

**NURSING
COUNCIL
OF KENYA**

POLICY BRIEF

A CONTINUOUS PROFESSIONAL DEVELOPMENT UPTAKE MODEL FOR NURSES AND MIDWIVES IN KENYA.

NO.002/2025

APRIL 2025

Authors:

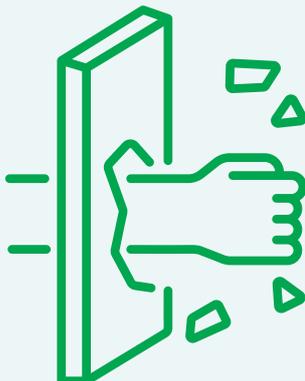
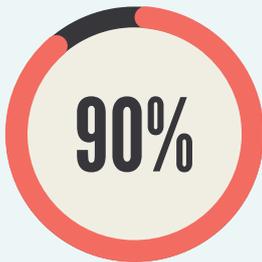
Dr. Roselyne Odhiambo- Kirinyaga University

Anne Mukuna- Ag. CEO/Registrar NCK

Gladys Omiah - Ag. Director Registration & Licensing

Kelvin Okile- Senior RSPPD Officer NCK

KEY ISSUES



Low participation in CPD activities and gaps in midwifery knowledge and skills, with a strong association between CPD effectiveness and knowledge.

Interview results showed improved performance, with mean scores increasing from 79.30% to 91.34%. with a 35.81% improvement in clinical skills after training.

Only 17.9% of participants correctly practiced Active Management of the Third Stage of Labour (AMTSL) gaps in preventing postpartum hemorrhage.

Lack of skills to accurately complete and interpret partographs, especially in monitoring fetal descent and cervical dilation.

Low engagement in CPD programs, with 54.3% finding sessions uninteresting and 57.1% attending mainly due to employer pressure.

Barriers to CPD participation included staff shortages (35.7%), work-personal life conflicts (40%), workload stress (52.9%), fear of competency assessments (35.7%), and unsupportive work environments (45.7%).

1. INTRODUCTION

- **Continuous Professional Development (CPD)** is the ongoing process through which professionals maintain and enhance their knowledge, skills, and expertise (*Lawrence, 2018*). For nurses and midwives, CPD is especially vital in reducing maternal and neonatal morbidity and mortality by strengthening their capacity to manage obstetric emergencies. Maternal and neonatal deaths remain a major challenge in Sub-Saharan Africa, with Kenya recording a maternal mortality ratio (MMR) of 378 per 100,000 live births; well above the **Sustainable Development Goal (SDG)** target of 70 by 2030 (*Bill & Melinda Gates, 2021*). Most maternal fatalities, including hemorrhage, hypertensive disorders, unsafe abortions, and sepsis, are preventable through timely, skilled interventions.
- **The Nursing Council of Kenya (NCK)** requires nurses and midwives to complete 20 hours of CPD annually. For midwives, this aims to ensure the delivery of safe, ethical, and high-quality care. However, uptake remains inconsistent due to staffing shortages, heavy workloads, and poorly structured CPD programs (*Maingi, 2017; NCK, 2020*). The absence of standardized CPD undermines clinical practice and leaves critical skill gaps in managing obstetric complications (*Bäck, 2020*).
Developing a structured CPD model aligned with the **International Confederation of Midwives' (ICM)** Essential Competencies would address these gaps. Such a model would ensure consistent training, improve maternal and neonatal outcomes, and strengthen Kenya's progress toward reducing preventable deaths (*ICM, 2019; Koblinsky, 2016*).

2. TARGET GROUP



1. **Nursing Council of Kenya**
2. **Hospital managers**
3. **Nurses and midwives**
4. **Institutions of higher learning.**

3. RECOMMENDATIONS



1. **Enhance Hospital-Led CPD Programs:**

Hospitals should establish flexible, needs-based CPD programs with adequate staffing, funding, and feedback through collaboration with supervisors, coordinators, and regulators.

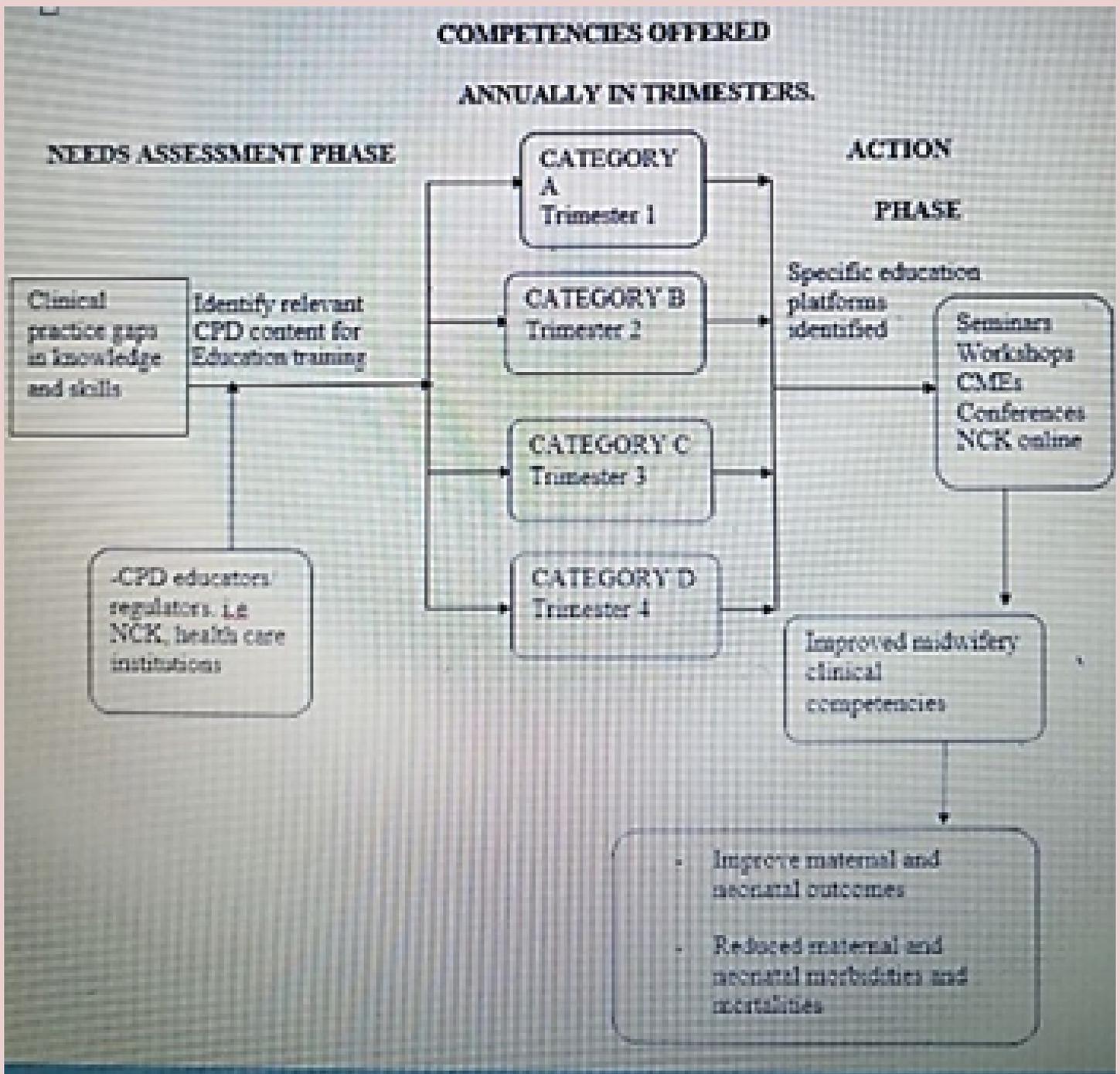
Structure and Enhance CPD Programs in Midwifery Practice:

Healthcare facilities should implement structured CPD programs, integrated into staff induction and accommodating diverse learning styles through workshops, online modules, and hands-on training, aligned with ICM competencies

2. **Strengthen Regulatory and Academic Support for CPD:**

Regulatory bodies and training institutions should regularly review CPD programs, promote mentorship and peer support, and incorporate simulation and practical training to improve clinical skills and knowledge application.

3. Apply the CPD model (Odhiambo Roselyne, 2024).



This will guarantee full alignment with ICM competencies while enhancing quality of care and improving patient outcomes

Editors:

Annah Njambi Mugo- Corporate Communication Assistant NCK

Nicole Choge- Corporate Communication Officer NCK

7. REFERENCES

- Bill and Mellinda Gates Foundation (2021). Annual report. Bill and Mellinda Gates Foundation Goalkeepers.
- Bäck, L., & Karlström, A. (2020). Developing confidence during midwifery training: The experience of Swedish final year students. *Sexual & Reproductive Healthcare: Official Journal of the Swedish Association of Midwives*, 25, e-100535.
- International Confederation of Midwives (ICM). (2017). *Strategic Goals for Midwifery Education and Practice*.
- Karas, M., Sheen, N. J. L. & Bullock, A. (2020). Continuing professional development requirements for UK health professionals: A scoping review. *BMJ Open*, 10(3), e032781. <https://doi.org/10.1136/bmjopen-2019-032781>.
- Koblinsky, M., Moyer, C. A., Campbell, O. (2016). Quality maternity care for every woman, everywhere: A call to action. *The Lancet*, 388(10057), 2307–2320.
- Maingi, D. (2017). Improving HealthWorker Performance: The Role of Continuing ProfessionalDevelopment Regulation. *Intra Health*. <https://www.intrahealth.org/resources/improving-health-worker-performance-role-continuing-professional-development-regulation>
- Nursing Council of Kenya. (2021). Nursing Council-of-Kenya. <https://engagement.wcea.education/nck>

ANNEX 1: KEY TO CPD UPTAKE MODEL COMPETENCIES

TRIMESTER/CATEGORY	CATEGORY	KEY CLINICAL SKILLS COMPETENCIES
JANUARY-MARCH	A: Preconception and contraception	Performing focused obstetric examination Counselling and testing HIV PMTCT care Counselling on Individual birth plan and complication readiness Fetal monitoring
JULY- SEPTEMBER	C: Labor and delivery care	Management of complications like shoulder dystocia, PPH, Severe pre-eclampsia with MgSo4 Performing spontaneous vaginal delivery Active Management of Third stage of labour APGAR scoring for the newborn Induction of labour Monitoring labor progress using the WHO patograph Repair of perineal tears Performing a vaginal examination Manual removal of the placenta Administering an episiotomy and its repair
OCTOBER -DECEMBER	D: Care during postpartum period	Perform postnatal assessment for a mother Counsel on immediate newborn care

ABOUT US AND OUR CONTACTS

The Registrar/CEO

Nursing Council of Kenya

 P.O Box 20056-00200, Nairobi, Kenya.

 +254 20 7854665/9

 +254721920567, +254733924669

 www.nckkenya.com

 info@nckkenya.go.ke

 Kabarnet Lane off Ngong Road