

MOMENTUM

Country and Global Leadership



Executive Summary

CONTINUING PROFESSIONAL DEVELOPMENT

Behaviorally Focused Applied Political Economy Analysis to Strengthen Continuing Professional Development in Ghana



BACKGROUND

In the past 10 years, Ghana has made tremendous strides in improving the quality of and access to its continuing professional development (CPD) system. The Nursing and Midwifery Council (N&MC) of Ghana's online system of courses, which uses the World Continuing Education Alliance (WCEA) platform, supports many thousands of providers each year to maintain their licensure with rich and diverse options for learning. N&MC Ghana has led investment in the system and guided its members in ensuring compliance, including routinely updating and clarifying national requirements and policies.

Together with the United States Agency for International Development (USAID)-funded MOMENTUM Country and Global Leadership, the Council recently led an effort to move to the next phase of this strategic pathway—bridging the policy-to-practice gap—focusing on understanding and responding to the challenges of translating strong CPD policy to improved health care service quality. To accomplish this work, the Council and MOMENTUM used a Behaviorally Focused Applied Political Economy Analysis (BF-APEA) to better understand the current CPD system for nurses and midwives and co-design sustainable solutions to improve it. This participatory process resulted in clear articulation of the underlying incentives and systemic behaviors of actors at all levels of the CPD system, along with clearly mapped pathways to facilitate change.

THE BF-APEA PROCESS

The BF-APEA process consisted of a series of participatory steps in which key stakeholders with decision-making authority and influence over CPD for nurses and midwives in Ghana collectively determined (1) the goal for CPD in Ghana, (2) the impediments to achieving that goal, and (3) the key behaviors required of actors at all levels to address those impediments. Primary research was conducted with providers, supervisors, policymakers, stakeholders, and other individuals who could offer insights and understanding of the challenges and motivations faced in practicing these key behaviors. Finally, the original group of stakeholders re-convened to validate the research and co-create a set of recommendations and solutions. This process took place from April to October 2022. N&MC led the process, with support from MOMENTUM Country and Global Leadership.

GOAL

The goal of CPD in Ghana is to equip all cadres of practitioners at all levels of care to demonstrate relevant, international standards-based, culturally sensitive competencies and to utilize reflective practice to improve health outcomes.

SUMMARY RECOMMENDATIONS

To achieve this goal, the following key behaviors must be systematically practiced:

- Providers effectively use CPD to maintain skills required to deliver highest quality services.
- Nursing leaders/supervisors create CPD plans for staff, including identification of specific CPD needs and curriculum and mentorship on new skills post-CPD.
- Course content creators ensure that the curriculum is skills based and culturally relevant, and streamline the interface and instructions.
- District health officers, directors of nursing and midwifery, nursing and midwifery managers, and facility in-service coordinators review and support implementation of facility and institutional CPD plans.
- N&MC recommends specific course content for specific cadres, including creating individualized learning plans and tracking for providers, and expands course offerings to include more skills-based curricula.

KEY RESEARCH FINDINGS

The primary research included a series of key informant interviews and focus group discussions with a total of 37 providers and 23 supporting actors (content developers, facility administrators, and CPD managers) in the public and private health care systems. Factors affecting practice of the priority outcome behaviors were examined through the lens of a political economy, specifically investigating **foundational factors**, such as accessibility, perception of quality, and relevance; **social and institutional factors**, such as power dynamics, social and institutional support, and gender; the **rules of the game**, such as laws, policies, norms, and economic incentive or market influences; and the **here and now**, including historical experience and the influence of other current events.

Key factors that emerged relevant to all five outcome behaviors are depicted in the graphic below.

KEY RECOMMENDATIONS

Following the primary research, the team prioritized and summarized the key factors that must be addressed or navigated in order to best facilitate the behavioral outcomes and then, for each of those factors, identified a corresponding strategy or strategies. These factors and strategies are reflected in the summary graphic on the following page.

KEY NEXT STEPS

Achieving these results will require the input and effort of the stakeholders who participated in this BF-APEA process, including the Council, facility managers, and Ghana Health Service staff, along with donor support. N&MC will lead the process through dissemination of this document, facilitated discussion on how to ensure its implementation, and continued collaboration with MOMENTUM Country and Global Leadership to implement key elements.

BEHAVIORAL OUTCOMES TO ACHIEVE GOAL

**1: Providers
Utilize CPD**

**2: Nursing Leaders
Create Plans for CPD**

**3: District Health
Officers Support CPD**

**4: N&MC Recommends
Specific CPD by Cadre**

**5: Course Creators
Ensure Effective CPD**

Key Factors Impacting Practice of Behaviors

Course Content and Delivery:

Course content does not include all necessary skills for senior leaders, including management, ethics, and research, as well as self-care/mental health.

Courses, especially online courses, are generally informational rather than skills based and do not always offer the opportunity for interactivity, discussion, and culturally relevant material.

Team-based learning is rarely used (i.e., team-based care, team-based supervision) in CPD.

Online courses dramatically increase access, but many places still have extremely limited access to Internet-based courses, even when they can be downloaded ahead of time, due to cost of data and size of courses.

Course Selection and Attendance:

Selection of CPD courses is not usually tailored to individual provider needs, skill gaps, and performance plans.

Conflict/competition often exists between providers generated by financial remuneration or seemingly preferential treatment over CPD attendance.

Who attends CPD courses when is not often transparent or clear, leading to frustration and apathy.

Knowledge and Skills Application:

There is often a mismatch of supplies and resources required to implement new learning and what is available in a facility.

Rarely do opportunities for post-CPD mentorship, sharing, and learning exist.

Perceptions of Value:

Many providers do not perceive CPD as critical to quality health care, rather a perfunctory licensing requirement.

Recommended Strategies to Resolve Factors

Course Content and Delivery:

Create a dedicated CPD strategy for reaching remotely placed/rural care providers.

Expand breadth of teaching methodologies included in all courses, including discussion, role plays, and practicums.

Expand types of providers accredited to offer CPD courses, including more private providers.

Include a local CPD needs assessment within annual planning between facilities and district health officers.

Course Selection and Attendance:

Establish specific tracks for different cadres of providers, including mandatory courses for each and optional courses for all.

Create a transparent and clear system for a rotational release of staff for CPD.

Ensure CPD courses are selected based on training needs assessment.

Formally coordinate CPD within facilities across wards, including identifying needs and topics, as well as a schedule of dates and times/locations and housing of offline videos for areas with low connectivity.

Standardize protocols and identify opportunities for sponsorship for providers to attend courses they otherwise could not afford.

Knowledge and Skills Application:

Revive or establish fixed or mobile learning or skills labs within each ward.

Create supply and resource lists for each course and match those lists to available supplies in facilities prior to course attendance.

Establish a formal policy for learning and sharing system facilities or wards to formally share new learning and ongoing challenges (seminars, lunches, grand-rounds type).

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