

# **What is the access to continued professional education among health workers in Blantyre, Malawi?**

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## Summary

**Objective:** To describe the current status regarding continued professional development (CPD) of healthcare personnel serving within the Ministry of Health and Population (MoHP) health centres in Blantyre, Malawi

**Design:** A cross-sectional descriptive study utilizing an interviewer-administered questionnaire.

**Subjects:** Healthcare workers in public health centers in Blantyre District, Malawi.

**Results:** Fifty-seven healthcare workers participated of whom 47 (82.5%) were nurses, 8 (14.0%) were either medical assistants or clinical officers, and one laboratory technician and a dental therapist. At the time of the study, 50(87.7%) were prescribers and 54 (94.7%) had ever issued a prescription for medications. Participation in workshops and seminars within the past 12 months was reported by 54 (94.7%) of the participants and 49 (86.0%) reported that their health facilities had clinical hand-over meetings. All participants indicated desire to receive professional journals for free while only 35 (61.4%) would pay for a journal subscription. Current personal and institutional subscription to a journal was low, at 2 (3.5%) each. About 30% had been trained to conduct research and 23 (40.1%) had ever conducted research with only 3 (5.3%) ever written a journal article. 47.4% had access to a working phone at work and only 3 (5.3%) had access to internet facilities at all. Only 21% were satisfied with their own knowledge on health matters.

**Conclusions:** This study indicates that healthcare professionals are using mostly clinical hand-over meetings, seminars and workshops for their CPD. There is need to improve access to relevant professional journals. The regulatory or licensing boards for healthcare professional in Malawi should seriously consider mandatory CPD credits for re-certification.

Keywords: Blantyre, Malawi, Continued professional development, continued medical education

## **Introduction**

Continued medical education (CME) or continued professional development (CPD) is generally understood to be crucial for the development and improvement in quality of healthcare delivery services <sup>1-2</sup>. It is for this reason that international agencies, including the World Health Organisation (WHO) facilitated, among other initiatives, the provision and enhanced access to, mostly electronic, biomedical journals to developing countries, <sup>3,4</sup>. The Health Internetwork Access to Research Initiative (HINARI) is one such effort that has potential to increase access to health information <sup>5</sup>. In only a few African countries do regulatory or licensing boards of professional healthcare workers require production of evidence that one had attained enough credits in an approved continued professional development program or CME to re-certify practitioners. In most African countries however, CME is quite peripherally located in medical practice and there is no requirement for external verification and no professional or statutory demand for accreditation of qualifications or competencies <sup>6</sup>.

At the time of the study, the authors were unaware of any published reports on CME or continued health professional development in Malawi. The study was therefore carried out to document the current situation regarding continued or in-service training opportunities amongst healthcare workers serving in government (public) health centres within Blantyre District Health office. Knowledge of such a situation would better inform health personnel trainers, professional regulatory bodies (Medical Council of Malawi and the Nurses and Midwives Council of Malawi), the Ministry of Health and Population and international agencies to design appropriate intervention programs towards professional development of healthcare personnel.

## **Materials and Methods**

This study, carried out in 2003 was cross-sectional and descriptive utilizing interviewer-administered questionnaires. Study participants were nurses, clinical officers and medical assistants, a laboratory technician and a dental therapist who were found at the health centres visited during the period of the study. In Malawi, health centres are mostly resourced with medical assistants, clinical officers and nurses. Doctors only serve at district or tertiary health care level. Blantyre is the major commercial city of Malawi. The district has the Queen Elizabeth Central Hospital (QECH) the major referral and teaching hospital of Malawi's only medical school <sup>7</sup>. There is no district hospital.

## **Results**

### **Characteristics of study Participants**

Fifty-seventy health workers in the Ministry of Health and Population (MoHP) within the Blantyre District Health Office health facilities participated in the study. Six of the health facilities were urban

while 4 were rural. Participants comprised 47 (82.5%) nurses, 5 (8.8%) clinical officers, 3(3.5%) medical assistants, 1 laboratory technician and 1 dental therapist. There were 45(78.9%) females while 12(21.1%) were males. Participants' ages ranged from 25-64 years (mean, 38.7 years SD, 9.6 years) and the number of years served as health care workers ranged from 1 to 37 years (mean, 14.2 years and SD, 9.5 years). Fifty (87.7%) had written prescriptions within the month of study as part of their service while 7 (12.3%) had not. However 54 (94.7%) had ever prescribed. All except one, were registered with the appropriate regulatory bodies (Medical Council of Malawi and the Nurses and Midwives Council of Malawi).

### **Continued Professional Development**

When asked if their health facilities had clinical hand-over meetings, 49(86.0%) indicated availability of hand-over meetings while 8 (14.0%) were working in facilities without clinical hand-over meetings. However, 54 (94.7%) had participated in a workshop or seminar within the past 12 months of the study while only 3 (5.3%) had not.

With regard to access to professional journals only 2 (3.5%) were personal subscribers to any professional journal and only 3 (5.3%) were working at a health facility which maintained a subscription to any journal. However, 20 (35.1%) had ever read a journal article in the past 6 months while 37 (64.9%) had not. Eight (14.0%) participants reported having a professional journal at work at the time of the study. Despite the fact that all (100%) would be happy to receive a journal for free, about 35(61.4%) were prepared to subscribe to a journal at a fee while 15 (26.3%) were not and 7 (12.3%) were not sure. Only 2 (3.5%) participants worked at a facility that had a library. Twelve (21.1%) of the participants reported being satisfied with their own knowledge regarding health matters, 44 (77.2%) were not satisfied while one (1.8%) was not sure.

### **Research Experience**

In order to determine research experience amongst the participants, they were asked whether they had ever conducted research, whether they had been trained to do scientific research and whether they would be interested to be trained. All (100%) indicated willingness to train, while only 18 (31.6%) had prior training in research methods. Twenty-three (40.4%) had ever conducted research and 3 (5.3%) had ever written a journal article.

### **Access to telecommunication**

In order to determine whether participants could benefit from internet-based professional development programs as currently available in Malawi, they were asked about access to a working telephone and the internet. Twenty-seven (47.4%) of the participants had a working phone at work while 30 (52.6%) had no such access. With regard to the internet, only 3 (5.3%) reported any access to the internet.

## Discussion

There is no published study to the authors' knowledge describing continued professional development of health care workers in Malawi. This may suggest that this is an area that is little appreciated by researchers and health care workers in the country.

This study suggests that workshops and seminars followed by clinical hand-over meetings are the most common modes of continued professional development (CPD) or CME efforts amongst health care workers in the Ministry of Health and Population (MoHP) facilities in Blantyre, Malawi. Workshops/seminars are usually organized by the MoHP headquarters or the District Health Office as way of delivering in-service training. Non-governmental organizations (NGOs) may also invite healthcare workers in the public service as important stakeholders. In many cases, workshops are associated with *per diems* and other than their training potential contribute to a significant supplementation of personal financial resources to participants. This is not to suggest that such an extra role of workshops and seminars is less important.

This study was not designed to answer the question as to why health facilities do not subscribe to professional journals as they should. As only 2 (3.5%) indicated that their personally subscribed to journals, it would be useful for a future study to attempt to answer such question. While financial costs could be among the reasons that individuals and institutions fail to subscribe to journals, that is unlikely to be the only reasons as they are a few publications available for free to developing country readers.

Study participants were asked whether they had access to a working telephone in order to assess the potential for web-based/email-based health information access. Only 3 had access to the internet at all. This would suggest quite a significant digital divide as has been feared by many authors<sup>8</sup>. While the telephone and internet facilities are important assets to those who have access, there is undoubtedly need to explore other information and communication technologies (ICT) such as radio and television as vehicles for transmission of health professional information in Malawi<sup>9</sup>.

Providing a whole array of professional journals for free will not be an effective solution to the paucity of publications available to health care workers in developing countries. The solution could be improvements in access to tailor-made, relevant publications that have potential to enhance knowledge and contribute to the improvement of care. Such may rather be viewed as paternalistic and restrictive as some health experts and others believe that unlimited access to knowledge should be the goal for all health care workers.

The licensing boards and associations of nurses and clinicians (medical doctors and paramedicals) in Malawi should explore possibilities of mandatory CPD for re-certification so as to prevent compromise of healthcare services delivery.

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