THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

STRENGTHENING CONTINUING EDUCATION/ CONTINUING PROFESSIONAL DEVELOPMENT (CE/CPD) FOR HEALTH WORKERS IN TANZANIA

A GUIDE FOR MAIN ACTORS

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MARCH 2003

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

APECA	Association of Physicians of Eastern and Central Africa
AHRTAG	Appropriate Health Resources and Technologies Action Group (Now "Health Link")
AIDS	Acquired Immunodeficiency Syndrome
CBHC	Community Based Health Care
CCHP	Comprehensive Council Health Plan
CE	Continuing Education
CEU	Continuing Education Unit
CHMTs	Council Health Management Teams
CPD	Continuing Professional Development
DANIDA	Danish International Development Agency
DCEC	District Continuing Education Coordinators
DE	Distance Education
DHMTs	District Health Management Teams
HLM	Health Learning Materials
HRH	Human Resources for Health
HSPS	Health Sector Programme Support
HSR	Health Sector Reform
IQCCE	Improving Quality of Care through Continuing Education
KAS	Knowledge, Attitudes and Skills
MAT	Medical Association of Tanzania
MoH	Ministry of Health
NACTE	National Accreditation Council for Technical Education
NCEAC	National Continuing Education Accreditation Committee
NGOs	Non Governmental Organizations
NHP	National Health Policy
PHC	Primary Health Care
PORALG	Presidents Office for Regional Administration and Local Government
RCEC	Regional Continuing Education Coordinators
RHMTs	Regional Health Management Teams
TARENE	Tanzania Registered Nurses Association
TBAs	Traditional Birth Attendants
TOT	Training of Trainers
VHW	Village Health Workers
WFME	World Federation for Medical Education
WHO	World Health Organization
ZCEC	Zonal Continuing Education Centres
ZTC	Zonal Training Centre
CD	

FOREWORD

One of the main functions of the Ministry of Health is to provide direction through formulation of policies, setting national priorities and developing strategies. As a way of accomplishing this responsibility, in March 2003 a review team of health professional convened at Njuweni Hotel, Kibaha to review the current provision and strategies of Continuing Education/Continuing Professional Development in the country.

In developing this guide, the meeting took stock of the current situation in the health sector and reviewed the current performance of the Ministry of Health and attempted to realign resources and commitment towards objectives that would improve the effectiveness and efficiency of the health care system.

Among the causes of poor performance in the delivery of quality health care in the country is the inadequacy of Continuing Education/Continuing Professional Development of health workers at all levels. The remedy to this would be to have a guide that will facilitate the planning, implementation, monitoring and evaluation of Continuing Education/Continuing Professional Development program for health workers at various levels of care.

This guide is provided with relevant information that aims at improving coverage and quality of Continuing Education/Continuing Professional Development of health workers at all levels. The main thrust of the guide is the improvement of management and quality of health services.

In developing this guide, extensive powers for operational management have been decentralized to the districts in accordance with the health sector and local government reforms currently taking place in the country.

This process encourages more opportunities for further learning, as more often the health workers are involved in a participatory manner in deciding on what they would like to learn more about.

Through the use of this guide one wish to see more initiative, more enterprise and much greater flexibility. We expect to achieve greater involvement of people in the provision of quality services. I believe it is an inspiring document, which will be a constant source of strength for developing continuing education/continuing professional development programs for all health workers in the country.

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ACKNOWLEDGEMENT

To everyone we say **THAINK YOU11**

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ABOUT THIS GUIDE

This is a revised guide for planning and implementing Continuing Education/Continuing Professional Development (CE/CPD) for health workers in Tanzania. The guide aims at giving direction of CE/CPD activities at different levels. It addresses the shortfalls and challenges of the present situation of CE so that the existing resources will be optimally utilized to support CE/CPD activities and meet the expectations of the community towards realizing good quality health care.

This guide is intended for use by the Ministry of Health, CE coordinators, health workers at all levels, CHMT/RH<T members, PHC programmes, NGOs, Private sector, Policy makers and donor agencies. The guideline will enable them to plan, support, implement, monitor and evaluate effectively CE/CPD activities in their respective areas. This document is organized into five sections namely;

Section 1: Introduction
This section deals with the reasons for developing the guideline, outline of the guideline, background information, situation analysis, rationale for the development of the guide and the importance of CE/CPD. Finally the section describes the policy statement and philosophy of CE/CPD.

Section 2: Objectives
In this section the vision, mission and objectives are described. Moreover, the section highlights the main actors such as the health workers/implementers, policy makers and other target groups.

Section 3: The roles of different stakeholders
This section summarizes the roles in planning and implementing CE/CPD. Moreover, issues of resources and efficiency such as effective CE methods, approaches and decentralization of CE activities are described.

Section 4: Planning and implementing CE/CPD
In this section, important questions to be considered are Outlines with prospective answers on what is to be done once confronted with the numerous challenges. The question responds to the need for a more systematic approach of planning organizing and implementing CE/CPD in various situations.

Section 5: Distance Education (DE)
This section deals with DE as a key strategy of CE/CPD. Similar to section four above, important questions for planning and implementing DE for health workers are mentioned.

1.0 Introduction

1.1 Background

Continuing Education/Continuing Professional Development (CE/CPD) refers to any form of education that takes place after the initial basic training. CA/CPD aims at updating health workers knowledge, skills and attitudes in order to improve work performance. Continuing Education/CPD has been implemented in Tanzania in a more organized way since the 1980's. However during that moment, it was mainly implemented in a centralized way and on a small scale involving few regions only.

In 1989, a decentralized approach of implementing Continuing Education in the country was introduced by establishing six (6) Continuing Zonal Centres (CEZCs) namely:

1. **Northern Zone** at Arusha (Serving Arusha, Manyara, Kilimanjaro, Tanga an Singida regions);

2. **Lake Zone** at Mwanza (Serving Mwanza, Shinya, Mara and Kagera regions);

3. **Southern Highlands Zone** at Iringa (Serving Iringa, Mbeya, Ruvuma and Rukwa regions);

4. **Southern Zone** at Mtwara (Serving Lindi and Mtwara regions);

5. **Western Zone** at Kigoma (Serving Kigoma and Tabora regions);

6. **Eastern Zone** at Morigiri (Serving Morogoro, Dar es Salaam, Coast and Dodoma regions).

The main aims of decentralization were to empower the zones to plan and implement CE/CPD in a more systematic way to bring CE closer to the districts, which are the targets for implementation of continuing education. Furthermore, Zonal and district resource centers were established to support Continuing Education through improving access to information.

Various methods/strategies of CE/CPD were utilized such as inter-grated training, distance education, lobby meetings, workshops, needs assessment, establishment of resource centers, provision of HLMs, appointment of CE/CPD coordinators, staff training, organization of CE etc. These strategies were essential and enhanced frequent update of competencies and easy monitoring of substantial performance.

Continuing Education is well documented in various Ministry of Health Policy documents for example; National health Policy, Health Sector Reforms, Human Resource

for Health plan etc. The Ministry of Health considers Continuing Education as being crucial in support of Health Sector Reforms through capacity building especially at district levels throughout the country as it improves their performance and personnel development. Thus the National Health policy (NHP, 2002) stipulates that, the human resources development and management will have sole responsibility for facilitating pre-service training, in-service training and CE.

Furthermore, the HRH policy emphasizes that, every health workers takes responsibility and duty for self-professional advancement in order to provide good health care practice and improve quality of care (HRH, five years plan 1996). This is therefore a revised guideline aiming at supporting Ministerial efforts to build capacity at various levels through the use of cost effective Continuing Education approach.

1.2 Situation Analysis

The government through the Ministry of Health Human Resource Development Department has taken various initiatives in implementing CE/CPD for health workers since independence. However in the 1980's the Ministry of Health HRHD, supported by donors took another step of piloting CE for health workers in the Northern Zone. Following a positive evaluation result of the pilot, CE/CPD was then adopted and rolled out to the rest of the country. This culminated in the formulation of a national HRH policy as part of the overall NHP, which underscores the importance of CE/CPD for health workers to enhance better provision of health services. Among the specific objectives of the health policy stipulates is the move towards self-sufficiency in human resources by training all required cadres at all levels in the country. Since 1970's Tanzania has been implementing a large-scale training of allied health professionals and nurses, mainly aiming at providing trained personnel to work in rural health facilities. However the majority of health training institutions face shortage of tutors and there is no good link between basic education and practice.

The major problem perceived within the health sector resource development has been gaps in the provision of adequate basic education to health workers to address common community health problems. The outcome has been that health workers of different cadres have not been able to match their performance with the new health strategy approach and current technological developments in the health sector. Moreover, there are inadequate continuing education and supportive supervision. In addition, there are also problems that include inadequate health facility planning and staff distribution and management. Thus the Ministry of Health started to organize and implement continuing education for health workers to address these problems.

However there have been achievements, weaknesses and constraints in this process. Among the weaknesses and constraints are inadequate integration, weak coordination of CE/CPD and inadequate staff motivation partly due to insufficient facilities, essential equipment and supplies.

Among the achievements realized include decentralized CE/CD activities encompassing establishment and strengthening of Zonal Training Centres (ZTCs) in terms of infrastructure, resource centers, HLM, capacity building and staff development. Others include establishment of CE committees, appointment of coordinators, and several partners supported the programme, like AHRTAG and DANIDA. Furthermore, a CE unit was also incorporated to MoH organ gram, advocacy in CE to policy makers, administrators, CHMTs and health workers were strengthened. Moreover, small CE programmes like running distance education upgrading courses, KCMC CE programme, integrated CE for PHC managers and development of integrated curriculum were initiated and implemented.

Since 1996 the government of Tanzania started to implement Health Sector Reforms. These changes have created new opportunities for participation by the private sector in social, economic and health development of the country. The reforms emphasis is on competent well-trained and well-motivated staff.

A number of the developmental and operational actions currently being effected in the Ministry of health are a result of the government policy on Social Sector Strategy. The central focus of this policy was to improve provision of social services to the public and to increase accessibility to services. Among the areas emphasized in the policy and the health Sector Reforms Action Plan is to achieve a specification of professional career development for health trainers and other professional staff. The measures include strengthening of continuing education, promotion of female education, gender sensitive education and research activities. All these developments suggest strengthening of the human resource planning and development process within the Ministry of health. Continuing Education is therefore seen as a pillar of implementing and reinforcing and spearheading efforts of Health Sector Reform action plan.

The HRH plan emphasizes on the following action proposals to achieve its aims and objectives:

- Conserve funds while improving quality

- Ensuring competency to deliver essential quality care through in service training by continuing education

- Creating management and organization capacity for health Sector Reforms

- Direct Human Resources Development towards Health Sector Reforms requirement through continuing education

- Strengthen HRH planning process through continuing education as the most cost effective way

- Creating enabling environment for monitoring and evaluation.

The ultimate of these ministerial reform processes is to develop a health delivery system that is efficiently managed, well organized and properly structured. The expectation is that such a system would be able to not only provide health services to Tanzanians but also to ensure that the services provided are accessible and are of acceptable quality to the whole public at an affordable cost.

Continuing Education is more suitable and appropriate alternative for providing in service training to health workers because it carries the following advantages:

- Health workers are able to acquire learning experiences in their own environment while providing essential health care to the community

- The program has the potential of reaching a large number of health workers

- It is cost effective

- It addresses work-based problems so that relevance of what is learned is appreciated and put to use.

1.3 Rationale

The need for CE/CPD for health workers is realized, as an integral, effective and efficient tool for updating and maintaining competencies of health workers wherever they may be to meet the current health needs.

On realizing the importance of continuing education, attempts were made by the Ministry of Health to develop a National Continuing Education Guideline in 1992 and reviewed in 1996. However, many shortfalls and challenges were observed which can be broadly categorized into two major groups namely:

- ❖ Challenges originating from internal environment within which CE operates such as inconsistence and weakness in implementing CE, inadequate advocacy and dissemination, inadequate coordination, integration and supervision, low pace in coping with technological advancement, insufficient, accessibility of CE guideline,

inadequacy of staff and other resources (both number and quality) and insufficient direction to CE guide operational process.

❖ Contextual aspects Health Sector Reforms, policy and other changes. Many changes have taken place in the country including changes in Health Policy and new developments like Health Sector Reforms. Others are changes in community needs and demands, emerging and re-emerging of diseases.

This guideline is a revised and an updated one to cope and accommodate these changes and challenges.

Therefore the guideline for implementing of CE/CPD activities in Tanzania aims at giving direction of CE/CPD activities at different levels.

The guideline addresses the shortfalls of the present situation of CE so that the existing resources will be optimally utilized to support CE/CPD. It is hoped that, this will lead to improvement of health workers' performance and meet the expectations of the community towards realizing good quality health care.

This guideline is intended for use by the Ministry of Health, CE Coordinators, health workers at all levels, CHMT/RHMT, PHC programs, Private sector NGOs, policy makers and also interested donor agencies to determine areas they with to support. The guideline will enable them to plan, implement, monitor and evaluate effectively CE/CPD activities in their respective areas with proficiency, consistency and greater objectivity across the country.

1.4 Policy Statement

Human Resource for Health Policy (1995) states that, CE/CPD applies to all health workers including support staff to form a culture of continuing self-improvement. Furthermore, the National Health Policy (2003) emphasizes that a well-trained and deployed workforce is a pre-requisite for adequately coping with current and emerging health problems. Thus, CE/CPD for health workers was identified as being of paramount importance for continuing professional development for provision of quality health services within the broader context of the Health Sector Reforms.

It is obligation of the Ministry of Health therefore, to strengthen CE/CPD capacity to satisfy the national requirements for all health workers. In order to achieve this aim, CE/CPD concept should be maintained to enable health workers at all levels and in all public and private sector institutions to embark on CE?CPD that is convenient,

sustainable and relevant to the educational needs to health workers. This is particularly important due to current scientific inventions and discoveries of new diseases and drugs.

By realizing this important education fact, the Ministry of Health established CE/CPD purposely to ensure that all health workers remain knowledgeable and competent throughout life when in their term of office.

The implementation of CE/CPD will involve a number of stakeholders from various levels.

- The Ministry of Health will strengthen and support zonal training centers, in-service and distance learning.

Further, the MoH will be the overall body responsible for overseeing that CE/CPD guidelines are professionally interpreted and implemented by zones, regions, districts and other health stakeholders;

- Zones will serve as links between regions and Ministry of Health. In addition, zones will provide relevant technical support as demanded by regions;

- The regions will supervise and provide technical support to districts;

- The district will be responsible for planning implementing integrating and coordinating CE/CPD activities to all health workers in governmental and non-governmental health institutions;

- Health stakeholders will liase with government with governmental institutions in planning, implementation, monitoring and evaluation of CE/CPD activities;

- Health training institutions in collaboration with the CHMTs will be the foci for CE/CPD activities. In addition, CHMTs will follow up graduates at their places of work.

Implementation of CE/CPD activities should be guided by the national CE/CPD guideline for health workers to ensure sustainable, consistent, effective and efficient provision of quality health care for customers.

1.5 Philosophy

The philosophy of CE/CPD is embedded in the fact that learning and knowledge gathered in basic, post basic and postgraduate training withers away, fades and decays if nothing stimulates the health worker to actively and continuously learn or search for information. As people grow and get older, they undergo physiological changes including the brain. Therefore, their memory of what was learnt previously and what takes place in practice diminishes. They need to be assisted to remember things and boost their memory capacity just like a child who received a first dose of measles vaccination will need booster doses to raise the level of immunity against measles virus. If a health worker is left to rote this way, continuing ignorance will prevail. Practical skills, knowledge and attitudes deteriorate and affect the performance, which results in poor quality of care. CE/CPD is a remedy cure for continuing ignorance and ensures that health workers are always knowledgeable and skilful in their clinical practice for improved quality care.

Moreover, CE/CPD becomes mandatory because of many other compounding factors like:

- Outburst/explosion in new literature in the health sector;

- Globalisation and frequent changes in science and technology;

- New and re-emerging diseases like Ebola, TB, HIV/AIDs etc.;

- Level of competing interests and priorities among Health Workers in the field i.e. preoccupations between social life events and the need for continuous and lifelong learning;

- Keeping abreast with the knowledge, skills and attitudes in competing challenges in health delivery system.

All the above-mentioned factors emphasize the need for health workers to updated cultivate a culture of life long learning that will ensure good quality practice through Continuing Professional Development. However, the opposite is also true that health workers who continuously update and demonstrate CE/CPD to the credibility of the profession need to be supported. The system i.e. employers, health managers and supervisors must make sure that the work environment is learner friendly and work-practice is supported by provision of working tools, availability of further learning opportunities, books/manuals and min-libraries/resource centers are established at work places etc. These pay a very important role in supporting CE/CPD activities.

Thus, it is strongly observed that CE/CPD is a vital component for improvement of quality care in that;

- It is watchdog for health workers professional isolation and decay;

- Ensure practice that is up to standard and observes ethics to promote client satisfaction;

- Improves workers self-motivation and competence;

- Adapts a health worker to work environment challenges.

It can therefore be observed from the above narration that education is continuous and good education is one, which is integrated into service.   Such an interface between basic and field based continuous education creates an important link between basic training and field practice to enable the latter provide feed back to basic curricula for amore quality focused and relevant training.   Therefore the essence of this guide is to facilitate the organization, planning management, implementation, monitoring and evaluation of CE/CPD in such a way that it contributes effectively to the provision of quality care by practicing health workers.

2.0 Objectives of the guide

This section highlights the vision, mission and objectives of CE/CPD guide within the comprehensive vision and mission framework of the overall national helath policy.

2.1 Vision

Have a system that ensures a sustainable and cost effective continuing professional development (CPD) of health personnel for competent provision of quality health services.

2.2 Mission

Enhance an improved customer focused quality care practice through lifelong learning and continuous updating of health workers Knowledge, Attitudes and skills.

2.3 Objectives

- Raise awareness to health workers on the need for Continuing Professional Development (CE/CPD)

- Conduct training needs assessment on CE/CPD for health workers

- Explore various ways in which various categories of health workers can be updated and be supported professionally

- Develop the organizational structure and operation of CE/CPD at various levels at work places

- Plan the organization and operation of CE/CPD at various levels at work places

- Identify possible ways of assessing, accrediting and providing maintenance practice certificates for improved competences of health workers

- Develop framework for planning overseeing, implementing, monitoring and evaluating CE/CPD activities

- Collaborate with other stakeholders in planning, implementing, monitoring and evaluation of CE/CPD for health workers

- Strategy (overall) individual driven, work based life-long leaving that integrates theory into practice to contribute effectively to health problem solving for improved quality services delivery.

2.4   Main Actors

This guide is to be used by different actors from various implementation levels, taking into account the whole range of stakeholders and beneficiaries as documented underneath:

2.4.1   Policy makers

Centrally – the MoH and PORALG

RAS/Regional Secretariat

Local government (District council and the community)

Community

2.4.2   Implementers

Health workers

Hospital, health facilities CE Committees

Zonal/Regional/District CE coordinators

RHMT/CHMTs

Teachers/Tutors

Health training Institutions

Professional bodies (TARENE, TAMA, TPHA, etc)

Strategy coordinators (MoH)

NGOs, Private sector

Centra/Local governments

Donor agencies

2.4.3 Target groups

Central/Local governments

All professional health workers

Other stakeholders

Community

3.0 Roles/Strategies of different Stakeholders and Training Methods for CE/CPD

Continuing Education/Continuing Professional Development needs collaboration from various partners in order to ensure effectiveness and efficiency of the overall activities. This section will highlight the roles and function of different stakeholders that will be involved in the whole process of CE/CPD activities.

3.1 Role of Director of Human Resources (DHR) in CE/CPD

Formulate policies and guidelines related to CE/CPD implementation activities

- Approve new health related Human Resources Development training programs or projects, which have been reviewed by HSR secretariat in the light of priorities, practicability and long-term viability. Strategic coordinators, departments, regions, ZTCs districts and health institution may initiate such programs;

- Mobilize resources in support of various CE/CPD activities in the country

- Establish a system of accreditation for CE/CPD in the country

- Receive reports about implementation of planned CE/CPD activities from the relevant coordinators

- Oversee the issues of quality control on CE/CPD activities nationally

- Direct changes in CE/CPD strategies and policies for health professional development.

3.2 Roles of Local government

- Liase with MoH to support CE/CPD activities

- Mobilize resources in support of CE/CPD activities

- Jointly undertake supportive supervision with MoH and monitor staff performance

- Provide learners friendly environment for CE/CPD e.g. providing HLM, resource center, support field work activities.

- Maintain the required inventory of health workers in the districts

- Provide fund support to CE/CPD activities

- Facilitate the functionality of respective CE/CPD committees e.g. support meetings, committee viability and meeting resolution follow-ups.

3.3 Role of CE/CPD Central Unit

- Review CE/CPD plans to determine relevance of training components in the proposals submitted to the unit

- Provide technical assistance on training needs to health workers on the basis of the determined jobs/task gaps and current health issues

- Coordinate the design, development and distribution of HLM to Zonal Training Centres, Regions, Districts and Training Institutions

- Monitor and evaluate CE/CPD activities in the zones

- Receive and compile quarterly and annual CE/CPD reports from the zones

- Assist in the planning, implementing, analyzing and provide feedback on CE/CPD activities

- Review and update CE/CPD guideline regularly

- Coordinate Zonal Training Centres and CE/CPD coordinators

- Coordination and linkages with NGOs and private sector and other stakeholders on CE/CPD.

3.4 Roles of Health Sector Reform Secretariat in CE/CPD

- Solicit funds from partners to support CE/CPD proposed activities from relevant coordinators

- Provide assistance for HLM development, monitoring and evaluation of CE/CPD activities

- Coordinate all strategic coordinators CE/CPD activities through DHR

- Integrate the CE/CPD plans in the comprehensive Health Sector Strategic Plans.

3.5 Roles and functions of program/project managers

- Ensure adherence to policy on health sector reforms

- Integrate training activities

- Coordinate all training activities of health workers through CEU (MoH0

- Develop annual training action plan and submit to HSR secretariat through their heads of department

- Participate in the training of TOTs to prepare trainers for the regions and districts

- Participate in the planning, implementation and evaluation of CE/CPD activities

3.6 Roles and functions of the Zonal Training Centres on CE/CPD Centres

- Determine CE/CPD training needs for health workers in the districts in collaboration with other stakeholders in respect to current health needs

- Plan CE/CPD activities in collaboration with the regions/districts taking into account the identified training needs

- Participate in development of HLM for CE/CPD and distribution of the materials to the districts including training institutions

- Assist regions and districts to develop training curricular on CE/CPD activities

- Coordinate TOT courses for the implementation of CE/CPD in the region and districts

- Coordinate training of health workers through regions/districts and provide feedback

- Conduct supportive supervision, monitor and evaluate CE/CPD activities in the zone

- Compile quarterly reports for CE/CPD activities in the zones and submit to CEU

- Support hospital mini libraries and health facility resource centers development

- Link the basic and post basic training

3.7 Roles and functions of the regions

- Assist districts to identify training needs
- Assist districts to plan CE/CPD based on current health problems
- Provide technical support to districts for effective implementation of CE/CPD activities
- Facilitate in the development and distribution of HLM and other management tools
- Compile quarterly and annual reports of CE/CPD activities in the region and submit to Zonal CE/CPD Coordinator
- Receive feedback on CE/CPD activities from the CEU/ZCECs
- Facilitate training of health workers in CE/CPD activities
- Conduct supportive supervision on CE/CPD in the region.

3.8 Roles and functions of the districts:

- Conduct training needs assessment on current emerging activities and health emerging issues
- Plan CE/CPD activities based on current health emerging issues
- Plan and integrate CE/CPD activities in the CCHP and solicit funds for implementation
- Facilitate in the development and distribution of HLM to health workers
- Conduct training on CE/CPD as per identified needs
- Facilitate CE/CPD activities in the district
- Conduct supportive supervision, monitoring and evaluation of CE/CPD activities within the district
- Compile quarterly and annual reports CE/CPD activities and submit to the regional CEPD coordinators
- Receive feedback on CE/CPD activities from the lower health facilities
- Develop and maintain district resource centers through local government support

3.9   Roles and functions of Health Centres and Dispensaries

- Determine training needs for health workers according to priority health needs of the community
- Plan CE/CPD activities for health workers
- Involve all health workers to participate fully in CE/CPD activities to improve performance
- Provide supportive supervision, monitoring and evaluation of CE/CPD activities to health workers, TBAs, VHW and traditional healers
- Compile quarterly and annual (CE/CPD activity reports and submit to district CE/CPD coordinator
- Receive feedback on CE/CPD activities from the district.

3.10   Strategies for effective approach to CE/CPD

- Distribution on guidelines, advocacy and sensitization of health workers on the need of CE/CPD
- Conducting training needs assessment for each category of health workers and identify gaps based on knowledge, skills and attitude
- Assisting learners to plan strategies and resources for the identified CE/CPD needs
- Establishment of resource centres for effective CE/CPD activities
- Establishment of CE/CPD committees at all levels
- Implementation, monitoring and evaluation of the planned CE/CPD activities
- Collaboration with other stakeholders/actors to implement CE/CPD activities
- Decentralization of CE/CPD activities
- Organizing training materials.

3.11   Training Methods of CE/CPD

The aim of this sub section is to describe different teaching methods and to enable the learner to select an appropriate method in any given situation such as;

On job training

A method of coaching health workers at their place of work through supportive supervision, where health workers are shown how to perform competently their tasks.

In service training

A method of updating and upgrading health workers after their basic training. This can be residential or non-residential.

Integrated training

A method of training different health cadres on related subjects to enhance teamwork in performing their tasks.

Workshops/Seminars

This is a method where learners are involved in a group interaction, which facilitates to share their experiences and oriented to new emerging health issues.

Lobby hospital meetings

These are hospital based meetings where in that forum, health workers share experiences and on various emerging performance issues.

Health facility based meeting

It's a method where health facility workers organize themselves to discuss priority performance issues and share new information.

Clinical teaching and ward rounds

This is a method of coaching clinical skills, attitudes and knowledge to learners which is patient centered to build up on their competencies.

Journal club and review of scientific papers/report

This is a method of gathering and sharing information and knowledge through participation in a journal club meeting.

Study tour and exchange program

A method of exchanging experiences and learning from others through visiting other places of best practices.

Problem Based Learning (PBL)

This is an instructional method that highly emphasizes self-directed study; the acquisition of professional skills and motivation to learn in the health sciences.

E-learning

This is a method of learning through electronic media, whereby the learner interacts through an internet to acquire information and knowledge.

Distance Education

This is a method where learners learn at a distance, through different media of instructions to improve their knowledge, skills and attitude.

Critical incidence

This is a method where health workers (learners) are exposed on a unique, un-desirable experience from which you draw lessons for the purpose of learning.

Demonstration

Is a method of showing learners how to do a certain skill step by step.

Tutorial

Is a discussion session held between the teacher and a small number of learners or students.

Case study

Is an instructional method, which refers to particular scenario to facilitate the learning process.

Clinical apprenticeship

An instructional method where a learners is attached to a clinical area to practice the learned skills/.competences.

Portfolio learning

Is a method of learning chunks of information from different learning exposures in an instructional process.

Medical audit and information sharing

Is learning process through revising documents for collecting **information for improving future practices.**

Peer tutoring

A learning process/method whereby learners share experiences and learn from each other.

Performance observation and intuitive earning

A method whereby students learn through observing some procedures/performances, which drive them to a learning process

4.0   Important questions to be considered in CE.CPD implementation

This section deals with the process of implementing CE/CPD activities. Furthermore the section address important questions that will guide the main actors and other stakeholders.

4.1   Why is CE/CPD important to the individual and the profession?

- To prevent fast decay in knowledge, skills, attitudes
- Cope with changes in technology and fast expansion in medical literature
- Manage emerging and re-emerging diseases e.g. Ebola, HIV/AIDS, TB, malaria, non-communicable diseases etc
- Cope with changes in management of disease procedures and techniques
- Improve quality of health care
- Promote professional development and self esteem among healthcare workers
- Enhance self-directed learning
- Address changes in health policy e.g. HSR and HRH
- Respond to changes in community needs and demands
- Improve health workers competence
- Maintain standards of patient management
- Adjust to new roles and functions in the workplace.

4.2   Who should be involved in CE/CPD?

It is imperative for a health worker to provide acceptable level of care based professional standards. This will invariably include all;

- Professional health workers associations like MAT, TARENA, APECA, PAT, and TDA etc.
- Health managers, supervisors and administrators

- CHMTs, RHMTs, Health teachers, Clinical instructors etc.
- Health and health related workers
- Health Facility Teams such as Hospital Management Teams, Public and Private Sector providers etc.
- Medical schools, Health Training Institutions, Care Providing Institutions.
- The Central and Local government for funding support and Technical support etc.

4.3 How should CE/CPD be planned and organized at work places?

- Training Needs Assessment be conducted for each category of health professionals and performance gaps identified in terms of knowledge, attitudes and skills
- Set priority topics in learning packages to bridge gaps
- Develop CE/CPD action plan including programming and timetabling for each cadre
- Solicit and manage funds for CE/CPD activities and other resources
- Determine learning methods, objectives and learning aids
- Identify and develop HLMs and other resources
- Allocation of time within working time for each day/days in a week identified for sharing and exchange.

4.4 What kind of CE/CPD support should be given at workplaces?

- Coordinator for CE/CPD identified and selected at various levels e.g. region, districts, hospital, health center and dispensary, etc.
- Health Administrators/Health Managers develop job descriptions for CE/CPD Coordinators at every level
- CE/CPD Committees to spearhead CE/CPD activities formed at every level and at every workplace i.e. National, regional, district, health facility, hospital etc.
- Establish/maintain Mini-Resource Centres (Libraries) at workplaces/every level based on priority learning resources from TNA.
- Well planned and continuous communication system
- Willingness in assisting colleagues

- Occasional tutoring to assist and clarify issues
- Technical support.

4.5 Where should CE/CPD take place?

- Various learning sites/opportunities should be utilized e.g. in a ward, a classroom, a laboratory, theatre etc.
- It can be in meetings, scientific conferences, symposia etc.
- In-service course residential or non-residential, short courses, long course etc.
- In form of seminars, workshops, clinical meetings, thematic conferences etc.

4.6 Which learning methods should CE/CPD apply?

Various learning methods can be applied
- Individual and group interactive/exchange methods
- Clinical apprenticeship and probationary learning
- Clinical rounds in a ward followed by discussions with supervisors
- Demonstrations followed by self-practice
- Clinical case presentation
- Problem based learning
- Critical incidence case reviews
- Portfolio learning
- Clinical ward rotations
- Medical audit and information sharing
- Residential and non-residential short courses
- Computer based learning and internet
- TV and video replays
- Distance learning approaches e.g. teleconferencing, E-learning

- Performance observation and intuitive learning
- Peer tutoring
- Tutorials.

4.7   Which learning strategies should CE/CPD apply?

- Study visit/fellowship
- E-learning through internet/Computer based learning
- Journal clubs and review of scientific papers/reports
- Health system research
- Induction courses
- Strengthening/establish resource centers, zonal and districts
- Periodic curriculum evaluation/review
- Facility based CE?CPD
- Management training e.g. CHMT
- Training needs assessment
- Establishment of continuing education committees and appointment of CE/CPD coordinators at all levels
- Advocacy and sensitization
- Coordination, integration and decentralization of CE/CPD activities
- Quality assurance e.g. KAS assessment
- Distribution of HLMs
- Post graduate seminars
- Matriculation courses
- Meta planning
- Marketing and advertising.

4.8 Who should assess trainees in CE/CPD programme?

- The National CE accreditation committee in collaboration with the CE/CPD committees at various levels/workplaces shall provide a criterion for assessment and methods of assessment.
- Instructors, institutions and supervisors
- Peer-assessors
- Individual self-assessment
- Clients or consumers of health services/customer satisfaction
- NACTE for upgrading courses
- Professional Associations

4.9 What will be assessed in CE/CPD?

- Professional competencies in terms of knowledge, skills and attitudes
- Organization and health services management skills
- Tea work and communication skills
- Community interactive skills
- Problem solving skills e.g. decision making
- Professional attitudes and ethics
- Leadership skills
- Group dynamics and group performance
- Staff appraisal and level of motivation and commitment.

4.10 How shall performance be assessed in CE/CPD programmes?

- Performance observation and grading using standard tools
- Practical/clinical demonstration and assessment
- Cumulative credit hours system

- Group performance assessment and scoring/grading
- Self-assessment and rating
- Regular tests and examinations
- Open performance appraisal
- Credit accumulated transfer system, scoring and awarding/certification
- Tutor marked assignments
- Portfolio – i.e. accumulation of CE/CPD activities overtime
- Field work
- Clinical rotations
- Pre and post tests
- Written and practical examinations
- Peer assessment.

4.11   How shall we recognize and reward trainees in CE/CPD programmes?

- Issue certificates of excellence
- Issue maintenance certificates for continuous professional practice
- Reward by accelerated promotions, scholarships etc.
- Consider cadre, qualification conditions, certification body, scheme of services, performance standard expected, duration of training and quality of training
- Develop criterion conditions for award, certification and registration
- NACTE in accreditation and quality assurance
- Certificates of attendance.

4.12   Which are some of the ways to be used in mobilizing CE/CPD training resources?

- Search for relevant information/report from Donor, Private, Voluntary agencies to establish information banks/resources centers etc.
- Encourage projects/programmes in the local area to include CE/CPD in their plans

- Develop proposals for funding CE/CPD activities
- Organize seminars, workshops, short course in which participants can bear part of the costs (cost sharing)
- Conduct training needs assessment to determine required resources needed
- Promote intrinsic motivation of individual health worker to wards for CE/CPD
- Zonal/District resource centers to be used as venues for meetings/seminars/workshops to generate income for sustainability
- Plan and implement CE/CPD activities through training needs assessment

4.13 What will be the role of various Medical/Health professional associations?

- Defining and providing practicing standards for their professionals.
- Oversee and assess performance standards of their professionals
- Enforce ethical practice in accordance with their professional code of conduct
- Intervene with issues of litigation where imperative
- Provide new information and technological change needed for their professionals
- Collaboration with NCEAC (National Continuing Education Accreditation Committee) on recognition and reward/award system
- Monitor and evaluate the on-going CE/CPD activities in their respective cadre
- To be accountable and responsible for defining criteria and standards
- Participate in stimulate reviews of relevant curricula based on professional needs.

4:14 How shall in service training for CE/CPD be organized?

- Focus on comprehensive service delivery rather than on vertical programmes approach
- There will be equal access opportunities for staff especially technical staff at peripheral levels
- Prioritise needs based on districts and periphery level requirements
- Address competencies required by individual category/cadre

- Financing of in-service training and continuing training of staff shall be through cost sharing by Ministry of health and participants. Individual or group of participants may approach private and other sponsors

- Oversee the quality of training, registration and re-certification through collaboration with health professional association, owners of private heath training institutions e.g. NACTE and other stakeholders (National Health Policy 2002)

- Could be residential or non-residential.

4:15 Who is responsible for on going support to CE/CPD?

- Health Managers and Administrators of Ministries, Regions, Districts, Institutions, Departments, Health facilities etc.

- Flying Doctors services Organizations and other NGOs

- Programmes and Project Managers/donors

- Central Government and Local Government i.e. MoH, PORALG, OTHER Ministries, Regions, districts etc.

- Continuing Education Committees

- Professional Associations

- Voluntary agencies and faith based individuals

- International Medical Education Associations like World Federation for Medical Education

- Universities

4:16 What are the logistic supports needed for CE?

- Human resources

- HLMLs

- Resoruces centers

- Funds

- Working facilities and supplies

- Information Communication Technology (ICT) computers and Internet etc.

- Teaching Aids

- Transport
- Stationeries
- Clinical/nursing manuals/protocols
- Performance tools/equipments at work places.

4:17   How shall post basic/graduate CE/CPD be delivered?

- Self directive learning modules
- By distance/open learning
- Assessment procedure like any other courses
- Professional competence in skills, knowledge and attitudes using special assessment approaches using field based Mentors/Assessors
- More structured, more scheduled with fixed duration
- Experiential/self-initiative to learning
- Research based learning leading to thesis/dissertation
- Self assessment.

4:18   How should CE/CPD activities be implemented?

- Appropriate selection of candidates
- Appropriate content
- Competent trainers recruited/deployed
- Support services such as HLM facilities, follow-up, feedback etc
- Facilitate teaching and learning for health workers
- Monitoring and supervision using supervision guideline and check list
- Evaluating CE activities using evaluation guideline (Periodical evaluation depending on the programme)

4:19   How can sustainability of CE/CPD be assured?

- Annual evaluation and re-planning

- Incorporation of CE/CPD in health plans all levels

- Involve learners in cost-sharing

- Effective mechanism of reporting from the districts, regions to the Central Continuing Unit. Make it work-based and district based activity

- Assign people to coordinate CE/CPD at all levels

- Scheduled review meetings at all levels and reviewing progress then re-planning

- Facilitate effective partnership[with NGOs and private sectors that conduct CE/CPD activities

- Establish Steering Committees for Continuing Education

- Establish support structures at all levels

- Continue sensitizing/advocacy meetings to administrators and managers at all levels

- Institute rules/regulation on CE/CPD at work places

- Develop proposals for funding

- Develop policies for CE/CPD to guide participation of Health Workers in own earning and search for knowledge

- Link CE/CPD to quality care provision

- Let Health Workers be accountable to, clients/patients on their performance (MoH client service charter).

5.0   Distance Education

One of the strategies for CE/CPD for health workers is distance education.

5.1   What is Distance Education?

- Distance Education is a form of education whereby a learner learns at a distance and therefore is separated from a tutor in place time and thus a two way communication is necessary through the use of multimedia methods

- It is also referred to as open learning to encompass learning at a distance but also training in practical (clinical skills).

5.2   What is the importance and advantages of Distance Education?

- Distance Education is a key method/strategy of CE and support HSR through capacity building

- DE has advantages of being cost effective

- Has the potential for a wider outreach

- Learners have the opportunity to learn while providing health care to the community at the same time

- De aims at improving health workers competencies to deliver essential health care package as required by Health Sector Reforms

- Enable Learners to plan and manage his/her learning

- Allows adult learners to learn at their own pace as they also get time to attend to the family preoccupations.

5.3   All people at workplace to continue to learn amidst their other life commitments. Allow people to plan when best to learn. What are the main objectives of Distance Education?

- Develop capacity at zonal level to support district CE/CE activities

- Support, enhance and encourage the performance of health workers in the area of K, S, A

- Promote the use of DE in continuous updating and contribute to the upgrading process of health workers

- Enable health workers obtain promotion and career advancement through DE

- Enable health workers achieve recognizable professional qualifications

- Promote National, regional and international networking with institutions and NGOs implementing DE.

5.4   How is Distance Education organized?

- Distance Education is under the CE Unit, Department of Human Resources Development

- A national center for DE is in Morogoro to coordinate DE in the country

- Zones and districts are the implementers of DE and the zones are equipped with tutors/supervisors trained in DE

- There are ZCECo, RCECo, DCECo, other CECo, CE committees and tutors/supervisors to assist learners.

5.5   What are the DE courses available at the moment?

- DE upgrading courses for CA to CO and MCHA to PHNB

- DE updating courses

5.6 What is the procedure for enrolment for CE courses (updating, upgrading)

- After being sensitized (through brochure or visits) interested health workers write an application to his/her zonal training coordinator
- After being enrolled each learners will be given a DE Programme number
- Then he/she will be provided with course materials and DE guides and other forms of support
- Timetables will be set with clear schedules for face-to-face coaching/practicum sessions, examinations etc.

5.7 What kind of support is needed in distance education?

- Supportive organizational structure – ZTC, CE committees, CE coordinators, CHMTs/RHMTs
- DE course materials (modules)
- Reference HLMs
- Tutors/instructors/mentors
- Learner assessment
- Feedback
- Face to face tutorial
- Demonstration of practical/clinical skills
- Learner counseling
- Administrative support to zonal/district centers (stationary, Transport for supervision)
- Resource centers
- Self initiative
- Supervision
- Information, Communication Technology (ICT) e.g. computers, communication facilities.

5.8   What is the future plan for DE?

- To expand the programme to include a variety of health workers

- To improve coverage to involve other regions and districts

- To utilize other media and platforms for DE in addition to print media e.g. use of E-learning/internet based/computer based learning, audio tapes etc.

- To solicit more resources in support of DE.

5.9   What are the limitations of DE?

- Learners are isolated from their tutors and other learners

- Learners often have multiple roles such as assuming family and workplace responsibilities support.

Conclusion

Having gone through this entire guide the users will find the document useful be enable them to plan, implement, monitor and evaluate CE/CPD in various settings. The aim was to have the guide as a tool that will facilitate the organization and management of CE/CPD by various actors and users at every level from central to districts. By closely following this guide, we expect that key actors and users of this guide will find benefit from it by producing better plans for better organizing Continuing Education Continuous Professional Development their health workers. This will improve and make CE/CPD become more organized and systematic.

Appendix I

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Appendix II

Definition of Terms

Postgraduate Training: May be defined as training attended after completion of the first degree leading to professional training specialty or sub-specialty. Upon completion of formal postgraduate training programme, a degree, diploma or certificate is usually granted.

Post Basic Training: Is any training undertaken after completion of the fist basic course.

Continuing Education: May be defined in a variety of ways as follows:
- It is any form of education that takes place after completion of the basic training that aims at improving health workers performance through updating knowledge, skills and attitudes. It is based on health workers and community needs.
- It is the phase of learning after that initial or basic training.
- It is the process that includes experiences to facilitate learning after initial or basic training.
- Any additional education to improve competencies not with the view of gaining new qualification.

Continuing professional Development (CPD) Training carried out during the entire professional life after graduation from basic or post basic training and are characterized by self-directed learning and rarely involve supervised training for extended periods of time.

Health Worker: Health worker is any personnel working in the health field who can be working in professional are or a support staff to health.