

AN EVALUATION OF CONTINUING PROFESSIONAL EDUCATION FOR HEALTH CARE PROVIDERS IN NIGERIA

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Abstract

The ability to develop the self is invaluable to the modern health practitioner in Nigeria, given their involvement with human lives. This is further necessitated by the advent of new diseases and innovative cures and technology use in the field of medicine. The study set out to describe the current status of Continuing Professional Education (CPE) practices of health professionals in Lagos State. The survey examined the adoption of CPE and ICT compliance. The stratified random sampling technique was used to select 190 respondents from across three different health care institutions both in the private and public sectors. The questionnaire tagged QHCP (r = 71) was used to collect information, along with an observation schedule (guided by a six-item check list). Simple percentage was used and results were presented graphically. The relevant variables in the study include level of involvement of the regulatory bodies as well as the integration and adoption of Continuing Professional Education in the health care system in the nation. The results revealed that the adoption of post certification education is not handled with the deserved level of seriousness and also that the level of ICT compliance in the industry is rather low. The study therefore recommends the increased monitoring and regulating of CPE in the health industry along with ICT use. The implication for adult education, evaluation and the health industry is that CPE must be re-emphasized in a bid to encourage lifelong learning and continued self improvement/development in innovative ways worthy of a constantly changing world. It is definitely forward-looking to ensure that health practitioners constantly re-train to maintain a healthy State and Nation.

Key words: Continuing Professional Education (CPE), Evaluation, Health Care Practices and Providers, Adult Education Methods

Introduction

The appearance of new diseases, changing lifestyles and dietary habits, rapid urban growth often resulting in poor sanitation, new treatments as well as innovative technology have all made it very necessary for constant training and retraining of care providers especially in the health industry, in order to keep abreast with the new developments and to update and upgrade knowledge. One way of achieving this is through Continuing Professional Education (CPE), which may also often be necessary for re-licensure. The national health encyclopaedia of Nigeria (2000) had observed that the Nigerian health sector is in bad shape because of the economy. Another factor that could be responsible for this is the undue pressure on scant health care resources and also poor personnel development programs which have resulted in the lack of confidence in the health care system. It is little wonder then that the 2000 World Health Organization report on the performance of the health care system ranked Nigeria 187 out of 191. The Guardian adds that the primary health care industry has collapsed with most facilities in various state of disrepair, obsolescence or totally absence (Nigerian Muse, 2008). This situation has been partially blamed on the negligence of the government in maintaining the existing infrastructure and a sustainable health care system because the elite could afford to take their patients abroad. Underlying all these is the degree of confidence resided in the health care providers.

There are new trends in the medical world including new diseases and cures, always ongoing researches and new approaches and innovations. It is therefore necessary for the medical practitioner to constantly develop the self in order to maintain and enhance professional competence. The Nigerian situation is further exacerbated by local issues like the lack of electrical power supply, little or no equipments to work with as well as archaic facilities, among other problems. This means that the typical health care professional may have to be very resourceful and ready to work under harsh conditions – it therefore helps if their training is constantly updated. For all these reasons and more, it is necessary for anyone in the medical field to be up-to-date with new information and innovative technology through constant training. There is no doubt that they must all have had initial qualification for entry into the industry but how are they currently maintaining and upgrading their knowledge in the face of a dynamic health industry?

According to Articlesbase.com (2011), it is necessary to regularly update one's knowledge to be able to tackle any emergency situation. This is imperative, not only to be able to stay afloat, but also medical professionals must learn new procedures and techniques (hopefully without having to leave work) so as not to leave a gap in the already overextended service situation. They also agree that the commonest means of CPE are through Journals, Seminars and online medical courses. There is no doubt that medical personnel in Nigeria are eminently qualified through thorough training. This is probably why they are valued abroad. It is the continued competence that is in question in the face of new diseases and innovative technology in health care.

Nigeria's health care delivery system consists of a network of primary, secondary, and tertiary facilities. Unfortunately, the lack of proper facilities in the health delivery points has spurred the development of privately owned hospitals to care for those who can afford it. Another serious problem is posed by the migration of health care personnel to other countries. According to Adebowale (2007), over 21,000 Nigerian doctors work in the USA alone, for example. Furthermore, a group of medical doctors have decried the rate at which Nigerians seek medical attention abroad; a development they see as gradually killing the country's health sector and demoralizing the health practitioners in the country (Leo, 2011). They noted that the huge amounts spent abroad, if pumped into the local health care system can help stem the collapse of the health sector. It was also noted that over 260 million naira has been lost to what they refer to as medical tourism in India. The rise in the exodus is a testimony to the increasing lack of confidence in the ability of the health care personnel and institutions to cope. Continuing Professional Education, among others, is expected to help arrest severe brain drain and also help health practitioners adapt to innovations in the field.

Health care providers

A health care provider is someone or an institution that helps in promoting health, rehabilitating or providing preventive and curative health care services systematically to individuals, families or communities. These trained professionals are often referred to as health workers and may be directly or indirectly involved in health care

provision services. Also forming part of the health care delivery system are institutions which are health care delivery points including hospitals, clinics and Primary Care Centres, Pharmacies, medical laboratories, research and other health care support personnel. They all combine physical and social science as well as theory and the use of technology in the care of healthy and sick people. Healthcare professionals focus on caring for people, families or communities in order for them to recover, attain or maintain optimal health and quality of life from cradle to the grave. Nowadays modern health care practices are carried out by well qualified personnel and the introduction of cutting-edge innovative technology has meant that the professionals have to constantly learn about the latest practices in the field, hence the need for CPE.

Regulatory bodies

Health care delivery is the primary responsibility of the three tiers of government in Nigeria along with private providers of health care. The federal tier concentrates on the Teaching Hospitals, the States focus on the General Hospitals while the Local Governments deal with the Dispensaries (also overseen by the Federal Government, according to Wikipedia (2011). Normally, the regulatory bodies are charged with the responsibility of ensuring that the health care providers are in compliance with the laws and rules governing their license/certificate and credential status. They are to ensure best practices and encourage CPE (although they are largely silent on this aspect). They are also supposed to communicate latest information to health care providers, and also to handle complaints and inspections. This is the area that deals with CPE but this did not translate well in their policy statements and implementation. Their duties are discharged along with the help of International bodies like WHO has facilitated enhanced access to electronic information among other initiatives especially to developing countries through the Health Internetwork Access to Research Initiative (HNARI). All the categories of personnel have their statutory regulatory bodies and all operate under the Ministry of Health. Some of the regulatory bodies may also administer certification examinations, not only to add to the professional accomplishment of the health practitioner but also to lend credence to their competence and ensure currency in the dispensation of their duties. Among their other mandates is to set ethical standards and standard of professional conduct as

well as benchmark for best practices. They can also administer disciplinary actions for misconduct. Ensuring the professional's continued learning seems to form an insignificant aspect of their duties as all the associations do not make clear policy statements on the issue of post qualification education.

Regulatory bodies for the health practitioners include the Nigerian Medical Association for doctors, the Nigerian Nurses and Midwives Board for Nurses and the Pharmacy Association of Nigeria for Pharmacists, among others. They are all legal, administrative, statutory and corporate body that, on behalf of the federal government help to prevent jeopardizing or compromising health care service delivery. Health care providers are supposed to register under licensure laws and are professionally regulated at the national and state levels. This is in order to help maintain quality care for patients while following a code of ethics, standards and competencies as well as continuing in education. Of particular interest to the study is the finding that even though the aims and objectives of the different bodies state the intention to improve education at all levels throughout the Federation, most of the pronouncements are about qualification examinations. It is therefore clear that specific mention is not made by all three bodies to see to continuing education, not to mention implementation.

Continuing Professional Education (CPE)

Continuing Education is also referred to as Further and Recurrent education. It is practiced as on-the-job or in-service training, day-release, or formal education, among others. It is a generic term for any and all attempts to build on already laid educational foundation, and in the case of health professionals, may be done on-the-job for the sake of continuity and efficiency. Other methods of acquiring CPE also include through On-line education, Workshops and Seminars, journal subscription as well as other more formal types. It may be done locally or abroad. On-the-job training is particularly common with initial entrants into employment. CPE helps the learner to keep up, fit in, adapt and is a popular method of acquiring Continuing or Furthering Education. CPE is often undertaken by people who are already in a full or part time employment in order to make them perform better in their job. It is a veritable goal of adult education because people must continue to improve their standards throughout life. CPE in health care targets current epidemics and new

developments in technology and drug treatments in the field. Whichever way it is undertaken, continued training is important as it is believed not only to enhance practice but also is a means of self-development. It is also desirable in order to protect people from unknowledgeable professionals for the public good. It is expected that it is the duty of the regulatory bodies to ensure continued relevance to the job. Continuing education includes all learning efforts undertaken after an initial foundation has been laid or after initial qualification in the care of health workers. It becomes even more relevant in this age of information overload, rapid social change and obsolescence of knowledge, as well as almost daily developments in new diseases, treatments, technology and drug therapy. There is a greater need for continuing education, especially in the health industry because they deal with human lives. Health care in Nigeria generally began to accord more importance to continuing professional education with effect from January 1998 when it signified compulsory evidence of continuing education for license renewal according to the Nigerian Medical Council.

It is of vital importance to note that Carl Lindsay, James Morrison and James Kelley (cited in McPartland, 2011) agree that knowledge and techniques in the health industry are rapidly expanding to the extent that it is estimated that the relevance of knowledge acquired in medical school is approximately five years before obsolescence. It is therefore vital that health professionals constantly update their skills and currency as their patient's lives depend on this. She further suggests that one way of ensuring currency is through continuing education such that practicing professionals pursue education beyond the formal schooling or their initial qualification. A Study conducted in Lagos State (Adoyiukwu, 2006) on a cross section of nurses in the state on the effect of programs of Continuing Education on Nurses in Some Local Government Areas of Lagos State found that they benefit greatly from participating in CE programs and that the programs meet their needs and aspirations. She also contends that more CE programs are needed to deal with their daily activities and to update their health practices.

Statement of Problem

Knowledge and technique in the field of health is expanding rapidly. According to Carl Lindsay, James Morrison and James Kelley (in Mcpartland, 2011), It is estimated that the half-life of knowledge acquired in medical school is approximately five years. This means that in five years more than half of what was learnt becomes obsolete which means that people in the profession owe the lives of their patients to keeping current with the latest and innovative advances. Bello et al (200) agree that little information is available on the level of training among health care professionals in developing countries. How then is CPE affecting the health care delivery system in Lagos State? Initial qualification is mandatory but is continuing education?

Purpose of study

There is the need for CPE because the practice of health care delivery is the most dynamic and innovative practices are always coming up in the field in line with the changing disease and treatment profile in Nigeria. Diseases are changing daily and matching according to sociological evolution and so treatments are also changing due to space age technology. Technology has been revolutionalised. This study therefore set out to assess the level of conformity of the nursing practitioner to the necessary continuing education and to document the status quo in the field as well as how well they are coping with innovations in the field. The study's objective is to indicate the importance of CPE. To document on the job training practices. This study is premised on the assumption that the health professional needs CPE in order to be competent.

Research Questions

- a. How many regulatory bodies are there?
- b. What are their duties?
- c. How do they ensure compliance?
2. What is the status of infrastructure generally in hospitals?
3. What is the level of ICT compliance in the medical profession?
4. a) Which are the popular modes of CPE?
b) How is CPE organised for health care practitioners, and
c) What is its effect on the practice?
5. What are the possible detracting factors or problems of CPE+

6. Does CPE have a significant effect on the health care delivery system+

Scope and Limitations

The study includes all people who work as in the health care industry. It is limited to Lagos State. It is limited to the different types of health practitioners and excludes institutions.

Significance of Study

Health care practitioners and the government will benefit as well as the institutions and other stakeholders.

Methodology

The study is based in Lagos State alone. The population includes all health care providers but only the personnel will be examined. The study is a comparative evaluation of the CPE practices of health care practitioners in Lagos State. The study considered 44 doctors, 122 Nurses and 24 pharmacists. the breakdown of the sample selection is shown in figure 1 below:

	Government			
	Doctors	Nurses	Pharmacists	Total
Sex	M	F		

Multi stage sampling technique will be used to proportionately select a commensurate number of doctors, nurses, pharmacists, laboratory technicians as well as traditional health care providers. 190 in all will be selected randomly across board. The breakdown in shown in the table below:

	Government						
Sex	Doctors		Nurses		Pharmacists		
category	M	F	M	F	M	F	Tot

General Hospital	7	1	5	11	3	1	28
Primary Health Care Centre	2	3	2	34	2	1	44
Teaching Hospitals	9	3	4	22	7	3	48
Total	18	7	11	67	5	12	120

	Private						Total
Sex	Doctors		Nurses		Pharmacists		
	M	F	M	F	M	F	
Total	13	6	5	39	6	1	70
Grand total	31	13	16	106	18	6	190

The Questionnaire for Health Care Practitioners (QHCP) was used as the primary tool for collecting the information. It will be properly validated and be in two part – the bio-data as well as a section B containing a Likert like set of questions to collect information. There will also be an observation schedule, guided by a 10 point close ended statements to view the changes in attitude and handling of patients after CPE. The results will be treated with measures of central tendency and the hypotheses will be treated with the Pearson Moment Correlation to establish the difference between the public and private practitioners.

Results

There are many regulatory bodies relevant to different professions. The medical has the National Medical Association, Pharmacy has the NPA while Nurses have the Nursing Practitioners of Nigeria NPA as their regulatory bodies at the national level with branches in Lagos State. Their present duties include certification..... The research did not see any statement indicating intent to monitor re-training in all the stated objectives of the bodies observed.

There were (see pivot chart). Many (%) have worked for between 5 – 10 years on the job. 87% are registered with their regulatory bodies while some were not so active.

Methodology

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		22	3	
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		67		

		Private				Total
Sex	M F	M F	M F	M F		
	Doctors	Nurses		Pharmacists		
Total	13 6	5 39	6 1			70
Grand total	31 13	16 106	18 6			190

Grand total = Doctors (M – 49, F – 20); Nurses (M – 27, F – 106); Pharmacists

Findings

They are all registered with the requisite bodies. There are different regulatory bodies for the health care practices according to their categories. There is NMA for the technicians, NPN for therapists and CPA for alternative medicine. Of particular interest to the study is the body responsible for doctors, pharmacists and nurses and they are NMA, CPA and NNC/NCHPB respectively. According to their online schedule of duties, they are collectively to oversee

- Post licensure training qualification
- Labour union issues
- Certification, among others

What stands out is that among all their stated itineraries, they were all silent about post licensure training expectations as well as penalties for non-compliance

89% have gone for post licensure training at least once in the past one year. 78% are aware of CPE training programs organized by their institution. Those who have not gone for training in recent times cite lack of time as being responsible. All the respondents felt that it was necessary to go for further training and indicated their preferred mode of updating their knowledge as shown in fig. 2 below.

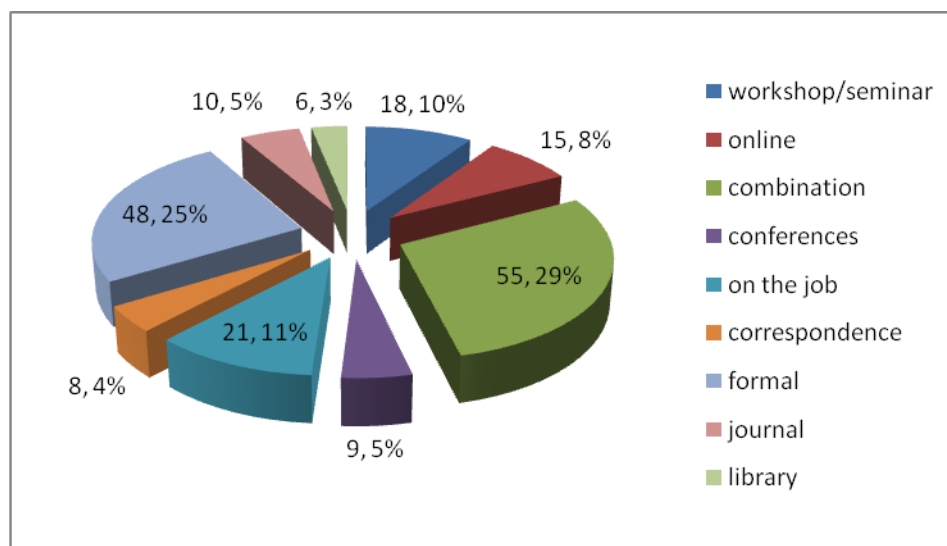


Figure 2: Popular modes of updating knowledge

Most of the respondents preferred and have used a combination of the different modes followed by those who wanted to update formally while the least number of respondents used Conferences as the mode of post licensure updating of knowledge but many declared it is as long as it does not take too much of their time off work.

The infrastructure is generally improved over the years but there are still a way to go, especially in the State-run institutions. The existence of modern gadgets is still largely a gaping hole and only specialist hospitals have scanty state of the art tools to practice medicine. Generally, ICT compliance is low in level as there aren't many gadgets that are computerized. There is therefore very little training for the ICT in most of the establishments

1. 34% of the respondents do training on their own. Institutions organize 56%. Largely they are expected to Effect of training on the practice is positive according to the respondents (57%)
2. Funding is done by the government in the public sector while some of the privates run some of the trainings but the health practitioners are largely responsible for their own further training.

62 % of the respondents have gone for related training since they started work and on more than one occasion, and 21 % have never gone for any training. Some of the respondents say they do not have any CPE training program organized by their establishment and they maintain that they have not gone for training because their

institution has not organized and also that they do not have the time. 89% consider it necessary to go for post licensure training and many do this through workshop 78% and the fewest do it through library 48% are familiar with the use of new technology though 44% rate the availability of ICT in their establishments as low. 48% do not subscribe to medical journals and 67% say that neither do their organizations.

There are different regulatory bodies for most of the health care practices according to their categories. NMA for the technicians, NPN for therapists and CPA for alternative medicine. Of particular interest to the study is the body responsible for doctors, pharmacists and nurses and they are NMA, CPA and NUA respectively.

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62% of the respondents, especially in the nursing category were not computer literate. 38% claim that their employer's are not supportive of post licensure continuing education in terms of allowing time off or funding.

43% say that that there is a dearth of provision of modern equipment in their establishment especially in the private sector. Many of the public sector health institutions are moderately well equipped with modern technology but only a few of the health care professionals are specifically trained to use them. Majority of the respondents admit that they need to catch up a bit more on new developments in the field. Although post licensure training can somewhat affect their career progression, some use the fireman approach and quickly go for some sort of training when it is almost time for promotion in order to get considered for a higher post.

	Last two weeks	Last year	Not in a long time	total
Read a medical journal	6	11	17	34

Used the library	4	2	21	27
Used the internet	21	15	22	58
Attended any training	29	12	30	71
total	60	40	90	190

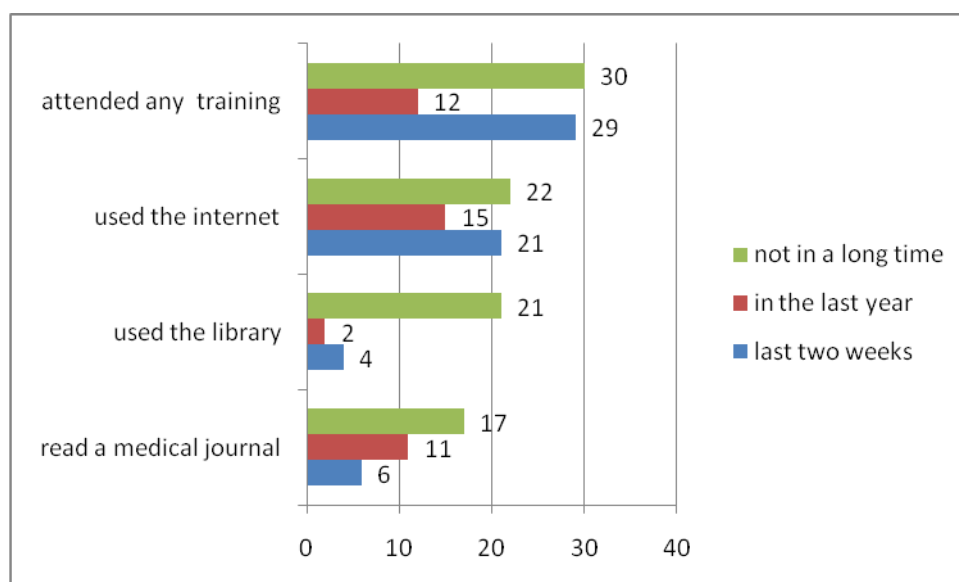


Fig.2: use of training material

Many of the respondents have new technological machinery in their establishment but 47% say they can only some of the time, also they say that they are not allowed access to the machines, which suggests that many are not trained to operate these machines. 75% are not really computer literate and claim that they only go for training to update their practice sometime. All the respondents believe that post qualification training improves their practice.

Table 1: reason for going for training

	Number/percentage	Implied
intensity ranking		
I will go because it is necessary	79 (41.6%)	
2 nd		
I can gain from it	99 (52.1%)	
3 rd		
I feel it is a waste of time	12 (6.3%)	
1 st		

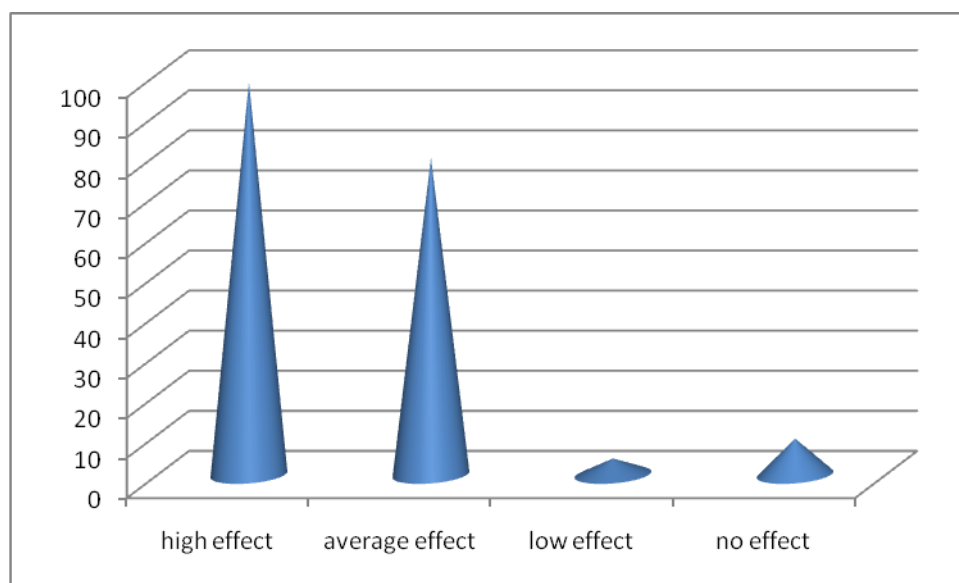


Fig 3: effect of post qualification training on career prospects

Discussion of findings

Conclusion

This study has thoroughly examined and documented CPE practices of nurses in Lagos State. CPE should be part of a process that continues through life, making it a truly adult educational practise. There is no doubt that continuing education offers significant solutions to the numerous problems faced by nurses in Lagos State. When adults are forced to learn against their own inclinations and desire, the resentment may become a block to learning, therefore participating in compulsory. When you train, there is improvement therefore continuous training is good for adult education. There is no doubt that continuing development is critical in the health care industry and deserves more attention than it has been given thus far.

Recommendations

Most trainings involve routine attendance of Workshops etc. Darkenwald and Merriam () have questioned the necessity for and even sufficiency of mandatory compulsory continuing training because they believe that educational offerings do not necessarily guarantee learning or ensure application for improved performance. They

suggested the use of periodic evaluations of the demonstration of continued proficiency, whether this can work with the nursing profession remains to be seen. Brookfield believes that adults forced to learn against their inclinations and desire often harbour resentment that may be a block to learning therefore mandating CPE may result in mental absenteeism. Knowles says that learning is more effective when learners feel the need to learn. It was argued by Brookfield () that since these practitioners face ethical dilemmas that textbooks may not do justice to and suggests other contextual factors that could influence like personality, political climate and budgetary change which could singly or combined significantly alter practice and suggests more meaningful curricula that will engage participants in collaborative analysis and exploration of experiences of correct practice in work settings while ensuring the incorporation of new technologies. There is also need to continually evaluate the instructors themselves and seek participants' opinion of them. Employers should invest more in computerization as this can open avenues for training that may not take the workers away from the premises. It will also be more up-to-date information available online. The government should not only enforce compulsory continuous training but must match it with adequate monitoring activities.

Facts learnt in youth are no longer applicable and many skills learnt have been overrun by new technological advancement, so people are bewildered and constantly trying to fit into the new world order they find themselves. Lifelong education was not the watchword before. It needs to be nowadays as things are rapidly changing and we will find ourselves at sea if we do not shape up. CPE should be expanded to pervade all aspects of professional life. Professions should collaborate in planning and providing CPE. It is important for the courses taken by the nurses to be relevant, appealing and enhance competence in order to address the problems it claims to help to solve. There should be a mandatory law for Continuing Education and the practice of sticking to what one qualifies for cannot be overemphasised but there is no gainsaying the fact that CE is pertinent to the health profession in Nigeria.

Although CPE is not new in adult education but it is a compulsory aspect of self development and remains the foundation on which the practice is laid. However there are always new and innovative approaches in the nursing practice and CPE can help to ensure that nursing practitioners remain current and relevant in the field by

embracing innovative ideas and technology to keep the field vibrant. It is definitely forward-looking to ensure that health practitioners constantly re-train to maintain a healthy State and Nation.

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