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TIME TO CONSIDER THE INTRODUCTION OF MANDATORY CONTINUOUS PROFESSIONAL DEVELOPMENT TRAINING PROGRAMME FOR REGISTERED HEALTHCARE WORKERS ESPECIALLY NURSES AND MIDWIVES IN SIERRA LEONE

Ibrahim Sahr Momoh¹ and Mimi K K Rogers²

¹ Clinical Nurse Educator, Department of Learning and Development, Wren Healthcare Ltd, England, UK. momohis@live.com.

² Senior Sister, Dermatology Department, Beckenham Beacon Hospital, King's College Hospital NHS Foundation Trust, UK. <u>mimikonah.rogers@nhs.net</u>

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ABSTRACT: In developed countries like Australia, Canada, UK and USA, continuous professional development (CPD) is statutory or mandatory training for all regulated healthcare staff such as doctors, midwives, nurses, pharmacists and physiotherapists. All patients facing healthcare professionals are expected to attend stipulated programs of learning some with annual recall. These trainings are compulsory to attend. Staff employers would be in breach of statutory laws or regulatory requirements if they employ or allow staff to work with expired CPD competencies. In a lowor middle-income country (LMIC) like Sierra Leone, CPD is currently selective, and voluntary and registration licences are not revalidated. This can invariably put patients at risk as clinical skills/knowledge are not regularly verified. This paper discusses the rationale for the Government of Sierra Leone (GoSL) to consider introducing mandatory CPD training programmes, especially for nurses and midwives employed in healthcare settings in the country.

KEYWORDS: Continuing professional development, midwife, nurse, Sierra Leone.

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INTRODUCTION

Background

The Government of Sierra Leone (2019) with support from the United Nations Population Fund (UNFPA) published a national Nursing and Midwifery Strategy for the period 2019 - 2023. In this document, a comprehensive SWOT analysis was carried out and reported on the education and continuous professional development of nurses and midwives. These highlighted key issues affecting the current set-up in the country. In particular, the analysis identified weaknesses including lack of qualified instructors/clinic instructors, inadequate capacity-building programmes for tutors, limited physical learning space, inadequate resources like equipped skills lab; library, ICT & computer labs; office furniture; teaching and learning aids; and if present, sometimes not accessible or supported, uncoordinated in-service training, very little academic research and no continuous professional development (CPD) structure.

Opportunities to make improvements

These weaknesses provide opportunities which if carefully addressed could offer possible solutions to improving the system that will facilitate achieving the government's goal of producing capable healthcare staff to employ nationally. Continuous professional development is important in vocational training programmes like nursing and midwifery as learnt skills need to be continuously updated especially as research and progress have been made in the health field at a faster pace. In Sierra Leone, the prevalent style of learning in most of the nursing and midwifery schools remains rote learning with learners not fully understanding key topics or concepts in detail. Without concrete support like preceptorship or mentoring in place to assist them, the problem is compounded when these nurses and midwives graduate and are quickly transitioned into the work environment.

Best practice globally

In developed high-income countries like Australia, Canada, UK and USA, continuous professional development is supported through initiatives such as statutory or mandatory training for all frontline staff. All patient-facing healthcare professionals are expected to attend stipulated programs of learning some with yearly recall for all such staff. These trainings are compulsory to attend, failing which the nurses' or midwives' employers would be in breach of statutory laws or regulatory requirements which carry stiff penalties.

The Royal College of Nursing (RCN) states that Mandatory training is compulsory training that is determined as essential for the safe and efficient delivery of services. It goes on further to state that this type of training is designed to reduce organisational risks and comply with local or national policies or government guidelines (RCN, 2018). The current position of the UK Nursing and Midwifery Council (NMC) is that registrants must have undertaken CPD relevant to their scope of practice over a specified time (NMC, 2020). The NMC does not set specific requirements on the type of CPD or how often mandatory training must be completed. However, the NMC expects nurses and midwives on its Register to remain trained and competent and for revalidation purposes, expects registrants to evidence 35 hours of CPD learning of which 20 hours must include participatory learning over a 3-year cycle (NMC, 2019). The International Council of Nurses (ICN) in their code of ethics, also states that nurses carry personal responsibility and accountability for ethical nursing practice, and for

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maintaining competence by engaging in continuous professional development and lifelong learning (ICN, 2021).

Generally, in the UK, nurse and midwifery employers like NHS trusts and private healthcare providers require and support nurses and midwives to attend/attain compulsory yearly mandatory training covering varied topics such as informed consent, mental capacity, infection prevention & control including hand hygiene, basic life support/first aid, blood transfusion processes, child & vulnerable adult protection, medicines management, clinical record keeping, incident reporting, conflict resolution, bullying and harassment awareness. The employers support their employee's CPD requirement with the aid of a learning management system (LMS). These are integrated software platforms capable of creating, delivering, reporting and tracking staff educational course completion status. LMS can manage face-to-face courses, online and/or a blend of the two which allows accurate Human Resources records to be kept updated. Staff will be queried or temporarily stopped from working on patient safety grounds if any of their mandatory training lapses.

Current situation in Sierra Leone

In Sierra Leone, there are presently no mandatory training requirements for nurses or midwives. Hence, many nurses and midwives (and other healthcare professionals) are not revalidated regularly nor do they receive updated training on current best practice guidelines. This puts patients at risk as staff may be providing clinical care using obsolete techniques. The postqualifying training for nurses and midwives appears selective, centralised in Freetown or other city-based referral hospitals and relies heavily on external donor funding/expertise, voluntary goodwill of diaspora organisations like The Organisation of Sierra Leonean Healthcare Professionals Abroad (TOSHPA) or professional individuals. Both authors have facilitated free clinical skills training with the permission of the Hospital Management Teams at the Bo Government Hospital (BGH) and Connaught Hospital during holiday visits to Sierra Leone. In one instance, over a 2-day period, 52 clinical staff including State Registered Nurses (SRN), midwives and Community Health Officers (CHOs) were released to attend disease-specific update training and clinical skills practicals. Both authors have also facilitated joint Zoom training sessions for staff working in Ward 6 at Connaught Hospital, Freetown and Ward 2 at BGH. Feedback received from the staff that attended these training sessions showed that Sierra Leonean nurses and midwives have a yearning for learning to improve patient care and if given the opportunity, they will engage with relevant CPD or lifelong learning. Also, from our experience of organising these training sessions at BGH and Connaught Hospital, the Hospital Managers demonstrated a willingness to support their employees to attend relevant training to maintain their clinical skills for safe practice.

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Fig. 1: Group photo of *Ward 6* CHOs and SRNs with the author (front row middle) and diaspora colleagues on a training visit to Connaught Hospital. Photo credit – MR (author).

Post-qualification CPD training in Sierra Leone is not currently compulsory and remains mostly in the form of on-the-job training, in-service updates or workshops provided through a collaboration between the Ministry of Health and Sanitation and International NGOs' joint working cooperation. In many cases, training is targeted at senior staff working on selected wards/departments at government referral hospitals or field hospitals such as those managed by Médecins Sans Frontières (MSF) in Hangha, near Kenema City; Partners in Health (PIH) at Government Hospital, Koidu City and a few others. These international NGO-supported training activities are vital but not sustainable as when their fixed funding supports run out, the NGOs pull out and the CPD activities cease with all the good work of these well-meaning partners lost. For example, during the Ebola epidemic, there was a huge influx of foreign aid including technical personnel from all over the world who came to support the country fight the disease, saving lives and improving services. Excellent practical training was provided on infection prevention and control for example which quickly upskilled local staff and helped defeat the contagious Ebola virus (Jones-Konneh et al, 2017). However, those evidence-based trainings have not been embedded, built on or expanded, and hence, their benefits are not maximised.

Most Sierra Leonean nurses or midwives after completing their initial national qualifications are posted to stations including rural areas with inadequate additional training support or

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mandatory training requirements in place. It is therefore not uncommon for some nurses or midwives to have little to no further post-qualifying update training for many years and some nurses and midwives for the rest of their working lives after graduating. This invariably puts patients at risk of sub-standard care which can have grave consequences.

Proposal

Nurses and midwives play a vital role in the healthcare provision in Sierra Leone. In a country where there are less than 2 medical doctors per 10,000 and 8 nurses & midwives per 10,000 inhabitants (WHO, 2019), they are a vital human resource. This compares to 30 medical doctors and 89 nurses & midwives per 10,000 respectively in the UK (WHO, 2019). Without the right support for these key workers to empower them to maintain their clinical competencies and stay up to date with their clinical or professional skills, it will be difficult to achieve the World Health Organisation (WHO) endorsed United Nations health-related Sustainable Development Goal 3 of Good Health and Wellbeing.

Continuing Professional Development has been shown to offer clinical staff many benefits including maintaining competence to practice, professional proficiency and expertise (Pool *et al* (2016); Mlambo *et al* (2021); Xu *et al* (2022)). This coupled with the current Sierra Leone government's declared goal of human capital development and health governance through enhancing the capacity for health planning, management, monitoring and coordination as spelt out in their 2018 manifesto, makes a plausible case for the introduction of CPD for healthcare professionals in Sierra Leone. Experience in other countries has shown that different modes of support can be adapted to support staff to achieve stipulated CPD activities including face-to-face training, online learning or a blend of these (Berndt *et al* (2022); Byungura *et al* (2022); and Watson (2021)).

What form of CPD training needs to be considered in the Sierra Leone situation is a matter for a strategic decision that the Ministry of Health and Sanitation and/or Ministry of Technical and Higher Education in conjunction with the professional regulatory body, Nurses and Midwives Board Sierra Leone (NMB-SL) would need to map out. A feasible proposal to consider is for the GoSL to make recommendations through the NMB-SL guidelines or pass primary legislation mandating specific patient-facing staff including all nurses and midwives to attend on a 1 - 3 yearly basis agreed courses and to revalidate their licences perhaps on a 5-annually cycle by evidencing their engagement in specified CPD learning activities. This will facilitate:

- a). Updating the clinical skills of these patient-facing staff in the acute and community settings aimed at reducing the risks to patients
- b). Providing compulsory CPD activity for clinical staff across the country to encourage them to engage in lifelong learning.
- c). Providing an opportunity to assess staff for additional training, promotion and/or remuneration.





Fig.2: Class of CHOs and SRNs practising clinical skills training at Bo Government Hospital. Photo credit – IM (author).

Aspects of Training

Considering Sierra Leone's recent experience with the Ebola epidemic (NERC, 2015), threats posed by the Covid-19 pandemic (Human Rights Watch, 2020) and current findings that sepsis is now one of the biggest killers globally (WHO, 2021), or the burden of non-communicable diseases (Africa CDC, 2022), we reckon it is time for GoSL to consider developing mandatory training programmes for national roll out on key topics including but not limited to:

- Infection prevention & control annually.
- Hand hygiene for clinical staff annually.
- Basic life support and first aid training including emergency management of conditions such as acute coronary syndrome, strokes, sepsis, hypovolaemia, wound care, choking, acute anaphylaxis, diabetes and oxygen therapy annually.
- Assessment and clinical monitoring of patients including the National Early Warning Signs (NEWS) as recommended by the Royal College of Physicians annually.
- Medicines management and modern clinical devices training annually.
- Cannulation/venepuncture skills and IV infusion update annually.
- Advanced life support for senior nurses and midwives including ward/unit management or divisional responsibilities annually.

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In a situation where there are currently no validated courses on the above topics/subjects in Sierra Leone, it would be more appropriate to develop the relevant course materials with a local flavour rather than adopting courses that are developed for nurses working in high-income countries with a radically different healthcare resource setting to Sierra Leone. Pooled professional expertise at the nursing schools at College of Medicine and Allied Health Services (COMAHS) with a campus at Freetown, Eastern Technical University of Sierra Leone (ETU-SL) with a campus at Kenema City, Njala University (NU) with campuses at Bo City and University of Makeni (UNIMAK) with a campus in Makeni City could be commissioned to develop and implement such courses on behalf of the government. Such locally developed courses are sustainable and cost-effective and promote inter-institution collaborations for national development.



Fig.3: Group photo with the Hospital Matron, CHOs, midwives, SRNs and author following a training session at Bo Government Hospital. Photo credit – IM (author)

Sierra Leone is administratively divided into Provincial Areas which are subdivided into Districts and districts are further divided into Chiefdoms. The established nursing/midwifery schools in each Area could become the coordinating centre for nurses and midwives working in their administrative catchment districts and can take the programmes to the staff at the Chiefdom level for ease of access and wider participation. COMAHS in Freetown, administratively composed of Urban and Rural Freetown would cater for staff working in the Western Area while UNIMAK can assume CPD training responsibilities for staff in the North and North-West Area districts of Bombali, Tonkolili, Koinadugu, Falaba, Port Loko, Kambia and Karene. Similarly, NU could be allocated the CPD training responsibility for staff in the districts of Bo, Bonthe, Moyamba and Pujehun in the Southern Area while ETU-SL could take on the responsibility of those staff employed in Kenema, Kono and Kailahun districts in the Eastern Area. As all these districts are predominantly rural, hence such a course would benefit

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many of the nurses and midwives employed in these rural institutions (PHUs) who would otherwise find it difficult to access any specific face-to-face training or they would have to travel long distances to access training in the national capital, Freetown if a centralised method is implemented. Also, the current internet reliability and reach for online training are limited and a constraint. This particular disadvantage affects women staff who form a large proportion of the lower cadre of nursing and midwifery staff. These women workers have restricted caring and family responsibilities in addition to their employment, making it challenging for them to leave their stations to travel to Freetown or other cities for training and they may also not have reliable android/iPhones or other modern electronic devices to empower them to access or engage with recommended online CPD training. A nurse or midwife for example travelling from a hospital or PHU in Kailahun in the East, Pujehun in the South or Falaba in the North to attend CPD training in Bo, Freetown, Kenema or Makeni where they may have no relatives to host them, or inadequate financial/training grant support provisions makes many staff skip or lose out on these vital training activities.



Fig. 4: Administrative map of Sierra Leone. Credit - Statistics Sierra Leone

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An alternative approach is for government or regulatory authorities to consider a service redesign to facilitate the implementation of this proposal through:

- Government commissioning a collaborative work between the four main schools of nursing in the country, COMAHS, ETU-SL, NU and UNIMAK to share professional expertise, develop the CPD course curricula, learning materials and implement this work. This can be facilitated by the creation of clearly defined positions of CPD Coordinators or Lecturers at each institution to lead on this work and also to liaise with healthcare institutions at Connaught Hospital, Bo Government Hospital, Kenema Government Hospital, Makeni Government Hospital and Port Loko Government Hospital to upskill staff and Primary Healthcare Units (PHU) in rural areas within each local district hence taking CPD training closer to the nurses and midwives.
- Alternatively, new positions such as Clinical Nurse Educators based at Connaught Hospital, Freetown and provincial city/town Government Hospitals embedded in each hospital's Matron office could be that link between the tertiary education institutions and Hospitals/PHUs to facilitate this work of upskilling employed personnel.
- Commissioning work with Sierra Leone's Chief Innovation Officer, who doubles as the country's minister for Basic and Secondary Schools Education to develop a workable Learning Management System with a variety of functionalities capable of creating, delivering, reporting and tracking staff CPD completion positions. A user-friendly online learning platform similar to the digital learning hub already developed by the Directorate of Science Technology and Innovation (DSTI, https://www.dsti.gov.sl/) would assist all nursing and midwifery staff, especially those working at rural outposts to gain mandated CPD. Such a development is in line with elements of the GoSL Radical Inclusion Policy (GoSL, 2021) relating to empowering marginalised groups such as pregnant girls/women and parent learners through education.
- Oversight and leadership of the project could be provided by the Ministry of Health and Sanitation through The Directorate of Nursing & Midwifery, The Sierra Leone Nurses & Midwifery Board and the Diaspora Liaison Officer to review progress, collect data and when appropriate implement good practice across the country.

Initially, this proposal may serve as a pilot project which will generate additional data for GoSL and partner organisations to consider what specific mandatory training would be beneficial or necessary for all the cadres of healthcare professionals working in various healthcare institutions in Sierra Leone.

CONCLUSION

In similar healthcare settings like in Osun State, Nigeria where Continuing Professional Development programme has been implemented successfully as recommended by the Nursing and Midwifery Council of Nigeria (Afolabi *et al*, 2021), the training has shown demonstrable benefits to both patients and nursing or midwifery staff. We envisage that similar benefits could be observed in a well-planned and implemented mandatory CPD programme for nurses and midwives in Sierra Leone. The immediate beneficiaries of this proposal when fully implemented will be the patients cared for and the nurses/midwives employed in the

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implementation hospitals and peripheral health units. Sierra Leoneans, in general, will benefit as they will be served by updated, confident and competent nurses or midwives working in those GoSL hospitals, PHUs and other healthcare facilities all over the country.

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