps nurses and midwives achieve that goal.





## 4. WEB LINKS FOR CPD ACTIVITIES

This section provides a brief annotation of websites that offer direction, guidelines, worksheets, and other information/resources related to the CPD process. You may locate other web links that are helpful and you are encouraged to share those with participants in the African Health Profession Regulatory Collaborative (ARC) for Nurses and Midwives.

### **American College of Nurse Midwives**

This is the professional association of midwives educated within an accredited program and nationally certified by examination for entry into practice. The website includes many sections that could be helpful to those interested in CPD activities. For example, under the [Education](#) tab one will find links to [Continuing Education](#) and [Live Learning Center](#). Core documents such as the code of ethics, standards of midwifery practice, and core competencies are also available. From a regulatory perspective, it is important to note that licensure as a midwife is controlled by each of the 50 states, and criteria vary from state to state.

Web address: <http://www.midwife.org>

### **American Nurses Credentialing Center**

This organisation is dedicated to credentialing professional nurses for advanced practice and the activities they engage in, such as Magnet Hospital recognition and continuing education. It is a subsidiary of the American Nurses Association, the professional organisation for nurses in the United States. The tabs on the website most relevant to this toolkit are [Accreditation](#), where an overview of how to become an accredited and approved provider of continuing education is outlined, and [Continuing Education](#), that offers a range of activities to meet the CPD requirements. The costs of enrolling in continuing education offerings or becoming an accredited provider are explained.

Web address: <http://www.nursecredentialing.org>

### **AUSMED: The Health Care Educators**

AUSMED Conferences and Publications has been providing nurses and allied health professionals access to high quality Australian education and resources since 1987. AUSMED's website states that the group "has a clear understanding of the learning needs of today's health care professionals" working "towards improving patient outcomes and care." AUSMED provides a range of accessible continuing education offerings for nurses and midwives, including a list of upcoming conferences and online activities that the nurse or midwife can choose to meet their CPD needs and requirements. The website tabs of interest include [Nursing Conferences](#), [Clinical Courses](#), and [Ausmed Online](#). Of particular help is the tab labeled [What is CPD?](#) that includes a review of the Australian requirements and Active Learning examples that count towards the required 20 hours of ongoing learning yearly.

Web address: <http://www.ausmed.com.au>

### **National Council for the Professional Development of Nursing and Midwifery, Dublin, Ireland**

This Council was formed in Ireland to promote and develop the professional roles of nurses and midwives. The website speaks to the mission and purpose of the NCM and its commitment to quality nursing and midwifery care for patients/clients in the ever-changing health and illness care environments. The tabs of interest to CPD include [Continuing Education](#), [Courses for Nurses](#), [Staff Nurses](#) and [Midwives](#). The range of CPD activities offered include

online offerings and links to universities that provide advanced nursing and advanced midwifery education at the tertiary level.

Web address: <http://www.ncnm.ie>

### **Nursing and Midwifery Board of Australia**

This regulatory body was created under the 2009 Health Practitioner Regulation National Law, representing a change from individual states or territories regulatory bodies to a single national body. On July 1, 2010, a CPD standard was legislated, so this website is very helpful in explaining the details of the standard and how to meet it. This information can be found under the [Registration Standards](#) with a second click on [Nurses and Midwives CPD standard](#). CPD requirements are detailed in a PDF file titled “Continuing professional development registration standard”, along with Frequently Asked Questions related to CPD. The [Codes, Guidelines and Statements](#) tab on the home page also contains helpful information on standards of practice specific to Australia.

Web address: <http://www.nursingmidwiferyboard.gov.au>

### **Nursing and Midwifery Council United Kingdom**

The Nursing and Midwifery Council is the regulatory body for over 660,000 nurses and midwives for England, Wales, Scotland, Northern Ireland, and the Islands. The website has many helpful publications that address education needs of nurses and midwives. Tabs of special interest to CPD include [About Us](#) that includes the history of regulation in the UK and [Publications](#) where one can find nursing and midwifery standards. If one clicks on “midwifery supervision” there is a downloadable version of the 2009 publication on midwifery supervision titled *Modern supervision in action: a practical guide for midwives*. There is also a publication under the [Publications/Guidance](#) tab titled *Guidance for continuing professional development for nurse and midwife prescribers* that will be of interest to those countries where prescription of medications or drugs is now considered part of the role of selected nurses and midwives (usually advanced practice roles).

Web address: <http://www.nmc-uk.org>

## 5. WEB SITES AND OTHER RESOURCES

### **African Health Professions Regulatory Collaborative (ARC)**

The ARC website contains a wealth of material, presentations, and resources from all the ARC meetings which have been held throughout the initiative.

Web address: <http://www.africanregulatorycollaborative.com>

### **International Council of Nurses (ICN)**

This organisation represents the world's nurses with each national nursing association in membership. Free publications as well as publications for purchase are available. The ICN code of ethics; the international classification of nursing practice (ICNP); and standards for regulation are helpful documents for nurses without such references in their home country.

Web address: <http://www.icn.ch>

### **International Confederation of Midwives (ICM)**

This organisation is a federation of midwifery associations in over 90 countries of the world, representing over 500,000 professional midwives. The *Essential competencies for basic midwifery practice* document, along with the code of ethics and the midwifery philosophy and model of care, provide the framework for what is expected of a fully qualified, competent midwife. In 2010, the essential competencies were updated and new global standards for midwifery education and regulation were agreed, all of which address the need for continuing professional development. ICM

Global Standards, Competencies and Tools: Available from:

<http://www.internationalmidwives.org/Whatwedo/Policyandpractice/ICMGlobalStandardsCompetenciesandTools/GlobalStandardsEnglish/tabid/980/Default.aspx>.

Web address: <http://www.internationalmidwives.org>

### **World Health Organisation**

The World Health Organisation (WHO) website is a vital resource for all health professionals. Regional and global materials on nursing and midwifery, including the 2011 *Strategic directions for nursing and midwifery services* along with World Health Assembly resolutions on strengthening nursing and midwifery can be found at

([http://www.who.int/hrh/nursing\\_midwifery/en/](http://www.who.int/hrh/nursing_midwifery/en/)). The PDF form of the *Global standards for basic nursing and midwifery education (2009)* can be found at:

[http://www.who.int/hrh/nursing\\_midwifery/hrh\\_global\\_standards\\_education.pdf](http://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf)

Web address: <http://www.who.int>

## Appendix A

### Summary of ANCC criteria for Accrediting Continuing Education Providers\*

Some of the general criteria (based on ANCC criteria - see website for more details) for becoming an accredited provider of CPD activities for nurses include:

- The agency or group conducts an initial and ongoing assessments of specific learning needs of nurses and midwives that result in a range of CPD offerings
- The planners of CPD activities are well-qualified; e.g., a nurse planner must be involved in the planning, implementation, and evaluation of each continuing education activity for nurses
- The agency or group employs expert teachers who use effective teaching and learning strategies matched to content and level/type of learners; e.g., midwives practicing in rural areas, nurse educators working with pre-service students, midwives working in government, or nurses in management roles.
- The provider requires valid and reliable assessment methods that provide feedback on whether learning has occurred, the objectives have been met, and the program was well presented.
- The provider documents the number of contact hours, who attended each program, the design of each program, and the evaluation of each programs, and maintains secure storage space for these documents
- The provider understands the need to minimize any conflicts of interests related to commercial supporters
- The provider willingly discloses any conflicts of interests to the participants at the beginning of each offering

\*For complete details on the application process of the ANCC, visit their website at:

<http://www.nursecredentialing.org/>

## Appendix B

### Professional Development Portfolio

A Professional Development Portfolio is an organized, representative, and selective sample of documents chronicling an individual's career pathways that demonstrate their continuing development as a nurse or midwife (formative) as well as excellence (summative) in a particular nursing or midwifery role (clinician, educator, manager, researcher).

A Professional Development Portfolio reflects an individual's growth and development as a professional, including formal education, continuing education, self-reflection, feedback from others, and evidence of critical thinking and ongoing competence. Professional regulatory bodies may require nurses and midwives to submit a professional development portfolio at regular intervals as evidence of ongoing learning and the maintenance and updating of knowledge, skill, and competence. Portfolios may be paper based or in an electronic format.

A Professional Development Portfolio is specific to the individual nurse or midwife and therefore the documents it contains may vary. Documents might include:

- Updated resume including personal information and professional education
  - Description of current practice role and responsibilities
  - Personal philosophy of practice
  - Reflective practice journal
  - Case studies that illustrate practice expertise and/or areas of needed growth
  - Copies of certificates from CPD activities undertaken
  - Performance reviews
  - Committee participation
  - Formal presentations in areas of expertise in own facility or in other facilities or conferences
  - Copies of published articles
  - Plan for professional growth within a specific time frame
  - Awards or other forms of professional recognition.
-

## Appendix C

### EXAMPLE SURVEY CONSENT FORM AND SURVEY QUESTIONNAIRE FOR CONDUCTING A CONTINUING PROFESSIONAL DEVELOPMENT (CPD) NEEDS ASSESSMENT FOR NURSES AND MIDWIVES

*Please note that any consent form and survey/questionnaire must be formally approved by the appropriate research, ethics, or human subjects authority prior to administration.*

#### EXAMPLE SURVEY CONSENT FORM

[Title of the CPD Survey]

[Names, organizations, and contact information of persons involved in developing, administering, and reporting on the survey]

The purpose of this survey is to determine the learning needs and preferred methods of teaching-learning of nurses and midwives toward continuing professional development (CPD). The findings of this study will be used to inform the provision of a national continuing education program for nurses and midwives. All responses to the questionnaire are completely confidential.

The data will be collected using an anonymous questionnaire. We anticipate that your participation in this survey will give us your experience and views on this very important subject. The survey will take about 20 to 30 minutes.

The survey process involves no known risks, harm, or threats to you, your family, the institution in which you work, or to the nursing profession. There are no immediate benefits to you for participating in this survey.

Your participation is completely voluntary. You are free to participate or withdraw from this survey at any point in time without any repercussions and to be informed of the survey results. If you agree, please sign this form.

Signature of participant \_\_\_\_\_

Date \_\_\_\_\_

## EXAMPLE SURVEY QUESTIONNAIRE

### SECTION "A"

#### SOCIO-DEMOGRAPHIC DATA

1. **Name of region and district** \_\_\_\_\_
2. **In what type of area does your institution exist? (tick the box which applies)**
- |                |                          |
|----------------|--------------------------|
| 2.2 Urban      | <input type="checkbox"/> |
| 2.3 Semi-urban | <input type="checkbox"/> |
| 2.4 Rural      | <input type="checkbox"/> |
| 2.5 Semi-rural | <input type="checkbox"/> |
3. **Gender (tick the box which applies)**
- |            |                          |
|------------|--------------------------|
| 3.1 Male   | <input type="checkbox"/> |
| 3.2 Female | <input type="checkbox"/> |
4. **What is your age (tick the box which applies)**
- |                 |                          |
|-----------------|--------------------------|
| 4.1 20-25 years | <input type="checkbox"/> |
| 4.2 26-30 years | <input type="checkbox"/> |
| 4.3 31-35 years | <input type="checkbox"/> |
| 4.4 36-40 years | <input type="checkbox"/> |
| 4.5 41-45 years | <input type="checkbox"/> |
| 4.6 46-50 years | <input type="checkbox"/> |
| 4.7 51-55 years | <input type="checkbox"/> |
| 4.8 56-60 years | <input type="checkbox"/> |
5. **What is your highest level of education? (tick the box which applies)**
- |                            |                          |
|----------------------------|--------------------------|
| 5.1 Secondary              | <input type="checkbox"/> |
| 5.2 High School            | <input type="checkbox"/> |
| 5.3 Undergraduate          | <input type="checkbox"/> |
| 5.4 Graduate               | <input type="checkbox"/> |
| 5.5 Postgraduate           | <input type="checkbox"/> |
| 5.6 Other (please specify) | <input type="checkbox"/> |
6. **What is your highest level of nursing or midwifery education? (tick the box which applies)**
- |                                |                          |
|--------------------------------|--------------------------|
| 6.1 Certificate                | <input type="checkbox"/> |
| 6.2 Diploma                    | <input type="checkbox"/> |
| 6.3 Degree                     | <input type="checkbox"/> |
| 6.4 Post graduate diploma      | <input type="checkbox"/> |
| 6.5 Masters                    | <input type="checkbox"/> |
| 6.6 Any other (please specify) | <input type="checkbox"/> |
7. **What is your current designation or title at your workplace? (tick the box which applies)**
- |                          |                          |
|--------------------------|--------------------------|
| 7.1 Nurse/Nurse midwife  | <input type="checkbox"/> |
| 7.2 Nurse ward in-charge | <input type="checkbox"/> |
| 7.3 Matron/Patron        | <input type="checkbox"/> |

- 7.4 Educator/Lecturer
- 7.5 Other (please specify)

**8. In what type of institution do you work? (tick the box which applies)**

- 8.1 Public
- 8.2 Private
- 8.3 Faith based

**9. What type of health facility do you work in? (tick the box which applies)**

- 9.1 Clinic
- 9.2 Dispensary
- 9.3 Urban health centre
- 9.4 Rural health centre
- 9.5 National hospital
- 9.6 Regional hospital
- 9.7 District hospital
- 9.8 School of nursing
- 9.9 University
- 9.10 Any other (please specify)

**10. In which department do you currently work? (tick the box which applies)**

- 10.1 RCH Department / Unit
- 10.2 Maternity Ward
- 10.3 OPD
- 10.4 Family Planning Unit
- 10.5 Gynaecological Unit
- 10.6 Public Health Unit
- 10.7 General Nursing Department
- 10.8 Midwifery Department
- 10.9 Other (please specify)

**SECTION "B"**

In this section you are asked to respond to each of the following questions or statements related to Continuing Professional Development (CPD) for nurses and midwives.

**11. What does CPD mean to you? (tick the boxes which apply)**

- 11.1 Continuing education
- 11.2 Continuing professional education
- 11.3 Continuing medical education
- 11.4 Continuing nursing education
- 11.5 Short courses
- 11.6 Staff development
- 11.7 In-service training
- 11.8 Other (please specify)

**12. Do you have access to in-service education in your facility? (tick the box which applies)**

- 12.1 Yes
- 12.2 No



**13. If yes, do you attend in-service when it is available? (tick the box which applies)**

13.1 Yes

13.2 No

13.3 Sometimes

**14. How frequently would you like to participate in CPD per year? (tick the box which applies)**

14.1 Once

14.2 Twice

14.3 Three times

14.4 More frequently (please specify)

**15. How much time can you devote to attend CPD each year? (tick the box which applies)**

15.1 Less than one day

15.2 1 day

15.3 2 days

15.4 3 days

15.5 More than three days

**16. How many hours per CPD session would you like to spend? (tick the box which applies)**

16.1 1 hour

16.2 2 hours

16.3 4 hours

16.4 6 hours

16.5 8 hours

16.6 More than 8 hours

**17. What barriers exist that limit you accessing CPD? (tick all that apply)**

17.1 Time

17.2 Travel (distance)

17.3 Cost

17.4 Staff shortage

17.5 Scheduling

17.6 Limited computer access

17.7 Limited computer knowledge

17.8 Limited learning resources (eg library)

17.9 Lack of support from higher authority

17.10 Other (please specify)

**18. In the last twelve months, have you attended any CPD? (tick the box which applies)**

18.1 Yes

18.2 No

**19. If yes, what CPD training have you attended in the past TWO years? (please list)**

19.1 \_\_\_\_\_

19.2 \_\_\_\_\_

19.3 \_\_\_\_\_

19.4 \_\_\_\_\_

19.5 \_\_\_\_\_

**20. If no, what was/were the reason/s for your non-attendance? (tick all that apply)**

20.1 Not selected

- 20.2 Did not know it was available
- 20.3 No relief staff
- 20.4 Not interested
- 20.5 Family responsibilities
- 20.6 Other (please specify)


**KNOWLEDGE AND SKILLS**

**21. What CPD topics would you like to access in the future which can be of most benefit for the professional development of your nursing and midwifery practice?**  
(list at least five topics in priority order)

21.1 \_\_\_\_\_  
21.2 \_\_\_\_\_  
21.3 \_\_\_\_\_  
21.4 \_\_\_\_\_  
21.5 \_\_\_\_\_

**22. From the following topics which are your learning priorities? (tick five only)**

- 22.1 Emergency preparedness
- 22.2 Communication related to patients, families, and health team members
- 22.3 Skills of nursing documentation
- 22.4 Medication administration / drug dosage calculation
- 22.5 Maternal, new born and child health nursing
- 22.6 Mental health
- 22.7 Emerging diseases and nursing management
- 22.7a Infectious diseases, e.g., HIV and AIDS
- 22.7b Non-communicable diseases, e.g., diabetes, hypertension, cancer, etc.
- 22.8 Nursing process
- 22.9 Leadership, management and governance skills
- 22.9a Time and conflict management
- 22.9b Customer care
- 22.10 Operation and management of new equipment
- 22.11 Research
- 22.12 Ethical issues
- 22.13 Patient advocacy
- 22.14 Critical thinking
- 22.15 Teaching and learning strategies
- 22.16 Computer skills


**23. How would YOU rate yourself in performing nursing and midwifery procedures? (tick the box which applies)**

- 23.1 Excellent
- 23.2 Good
- 23.3 Satisfactory
- 23.4 Need improvement


**24. What skills and procedures do you want to learn or improve? (list the top five)**

24.1 \_\_\_\_\_  
24.2 \_\_\_\_\_  
24.3 \_\_\_\_\_  
24.4 \_\_\_\_\_  
24.5 \_\_\_\_\_

**ATTITUDE AND ATTRIBUTES**

**25. Do you think CPD is important for professional development? (tick the box which applies)**

- 25.1 Yes
- 25.2 No
- 25.3 Please explain the reason for your answer

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**26. In your view, who is primarily responsible for ensuring your CPD? (tick the box which applies)**

- 26.1 You as an individual
- 26.2 Your employer
- 26.3 Your institution or organization
- 26.4 The National Nursing Association or Regulatory Authority
- 26.5 All of the above

**27. Do you think CPD can enhance ethical practises in nursing? (tick the box which applies)**

- 27.1 Yes
- 27.2 No
- 27.3 Please explain the reason for your answer

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**28. Do you think that CPD can enhance the quality of nursing and midwifery care? (tick the box which applies)**

- 28.1 Yes
- 28.2 No
- 28.3 Please explain the reason for your answer

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**29. What are the most effective and efficient teaching/learning methods for you? (tick all that apply)**

- 29.1 Formal lectures
- 29.2 Group discussions
- 29.3 Case studies
- 29.4 Self-directed reading
- 29.5 Modules (self-learning packages)
- 29.6 Workshops or seminars
- 29.7 Role plays
- 29.8 Video tape instruction
- 29.9 Clinical on-site learning
- 29.10 Clinical off-site learning
- 29.11 Individual mentoring

**30. Do you have any suggestions that would assist you to attend CPD sessions in the future?**

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**THANK YOU VERY MUCH FOR YOUR PARTICIPATION**