



SANC CPD PILOT REPORT



DATE:

VENUE :

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Presentation outline

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Background

- ❑ The aim of the pilot study was to evaluate the SANC CPD programme to:
 - ✓ Inform National CPD roll out
 - ✓ Ensure that CPD program is fit for purpose and appropriately resourced
 - ✓ Identify implementation challenges
 - ✓ Determine the effectiveness of CPD communication strategies
- ❑ Pilot was for six months in Gauteng from August 2015 to January 2016) and Mpumalanga (September 2015 to February 2016). *Excellence in professionalism and advocacy for health care users*



Background (Pilot sites)

	GAUTENG	MPUMALANGA
Districts chosen	Johannesburg B, C and D	E-Malahleni and Thembisile Hani
Number of institutions	21	30
Number of participants	1930	842



Background

- Institutions represented:
 - Public hospitals
 - Private hospitals
 - Primary Health Care clinics
 - Community Health care centres
 - Nursing Education Institutions
 - Department of Correctional Services
 - South African National Blood Service
 - Pharmacies



Methods

Study Design:

- ✓ 20 Focus Group Discussions
- ✓ Structured Nurse Questionnaires
- ✓ CPD Declaration Forms

Target Population:

Professional Nurses, Midwives/ Accouchers,
Enrolled Nurses, and Enrolled Nurse Auxiliaries.



Analysis



- ❑ Quantitative data
 - ✓ Descriptive statistics calculated for CPD declaration forms and nurse structured questionnaires.

- ❑ Qualitative data
 - ✓ Thematic analysis and coding.



Results

- ❑ 1,259 CPD declaration forms
 - ❑ Gauteng: 857
 - ❑ Mpumalanga: 402

- ❑ 154 nurse structured questionnaires
 - ❑ Gauteng: 74
 - ❑ Mpumalanga: 80



Results: Communication

- The most common source of CPD information:
 1. SANC or a SANC representative
 2. CPD Champion or Manager at work
 3. Colleague



Results: Communication

- ❑ Recommendations for improving communication regarding CPD included:
- ✓ Use of technology (SMS, WhatsApp, Facebook, email, telephone)
- ✓ In-person delivery of information (In-service, training and workshops)



Results: Communication (2)

- Additional recommendations:
 - ✓ Additional follow-up and support beyond the initial CPD training.
 - ✓ Additional resources via a website, emails, and/or SMS.



Results: Packaging Point Allocation (PPA)



- ❑ Areas of concern:
 - ✓ Point allocation for different course durations
 - ✓ Point allocation when courses cover > 1 thematic area or participation type
 - ✓ Discrepancies between points allocated by NGOs and CPD Framework standards.

- ❑ Participants requested that course intensity be reflected in PPA.



Results: CPD Logbook and POE



- ❑ Described as “time consuming” and “lots of work”.

- ❑ Challenges:
 - ✓ Collection of evidence, especially attendance registers
 - ✓ Finding an appropriate person to sign POE.



Results:

CPD Logbook and POE (2)



- Participant recommendations:
 - ✓ SANC to provide an example of properly completed POE and logbook.
 - ✓ Clarify proper use of thematic abbreviations or codes.
 - ✓ Change to a checkbox option rather than write-in.
 - ✓ Allow supervisors to sign as proof of participation if physical evidence (attendance register) is not available.



Results: CPD Point Completion



- Professional nurses and midwives or accouchers were most likely to complete requirements (35%), followed by enrolled nurse auxiliaries (27%) and enrolled nurses (25%).



Results:

CPD Point Completion (2)

- Barriers to completion of CPD points:
 - Staff shortages (73%)
 - Lack of time (69%)
 - Lack of organizational support (27%)
 - Lack of support from supervisor (27%)
 - Timing of CPD activities (23%)

- Some respondents also identified technological limitations as a barrier.



Results: Exemptions

- ❑ Among nurses completing CPD declaration forms, 64 (5%) requested an exemption due to:
 - ✓ Currently undergoing formal training (44%)
 - ✓ Worked two or fewer months (30%)
 - ✓ No reason provided (23%)



Results: Organizational Support



- Among participants completing questionnaires, the majority (68%) felt that their employer fully supports and is taking an active interest in CPD, as they provided encouragement, opportunity to practice, and supportive supervision.



Results:

Organizational Support (2)

- ❑ FGD participants reported mixed levels of facility support.

- ❑ Participant Recommendations:
 - ✓ Proactive monitoring of progress.
 - ✓ Management to be better informed about the CPD program in order to provide guidance and to assist staff.



Results: Perceived value of CPD

- ✓ CPD improves knowledge (91%)
- ✓ Improves practical skills (89%)
- ✓ Impacts patient safety(81%)
- ✓ Increases learner satisfaction (78%)
- ✓ Changes departmental/unit practice (73%)
- ✓ Changes attitudes (73%)



General Recommendations: Communication and Support

- ✓ Emphasize messaging related to “betterment” and “empowerment” to encourage buy in.
- ✓ Develop online or phone-based CPD resource to share reference materials, answer frequently asked questions, and communicate training opportunities.



General Recommendations: Communication and Support (2)

- ✓ Engage management to ensure knowledge of CPD, and to enable managers to better support staff.
- ✓ Provide regular check-ins and progress monitoring at facilities after initial trainings.
- ✓ Clarify impact of failure to accumulate points on licensure.



General Recommendations: Packaging Point Allocation

- ✓ Additional training on Teaching & Research theme.
- ✓ Opportunities to acquire Leadership & Management, Ethical & Legal, and Teaching & Research points, particularly for ENs/ENAs
- ✓ Mechanism to petition for additional points to account for varying intensity of courses.
- ✓ System or tools to encourage equitable access to trainings among staff to prevent perceived favoritism.



General Recommendations: POE and Logbooks



- ✓ Redesign POE and logbook forms to include larger spaces for writing.



Conclusions



- ❑ The majority of participants did not complete the required CPD points, despite favorable attitudes towards CPD.
- ❑ Qualitative findings suggest the need to revise the existing roll-out and communication strategy.
- ❑ There is a need to clarify certain CPD rules and thematic areas, and to address concerns regarding equitable access to CPD activities.



Conclusions (2)

- Consider adjustments to the allocation of CPD points by thematic area and nursing cadre.
- Address perceived barriers to completion, such as lack of adequate time.



Thank you