Report of the Online Workshop Series on Continuing Professional Development for Nurses

The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2

December 2023

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Executive Summary

The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2 was a collaborative project between Thailand and Japan. It aimed to strengthen the Global Health and Universal Health Coverage (UHC) implementation capacity in Thailand and other countries, particularly in health financing and health workforce. The Project on the Online Workshop Series on Continuous Professional Development (CPD) for Nurses was conducted as one of the health workforce activities. ,
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The Online Workshop Series on CPD for Nurses was an opportunity to bring together the countries that are interested in CPD for nurses and achieve the following objectives.

> **Objective 1.** To share information and experiences of CPD systems for nurses in participating countries, particularly about policies, regulations, implementation, outcomes, challenges, how to overcome challenges, and future plans.
> **Objective 2.** To explore the possibility of improving CPD systems for nurses in each country.

The 1st workshop was a 2-day workshop on 7 and 9 March 2022. Around 70 participants and 60 observers from 13 countries joined. The topic of the 1st day was “Overview of CPD System for Nurses.” In most participating countries, CPD is linked with the renewal of nursing licenses, making CPD mandatory for nurses. Nurses must gain certain numbers of credits to renew their licenses. Some countries do not have a link between the license renewal and CPD. However, other measures are taken to encourage nurses to be engaged in CPD.

The topic of the 2nd day was “Training for Newly Graduated Nurses.” Three countries, Japan, Vietnam, and Thailand, presented their measures related to training newly graduated nurses. CPD for nurses is lifelong learning. This learning attitude should be embedded in the early stage of nursing. When nurses are in the system, it is the responsibility of the organizations to ensure that they have the opportunity to engage in CPD activities so that the nurses will meet their own needs and the demands of the healthcare system.

The 2nd Workshop “CPD System for General Nursing” was held on 18 May 2022. Around 60 participants and 40 observers from 14 countries joined. “CPD for general nursing” was defined as the common CPD activities/programs that can be applied to all nurses regardless of their specialties or working fields. It should include the key concepts and essential procedures that all nurses must have updated knowledge and skills. These key concepts and essential procedures may vary depending on the context of each country's healthcare system.

The 3rd workshop of the Online Workshop Series on CPD for Nurses was held on 29 September 2022. Around 50 participants and 20 observers from 13 countries joined. There were two parts in the 3rd workshop. The topic of the first part was “CPD system for specific fields of nursing and

specialists." As the health issues we face are becoming more complex, and medical technologies that nurses need to catch up with advance constantly, the need for specialists is increasing.

The second part of the 3rd workshop was "CPD system for nursing management/ administration." During the COVID-19 pandemic, nursing administrators faced a lot of unprecedented problems. The situation required them to have very high management skills. COVID-19 highlighted the importance and the competency of the nursing management and administration.

The 4th workshop "How to Take Action for Future Plan" was held on 16 February 2023. Around 40 participants and 30 observers from 12 countries joined. The 4th workshop was also the final workshop of the series, having two panel discussions that aimed to find the way forward for all the participating countries.

In Panel Discussion 1 "How to regulate the CPD system in response to the health needs of the country," the panelists confirmed the importance of legislation for CPD and legally ensuring the provision of CPD opportunities for nurses. They shared their experience in having guidelines and financial subsidies to ensure the availability and quality of CPD training.

In Panel Discussion 2 "How to develop the quality of the CPD system," panelists discussed how we should monitor the quality of the CPD system and how to evaluate CPD to increase nurses' knowledge and competency. They also discussed "how to measure the impact of CPD on health needs." It would be ideal to measure the impact of CPD on health needs using visual or quantitative scales such as clinical outcomes, morbidity, and mortality, but no single indicator could measure the impact of CPD, and it is difficult to distinguish the impact of other factors from the impact of CPD when we focus on healthcare outcomes. However, utilizing quality indicators, key performance indicators, and accreditation scores were discussed, and several measurable indicators were suggested in the discussions of monitoring and evaluating the quality of the CPD system. The importance of measuring the impact of CPD was reaffirmed through the talks.

Approximately 180 persons joined the Online Workshop Series on CPD for Nurses, fully or partially, and the participants from 13 countries joined constantly throughout the series. The two objectives of the Online Workshop Series on CPD for Nurses were achieved successfully as the participants from each country shared information and experiences of the CPD system for nurses and explored the possibility of improving the CPD system for nurses together.

The GLO+UHC Phase 2 also succeeded in presenting the compiled data and lessons learned from the Online Workshop Series on CPD for Nurses at the international platform, the International Council of Nurses (ICN) Congress 2023, as it had set as one of the expected outcomes.

The Online Workshop Series on CPD was organized by GLO+UHC Phase 2, JICA. The main implementing partners were:

- Asia Pacific Action Alliance on Human Resources for Health (AAAH),

- Japan International Cooperation Agency (JICA),
- Ministry of Public Health, Thailand,
- National Health Security Office (NHSO), Thailand, and
- Thailand Nursing and Midwifery Council (TNMC).

List of Abbreviations

Abbreviation	Full term
AAAH	Asia Pacific Action Alliance on Human Resources for Health
ACLS	Advanced Cardiac Life Support
AJCCN	ASEAN Joint Coordinating Committee on Nursing
ASEAN	Association of Southeast Asian Nations
BLS	Basic Life Support
BMHC	Bhutan Medical and Health Council
BNMC	Bangladesh Nursing and Midwifery Council
CAN	Cambodian Association of Nurses
CCN	Cambodian Council of Nursing
CEC	Council Executive Committee (Myanmar)
CME	Continuing Medical Education
CNE	Continuing Nursing Education
CNEU	Continuing Nursing Education Unit
CPD	Continuing Professional Development
CTS	Clinical Training Skills
DGFP	Directorate General of Family Planning (Bangladesh)
DGHS	Directorate General of Health Services (Bangladesh)
DGNM	Directorate General of Nursing and Midwifery (Bangladesh)
GLO+UHC	The Partnership Project for Global Health and Universal Health Coverage
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HR	Human Resource
ICU	Intensive Care Unit
IPC	Infection Prevention and Control
JDWNRH	Jigme Dorji Wangchuck National Referral Hospital (Bhutan)
JICA	Japan International Cooperation Agency
JNA	Japan Nursing Association
MHLW	Ministry of Health, Labour and Welfare (Japan)
MNMC	Myanmar Nurses and Midwives Council
MOHFW	Ministry of Health and Family Welfare (Bangladesh)
MOH	Ministry of Health
MOPH	Ministry of Public Health (Thailand)
NA	Not applicable
NCK	Nursing Council of Kenya
NGO	Non-governmental Organization
NHSO	National Health Security Office (Thailand)
NR	No response
OSCE	Objective Structured Clinical Examination
OSPE	Objective Structured Practical Examination
PPE	Personal Protective Equipment
RCSC	Royal Civil Service Commission (Bhutan)
TNMC	Thailand Nursing and Midwifery Council

UHC	Universal Health Coverage
WCEA	World Continuing Education Alliance

1. Background

1-1. The Partnership Project for Global Health and Universal Health Coverage Phase 2

The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2 was a collaborative project between Thailand and Japan. It aimed to strengthen the Global Health and Universal Health Coverage (UHC) implementation capacity, particularly in health financing and health workforce, in Thailand and other countries. The implementing organizations of the project are the Ministry of Public Health (MOPH) and the National Health Security Office (NHSO) in Thailand and the Japan International Cooperation Agency (JICA).
Phase 1 (2016-2020) succeeded in promoting and supporting capacity development in Thailand and built networks with other countries. Phase 2 began in December 2020 to expand the project towards more global collaboration by sharing the knowledge and experience of Thailand and Japan with other countries, utilizing the network built in Phase 1.

There are three activities of health workforce as the themes in which participating countries could share their experiences.

Activity 1. Distribution of health workforce: Registry
Activity 2. Quality of health workforce: Continuing Professional Development (CPD)
Activity 3. Interprofessional Education (IPE)

As for Activity 2, the project and the implementing partners have conducted the Online Workshop Series on CPD for Nurses with the Asia-Pacific Action Alliance on Human Resources for Health (AAAH) countries and the participating countries of the GLO+UHC Project.

1-2. CPD for nurses

Health professionals often face challenges in providing the best possible care to patients. CPD is an essential component of healthcare work. The rapid pace of new clinical care evidence and new technologies being developed has increased the pressure on professionals and health systems to continue learning how to improve care.

Despite the importance of CPD being well recognized, many countries are struggling to build the system of CPD for health professionals including nurses.

Thailand, where the project is based, is one of the countries that have rich experience in building and implementing the CPD system for nurses. In Thailand, nurses are required to renew their licenses every five years. To renew their licenses, nurses must obtain a certain number of credits of CPD to fulfill their minimal skills and knowledge requirements. The regulatory body of CPD for nurses in Thailand is the Thailand Nursing and Midwifery Council (TNMC). The country's CPD

system for nurses is well-structured and has experience of adopting CPD as part of license renewal since 2004.

1-3. Objectives and expected outcomes of the Online Workshop Series on CPD for Nurses

The Online Workshop Series on CPD for Nurses was aimed to be an opportunity to bring the countries that are interested in CPD for nurses together and to achieve the following objectives, regardless of their status (i.e., whether they are on their way to building the CPD system or have experience).

> **Objective 1.** To share information and experiences of CPD system for nurses in participating countries, particularly about policies, regulations, implementation, outcomes, challenges, how to overcome challenges, and future plans.
>
> **Objective 2.** To explore the possibility of improving the CPD system for nurses in each country.

The following were the expected outcomes.

> **Outcome 1.** Each participating country presents lessons learned through the workshops that could be applied to improve the provision, management, and quality of the CPD system for nurses of the country.
>
> **Outcome 2.** Compile the data and lessons learned through the workshops and present at international platforms such as the International Council of Nurses (ICN) Congress, etc.

As expected, the project compiled the data and lessons learned through the workshops and made this report as the product of Outcome 2.

1-4. Selection of topics

A survey was conducted after the first workshop to decide the topics of the workshops. The result of the survey is shown in Figure 1-1. As a result, the topics of CPD system for general nursing, CPD system for specific fields of nursing and specialists, and CPD system for nursing management/administration were selected. In addition, it was decided that discussions on each topic should also consider ways to respond to the challenges of health and economic crises such as the COVID-19 pandemic.
Workshops focusing on the selected topics were conducted as shown in Table 1. The agenda of workshops are attached as Appendix 1.

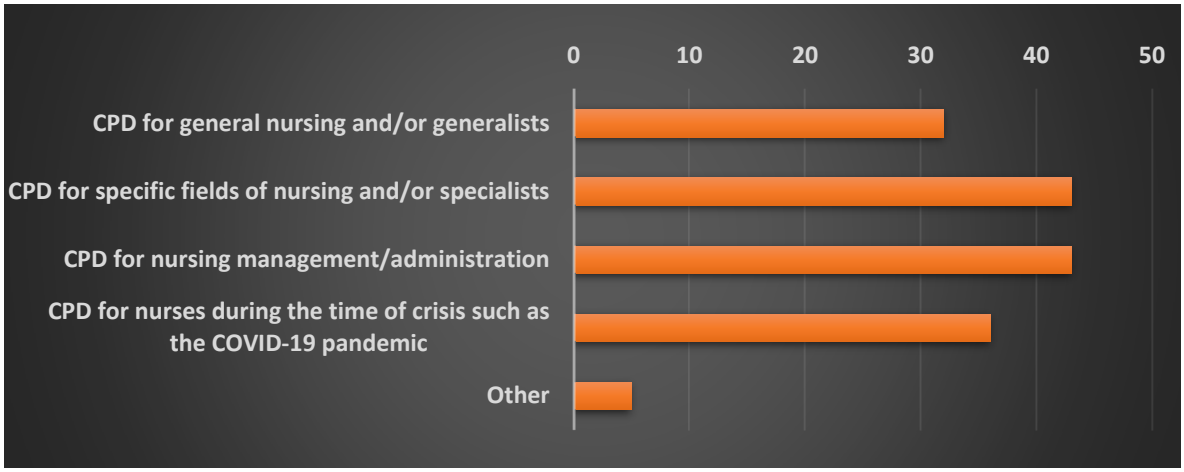


Figure 1-1: Topics of CPD which the participants were interested to learn in the workshop series

Table 1: Schedule of the Online Workshop Series on CPD for Nurses

Workshop	Date	Tim (UTC+7)	Topic
1st	Day 1 7 Mar 2022	13:00-16:00	Overview of CPD system for nurses
	Day 2 9 Mar 2022	13:00-15:00	System of training for newly graduated nurses
2nd	18 May 2022	13:00-16:00	CPD system for general nursing
3rd	29 Sep 2022	13:00-16:00	CPD system for specific fields of nursing and specialists
			CPD system for nursing management/ administration
4th	16 Feb 2023	13:00-16:30	How to take action for future plans

2. Overview of the CPD System for Nurses

The 1st workshop of the Online Workshop Series on CPD for Nurses was a 2-day workshop on 7 and 9 March 2022. Around 70 participants and 60 observers from 13 countries joined.[1] The topic of the 1st day was "Overview of CPD System for Nurses," and the 2nd day was "Training for Newly Graduated Nurses."

On the 1st day, nine countries presented overviews of the CPD system of their countries, and the other four joined the Q&A and discussion session. In addition, all the participating countries were asked to respond to a pre-workshop questionnaire survey (attached as Appendix 2). The following tables summarize the responses to the questionnaire and the presentations about the overview of the CPD system for nurses in each country. Presentation slides are attached as Appendix 4.

During the workshop series, Bangladesh, Cambodia, Lao PDR, Myanmar, Nepal, and Sri Lanka were developing their CPD systems. Therefore, most of their responses were based on their plan rather than their actual situation.

2-1. Mentioning CPD in the Nursing Law

	1. Is CPD for nurses mentioned in the nursing law (or the law of healthcare professionals)?			
	YES	**Y&N***	**NO**	**Responses**
Bangladesh		✓		Not directly. There is no CPD system for nurses, but the nursing law mentions the standard relicensing. CPD can be considered as a part of relicensing.
Bhutan	✓			CPD of all healthcare providers is mentioned in the law.
Cambodia	✓			CPD is mentioned in the Law on Regulation of Health Practitioners.
Indonesia	✓			CPD is mentioned in The Decree of Guidelines of CPD for Indonesian Nurses.
Japan	✓			CPD is mentioned in the Public Health Nurses, Midwives, and Nurses Act and the Act on Assurance of Work Forces of Nurses and Other Medical Experts.

[1] **Participants** were selected according to the requirements mentioned in the general information of the workshop series; they were given the opportunity to present and were requested to participate continuously throughout the series. **Observers** were allowed to join the workshops to observe; they were given the opportunities to ask questions in the workshops and to give feedbacks to the workshops.

Kenya		✓		Not directly, but CPD is inferred since it is a prerequisite for license renewal, without which one cannot practice.
Lao PDR			✓	
Malaysia	✓			CPD is mentioned in the Code of Professional Conduct.
Myanmar	✓			CPD for nurses and midwives is mentioned in the Nurse and Midwife Law
Nepal		✓		Yes, but not specifically.
Thailand	✓			It is mentioned in the Thailand Nursing and Midwifery Act.
Vietnam	✓			

*Y&N: YES and NO

Out of 12 countries that responded, 11 countries have a nursing law that mentions CPD for nurses, either directly or indirectly. Lao PDR does not yet have a law mentioning it since the country is at the stage of developing the CPD system. In Bangladesh and Kenya, the law does not mention it directly, but it is inferred since the license renewal requires CPD. In Nepal, the amendment of the Nursing Act is being considered to mention CPD for nurses specifically.

2-2. National level policy or strategy of CPD for nurses

	2. Is there a national level policy or strategy for CPD for nurses?			
	YES	**Y&N***	**NO**	**Responses**
Bangladesh	✓			National-level policy of CPD for nurses is mentioned in the Bangladesh Nursing and Midwifery Council Act adopted in 2016.
Bhutan	✓			Bhutan Medical and Health Council (BMHC) developed Continuing Medical Education (CME) guideline in 2018.
Cambodia	✓			National-level policy and strategy of CPD for nurses are mentioned in the Health Workforce Development Plan 2016-2020 of the Ministry of Health (MOH) and the Strategy of Cambodian Council of Nurses (CCN) 2020-2025.
Indonesia	✓			It is mentioned in the Regulations of Clinical Nurse Professional Career Level Development (MOH) and the General Guidelines of CPD (Council of Indonesian Health Providers).
Japan		✓		Currently, there is no national level policy or strategy for CPD for nurses at all levels, but there is a strategy for implementing training for newly graduated nurses; the Ministry of Health, Labour and Welfare (MHLW)

				formulated a guideline aiming to provide the training for newly graduated nurses at all healthcare institutions and launched partial subsidization of training costs.
Kenya	✓			There is the Nursing Council of Kenya (NCK) CPD Guideline.
Lao PDR	✓			There is a Strategy for Healthcare Professional Licensing and Registration System in Lao PDR 2016-2025 (MOH). In addition, Guidelines on CPD for Nurses and Midwives in Lao PDR (Healthcare Professional Council) and Manual for Implementing CPD in Lao PDR (MOH) have been drafted.
Malaysia	✓			There is the National CPD Guideline for Nurses.
Myanmar	✓			There is a national level policy or strategy of CPD for nurses and midwives in Myanmar, which was founded by the Myanmar Nurses and Midwives Council (MNMC).
Nepal	✓			CPD guideline has already been developed by the nursing council, but it is yet to be finalized.
Thailand	✓			1) The 20-year strategies and annual policy on building capacity of human resources for health / Ministry of Public Health (MOPH). 2) Thailand Nursing and Midwifery Council (TNMC) policies, strategies, and plans on CPD for nurses for quality of services, education, and management.
Vietnam	✓			

*Y&N: YES and NO

Out of 12 countries that responded, 11 countries have a national level strategy or policy of CPD for nurses. Some countries include it in their national plans or strategies, while others have guidelines for CPD.

Japan does not have a strategy or policy of CPD for all nurses, but it has a strategy of implementing training for newly graduated nurses; MHLW formulated a guideline to provide the training for newly graduated nurses at all healthcare institutions and launched partial subsidization of training costs.

Bangladesh, Bhutan, Cambodia, Lao PDR, Myanmar, Nepal, and Sri Lanka are developing their CPD systems. In Bangladesh, the Bangladesh Nursing and Midwifery Council (BNMC) drafted a CPD guideline for midwives. The document has been awaiting approval from the Ministry of Health and Family Welfare (MOHFW). In Nepal, the CPD guideline has already been developed by the nursing council, but it is yet to be finalized.

2-3. Linkage of license renewal and CPD

	3. Is CPD linked to the license renewal of nurses?			
	YES	**Y&N***	**NO**	**Responses**
Bangladesh		✓		Not yet, because the system is not established, but BNMC is developing a guideline on CPD for nurses and midwives, which will be linked with the relicensing guideline.
Bhutan	✓			The required number of credits varies by the situation of the engagement in the active clinical practice.
Cambodia		✓		CPD guidelines require engagement in CPD for license renewal, but it is still in the process of being fully implemented. It is planned to require CPD credit (60) for license renewal every 3 years.
Indonesia	✓			Nurses are required to have a Registration Certificate (STR). To re-register STR, the main requirement for nurses is to obtain a total credit points or Credit Points Units (SKP) of 25 SKP / 5 years.
Japan			✓	Nurses in Japan have a permanent license after they pass the license examination; therefore, there is no license renewal for nurses.
Kenya	✓			
Lao PDR		✓		Linkage of CPD and license renewal is included in the Strategy on Healthcare Professional Licensing and Registration System in Lao PDR 2016-2025 which they are implementing.
Malaysia	✓			
Myanmar	✓			There is a plan for license renewal of nurses and midwives every two years with 20 CPD points.
Nepal			✓	
Thailand	✓			The Nursing and Midwifery Act mentions that all permission certificates must be renewed every 5 years. According to the TNMC announcement, the Continuing Nursing Education Unit (CNEU) of 50 credits must be submitted to renew the license.
Vietnam	✓			Yes, but there is no mechanism to monitor in place.

*Y&N: YES and NO

Countries that implement the license renewal system tend to set CPD as a requirement for the license renewal. They set an indicator (credit/unit/point of CPD to be obtained in a certain period) and a minimum requirement for the license renewal.
In Myanmar, the implementation of linking the CPD system to the license renewal is pending due to the country's political crisis and the crisis caused by the COVID-19 pandemic.

2-4. Regulator of CPD for nurses

	4. Who regulates the CPD system for nurses? a) Government (Ministry) b) Association/Board/Council c) Other			
	a	**b**	**c**	**Responses**
Bangladesh		✓		Bangladesh Nursing and Midwifery Council (BNMC)
Bhutan		✓		Bhutan Medical and Health Council (BMHC)
Cambodia		✓		Cambodia Council of Nurses (CCN)
Indonesia	✓	✓		Government and the Indonesian National Nurses Association (INNA)
Japan				Since there is no CPD system that relates to all nurses, there is no regulator of the CPD system.
Kenya		✓		Nursing Council of Kenya (NCK)
Lao PDR	✓	✓		Nurse and Midwifery Board and Healthcare Professional Bureau function as an administrative office. They collaborate with the Department of Health Personnel, MOH.
Malaysia		✓		Malaysian Nursing Board
Myanmar		✓		Myanmar Nurse and Midwife Council (MNMC)
Nepal		✓		Nepal Nursing Council
Sri Lanka	✓			MOH
Thailand		✓		Thailand Nursing and Midwifery Council (TNMC)
Vietnam	✓			MOH and Provincial Health Bureaus

The CPD systems for nurses in 10 out of 12 countries that have responded are regulated or planned to be regulated by the association, board, or council. Indonesia has a system regulated by both the government and the association. Lao PDR is developing the system to be administered by the board and the government. Vietnam is unique among the participating countries for having the central and provincial governments as the regulators.

Since Japan has no CPD system related to all nurses, there is no regulator of the CPD system. However, there is a “Training system for nurses to perform specific medical interventions" regulated by the MHLW and a credentialing system regulated by the Japanese Nursing Association (JNA).

2-5. Developer of CPD for nurses

	5. Who develops the CPD activities or programs for nurses?
Bangladesh	The members of MOH, BNMC, Directorate General of Nursing and Midwifery (DGNM)*, faculty from the nursing schools/ colleges, and different

	stakeholders are planned to be involved in developing CPD guidelines/ criteria for nurses. *DGNM is a governmental organization under the Ministry of Health and Family Welfare. It is the headquarters of all Nurses and Midwives in Bangladesh.
Bhutan	MOH and Royal Civil Service Commission (RCSC) in consultation with Nurse Experts from Jigme Dorji Wangchuck National Referral Hospital (JDWNRH; autonomous agency/ healthcare facility) and Faculty of Nursing and Public Health (teaching institute)
Cambodia	Many levels such as MOH, health care facilities, Cambodian Association of Nurses (CAN), etc. CCN certifies CPD training programs and training providers for CPD credits.
Indonesia	The government, the Indonesian National Nurses Association (INNA), and institutions with a mandate from the INNA.
Japan	Many large-scale healthcare facilities develop their own CPD activities/programs. There are also training, workshops, lectures, etc., developed by various stakeholders such as JNA, prefectural branches of JNA, academic societies, educational institutions, private companies, other organizations, etc.
Kenya	Subject matter experts through the NCK-accredited CPD providers.
Lao PDR	1) Departments within the MOH, 2) Nurse and Midwifery Board, 3) Healthcare facilities, 4) Educational institutions (universities and schools), 5) Nurse and Midwives Associations (planned to be involved in the future).
Malaysia	MOH, training institutions, Nursing Associations, and private healthcare sectors.
Myanmar	The Council Executive Committee (CEC) of MNMC
Nepal	Nepal nursing council
Sri Lanka	1) Education Training and Research Unit (ET&R), MOH, 2) External colleges, universities and organizations
Thailand	Key nursing-midwifery institutions can offer CPD programs/activities if they meet the criteria set by TNMC; for example, TNMC, the Nursing Division of the MOPH, Thailand Nurses' Association, nursing and midwifery educational institutions, and nursing departments in hospitals.
Vietnam	MOH, Provincial Health Bureaus, Vietnam Nurses Association, and CME providers.

The developer of the CPD activities or programs for nurses varies by country. However, many participating countries include educational institutions in addition to the government and the association, board, and council.

2-6. Summary of the overview of CPD system for nurses

Most participating countries linked CPD with the nursing license renewal making CPD mandatory for nurses. Nurses must gain certain numbers of credits to renew their licenses. Some countries do not have a link between the license renewal and CPD. However, there are other measures taken to encourage nurses to engage in CPD.

To build or improve the CPD system for nurses, it should be mentioned explicitly in law or included in the national strategy or policy. In addition, linking the CPD system with license renewal is a practical way to ensure all nurses engage in CPD. Nevertheless, there are other measures that can be applied to encourage nurses to engage in CPD. For example, Japan does not have a CPD system linked with licensure, but the government formulated a guideline to provide training for newly graduated nurses at all healthcare institutions and launched partial subsidization of training costs. Each country needs to carefully make decisions on the mandatory CPD in consideration of its own context.

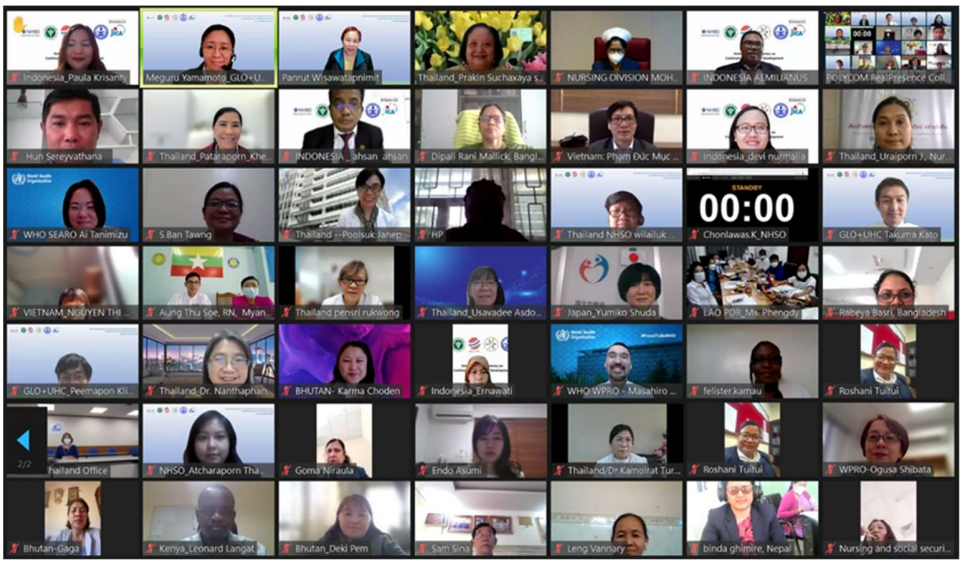


Figure 2-1: Online group photo of the 1st workshop

Figure 2-2: Speakers and presentations in the 1st workshop

Column 1: Lesson learned from Japan: The autonomous mechanism to promote CPD at health facility level -Unique aspect of Japan's universal health insurance system driving nurses to participate in CPD-

In Japan, patients can receive healthcare service from any provider of their choice under the universal health insurance system (also known as "Free Access"). Accordingly, in order to become a healthcare institution of choice for the public, healthcare institutions are inevitably required to develop better management strategies to provide better quality medical and nursing care.
Though once the nursing license is obtained, renewal of the license is not required in Japan, thanks to the unique aspect of Japan's universal health insurance system, featured by "Free Access," many healthcare institutions actively promote training (education) to ensure and improve quality healthcare service and motivate nursing professionals to step up by providing a roadmap for professional development in nursing such as setting a career ladder. This situation is also a driving force for nurses to participate in CPD autonomously.
This is a good lesson learned from Japan to understand how important it is to consider and take advantage of the features of a health system in order to promote a CPD system.

(Extracted from Japan's response to the pre-workshop questionnaire survey of the 4th workshop.)

3. System of Training for Newly Graduated Nurses

The topic of the 2nd day of the 1st workshop was "Training for Newly Graduated Nurses". Three countries, Japan, Vietnam, and Thailand, presented their measures related to training for newly graduated nurses. The following tables summarize the responses to the pre-workshop questionnaire survey about the system of training for newly graduated nurses in each country. The questionnaire and the presentation slides are attached as Appendix 2 and 4 respectively.

3-1. Regulator of training for newly graduated nurses

	1. Who regulates the system of training for newly graduated nurses? **a) Government (Ministry)** **b) Association/Board/Council** **c) Other**			
	a	**b**	**c**	**Responses**
Bangladesh	✓	✓	✓	Most of the government training for nurses and midwives is conducted and regulated by the Directorate General of Nursing and Midwifery (DGNM), Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP), and other training programs regulated by related non-government organizations, e.g., the Bangladesh Nursing and Midwifery Council (BNMC) and developing partners, etc.
Bhutan	✓		✓	1) Human Resource Development Division, MOH, for all healthcare facilities in the country. 2) Human Resource Development Division, Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) as an autonomous agency.
Cambodia	✓			MOH for newly recruited nurses
Indonesia			✓	Each working place for nurses. (For nurses who want to work abroad, there is cooperation between the government, destination countries, and nursing professional organizations.)
Japan	(✓)			The Ministry of Health, Labour and Welfare (MHLW) formulated a guideline to provide training at all healthcare institutions and launched partial subsidization of training costs.
Kenya				There is no structured approach specifically for novice nurses.
Lao PDR		✓		Nurse and Midwifery Board
Malaysia		✓		Malaysian Nursing Board
Myanmar		✓		Myanmar Nurse and Midwife Council (MNMC)

Nepal	✓	✓		National Health Training Centre, Nepal Nursing Council
Thailand				The system of training for newly graduated nurses is not formally regulated by law.
Vietnam	✓			MOH and Provincial Health Bureaus

Most participating countries separate the system of training for newly graduated nurses from the CPD system for nurses. In Bhutan and Cambodia, while the CPD system for nurses is regulated by the councils, the system of training for newly graduated nurses is regulated by MOH.
In Indonesia, the training for newly graduated nurses depends on the workplace. The situation in Japan had been similar to Indonesia, but the MHLW formulated guidelines for all the healthcare institutions to follow.

3-2. Providers of training for newly graduated nurses

	2. Who provides training for newly graduated nurses? **a) Government (Ministry)** **b) Association/Board/Council** **c) Healthcare Facilities/Organizations** **d) Health Professional Educational Institutions/Organizations** **e) Other**					
	a	**b**	**c**	**d**	**e**	**Responses**
Bangladesh	✓	✓	✓			The DGNM, BNMC, DGHS, DGFP, and other health care organizations.
Bhutan	✓		✓			MOH coordinates the provision of nurse experts for training. JDWNRH is the teaching hospital.
Cambodia	✓	✓	✓	✓		MOH, Cambodian Association of Nurses (CAN), nursing schools, referral hospitals, national hospitals, and other healthcare facilities.
Indonesia			✓			Each working places for nurses. (For nurses who want to work abroad, there is cooperation between the government, destination countries, and nursing professional organizations.)
Japan		✓	✓			Healthcare facilities provide training for their own newly graduated nurses. Some small-scale healthcare facilities provide by letting newly graduated nurses join the training provided by other larger facilities or by conducting jointly with other facilities. The guideline of MHLW also suggests incorporating training provided by other organizations, such as professional associations, in the program of training for newly graduated nurses.
Kenya					✓	New nursing graduates are free to access training for CPD from any accredited or recognized providers.

Lao PDR			✓			Designated hospital for Professional Internship Program for Nurses (capital and provincial hospitals; in total 12)
Malaysia			✓			Public and private healthcare facilities.
Myanmar	✓		✓			According to the accreditation of MNMC for nurses and midwives, MNMA, and other health care sectors. It is not limited to governmental health sectors but also private health sectors.
Nepal	✓		✓	✓		National Health Training Centre, hospitals, and Nursing/Medical Colleges.
Thailand			✓			Mainly, training is provided for their staff by the nursing departments/units or human resource units in healthcare facilities.
Vietnam	✓	✓	✓	✓	✓	MOH, Provincial Health Bureaus, Vietnam Nurses Association, and CME providers[2].

Responses of 11 countries out of 12 countries that have responded include healthcare facilities/organizations as the providers of training for newly graduated nurses. Kenya does not have a tick in columns a, b, c, d in the table above, but they mention that newly graduated nurses can access training for CPD from any accredited or recognized providers, which is likely to include healthcare facilities/organizations.

3-3. Activities or programs of training for newly graduated nurses

	3. What kind of activities or programs are included in the training for newly graduated nurses?
Bangladesh	Training for newly graduated nurses is included in the various kinds of training for nurses in Bangladesh. (e.g., job orientation training for nurses, capacity building training, administration, leadership, supervision, teaching pedagogy, curriculum orientation, professional skill, evidence-based training research, etc.)
Bhutan	1) Orientation of healthcare policies, programs, and standards, 2) Infection control, 3) Medical and Health Act and Regulation, 4) Patient safety.
Cambodia	Attending workplace education, in-service training or skills development programs, conferences, lectures and seminars outside the workplace.
Indonesia	Clinical Skills. (Language Skills (English and Language of Destination Country), if new nurses want to work abroad.)

[2] Vietnam's CME providers: As of June 2023, there are 620 institutions (universities, colleges, hospitals, profession associations, etc.) approved by MOH as CME providers that conduct training for all health professions.

Japan	The guideline states that each healthcare facility is expected to select a training method or a combination of training methods that suits the characteristics of each facility. Suggestions in the guideline include: 1) Multi-disciplinary training represented by rotation training, 2) Implementation of interprofessional workshops, 3) Utilization of nursing teachers who provide basic nursing education as training instructors, 4) Utilization of programs conducted by educational institutions, academic societies, professional associations, etc., 5) Utilization of advisors with abundant experience in training new nursing staff.
Kenya	There are no specific programs specifically for newly graduated nurses. The provided programs can be applied to all.
Lao PDR	The curriculum of the Professional Internship Program for Nurses consists of 7 core subjects and a rotation of 4 departments/units. The curriculum was developed based on the National Competency for Nurses.
Malaysia	Clinical teaching, clinical workshop, attachment, and presentation.
Myanmar	It has been provided as regular nursing educational programs including workshops, clinical training, postgraduate basic courses, etc. It is not currently transformed as CPD programs for nurses and midwives due to the political crisis and the COVID-19 pandemic.
Nepal	Online course, training, workshop, seminar.
Thailand	Usually, healthcare facilities provide clinical training that enables newly graduated nurses to work in a specific clinical setting with more skills and confidence. However, the Thailand Nursing and Midwifery Council (TNMC) has recommended the healthcare facilities to offer a 1-year internship program in specific clinical areas. In addition, TNMC introduced a 3-year Residency Program post Baccalaureate in tertiary care facilities for newly graduated nurses.
Vietnam	Short courses, on-the-job training programs, workshops, seminars, research conferences inside and outside the country, etc.

3-4. Japan: Guideline of training for newly graduated nurses

In the workshop, Japan shared the guidelines of training for newly graduated nurses formulated in 2010 by the MHLW. The need for training for nurses, including training for newly graduated nurses, has been stipulated in two laws since 2009. Since then, it has been obligatory for the government, local governments, and healthcare facilities to strive to provide training for newly graduated nurses.

In basic nursing education, while the amount of knowledge that nursing students were required to learn was increasing, the nursing skills that could be trained in clinical practice and the training

opportunities were being more limited due to the strengthening of medical safety and the changes in the attitudes of patients and their families.

Furthermore, newly graduated nurses were in a difficult situation. Because of the population aging, the advances in medical care and the shortening of hospitalization periods, nursing tasks were becoming more complex and diverse. In addition, the responsibilities required for nurses, such as ensuring medical safety, were increasing.

These factors were causing many newly graduated nurses to suffer from reality shock; they faced a significant difference between what they had learned and experienced during nursing school and what they were required to do in clinical settings.

Many hospitals had been conducting training for newly graduated nurses to acquire the knowledge and skills required for nurses and to ensure medical safety. However, methods, duration, and contents of training depended on each hospital. In addition, until the early 2000s, there was no public support system to improve the skills of instructors, and hospitals could not perform systematic planning and management of training. Therefore, the need for a standardized approach to training for newly graduated nurses was highlighted.

In 2003, MHLW established “Achievement Goals for Newly-Graduated Nurses” and “Guidance of Training for Newly-Graduated Nurses.” “Achievement Goals” set goals for the attitudes and behavior required for nurses, as well as the knowledge and skills that should be acquired in the first year after graduation. From 2004 to 2007, the government promoted training for newly graduated nurses by supporting training for instructors across Japan to disseminate “Guidance of Training for Newly-Graduated Nurses.” However, the situation did not improve as much as expected; although 80% of hospitals and 32% of clinics provided training for newly graduated nurses through the voluntary efforts of each healthcare facility, the contents of trainings were not standardized, 8.8% of newly graduated nurses quitted their jobs within one year after graduation and 32% of near-miss accidents in medical occupations caused by personnel with less than three years of experience, and many of incidents caused by nurses.

Due to the circumstances, it became urgent to institutionalize training for newly graduated nurses rather than simply providing “Guidance” from the perspective of preventing newly graduated nurses from leaving the profession early and preventing medical accidents. Thus, in 2009, the law on training for newly graduated nurses was revised, and in 2010, “Guidelines of Training for Newly-Graduated Nurses” was established, and the obligation for the government and healthcare facilities to strive to provide training for newly graduated nurses began.

Complying with the law, MHLW provides financial support through the “Training Project for Newly-Graduated Nurses” to ensure that each prefecture can disseminate training for newly graduated nurses in accordance with the “Guideline of Training for Newly-Graduated Nurses.” Each prefecture can support on-the-job training at hospitals and implement group training in their prefecture using this project. For example, to support hospitals, prefectures set up a council of related parties from hospital organizations and professional associations to coordinate

cooperation among facilities and dispatch advisors for training. Hospitals establish training systems and provide on-the-job training for newly graduated nurses in accordance with the guidelines. In addition, prefectures will provide off-the-job group training for newly graduated nurses and training for instructors.

This financial support of the "Training Project for Newly-Graduated Nurses" is being utilized by all prefectures. Out of approximately 58,000 newly graduated nurses who graduated in March 2019, more than 52,000, 92%, have received training for newly graduated nurses through this project.

Currently, almost all hospitals with newly graduated nurses provide training for newly graduated nurses. The number is increasing every year. In addition, more than 95% of large-scale (500 beds and over) hospitals provide training in accordance with the "Guideline for Training of Newly-Graduated Nurses." (Figure 3-1)

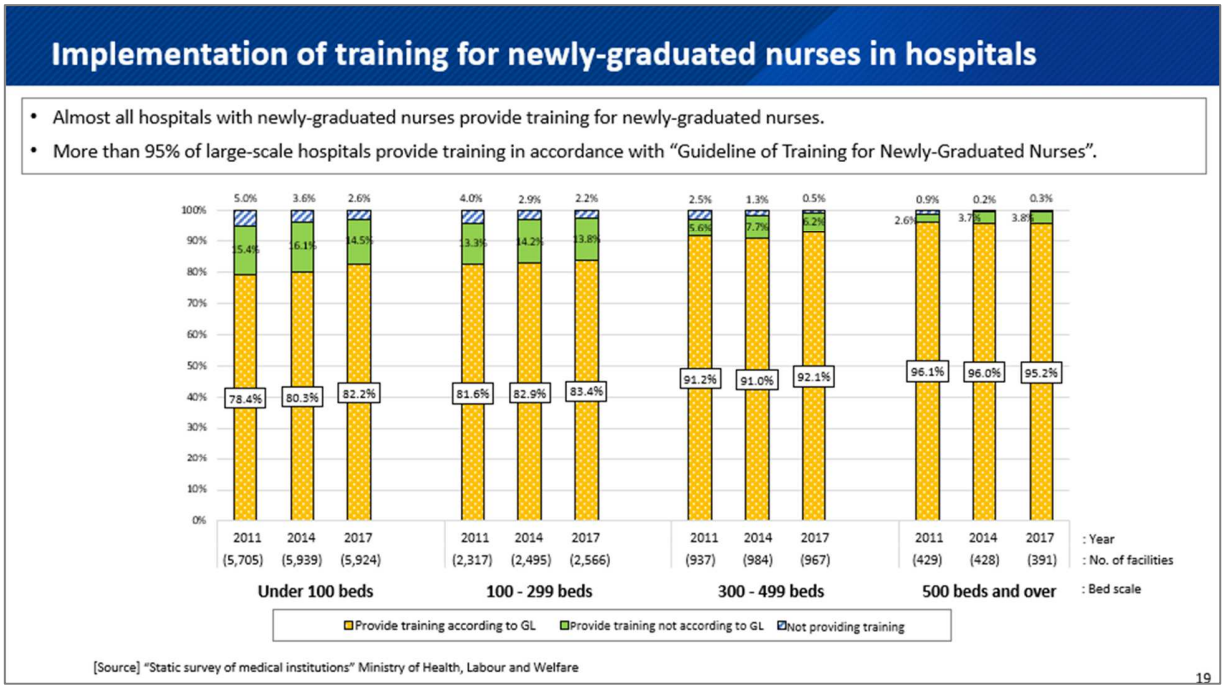


Figure 3-1: Implementation of training for newly graduated nurses in hospitals in Japan (Extracted from the presentation by the participant from Japan)

3-5. Vietnam: Project for Strengthening Clinical Training System for New-graduate Nurses

Vietnam shared the achievements and impacts of the JICA (Japan International Cooperation Agency) project, "Project for Strengthening Clinical Training System for New-graduate Nurses," implemented in 2016-2020.

In Vietnam, newly graduated nurses need to complete nine months of clinical practice at medical facilities before registering their practical certificate. However, there was no curriculum or standardized program for clinical training. Therefore, in collaboration with JICA, MOH of Vietnam developed a standardized clinical training program based on Vietnamese competency standards in this project.

The Project established a clinical training system comprising clinical training for new graduate nurses, preceptor training, and management guidelines, and the system was field-tested at the Project's pilot sites (four provinces and one city). (Figure 3-2, 3-3)

Data on competency scores of 280 newly graduated nurses were collected before and after the 9-month clinical training. They were divided into the intervention group which received standard clinical training of the project and the control group which received non-standard clinical training. Findings implied that the standard clinical training program could contribute to both increasing and standardizing new graduate nurses' competencies in Vietnam.[3] The MOH recommended nationwide implementation of this system as a standardized program based on the results.

Title	Clinical training curriculum for new-graduate nurses	Clinical training text books for new-graduate nurses (1 & 2)	Clinical training guideline for new-graduate nurses	Clinical training curriculum and text book for receptor

Figure 3-2: Training materials developed in the Project for Strengthening Clinical Training System for New-graduate Nurses in Vietnam (Extracted from the presentation by the participant from Vietnam)

[3] 1 Horii S, Nguyen CTM, Pham HTT, Amaike N, Ho HT, Aiga H. Effectiveness of a standard clinical training program in new graduate nurses' competencies in Vietnam: A quasi-experimental longitudinal study with a difference-in-differences design. PLoS One. 2021;16(7 July):1-18. doi:10.1371/journal.pone.0254238

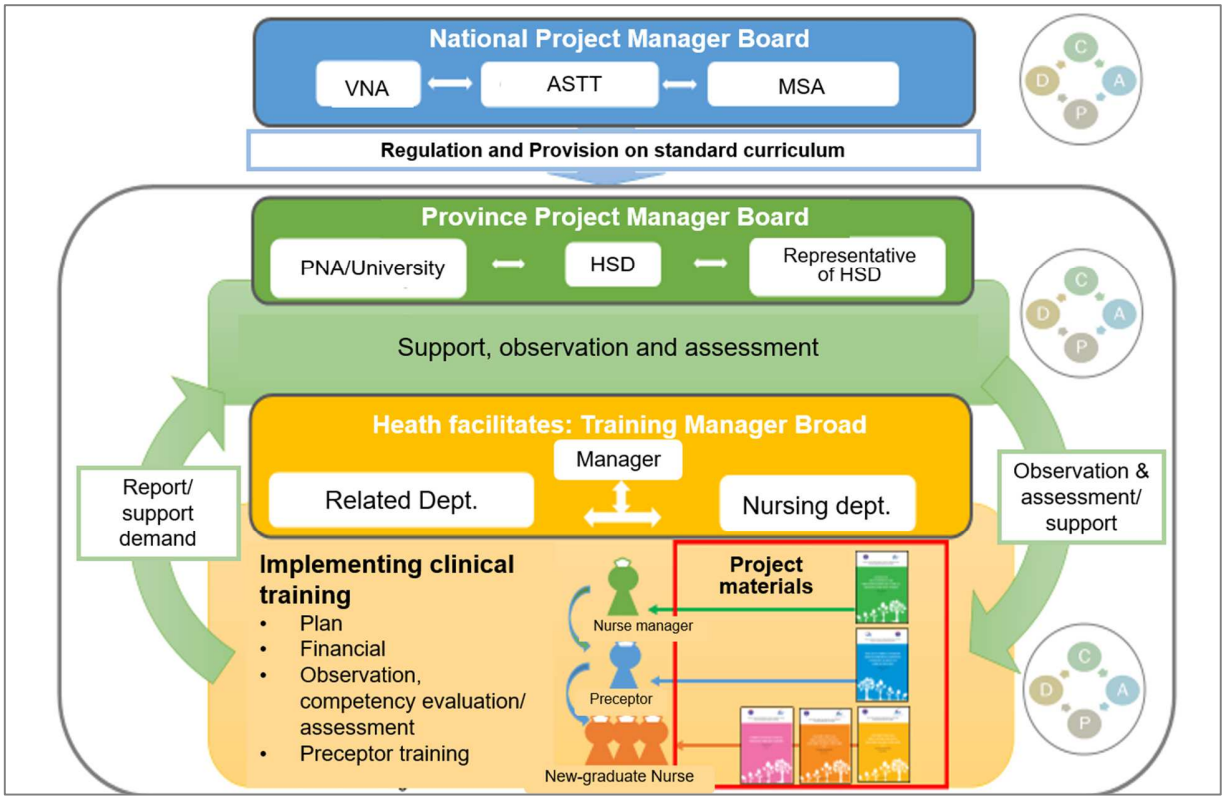


Figure 3-3: Clinical training system for new-graduate nurses developed in the Project for Strengthening Clinical Training System for New-graduate Nurses in Vietnam (Extracted from the presentation by the participant from Vietnam)

3-6. Thailand: Post baccalaureate nurse residency training

Thailand presented the post baccalaureate nurse residency training as a formal CPD for newly graduated nurses.

In Thailand, specialized nurses are needed due to the demand for increased specialization in patient care. They view the training of newly graduated nurses not only as a transition from being a student nurse to a registered nurse but also as a development process to become a specialized nurse. TNMC has initiated the post baccalaureate nurse residency training program since 2016.

The post baccalaureate nurse residency training with 27 master training programs was developed by the TNMC Curriculum Development Committee. The nursing organization is responsible for organizing the training by setting up the Board of Committee which consists of the chairman of the committee of each specialty course, a human resource nurse from the nursing organization, and a nurse instructor from the academic institute. Nursing organizations prepare courses by implementing the master training programs provided by the TNMC and adding their own context specific contents into the programs. Each training program must be approved by the TNMC and recorded as the post baccalaureate nurse residency training course in the TNMC's database

system. This procedure enables the nurses to record the units of CPD when they pass the training course. The approval by the TNMC must be renewed every five years. (Figure 3-4, 3-5)

King Chulalongkorn Memorial Hospital was the first to implement the program in 2018. The survey of the newly graduated nurses of the post baccalaureate nurse residency training and the multidisciplinary team of the hospital showed positive results, such as the effectiveness in increasing the competency and confidence level of newly graduated nurses and the high recognition from the multidisciplinary team of the hospital. (Figure 3-6)

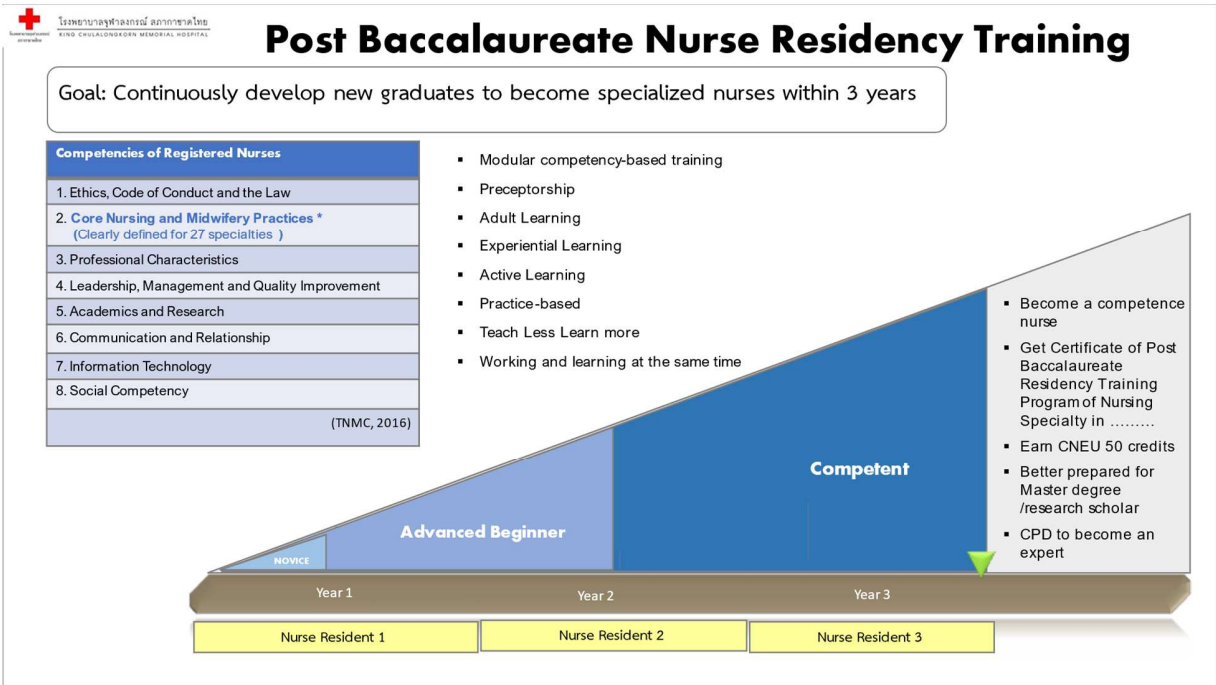


Figure 3-4: Overview of the post baccalaureate nurse residency training in Thailand (Extracted from the presentation by the participant from Thailand)

- 27 Master Training Programs were developed by TNMC Curriculum Development Committee
- Nursing service organizations integrate contextual specific curriculum
- Programs will be sending for approval by TNMC (Renew curriculum approval every 5 years)
- Continuously develop new graduates to become specialized nurses in 27 nurse specialties

1. General Medical Nursing	10. Adult and Aging Mental Health and Psychiatric Nursing	19. Orthopedic Nursing
2. Neurological Nursing	11. Child and Adolescent Mental Health and Psychiatric Nursing	20.Ophthalmic Nursing
3. Nephrological Nursing	12. Drug and Substance Abuse Users Mental Health and Psychiatric Nursing	21. Ear Nose Throat Nursing
4. Critical Medical Nursing	13. Midwifery	22. Palliative Nursing
5. Cardiovascular Nursing	14. Pediatric Nursing	23. Critical Pediatric Nursing
6. General Surgical Nursing	15. Community Nursing	24. Critical Neonatal Nursing
7. Critical Surgical Nursing	16. Emergency and Trauma Nursing	25. Radiology Nursing
8. Neurology Surgical Nursing	17. Oncology Nursing	26. Critical Cardiovascular Nursing
9. Cardiovascular & Thoracic Surgical Nursing	18. Perioperative Nursing	27. Gynecological Nursing

Figure 3-5: 27 master training programs developed by the Thailand Nursing and Midwifery Council (TNMC) for the post baccalaureate nurse residency training in Thailand (Extracted from the presentation by the participant from Thailand)

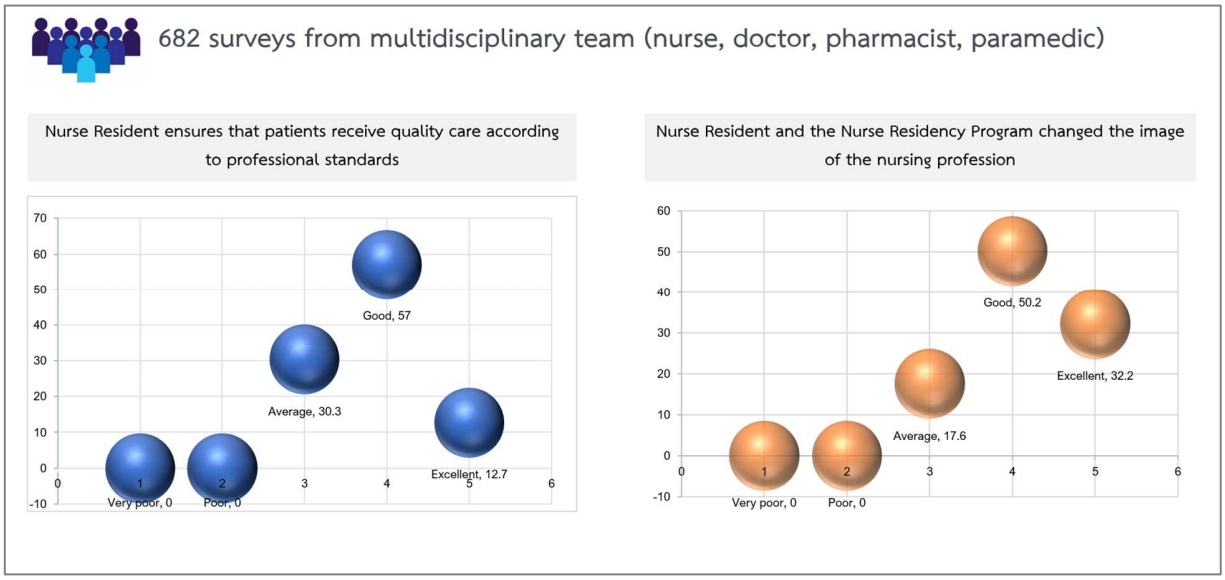


Figure 3-6: Survey responses from the multidisciplinary team of the hospital (Extracted from the presentation by the participant from Thailand)

3-7. Summary of the training system for newly graduated nurses

One of the observers of the workshop shared his comments on the presentations by the three countries. He summarized that Japan focuses more on the integration of care while Vietnam and Thailand focus more on the advanced roles of nurses. However, he added that there is no need

to go into the dichotomy between the advanced roles of nursing and the general competency of the nurses.

In the closing of the 2nd day of the 1st workshop, Dr. Prakin Suchaxaya, Adviser on Foreign Relations, TNMC, emphasized that CPD for newly graduated nurses is essential to ensure new nurses acquire essential knowledge and skills for providing nursing care with confidence and to ensure safety for both patients and nurses. Healthcare institutions are responsible for providing training to newly graduated nurses, if possible, based on standard guidelines.
She mentioned that CPD for nurses is a lifelong learning. This learning attitude should be embedded in the early stage of the nursing program. When nurses are in the system, it is the responsibility of the organizations to ensure that they have the opportunity to engage in CPD activities so that the nurses will meet their own needs and the demands of the healthcare system.

Figure 3-7: Moderator and the presenters from Japan, Thailand, and Vietnam

4. CPD System for General Nursing

The 2nd Workshop was held on 18 May 2022. Around 60 participants and 40 observers from 14 countries joined. The topic of the 2nd workshop was "CPD System for General Nursing." In this workshop, "CPD for general nursing" was defined as the common CPD activities/ programs that can be applied to all nurses regardless of their specialities or working fields.

The following tables summarize the responses to the pre-workshop questionnaire survey and the presentations about the CPD system for general nursing in each country. The questionnaire and the presentation slides are attached as Appendix 2 and 4 respectively.

4-1. Topics of CPD for general nursing

	1. What are the topics of CPD for general nursing in your country? For example: **a) infection control (including standard precautions),** **b) patient safety,** **c) communication skills (including therapeutic communication skills),** **d) medical equipment,** **e) nursing ethics,** **f) nursing process,** **g) nursing research**							
	a	**b**	**c**	**d**	**e**	**f**	**g**	**Responses**
Bangladesh								There are various kinds of training for nurses in Bangladesh. For example, job orientation training for nurses, capacity building training, administration, leadership, supervision, teaching pedagogy, curriculum orientation, professional skills, evidence-based training research, etc.
Bhutan	✓	✓	✓			✓	✓	1) Infection control and Medical Waste Management; 2) Patient safety; 3) Critical Care (adult, pediatric, neonatal); 4) Life-saving courses: Basic Life Support (BLS), Pediatric Advanced Life Support (PALS), Basic Emergency Obstetric Care (BEmOC), Neonatal Advanced Life Support (NALS); 5) Specialty dependent (dialysis, occupational therapy, Integrated Management of Neonatal and Childhood Illness (IMNCI), communication skills, nursing process, etc.); 6) Research in nursing and midwifery; 7) Monitoring pre-eclampsia and eclampsia with a Low-Dose/High-Frequency (LDHF) approach;

								8) Adolescent health friendly; 9) Midwifery standards; 10) Preceptorship.
Cambodia		✓			✓	✓		Nursing ethics, nursing process, patient safety, Nursing care, National program, etc. There are many trainings provided by different organizations for general nurses based on CPD guidelines created by the Cambodian Council of Nursing (CCN). The training framework based on the career ladder is not available yet.
Japan	✓	✓		✓	✓		✓	Standard precautions, patient safety, nursing ethics, nursing research, medical equipment, interprofessional collaborative practice, etc.
Lao PDR	✓				✓		✓	< Plan > 1) Primary Health Care, Quality of nursing service (Quality Healthcare); 2) Infection Prevention and Control (IPC), Nosocomial infection and multiple drug resistance; 3) Reproductive, Maternal, Newborn, Child and Adolescent Health (including vaccination), nutrition; 4) Communicable diseases including HIV/AIDS, Malaria, Tuberculosis, diarrhea, pneumonia, Dengue, Hepatitis B, and Hepatitis C; 5) COVID-19, epidemiology and laboratory; 6) Noncommunicable diseases including diabetes, hypertension, and cancer; 7) Road Injury; 8) Nursing ethics, nursing regulations (law, standard, competency), and nursing research.
Malaysia			✓		✓			Medical Sciences, Behavioral Sciences (Ethics, Psychology, Sociology, Communications, Counselling, and Personal and Progressed Development), Nursing Sciences (Fundamental of Nursing, Medical, Surgical and Specialized Areas)
Myanmar								< Plan > There are tentative topics to define the accreditation system for clinical nurses (CPD, Continuing Nursing Education (CNE), training, seminars, webinars, conferences, nursing research supervisors, workshops, coordination meetings, medical tours (mobile service, health education), specials events, disaster, conflict areas, and communicable disease services). Currently, it is still in the planning process.

Nepal	✓		✓					IPC, therapeutic communication, counseling, BLS.
Thailand		✓		✓			✓	Patient safety, nursing research (routine to research), and updating knowledge on medical equipment.

As mentioned elsewhere, in this workshop, "CPD for general nursing" was defined as the common CPD activities/ programs that can be applied to all nurses regardless of their specialties or working fields. However, not all participating countries categorize nursing in this way. Therefore, some countries' responses may have included CPD for other categories of nursing.
Nevertheless, the common topics of CPD for general nursing were those that were given as examples: infection control, patient safety, communication skills, medical equipment, nursing ethics, nursing process, and nursing research. Bhutan and Lao PDR both mentioned BLS and included the country's priority health problems.

4-2. Regulation of CPD for general nursing

	2-1. Who regulates the system of CPD for general nursing (generalists)? **a) Government (Ministry)** **b) Association/Board/Council** **c) Other**			
	a	**b**	**c**	**Responses**
Bangladesh		✓		Bangladesh Nursing and Midwifery Council (BNMC)
Bhutan	✓		✓	1) MOH; 2) Royal Civil Service Commission (RCSC)
Cambodia		✓		Cambodian Council of Nursing (CCN)
Indonesia	✓	✓	✓	Government, nursing professional organizations, and associations of educational institutions
Japan				*NA*
Kenya		✓		Nursing Council of Kenya (NCK)
Lao PDR	✓	✓		< Plan > Nurse and Midwifery Board collaborating with the Department of Health Personnel, MOH
Malaysia		✓		Malaysian Nursing Board
Myanmar		✓		Myanmar Nurse and Midwife Council (MNMC)
Nepal		✓		Nepal nursing council
Thailand		✓		If generalists apply the approved Thailand Nursing and Midwifery Council (TNMC) programs/ activities, TNMC and institutions who provide the programs/ activities will regulate the program/activities.
Vietnam	✓			MOH, Provincial Health Bureaus

	2-2. Is CPD for general nursing mandatory (M) or voluntary (V) for nurses?			
	M	Planned to be M	V	Responses
Bangladesh			✓	It is voluntary because there is no CPD system yet.
Bhutan	✓			It is mandatory.
Cambodia		✓		Currently, the CPD system is in the process of being fully implemented. CPD guidelines require nurses to participate in CPD to renew their license; thus, it is planned to be mandatory.
Japan			✓	Since there is no CPD system (except for training for newly graduated nurses) that relates to all the nurses working in Japan, there is no regulator of the system; thus, it is not mandatory.
Lao PDR		✓		Currently, a CPD system is being developed. It is planned to be mandatory.
Malaysia	✓			It is mandatory.
Myanmar		✓		Currently, CPD system is being developed. It is planned to be mandatory.
Nepal	✓			It is mandatory.
Thailand	✓			Normally, it is mandatory.

	2-3. Can CPD for general nursing be counted as CPD credits or scores of the regulatory body (nursing council, etc.)? If it can be counted, how does each nurse report his/her participation in CPD activities/ programs of general nursing to the regulatory body?
Bangladesh	CPD guideline has been approved recently. The guideline states that CPD for general nursing will be counted as CPD credits or scores. The system of reporting participation in CPD activities is also mentioned in the guideline.
Bhutan	Yes. BMHC (Bhutan Medical and Health Council) is the regulatory body for all health professionals. CME programs on topics recognized by BMHC and registered can be counted as CME credits. In practice, the organizer(s) submits a list of participants and resource persons to BMHC. Registration numbers and email addresses are reported online to the BMHC secretariat to facilitate updating the official records of individual members' CME credits. Individual nursing professionals or any health professionals can keep track of their CME credits by logging into the BMHC website (https://www.bmhc.gov.bt/) with their registration number.
Cambodia	Once the training provider is accepted by CCN based on the CPD guideline, the CPD activity or program provided by the training provider can be counted as CPD credits.
Japan	*NA*

Lao PDR	< Plan > In total, 30 credits are required: 6 credits per year and renewal for every five years. Limited resources to receive CPD.
Myanmar	CPD for general nursing will be counted as CPD credits by MNMC regularly for all nurses and midwives, but it is an ongoing process as the CPD guideline is being drafted, and this was reported to the ASEAN Joint Coordinating Committee on Nursing (AJCCN) meeting in 2019. The process of developing and approving guidelines in the national seminar has been suspended due to the COVID-19 pandemic and the political crisis.
Malaysia	Supervisors in the respective areas summarize the approved CPD points achieved by the nurses according to Category A1-A8. Participants are requested to upload their certificates on the "My CPD" system as proof of attendance.
Nepal	It can be counted (as CPD credits) for the license renewal.
Thailand	It can be counted as credits or scores of the regulatory body if the program is registered and certified.

It is voluntary for nurses in Japan to participate in CPD. All the other participating countries have or are planning to have a mandatory system. Nurses have to gain a certain amount of credit in a certain period in order to renew their nursing license. It is either the government, i.e., MOH, or some kind of nursing organization, i.e., association, board, council, etc. that regulates the CPD system, or it could be both. Bhutan and Indonesia have other organizations involved as regulators.

4-3. Provision of CPD for general nursing

	3-1. Who provides activities or programs of CPD for general nursing (generalists)? **a) Government (Ministry)** **b) Association/Board/Council** **c) Healthcare Facilities/Organizations** **d) Health Professional Educational Institutions/Organizations** **e) Other**					
	a	**b**	**c**	**d**	**e**	**Comments**
Bangladesh	✓	✓	✓		✓	The Directorate General of Nursing and Midwifery (DGNM), BNMC, Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP), different donor agencies and health care facilities.
Bhutan			✓	✓		1) Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) (Teaching Hospital) 2) Faculty of Nursing and Public Health (Teaching Institute)

Cambodia	✓	✓	✓	✓		MOH, Cambodian Association of Nurses (CAN), nursing school, referral hospital, national hospital, and healthcare facilities.
Indonesia	✓	✓			✓	Government, professional nursing organizations (collegiums and nurses associations), and other institutions which have been given the mandate from the nursing professional organizations.
Japan		✓	✓	✓	✓	Each healthcare facility provides for its own nurses. There are also CPD activities and programs for general nursing (generalists) provided by various stakeholders outside healthcare facilities, such as the Japan Nurses Association (JNA), prefectural branches of JNA, academic societies, educational institutions, private companies, other organizations, etc.
Kenya		✓	✓		✓	Accredited providers, health facilities, associations, or individual nursing professionals
Lao PDR	✓	✓	✓	✓	✓	Relevant departments and centers under the MOH, healthcare facilities, educational institutions, medical associations, development partners
Malaysia		✓	✓	✓	✓	Healthcare facilities, training institutions, Nursing Association, Non-governmental Organizations (NGOs)
Myanmar		✓				MNMC
Nepal		✓	✓	✓		National health training centre, hospital healthcare facilities, nursing or medical colleges, Nepal Nursing Council
Thailand	✓	✓	✓	✓	✓	Any institutions that meet the TNMC criteria to be an institution for CNE, i.e., TNMC, Nursing Division of the Ministry of Public Health (MOPH), Thailand Nurses Association, educational institutions, nursing departments in healthcare facilities, nursing specialty association, etc.
Vietnam	✓	✓	✓	✓		MOH, Provincial Health Bureaus, Vietnam Nurses Association, and CME providers.

	3-2. How are the CPD activities/programs of general nursing being provided to nurses?
Bangladesh	Nurses will obtain CPD scores through participation in different CPD activities as per guidelines (e.g., Job orientation training for nurses, capacity building training, administration, leadership, supervision, teaching pedagogy, curriculum orientation, professional skill, evidence-based training research, conducting thesis, report writing, and preparing meeting minutes, etc.)
Bhutan	The budgeted CPD activities/programs are planned according to the government's 5-year plan (the current plan is the 12th 5-year Plan) by MOH in

	coordination with RCSC. These agencies facilitate with the Nursing Program and Nurse Experts from teaching hospitals to develop master copies. Activities are undertaken annually and when budgets are available. Professional development of credited hours is undertaken by respective healthcare facilities or individuals.
Cambodia	Through online/onsite workshops, conferences, events
Japan	Each healthcare facility provides CPD activities/programs for its own nurses. There are also activities/programs provided by various stakeholders outside healthcare facilities, such as JNA (Japanese Nursing Association), prefectural branches of JNA, academic societies, educational institutions, private companies, other organizations, etc. Most healthcare facilities adopt a clinical ladder for nurses which is a system of developing and evaluating the nursing skills of individual nurses.
Lao PDR	< Plan > 1) Attending approved CPD activities (e.g., workshops, seminars, conferences, and online accredited courses that deal with issues related to nursing practice and education. 2) Self-study 3) Completing a research project and publishing nursing-related articles, textbooks, etc. 4) Enrolling at a college or university in courses that are specifically provided to continue education and relevant to nursing practice (Ph.D., Master, and upgrading courses)
Malaysia	CPD activities are presented via presentation, hands-on workshops, clinical teaching, and sessions via physical attendance or virtually coordinated by local CPD committees.
Myanmar	< Plan > It will be distributed by social media (MNMC website), pamphlets, notice boards, and newsletters. The provision will be through training courses, seminars, webinars, conferences, nursing research supervisors, workshops, coordination meetings, medical tours (mobile service, health education), special events, health services in disaster/conflict areas, communicable disease services, academic committee (ethics/institutional review board), clinical teaching (precepting, mentoring, supervision), self-study under supervision, study tour, work secondment and work shadowing, induction and orientation, student exit survey, patient satisfaction, plenary session, online CNE, Lunch time talk, case conferences and hands-on training. Currently, it is in the planning stage.
Nepal	Through online/onsite training courses, class teaching, scientific meetings, and conferences.
Thailand	It can be arranged as training programs or updating skills of practice.

4-4. Trainers of CPD activities/ programs for general nursing

	4-1. Who are the trainers of those CPD activities/ programs of general nursing?	**4-2. How are the trainings being provided to the trainers of those CPD activities/ programs of general nursing?**
Bangladesh	Nurses, medical doctors, administrators, and other experts in the relevant field of CPD activities are the trainers of those CPD activities/ programs in general nursing.	Online and onsite programs, central workshops/ seminars/ training for local trainers by the master trainer, mentoring, monitoring, etc.
Bhutan	Module/ Certificate-based training is provided by certified nurse experts in the training institute (Faculty of Nursing and Public Health) and teaching hospital (JDWNRH).	It is provided through face-to-face approaches. Currently, due to the COVID-19 pandemic, approaches such as online or hybrid of online and onsite are preferred.
Cambodia	It depends on the training providers, e.g., CAN member, person in charge of in-service training in a hospital, MOH, CCN member, NGOs, and faculty (school).	Currently, there is no special training for trainers. Each provider appoints and trains the trainers.
Japan	Most trainers are senior staff members who belong to the nursing education board in each healthcare facility.	Each healthcare facility establishes its training system and provides training for its own trainers. In addition, there are also training programs provided by prefectures and those provided jointly by several facilities because small-scale facilities may not have the know-how to conduct training by themselves.
Lao PDR	< Plan > 1) Main institute: Educational institutions (university, college and schools) and Central hospitals; 2) Secondary institute: Provincial hospitals; 3) Other related institutes: Nurse and Midwife Associations and Medical Associations (Heart and blood vessels association, Surgery association, Children association, Obstetrics & Gynecology association, Ophthalmology association);	< Plan > 1) Research available institutions and trainers (preceptors, clinical trainers, lecturers) providing in-service training; 2) Plan training; 3) Provide training to trainers regularly (Assigned hospital system: Central hospital in charge of the region, northern, central, southern).

	4) Development partners collaborating with the MOH.	
Malaysia	Experts in the field such as nursing experts, clinicians, nursing educators, and other healthcare workers.	Credentialing and privileging the expert nurses in the areas of concern. The clinical teaching module is also added to the training of nurses.
Myanmar	< Plan > All Council Executive Committee (CEC) members of MNMC, nursing managers, MNMA, Myanmar Medical Association which provide nursing-related topics of respective hospitals, and supervisory committees in respective states and regions.	< Plan > All CEC members of MNMC will provide the training to the trainers of those activities or programs of CPD.
Nepal	A trainer who has at least completed a master's degree in nursing and has experience in clinical practice. He/she should have taken Training of Trainers (ToT) and Clinical Training Skills (CTS) training.	Online and onsite training, in-service training, refresher training, workshops, and conferences.
Thailand	Senior nurses or multidisciplinary teams who are experts in the topics of training.	Provided regularly (every month) or when needed.

4-5. Evaluation of CPD activities/programs for general nursing

	5. How are those CPD activities/ programs of general nursing being evaluated?
Bangladesh	< Plan > The BNMC selected committee will periodically check and validate the documents of CPD activities/programs which the nurses and midwives will submit according to the CPD guidelines. For example, certificates, appreciation letters, government orders, or any approval documents by the authority to ensure their participation and completion of the CPD activities.
Bhutan	Currently, there are no mechanisms to evaluate CPD, except for the BLS and ACLS (Advanced Cardiac Life Support) courses which have pre- and post-tests. However, the draft CME guideline 2021 states the provision for monitoring and evaluation.
Cambodia	Currently, there are no monitoring tools or systems for evaluation, but some training programs have evaluated individual subjects/courses using pre- and post-tests.

Japan	Some healthcare facilities evaluate within the nursing education board at each healthcare facility by paper tests (standard checklists, etc.) or reports from the nurses who participated.
Lao PDR	< Plan > 1) Monitor (e.g., observation, interview) actual CPD activities; 2) Reporting of CPD activities by CPD providers to the responsible Department of MOH and the Nurse and Midwifery Board.
Malaysia	They are done through supervisors and CPD committees. Review and feedback forms are collected after the CPD activities.
Myanmar	It is an ongoing process.
Nepal	Pre- and post-tests, final evaluation through written examination, objective structured practical examination (OSPE) and objective structured clinical examination (OSCE), post-training questionnaire, and follow-up interview.
Thailand	Programs are evaluated by the learners or the institutes.

4-6. Selection of the topics of CPD for general nursing

	6-1. Who selects and decides the topics of CPD for general nursing?	**6-2. How do they select and decide the topics of CPD for general nursing?**
Bangladesh	< Plan > The CPD activities/criteria will be mentioned in the CPD guideline which will be developed by the multi-disciplinary approach including the Ministry of Health and Family Welfare (MOHFW), DGNM, DGHS, DGFP, and other stakeholders.	< Plan > It will be selected based on the Job description, Standard Operating procedure, course curriculum, different professional competencies and skills, current health issues, etc.
Bhutan	The budgeted CPD activities/ programs are planned and approved according to the Government 5-year Plan (current 12th Five Year Plan) by MOH in coordination with the RCSC. Professional development for credited hours is decided by respective healthcare facilities or at the individual level according to ad hoc need and availability of the opportunities.	As per the country's requirement
Cambodia	The training provider determines the topics.	Training needs assessment is conducted before training. Training providers decide the topics based on needs.

Japan	Nursing education board at each healthcare facility.	They get information from nursing magazines, academic conferences, and nursing associations and find problems in clinical practice.
Lao PDR	< Plan > Nursing and Midwifery Board	< Plan > Decide based on scope and standard of practice, and competency for licensed nurses.
Malaysia	Nursing CPD committee of each facility.	• Current trends and issues in medical advancement. • Nursing CPD committee of each facility. • Current learning needs identified by healthcare facilities and nurses.
Myanmar	It is an ongoing process.	Currently, MNMC is trying to develop the criteria for CPD points.
Nepal	Authentic committee of regulatory body, training institute.	According to the topic mentioned by the regulatory body, after assessing the training needs of employees, changing patterns of disease, global/ national burden diseases
Thailand	Head of the team or the team.	Find learning needs and update information frequently.

4-7. Impact of the COVID-19 pandemic towards the CPD for general nursing

	7-1. Did the topics of CPD for general nursing change during the COVID-19 pandemic?	**7-2. Were there any other changes in CPD for general nursing caused or affected by the COVID-19 pandemic?**
Bangladesh	*NA*	Yes, in the COVID situation, most of the training has been conducted online instead of onsite.
Bhutan	• The focus was shifted more to the skill development on critical care (trained nurses from districts at JDWNRH) to set up Intensive Care Units (ICUs) in respective hospitals. • Focused more on infection control, especially standard precautions for COVID-19 patient care.	No studies were carried out, but frequent and prolonged lockdowns and movement restrictions due to the pandemic halted many CPD training programs for nurses and midwives.

	• Suicidal prevention and psychological first aid.	
Cambodia	• COVID-related topics such as IPC, personal protective equipment (PPE), and how to use the equipment have increased.	• Some hospitals mentioned that they did not hold regular training because they were too busy. • More online courses are available. The training method has switched from face-to-face training to online training.
Japan	Mental support programs for nurses increased. In addition, training for nurses regarding responding to COVID-19 patients, such as managing ventilators, home care, vaccination, etc., has been provided nationwide.	Training methods have changed after the outbreak of COVID-19. E-learning and simulation-based training increased.
Lao PDR	*NA*	More topics related to COVID-19 will be included (e.g., sample collection, management of infected/suspected cases at a hospital, contingency plan, IPC, surveillance, etc.)
Malaysia	During the pandemic, the Nursing Fraternity was more concerned with providing services and less about the topics. There were many guidelines and SOPs on COVID-19 that nurses were asked to familiarize themselves with to provide safe care.	CPD activities were offered virtually. When provided onsite, the SOP of COVID-19 was strictly adhered to.
Nepal	More focus on IPC, respiratory therapy, and care of patients with respiratory problems.	More online training. More focus on injection prevention and psychological support.
Thailand	The approved topics are available, but almost no general nursing training was conducted.	Topics relevant to COVID-19 have been added, such as care for COVID-19 patients in the ICU and counseling for COVID-19 patients and families.

4-8. Challenges of CPD for general nursing

	8-1. What are the challenges of CPD for general nursing?	**8-2. How to overcome the challenges of CPD for general nursing?**

Bangladesh	The interest of general nurses depends on budget, lack of promotional opportunities, lack of motivation, available online and onsite training opportunities, etc.	Advocacy on the benefit of CPD, allocate budget, arrange policy dialogue, and create an online platform for CPD.
Bhutan	1) The CPD System is in the infancy stage. 2) Unequal awarding of CME credits owing to the opportunity to attain 3) Pandemic and its effect on CME 4) Taking off with online CPD/CME system 5) Mis-match in CME training and field of practice 6) Enhanced inclusiveness of stakeholders relevant to all nursing and midwifery	1) Commitment from the highest decision-making bodies: MOH, BMHC, and RCSC; CPD system well defined and identified. 2) Having online CPD/CME system delivery at self-paced mode workshops, training, etc. 3) Online modality 4) Empowering enthusiastic nurse-midwives and nursing and midwifery leaders; Securing budgets 5) Proper need analysis, monitoring and evaluation 6) Representation of relevant agencies that have a stake or could improve the CMEs for nurse-midwives to be included in any kind of decision-making (policy, regulations, guidelines etc.)
Cambodia	No framework based on a career ladder is available for CPD.	In-service training guidelines and curriculum are being developed by MOH and the key working group.
Japan	There are no national indicators to assess the competence of nurses after the period of being newly graduated nurses, and there is no unified training system or clinical ladder for those nurses.	To overcome this challenge, it is important to create a nationwide framework and digitize the system so that nurses can retrieve their information (career record, training history, skill, competence, etc.) no matter which area or healthcare facility they move to, and healthcare facilities can utilize the information.
Lao PDR	Provider: limited resources (teaching-learning methodology of trainers, facility, budget, equipment, textbook) Trainee: limited experience in self-learning, limited information about CPD activities	• Disseminate and advocate nurses to promote CPD. • Provide standardized training for trainers by utilizing available teaching-learning resources and establishing regional educational

	Mechanism: limited coordination among ministry level and focal point	centers as focal points at colleges and core hospitals. • Clarify the role and responsibility among relevant departments at the national level.
Malaysia	CPD provisions became commercialized; these programs are conducted by mushrooming private and non-medical professionals.	
Nepal	Acceptance by nurses, linking with the license renewal system, and support from authentic organizations and well-trained persons.	Good orientation, a sound IT system, and appropriate topics can help overcome the challenges.
Thailand	CPD courses for general nursing do not attract many nurses.	Update the CPD for general nursing based on the recent /updated literature and research.

4-9. Country presentations of the CPD system for general nursing

Speakers from Bhutan, Lao PDR, Malaysia, and Sri Lanka presented the situation and plan of the CPD system for general nursing.

Bhutan formulated guidelines and a framework for CPD in recent years. Although the system is still new, it is well structured. The requirements of CPD vary by the nurses' involvement in clinical practice or teaching.

Lao PDR is developing its CPD program according to "National Competency for Nurses" based on Benner's nursing theory "From Novice to Expert."[4] They plan to include a wide range of topics in the CPD programs, including basic components of nursing and global and local health issues.

The CPD system in Malaysia commenced in 2008. They have a CPD system that is well organized to link with the re-licensure and thus make CPD mandatory for all nurses.

Sri Lanka is also strengthening its CPD system. They plan to establish a CPD-point system and keep records in a database.

[4] Benner P. From novice to expert. Am J Nurs. 1982 Mar;82(3):402-7. PMID: 6917683.

Figure 4-1: Country presentations by Bhutan, Lao PDR, Malaysia, and Sri Lanka in the 2nd workshop

4-10. Summary of the CPD for general nursing

In the 2nd workshop, the participants focused on the CPD system for general nursing. The aspects of regulation, provisions, trainers, evaluation, and selection of topics were discussed.

As “CPD for general nursing” was defined as the common CPD activities/programs that can be applied to all nurses regardless of their specialties or working fields, it should include the key concepts and important procedures in which all nurses are expected to have updated knowledge and skills of the issues. These key concepts and important procedures may vary depending on the context of each country.

Before the COVID-19 pandemic, CPD topics for general nursing focused on infection control, patient safety, communication skills, medical equipment, nursing ethics, nursing process, nursing research, etc. However, during the pandemic, the focus of CPD activities was shifted to critical care, infection prevention and control, psychological management, etc., responding to the desperate need for such nursing care. In addition, the disruption and reduction of CPD activities during the COVID-19 pandemic were impactful.

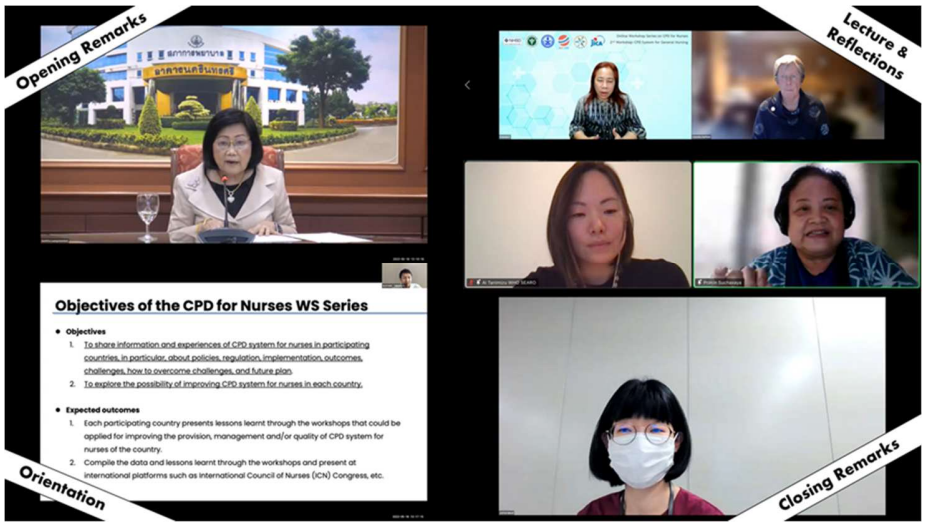


Figure 4-2: Speakers and presentations in the 2nd workshop

Column 2: General concept, theory, and the world's situation on CPD for general nursing

A guest speaker, Dr. Christine Duffield, President of the Australian College of Nursing (ACN), gave a lecture on the general concept, theory, and the world's situation on CPD for general nursing. She shared many vital points including the basic principles of CPD, developing CPD for regulation, components of contemporary CPD, CPD for nurses in Australia, considerations when mandating CPD (Figure 4-3), etc. In her summary, she mentioned that the evidence is not conclusive as to whether CPD enhances practice, but at the same time, there is nothing to suggest that you would not do it.

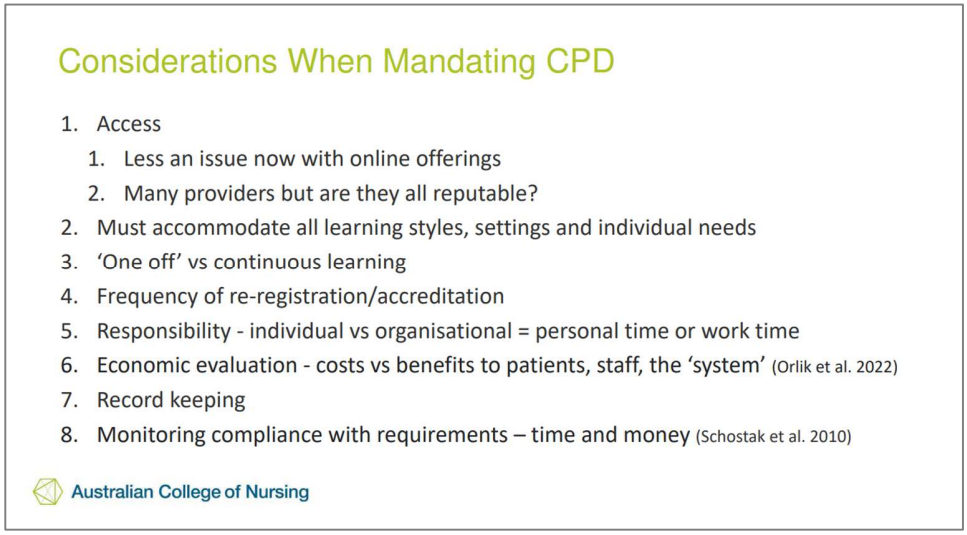


Figure 4-3: Considerations when mandating CPD (Extracted from the presentation by Dr. Christine Duffield, Australian College of Nursing (ACN)

5. CPD System for Specific Fields of Nursing and Specialists

The 3rd workshop of the Online Workshop Series on CPD for Nurses was held on 29 September 2022. Around 50 participants and 20 observers from 13 countries joined. There were two parts in the 3rd workshop. The topic of the first part was "CPD system for specific fields of nursing and specialists" and the second part was "CPD system for nursing management/administration."

For the topic of "CPD system for specific fields of nursing and specialists," out of 13 countries, eight countries (Bangladesh, Bhutan, Cambodia, Lao PDR, Malaysia, Myanmar, Nepal, and Thailand) responded to the pre-workshop questionnaire survey and two countries (Indonesia and Kenya) presented in the workshop. The following tables summarize the responses and the presentations about the CPD system for specific fields of nursing and specialists in each country. The questionnaire and the presentation slides are attached as Appendix 2 and 4 respectively.

5-1. Fields and specialities included in CPD activities/programs for specific fields of nursing and specialists

	1-1. Which nursing fields or specialities are included in CPD activities/programs for specific fields of nursing and/or specialists?	**1-2. Are those fields or specialties selected in line with or as a response to the health policy of your country?**
Bangladesh	Both general and specialized training, workshops, and seminars are included in the guidelines for nurses and midwives.	*NR*
Bhutan	Adult nursing; Cardiac care; Community health care; Dialysis care; Emergency and trauma care; Geriatric nursing; Intensive care (AICU, NICU, PICU)*; Medical and surgical nursing; Midwifery; Oncology care; Palliative care; Perioperative care; Psychiatric and mental health care. *AICU: Acute ICU; NICU: Neonatal ICU; PICU: Pediatric ICU	Yes, according to the human resource development master plan.
Cambodia	Current CPD activities/programs are mainly for general nursing. No training for specialists.	*NA*
Indonesia	Community nursing, Maternity, Medical surgical nursing, pediatric nursing, and Psychiatric nursing.	Yes
Japan	• "Training system for nurses to perform specific medical interventions" (MHLW: Ministry of Health, Labour and Welfare): The	*NR*

	training course consists of common subjects (315 hours) and category subjects (15 to 72 hours per category) that should be learned for each category of specified interventions, and participants learn through lectures and exercises/practices. • Credentialing system (JNA: Japanese Nursing Association): There are two credentialing systems for specific fields of nursing (specialist). One is certified nurse specialist (CNS) and the other is certified nurse (CN). • CNS: A nurse is certified as a CNS upon completing a master's program at a graduate school after obtaining a national license for nurses, and then passing the credentialing examination given by JNA after accumulating a certain amount of experience. It is required to renew the certification every five years. • CN: A nurse is certified as a CN upon accumulating a certain amount of experience after obtaining a national license for nurses, and then passing the credentialing examination given by JNA after completing the required education program for certification. It is required to renew the certification every five years.	
Kenya	Critical care, Mental health, Midwifery, and Oncology.	Yes
Lao PDR	Ophthalmology care (2-month course): used to have a 2-year course of anesthesia nursing combined with emergency and recovery care; the course ended after two batches.	Yes. It aligns with the health policy; thus, the anesthesia nursing course ended after two batches.
Malaysia	The Training Division of Malaysia runs 50 post-basic programs for nursing (Certificate and Advance Diploma Programs). Upon completion of the programs, CPD points will be awarded under the category A9 as per CPD guidelines.	Yes, all courses are selected in response to the health needs of the country. The Training Division does a needs assessment prior to the implementation of the courses.
Myanmar	If Myanmar starts CPD programs for specific fields, it will include 9-month specialty courses in cardiac care, dental care, ENT (ear, nose, and throat) care, eye care, intensive	Those nursing fields are selected according to the health policy of our country.

	care, mental care, orthopedic care, pediatric care, renal care, and EN (enrolled nurse) programs for postgraduate diplomas and certificate.	
Nepal	Proposal writings, workshops, seminars, scientific meetings, etc.	Yes
Sri Lanka	*NR*	*NR*
Thailand	There are a variety of specialist programs that usually require four months of training. Specialty programs include burn care, cardiology care, gastrointestinal (GI) care, ICU care, medical care, oncology care, pediatric care, obstetric care, surgical care, trauma care, wound care, nurse practitioner, etc.	Usually, it is in line with the health policy of the country.
Vietnam	Currently, there are several CPD programs approved for ICU and pediatric nursing.	*NR*

Nine out of 13 countries responded that they have some kind of CPD activities/programs for specific fields of nursing and specialists. Myanmar has a plan to have CPD programs for specific fields. Among them, eight countries responded that the fields or specialties are selected in line with or as a response to the health policy of the country.

5-2. Regulation of CPD for specific fields of nursing and specialists

	2-1. Who regulates the system of CPD for specific fields of nursing and/or specialists? **a) Government (Ministry)** **b) Association/Board/Council** **c) Other**				
	a	**b**	**c**	**Responses**	**Same as CPD for general nursing**
Bangladesh		✓		Bangladesh Nursing and Midwifery Council (BNMC)	✓
Bhutan	✓		✓	1) MOH; 2) Royal Civil Service Commission (RCSC)	✓
Cambodia		✓		Cambodian Council of Nursing (CCN)	✓
Indonesia	✓	✓	✓	The government through the MOH, Ministry of Education and Culture, Ministry of Manpower, Professional Nursing Organizations, and Associations of Educational Institutions.	

Japan				There are two major CPD systems for specific fields of nursing: 1) “Training system for nurses to perform specific medical interventions" is regulated by MHLW, and its programs are provided by the designated training institutions; 2) Credentialing system is regulated by JNA and its programs are provided by JNA and the designated graduate schools of nursing which provide master’s courses.	
Kenya		✓		Nursing Council of Kenya (NCK)	✓
Lao PDR	✓	✓		< Plan > Nurse and Midwifery Board collaborating with Department of Health Personnel.	✓
Malaysia		✓		Malaysian Nursing Board	✓
Myanmar		✓		Specialist nurses are not mentioned in the Myanmar Nurse and Midwife Council (MNMC) regulation; only generalists are mentioned.	
Nepal		✓		Nepal nursing council	✓
Thailand		✓		If specialists apply for the approved Thailand Nursing and Midwifery Council (TNMC) programs/ activities, TNMC and institutions who provide the programs/ activities will regulate the program/activities.	✓
Vietnam	✓			MOH, Provincial Health Bureaus	

	2-2. Can CPD for specific fields of nursing and/or specialists be counted as CPD credits or scores of the regulatory body (nursing council etc.)? If it can be counted, how does each nurse report his/her participation in CPD activities/ programs of general nursing to the regulatory body? If it can be counted as CPD credits or scores, how does each nurse report his/her participation in CPD activities/programs of specific fields of nursing and/or specialists?	
	Responses	**Same as CPD for general nursing**
Bangladesh	CPD guideline has been approved recently. The guideline states that CPD for general nursing will be counted as CPD credits or scores. The system of reporting participation in CPD activities is also mentioned in the guideline.	✓

Bhutan	Yes. BMHC (Bhutan Medical and Health Council) is the regulatory body for all health professionals. CME programs on topics recognized by BMHC and registered can be counted as CME credits. In practice, the organizer(s) submits a list of participants and resource persons to BMHC. Registration numbers and email addresses are reported online to the BMHC secretariat to facilitate updating the official records of individual members' CME credits. Individual nursing professionals or any health professionals can keep track of their CME credits by logging into the BMHC website (https://www.bmhc.gov.bt/) with their registration number.	✓
Cambodia	Once the training provider is accepted by CCN based on the CPD guideline, the CPD activity or program provided by the training provider can be counted as CPD credits.	✓
Japan	*NA*	
Kenya	The program is meant to earn CPD scores. The CPD activity is self-reported via the Online Services Portal (OSP).	
Lao PDR	< Plan > In total, 30 credits are required: 6 credits per year and renewal for every five years. Limited resources to receive CPD.	✓
Malaysia	Supervisors in the respective areas summarize the approved CPD points achieved by the nurses according to Category A1-A8. Participants are requested to upload their certificates on the "My CPD" system as proof of attendance.	✓
Myanmar	CPD for general nursing and specialists will be counted as CPD credits by MNMC regularly for all nurses and midwives, but it is an ongoing process as the CPD guideline is being drafted, and this was reported to the ASEAN Joint Coordinating Committee on Nursing (AJCCN) meeting in 2019. The process of developing and approving guidelines in the national seminar has been suspended due to the COVID-19 pandemic and the political crisis. Nurses will report their participation in CPD activities/programs to MNMC whenever they update their licenses.	✓
Nepal	It can be counted (as CPD credits) for the license renewal.	✓
Thailand	It can be counted as CPD credits or scores as specified by the regulatory body if the program is registered and certified. The institutions that organize the CPD record the credits/scores for each participant and submit them to TNMC online. If it is an individual's activity, the nurse must submit the activity information and scores to TNMC for consideration and record.	✓

5-3. Provision of CPD for specific fields of nursing and specialists

	3-1. Who provides activities or programs of CPD for specific fields of nursing and/or specialists? **a) Government (Ministry)** **b) Association/Board/Council** **c) Healthcare Facilities/Organizations** **d) Health Professional Educational Institutions/Organizations** **e) Other**						
	a	**b**	**c**	**d**	**e**	**Responses**	**Same as CPD for general nursing**
Bangladesh	✓	✓	✓		✓	The Directorate General of Nursing and Midwifery (DGNM), BNMC, Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP), different donor agencies and health care facilities.	✓
Bhutan			✓	✓	✓	1) Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) (Teaching Hospital) 2) Faculty of Nursing and Public Health (Teaching Institute) 3) Universities and colleges outside Bhutan for master's degrees and specific training for which Bhutan does not have the development capacity.	
Cambodia	✓	✓	✓	✓		MOH, Cambodian Association of Nurses (CAN), nursing school, referral hospital, national hospital, and healthcare facilities.	✓
Indonesia	✓	✓			✓	Government, professional nursing organizations (collegiums and nurses associations), and other institutions which have been given the mandate from the nursing professional organizations.	✓
Japan		✓		✓	✓	There are two major CPD systems for specific fields of nursing: 1) "Training system for nurses to perform specific medical interventions" is regulated by MHLW, and its programs are provided by the designated training institutions; 2) Credentialing system is regulated by JNA and its programs are provided by JNA	

						and the designated graduate schools of nursing which provide master's courses.	
Kenya		✓			✓	Currently working with World Continuing Education Alliance (WCEA) and Talisium Pty to partner with associations Midwives Association of Kenya (MAK) and National Nurses Association of Kenya (NNAK) in the provision of CPD for nurse specialists.	
Lao PDR				✓		Ophthalmology Center, The University of Health Sciences	
Malaysia	✓	✓		✓	✓	Ministry of Health, Training Institutions, Nursing Associations, Private healthcare sectors	
Myanmar		✓				MNMC	✓
Nepal		✓	✓	✓		National health training centre, hospital healthcare facilities, nursing or medical colleges, Nepal Nursing Council	✓
Thailand	✓	✓	✓	✓	✓	Any institutions that meet the TNMC criteria to be an institution for CNE, i.e., TNMC, Nursing Division of the Ministry of Public Health (MOPH), Thailand Nurses Association, educational institutions, nursing departments in healthcare facilities, nursing specialty association, etc.	✓
Vietnam	✓		✓	✓		Universities and teaching hospitals under the management of MOH.	

	3-2. How are the CPD activities/programs of specific fields of nursing and/or specialists being provided to nurses?	
	Responses	**Same as CPD for general nursing**
Bangladesh	Nurses will obtain CPD scores by participating in different CPD activities per guidelines.	✓
Bhutan	The budgeted CPD activities/programs are planned according to the Government 5-year plan (the current plan is the 12th 5-year Plan) by MOH in coordination with RCSC. These agencies facilitate with the Nursing Program and Nurse Experts from teaching hospitals to develop master copies. Activities are undertaken annually and when budgets are available.	✓

	Professional development of credited hours is undertaken by respective healthcare facilities or individuals.	
Cambodia	Through online/onsite workshops, conferences, and events.	✓
Indonesia	To obtain the titles “Pediatric Nursing Specialist,” “Psychiatric Nursing Specialist,” “Community Nursing Specialist,” “Maternity Nursing Specialist,” or “Medical Surgical Nursing Specialist,” nurses must complete the Master of Nursing Study Program. Then, proceed to the specialist education stage.	
Kenya	The CPD content is available on the NCK/WCEA platform.	
Lao PDR	Nurses will obtain CPD scores through the participation in different CPD activities as per guidelines (e.g., Job orientation training for nurses, capacity building training, administration, leadership, supervision, teaching pedagogy, curriculum orientation, professional skill, evidence-based training research, conducting thesis, report writing, preparing meeting minutes, etc.)	✓
Malaysia	Coursework, assignment, exam, case presentation, objective structured clinical examination (OSCE).	
Myanmar	< Plan > It will be distributed by social media (MNMC website), pamphlets, notice boards, and newsletters. The provision will be through training courses, seminars, webinars, conferences, nursing research supervisors, workshops, coordination meetings, medical tours (mobile service, health education), special events, health services in disaster/conflict areas, communicable disease services, academic committee (ethics/institutional review board), clinical teaching (precepting, mentoring, supervision), self-study under supervision, study tour, work secondment and work shadowing, induction and orientation, student exit survey, patient satisfaction, plenary session, online CNE, Lunch time talk, case conferences and hands-on training. Currently, it is in the planning stage.	✓
Nepal	Through online/onsite training courses, class teaching, and scientific meetings and conferences.	✓
Thailand	It can be offered as training programs, 4-month courses, and degree programs.	✓

5-4. Trainers of CPD for specific fields of nursing and specialists

	4-1. Who are the trainers of those CPD activities/programs of specific fields of nursing and/or specialists?	**4-2. How are the trainings being provided to the trainers of those CPD activities/ programs of specific fields of nursing and/or specialists?**	
	Responses	**Responses**	**Same as CPD for general nursing**
Bangladesh	Nurses, medical doctors, administrators, and other experts in the relevant field of CPD activities are the trainers of those CPD activities/ programs in general nursing.	Online and onsite programs, central workshops/ seminars/ training for local trainers by the master trainer, mentoring, monitoring, etc.	✓
Bhutan	Module/ Certificate-based training programs are provided by certified nurse experts in the training institute (Faculty of Nursing and Public Health) and teaching hospital (JDWNRH).	It is provided through face-to-face approaches. Currently, due to the COVID-19 pandemic, approaches such as online or hybrid of online and onsite are preferred.	✓
Cambodia	It depends on the training providers, e.g., Cambodian Association of Nurses (CAN) member, person in charge of in-service training in a hospital, MOH, CCN member, NGOs, and faculty (school).	Currently, there is no special training for trainers. It seems that each provider appoints and trains the trainers.	✓
Lao PDR	< Plan > 1) Main institute: Educational institutions (university, college and schools) and Central hospitals; 2) Secondary institute: Provincial hospitals; 3) Other related institutes: Nurse and Midwife Associations and Medical Associations (Heart and blood vessels association, Surgery association, Children association, Obstetrics &	< Plan > 1) Research available institutions and trainers (preceptors, clinical trainers, lecturers) providing in-service training; 2) Plan training; 3) Provide training to trainers regularly (Assigned hospital system: Central hospital in charge of the region, northern, central, southern).	✓

	Gynecology association, Ophthalmology association); 4) Development partners collaborating with the MOH.		
Malaysia	Experts in the field such as nursing experts, clinicians, nursing educators, and other healthcare workers.	Credentialing and privileging the expert nurses in the areas of concern. The clinical teaching module is also added to the training of nurses.	✓
Myanmar	< Plan > All Council Executive Committee (CEC) members of MNMC, nursing managers, MNMA, Myanmar Medical Association which provide nursing-related topics of respective hospitals, and supervisory committees in respective states and regions.	< Plan > All CEC members of MNMC will provide the training to the trainers of those activities or programs of CPD.	✓
Nepal	A trainer who has at least completed a master's degree in nursing and has experience in clinical practice. He/she should have taken Training of Trainers (ToT) and Clinical Training Skills (CTS) training.	Online and onsite training, in-service training, refresher training, workshops, and conferences.	✓
Thailand	The specialists in the fields identified by Nursing Institutions and recognized by TNMC.	Trainers are clinical experts, i.e., nurses and medical doctors. They were trained through their education and work experience.	

5-5. Evaluation of CPD for specific fields of nursing and specialists

	5. How are those CPD activities/programs of specific fields of nursing and/or specialists?	
	Responses	**Same as CPD for general nursing**
Bangladesh	< Plan > The BNMC selected committee will periodically check and validate the documents of CPD activities/programs which the	✓

	nurses and midwives will submit according to the CPD guidelines. For example, certificates, appreciation letters, government orders, or any approval documents by the authority to ensure their participation and completion of the CPD activities.	
Bhutan	Currently, there are no mechanisms to evaluate CPD, except for the BLS and ACLS courses which have pre- and post-tests. However, the draft CME guideline 2021 states the provision for monitoring and evaluation.	✓
Cambodia	Currently, there are no monitoring tools or systems for evaluation, but some training programs have evaluated individual subjects/courses using pre- and post-tests.	✓
Lao PDR	< Plan > 1) Monitor (e.g., observation, interview) actual CPD activities; 2) Reporting of CPD activities by CPD providers to the responsible Department of MOH and the Nurse and Midwifery Board.	✓
Malaysia	They are done through supervisors and CPD committees. Review and feedback forms are collected after the CPD activities.	✓
Myanmar	It is an ongoing process.	✓
Nepal	Pre- and post-tests, final evaluation through written examination, objective structured practical examination (OSPE) and OSCE, post-training questionnaire, follow-up interview.	✓
Thailand	Programs are evaluated by the learners or the institutes.	✓

5-6. Selection of the topics of CPD for specific fields of nursing and specialists

	6-1. Who selects and decides the topics of CPD for specific fields of nursing and/or specialists?	**6-2. How do they select and decide the topics of CPD for specific fields of nursing and/or specialists?**	
	Responses	**Responses**	**Same as CPD for general nursing**
Bangladesh	< Plan > The CPD activities/criteria will be mentioned in the CPD guideline which will be developed by the multi-disciplinary approach including the Ministry of Health and	< Plan > It will be selected based on the Job description, Standard Operating procedure, course curriculum, different professional competencies and	✓

	Family Welfare (MOHFW), DGNM, DGHS, DGFP, and other stakeholders.	skills, current health issues, etc.	
Bhutan	The budgeted CPD activities/ programs are planned and approved according to the Government 5-year Plan (current 12th Five Year Plan) by MOH in coordination with the RCSC. Professional development for credited hours is decided by respective healthcare facilities or at the individual level according to ad hoc need and availability of the opportunities.	As per the country's requirement	✓
Cambodia	The training provider determines the topics.	Training needs assessment is conducted before training. Training providers decide the topics based on needs.	✓
Japan	Nursing education board at each healthcare facility.	They get information from nursing magazines, academic conferences, and nursing associations and find problems in clinical practice.	
Lao PDR	< Plan > Nursing and Midwifery Board	< Plan > Decide based on scope and standard of practice, and competency for licensed nurses.	✓
Malaysia	Nursing CPD committee of each facility.	• Current trends and issues in medical advancement. • Nursing CPD committee of each facility. • Current learning needs identified by healthcare facilities and nurses.	✓
Myanmar	It is an ongoing process.	Planning.	
Nepal	Authentic committee of regulatory body, training institute.	According to the topic mentioned by the regulatory body, after assessing the training needs of employees, changing patterns of disease,	✓

		global/ national burden diseases	
Thailand	Nursing institutions accredited by TNMC and requested by the State and its health policy.	Find learning needs and update information frequently.	

5-7. Funding and benefit for individual nurses participating in CPD activities/programs of specific fields of nursing and specialists

	7-1. Who funds individual nurses to participate in CPD activities/programs of specific fields of nursing and/or specialists?	**7-2. What kind of benefit (incentives, promotion, etc.) would individual nurses receive by participating in the CPD activities/programs of specific fields of nursing and/or specialists?**
Bangladesh	Organizations that offer CPD activities	Capacity building; ensuring specialized care; self-motivation and satisfaction; improvement in the quality of care; opportunity to work in the specialty area; financial benefit; used for re-licensing.
Bhutan	Government or donor agencies fund individual participants.	• Receives credit points for renewal of licensure. • Enhances knowledge and skills. • Increases job promotion level according to the qualification.
Lao PDR	1) Participation in training activities is self-funded. 2) Postgraduate upgrades are funded by the MOH or other funders (e.g., development partners)	1) Participation develops knowledge. 2) If knowledge is upgraded, the salary scale also increases. 3) It is necessary for the license renewal.
Malaysia	Employers may fund the nurses either fully or partially, according to the allocation awarded. If funding is not available, the employee will go self-sponsored.	1) Allowances for nurses who complete the post-basic courses. 2) Recommendation for promotion.
Myanmar	Planning.	Planning.
Nepal	Currently unspecified.	Currently unspecified.

Thailand	The trainee's agencies/ institutions.	• Receive specialty license and be able to provide advanced practice. • They can get on-top payment or compensation if they work in the units that match their specialty.

5-8. Impact of the COVID-19 pandemic towards the CPD for specific fields of nursing and specialists

	8. What were major changes in CPD for specific fields of nursing and/or specialists caused by the COVID-19 pandemic?
Bangladesh	Both positive and negative changes occurred during the COVID-19 pandemic. The positive sides were dedicated workforce management, priority on emergency services mainly focusing on the COVID-19 pandemic, successful vaccination programs for COVID-19 prevention, the shift from onsite to online programs, and minimum digital networking. The negative sides were the difficulties we faced, such as the shortage of specialized nurses, logistics and supplies, stress, fears, movement restrictions, information gaps, and lack of work-life balance.
Bhutan	The focus was shifted to critical care and infection prevention and management.
Kenya	The CPD for specific fields of nursing were not in place before COVID-19. However, COVID-related CPD content was developed and made available in time.
Lao PDR	(Same as the changes seen in the CPD for general nursing.) More topics related to COVID-19 will be included (e.g., sample collection, management of infected/suspected cases at a hospital, contingency plan, Infection Prevention and Control (IPC), surveillance, etc.)
Malaysia	1) Mode of teaching/session: Hybrid and Virtual 2) Method of exam: Online 3) CPD points were waived in the year 2020 and reduced in the year 2021
Nepal	*NA*
Thailand	Onsite training programs for specific fields of nursing/specialists were disrupted. All theoretical training programs were conducted online, and some practices were held in the laboratory and hospital settings.

5-9. Challenges of CPD for specific fields of nursing and specialists

	9-1. What are the challenges of CPD for specific fields of nursing and/or specialists?	**9-2. How do you plan to overcome those challenges?**

Bangladesh	• Shortage of human resources and ensuring participation of all categories of nurses and midwives; • Financial constraints; • Lack of motivation, support, and learning resources; • Lack of electronic devices and slow internet connection.	• Bangladesh Government formed a national technical and monitoring committee at the top to sub-sub districts level; • Ensure PPE for nurses and midwives; • Provide incentives for health professionals (to participate in CPD activities) including free food, accommodation, transportation, and financial benefits; • Established an online education and service-providing system.
Bhutan	• Funding of short- and long-term courses; • Establishing an institute for these courses.	• Advocate policy-makers to prioritize CPD for funding; • Network with other countries for CPD programs, especially long-term and short-term training courses currently unavailable in Bhutan.
Cambodia	Training for specific fields does not exist currently. Challenges include a lack of human resources for curriculum development and a shortage of trainers.	The development and establishment of curriculums for general nurses and specialists are important. Motivating staff is also needed.
Kenya	With the inception of Nurse/Midwife specialist programs, Advanced Practice Nursing (APN) and Advanced Practice Midwifery (APM), there is a need to develop relevant CPD content.	The stakeholders and experts are encouraged to develop CPD content and present it to NCK for approval.
Lao PDR	(Same as the challenges of CPD for general nursing.) Provider: limited resources (teaching-learning methodology of trainers, facility, budget, equipment, textbook) Trainee: limited experience in self-learning, limited information about CPD activities Mechanism: limited coordination among ministry level and focal point	(Same as the plans of CPD for general nursing.) • Disseminate and advocate nurses to promote CPD. • Provide standardized training for trainers by utilizing available teaching-learning resources and establishing regional educational centers as focal points at colleges and core hospitals. • Clarify the role and responsibility among relevant departments at the national level.

Malaysia	1) Limited opportunity and participation due to staff shortage. 2) Insufficient internet coverage, especially in remote and rural areas.	1) Multiple hybrid sessions (a few sessions with a small number of participants) 2) Pre-recorded sessions
Nepal	• Lack of well-trained persons to run CPD programs; • Acceptance from nurses and stakeholders; • Financial constraints; • Shortage of IT personnel; • Time and money management.	• Making clear guidelines; • Coordination and cooperation with stakeholders and donor agencies; • Advocacy to regulatory bodies and government organizations; • Training for trainers; • Raising awareness of the public as well as nurses.
Thailand	• Evidenced-based nursing practice; • Update CPG/CNPG (Clinical Practice Guidelines / Clinical Nursing Practice Guidelines) regularly.	Support, facilitate, and encourage nurses to continue working with passion.

5-10. Country presentation of the CPD for specific fields of nursing and specialists

A speaker from Indonesia presented the CPD system for specific fields of nursing and specialists in Indonesia. The country has nursing specialists in five fields: pediatric, psychiatric, community, maternity, and medical-surgical nursing. To become a nursing specialist, one is required to complete the master's program in the field and then the specialist education stage.
Each field has five levels, starting at the generalist level, basic specialty, advanced specialty, specialist, sub-specialist/consultant. To become a level I nurse manager, you are required to have level II clinical nurse competence. To become a level I nurse educator, you are required to have a level III clinical nurse competence. To become a level I research nurse, you are required to have level IV clinical nurse competence.

A certificate of expertise is obtained by someone after participating in training activities on certain skills and ending with an assessment/test process following the Curriculum Standards of the Association or the Central Board of the Indonesian National Nurses Association (CB-INNA) Training Agency.

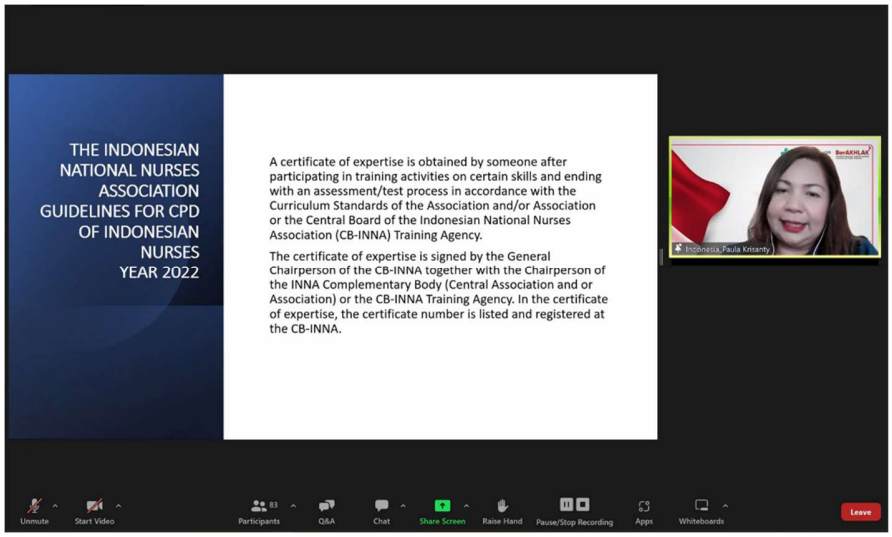


Figure 5-1: Country presentation by Indonesia

A speaker from Kenya presented the CPD programs for four specific fields: critical care, mental health, oncology, and midwifery, which the NCK has approved recently. These fields cover the critical issues that the country is currently dealing with. The provision of training programs in these specific fields has already started in several universities. At the same time, they are working on developing the programs and systems.

Figure 5-2: Country presentation by Kenya

5-11. Summary of CPD for specific fields of nursing and specialists

“CPD System for Specific Fields of Nursing and Specialists” was an advanced topic compared to the topic of the 2nd workshop: CPD System for General Nursing. Nine out of 13 countries responded that they have some kind of CPD activities/programs for specific fields of nursing

and/or specialists. Among them, eight countries responded that the fields or specialties are selected in line with or as a response to the health policy of the country. Most countries have the same CPD system for specific fields of nursing/specialists and for general nursing.

As the health issues that we face are becoming more complex, and medical technologies that nurses need to catch up with advance constantly, the need for specialists is increasing. The development of the CPD system for specific fields of nursing and/or specialists is no less critical than the CPD system for general nursing.

Column 3: CPD for nursing specialization in line with health policy

Prof. Dr. Siriorn Sindhu, President of the Nurses' Association of Thailand, gave a keynote presentation on CPD for nursing specialization in line with health policy. The following are the highlights of her presentation.

- Thailand's approach is to motivate nurses to have CPD according to the health service of the healthcare demand.
- Nursing and health policy needs to ensure that the public has access to high quality nursing services in tomorrow's healthcare system. Nursing profession needs to become a significant force in health policy-making.
- Reskilling helps manage change and navigate future workforce planning efforts by retraining your workforce for what lies ahead and putting employees' talents to use in crucial new roles that align with your organization's goals.

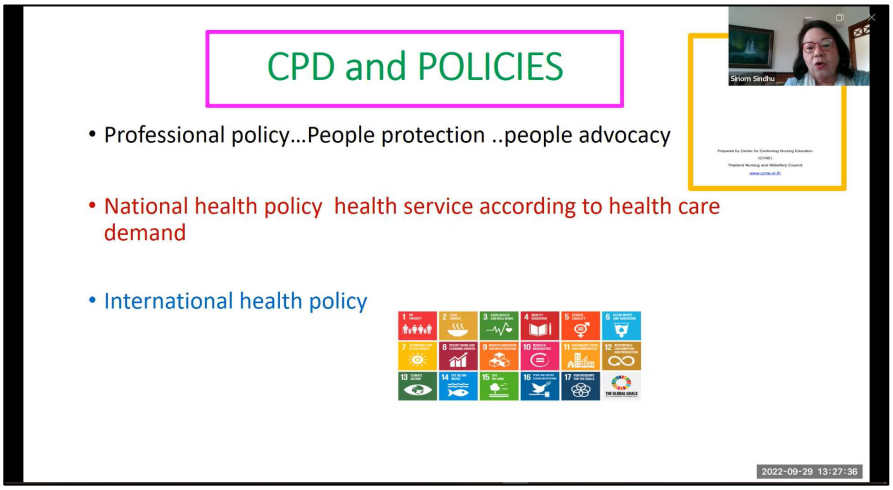


Figure 5-3: Keynote presentation by Prof. Dr. Siriorn Sindhu, Nurses' Association of Thailand

6. CPD System for Nursing Management/Administration

The topic of the second part of the 3rd workshop held on 29 September 2022 was the CPD system for nursing management/ administration.

The following tables summarize the responses to the pre-workshop questionnaire survey and the presentations about the CPD system for nursing management/administration in each country. The questionnaire and the presentation slides are attached as Appendix 2 and 4 respectively.

6-1. Having CPD activities or programs for nursing management/administration

	1. Does your country have CPD activities or programs for nursing management/ administration?			
	YES	**NO**	**UNKNOWN**	**Additional information**
Bangladesh		✓		
Bhutan		✓		
Cambodia		✓		No, but some providers are conducting training activities for nursing management/ administration.
Indonesia	✓			
Japan	✓			
Kenya			✓	
Lao PDR		✓		
Malaysia	✓			
Myanmar		✓		
Nepal		✓		
Sri Lanka			✓	
Thailand	✓			
Vietnam			✓	

According to the responses to the pre-workshop questionnaire and presentations, four out of 13 countries have country-wide CPD activities or programs for nursing management/ administration. Cambodia does not yet have country-wide activities or programs, but some healthcare institutions provide training for nursing management/ administration within their own institutions.

6-2. Regulation of CPD activities or programs for nursing management/ administration

The following tables include only the four countries that have CPD activities or programs for nursing management/ administration.

	2. Who regulates the system of CPD for nursing management/ administration? **a) Government (Ministry)** **b) Association/Board/Council** **c) Other**				
	a	**b**	**c**	**Responses**	**Same as CPD for general nursing**
Indonesia		✓	✓	Nursing Professional Organizations (Collegiums and Nurses Associations) and other institutions that are given authority, such as the Indonesian Hospital Association, both Government and Private.	
Japan		✓		The credentialing system of the Japanese Nursing Association (JNA) includes the credentialing of certified nurse administrators (CNAs).	
Malaysia		✓		Malaysian Nursing Board	✓
Thailand		✓		If the programs/activities are approved by the Thailand Nursing and Midwifery Council (TNMC), TNMC and the institutions that provide the programs/activities will regulate the program/ activities.	✓

6-3. Provision of CPD activities or programs for nursing management/ administration

	3. Who provides activities or programs of CPD for nursing management/ administration? **a) Government (Ministry)** **b) Association/Board/Council** **c) Healthcare Facilities/Organizations** **d) Health Professional Educational Institutions/Organizations** **e) Other**						
	a	**b**	**c**	**d**	**e**	**Responses**	**Same as CPD for general nursing**
Indonesia		✓	✓			Nursing Professional Organizations (Collegiums and Nurses Associations) and	

						other Institutions that are given authority, such as the Indonesian Hospital Association for both government and private.	
Japan		✓	✓	✓	✓	The programs are provided by JNA and the designated graduate schools of nursing which provide master's courses. There are other CPD activities and programs for nursing management/ administration provided by various stakeholders, such as healthcare facilities, JNA, prefectural branches of JNA, academic societies, educational institutions, private companies, other organizations, etc.	
Malaysia	✓	✓		✓	✓	Ministry of Health, Training Institutions, Nursing Associations, Private healthcare sectors	✓
Thailand	✓	✓	✓	✓	✓	Any institutions that meet the TNMC criteria to be an institution for CNE, i.e., TNMC, Nursing Division of the Ministry of Public Health (MOPH), Thailand Nurses Association, educational institutions, nursing departments in healthcare facilities, nursing specialty association etc.	✓

6-4. Targets of the CPD for nursing management/administration

The following tables include the four countries that have CPD activities or programs for nursing management/administration and Cambodia. Cambodia does not yet have country-wide activities or programs, but some healthcare institutions provide training for nursing management/ administration within their own institutions.

	4. Who are the targets of those CPD activities or programs for nursing management/administration?
Cambodia	Nurses who work at the management levels in healthcare institutions; however, it depends on each institution's requirements.
Indonesia	There are four forms of professional career development for nurses in Indonesia: 1) clinical nurse, 2) nurse manager, 3) nurse educator, and 4) nurse researcher. Nurses who are developing their professional careers in the form of nurse managers are the targets.

Japan	The CNA System managed by the JNA provides three levels of CNA education courses. The requirements to take the first level course are 1) having a Japanese nursing license, 2) having at least five years of clinical practice experience after obtaining a nursing license, and 3) being interested in administrator work.
Malaysia	Middle managers who are senior registered nurses, nursing sisters, and/or matrons.
Thailand	Nurses preparing to be nursing administrators, i.e., head and deputy head nurses, head and deputy head of working groups, deputy nursing directors, senior nurses of the units/ wards, etc.

6-5. Benefits for nurses to participate in the CPD activities or programs for nursing management/administration

	5-1. Do CPD activities or programs for nursing management/ administration count as CPD credits/ scores for renewing nursing license?	**5-2. Can participation in CPD activities or programs for nursing management/ administration be one of the criteria for promotion to become a nursing administrator?**
Cambodia	The credit authorization process is still in progress.	*NA*
Malaysia	Yes. Crediting is done according to the CPD guidelines.	No
Thailand	Yes. It can be counted as credits if the CPD activities or programs are accredited by the regulatory body.	Yes

6-6. Challenges of CPD for nursing management/administration

	6-1. If your country has a system of CPD for nursing management/ administration, what are the challenges of CPD for nursing management/ administration in your country? How do you plan to overcome those challenges?
Cambodia	MOH and Training Working Group (TWG) are developing the in-service training guidelines by the end of 2022. This guideline explains that the training topics and contents should be based on the career ladder to provide effective and efficient training.
Malaysia	Malaysia has a solid online CPD system for public healthcare facilities, and it is in the midst of expanding the use of online systems to private healthcare facilities. The challenges are 1) an overwhelming number of private healthcare

	facilities that need to be streamlined and 2) providing training by using the online system.
Thailand	The challenges are 1) having only one course/ program for nursing administration which is not enough for the demand due to limited seats for training, and 2) there are a couple of programs/courses relevant to general administration which the nurses who join those training programs have to adapt to fit with the nursing contexts. The Nursing Institutes offer nursing administration programs in the master's degree and the specialty program. These programs might solve the issues of not meeting the needs/training demands mentioned above.

	6-2. If your country does not have a CPD system for nursing management/administration, is your country considering or having discussions among stakeholders to develop the system?	**6-3. If your country does not have a CPD system for nursing management/ administration, do you think your country should develop the system? Why?**
Bangladesh	Yes	Yes, we should develop a CPD system for all nurses and midwives to update their knowledge and competence and to support them to be engaged in professional networks and development.
Bhutan	Yes	Yes
Lao PDR	Yes	There are a variety of training courses, such as management and leadership (including ethics), nursing regulation, scope and standards (including job description), nurse competency, and nursing research. We shall consider having them as part of the CPD system because nursing leadership is crucial for improving the quality of nursing care.

6-7. Impact of the COVID-19 pandemic towards the CPD for nursing management/ administration

	7. How did the COVID-19 pandemic affect your view on the need for a CPD system for nursing management/administration?
Bhutan	1) The role of nursing management/administration is vital during the pandemic when there is the highest workforce to look after both in terms of functioning

	efficiently and maintaining the sound mental well-being of the frontline nurses. (Leadership) 2) Nursing administration plays a vital role in infrastructure management, especially in creating wards and units to accommodate patients during crisis management; thus, they have to be prepared and ready to be for service 24/7 during the pandemic. (Logistic management) 3) Human Resource (HR) Management that can adapt to the situation. 4) Leader in Infection control and waste management. 5) Emergency and crisis management. 6) Coordination and building organizational and interpersonal relationships.
Cambodia	To manage the COVID-19 pandemic, strong leadership and management are essential to lead nurses for Infection Prevention and Control (IPC). The CPD system for nursing managers and administrators can help them develop their knowledge and skills as leaders. Also, online training was recognized as an effective tool during the COVID-19 pandemic.
Lao PDR	We need CPD training on nursing management/administration not only for COVID-19 but also for emerging and re-emerging diseases. Also, we need specialists on IPC and multiple drug resistance.
Nepal	It is important for nurses to gain knowledge of new emerging diseases to reduce the risks of transmission. Onsite CPD activities/programs were not possible during the pandemic. Online courses became very effective for updating the knowledge on clinical practices for nurses.
Thailand	Adjusting old concepts and habits, while having to integrate digital literacy, information technology, agile and resilience approach as well as next normal into the management to assist better working.

6-8. Country presentation of the CPD for nursing management/administration

The speakers from Cambodia and Bangladesh shared their situation and good practice.

Cambodia does not yet have a national CPD system for nursing management/administration, but there are some healthcare institutions that conduct nursing management training within their institutions. The speaker from Cambodia shared about the nursing management training conducted in the National Pediatric Hospital which targets all head and deputy head nurses in the hospitals. It aims to improve the knowledge and skills necessary for all managers to become more effective leaders and to contribute to achieving the hospital's goals.

Like Cambodia, Bangladesh does not yet have a national CPD system for nursing management/ administration, but there are good practices of CPD for all registered nurses and midwives including on-the-job training for all employees in Government facilities (2 weeks), foundation training programs for educators who will be joining as new educators in educational institutions (4 weeks), and management training for newly promoted administrators (4 weeks). Management

training includes administrative rules and regulations, procurement and budgeting, ethical issues, teaching pedagogy, and communication and professional skills.

The speaker from Indonesia joined the discussion and shared about the master's course for nursing leadership and management specialization in the country.

6-9. Summary of the CPD for nursing management/administration

Similar to "CPD System for Specific Fields of Nursing and Specialists," the topic of "CPD for Nursing Management/Administration" was advanced compared to the topic of "CPD System for General Nursing." According to the responses to the pre-workshop questionnaire and presentations, four countries out of 13 countries have country-wide CPD activities or programs for nursing management/administration. Cambodia does not yet have country-wide activities or programs, but some healthcare institutions provide training for nursing management/ administration within their own institutions.

As Dr. Panarut Wisawatapnimit, Secretariat, Asia-Pacific Action Alliance on Human Resources for Health (AAAH), the moderator of this workshop series, mentioned in the 3rd workshop, during the COVID-19 pandemic, the nursing administrators faced a lot of unprecedented problems. The situation required them to have very high management skills. For example, they had to consider how to provide beds for COVID-19 patients as well as non-COVID-19 patients, how to surplus nursing workforce, how to communicate with the nurses working under pressure, stress, and fear, etc. COVID-19 highlighted the importance and the competency of the nursing management and administration.

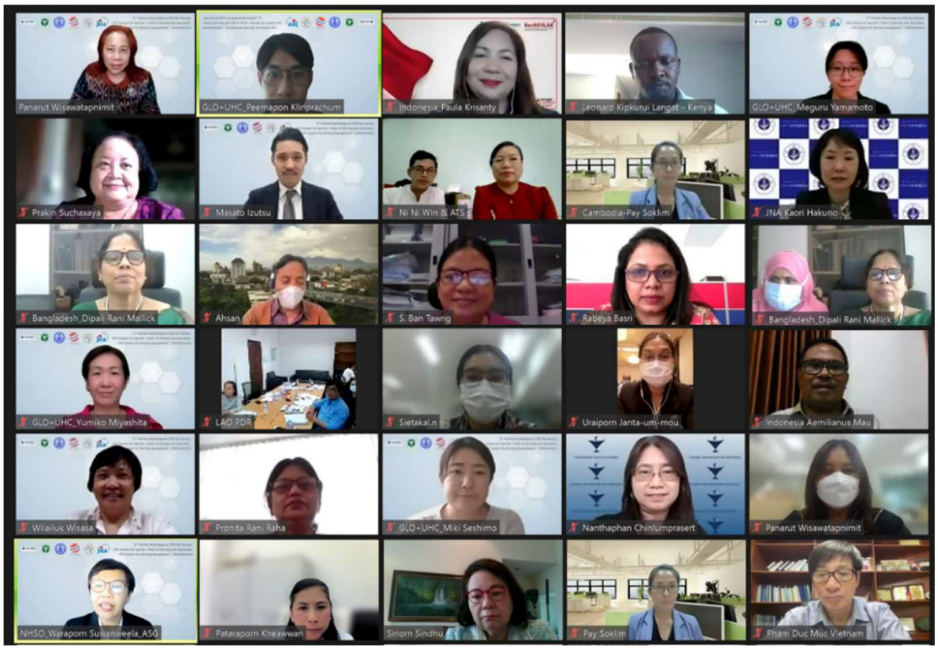


Figure 6-1: Online group photo of the 3rd workshop

Column 4: Certified Nurse Administrator System in Japan

Ms. Kaori Hakuno, Chief, Department of Credentialing, Japanese Nursing Association (JNA), gave a keynote presentation on the Certified Nurse Administrator System in Japan.

The Certified Nurse Administrator System is run by JNA. The system aims to provide quality, organizational nursing services to individuals, families, and community members with diverse healthcare needs by establishing frameworks for developing a nurse administrator that conforms to a certain standard and which contributes to maintaining and improving the quality of nursing administration and nursing levels, thus playing a role in the advancement of healthcare and welfare.

To become a Certified Nurse Administrator, he/she has to fulfill certain criteria, complete the education program, and pass the credentialing examination. In addition, Certified Nurse Administrators must pass renewal examination every five years to maintain their credential. (Figure 6-2)

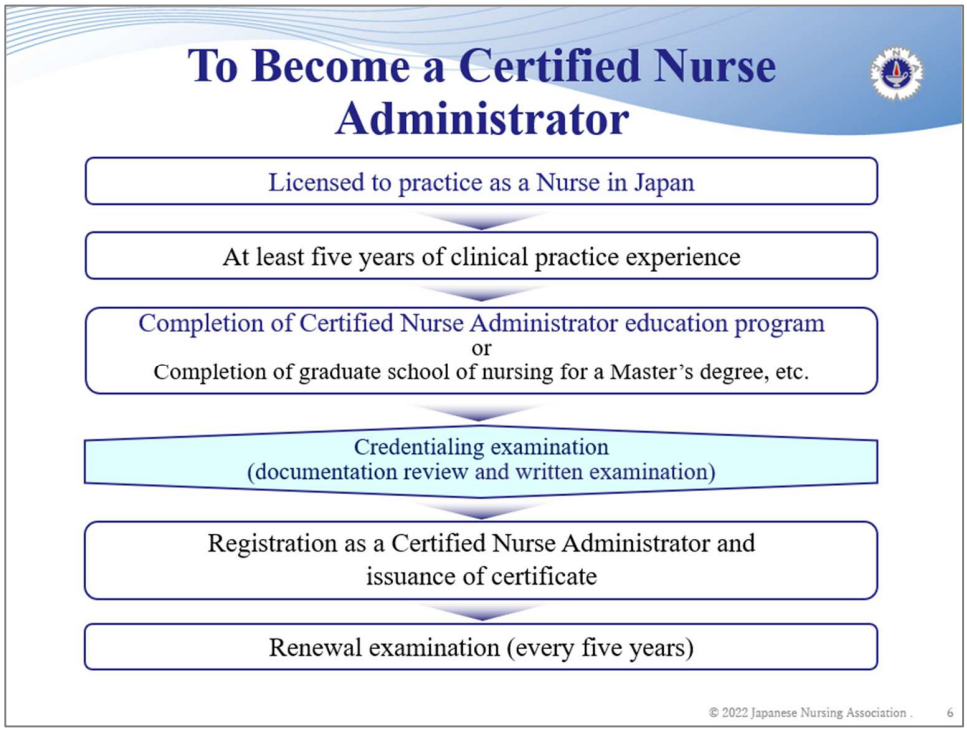


Figure 6-2: To Become a Certified Nurse Administrator (Extracted from the presentation by Ms. Kaori Hakuno, Japanese Nursing Association (JNA)

7. How to Take Action for Future Plan

The 4th workshop of the Online Workshop Series on CPD for Nurses "How to Take Action for Future Plan" was held on 16 February 2023. Around 40 participants and 30 observers from 12 countries joined. The 4th workshop was also the final workshop of the series, having two panel discussions that aimed to find the way forward for all the participating countries.

Panel Discussion 1: How to regulate the CPD system in response to the health needs of the country?
Panel Discussion 2: How to develop the quality of the CPD system?

For the topic "How to Take Action for Future Plan," 11 out of 13 countries responded to the pre-workshop questionnaire survey. The following tables summarize the responses. The questionnaire is attached as Appendix 2.

7-1. Main goal of the future plan

	1. What is the main goal of your future plan?
Bangladesh	Introduce re-licensing process linked with the CPD system for all nurses and midwives in Bangladesh.
Bhutan	Leader of Excellent Nursing service to the patients in the region.
Cambodia	The main goal of the Cambodian Council of Nurses (CCN)'s future plan is to ensure that all registered nurses will renew their licenses with the required CPD point.
Indonesia	Develop CNE programs in Indonesia for general nurses, manager nurses, and specialist nurses.
Japan	Nursing professionals can continue to develop themselves by their own initiative and with professional autonomy as a fundamental principle.
Kenya	Develop specific pathways and specialist-oriented CPD to cater for specific practice needs for the nurses and midwives in Kenya.
Lao PDR	Establish a CPD system that links to the licensing system.
Malaysia	CPD activities that provide nurses and midwives with the highest standard of education and training. This can be achieved by having 1) all education programs conducted by MOH and non-MOH facilities monitored by the Nursing Division, MOH, and 2) all MOH and non-MOH hospitals to appoint coordinators or supervisors to award credit points of CPD activities from the categories A4-B2.
Myanmar	Develop CPD from the ongoing process.
Sri Lanka	Establish a comprehensive CPD system in Sri Lanka.
Thailand	Design potential development of nursing CPD program to suit not only the nurses and healthcare institutions/organizations, but also stakeholders and public health situation.

7-2. Stakeholders of the future plan

	2. Who will be the stakeholders? (Who should participate in order to achieve the goal?)
	Responses
Bangladesh	• Ministry of Health and Family Welfare (MOHFW) • Directorate General of Nursing and Midwifery (DGNM) • Bangladesh Nursing and Midwifery Council (BNMC) • Directorate General of Health Services (DGHS) • Directorate General of Family Planning (DGFP) • Representative from Medical Colleges and Hospitals (primary to tertiary level hospitals) • All nursing and midwifery educational institutes including public and private • Various governmental and non-governmental organizations that support training (CPD) programs for nurses and midwives • All categories of nurses and midwives from various public and private hospitals and institutions
Bhutan	GLO+UHC and WHO for technical expertise and funding; Nursing Program, National Medical Service, and MOH for the planning and activities.
Cambodia	MOH, Regional Training Centers (RTC), Provincial Health Departments (PHD), Cambodian Association of any health professional, NGO, private and public health educational institutions and hospitals, ASEAN member states and international partners.
Indonesia	General nurses, manager nurses, and specialist nurses.
Japan	Nursing-related professional bodies, i.e., Japanese Nursing Association (JNA), prefectural administrations, i.e., local government, nursing-related academic societies, nursing colleges, etc.
Kenya	Nurses and midwives, training institutions, nursing and midwifery associations, MOH, and accredited CPD providers.
Lao PDR	MOH (Department of Health Personnel, Healthcare Professional Council, Professional Boards, i.e., Nurse and Midwifery Board, Medicine Board, and Dentist Board), educational institutions, hospitals, professional associations.
Malaysia	1) The Nursing Division of MOH is the main stakeholder. 2) All MOH and non-MOH providers will participate to achieve the goal.
Myanmar	1) Authorized person including the President of Myanmar Nurse and Midwife Council (MNMC), nursing director and all nurse managers from respective hospitals and teaching institutions. 2) MOH and MNMC
Sri Lanka	Health administrative authorities, all the categories of staff, respective colleges, CPD providers, CPD accreditations, universities, trade unions, etc.

Thailand	Nursing Division of the Ministry of Public Health (MOPH), Thailand Nursing and Midwifery Council (TNMC), Nursing Schools, private healthcare sector, National Health Security Office (NHSO), Ministry of Interior, etc.

7-3. Resources for the future plan

	3. What resource/input is needed? From who? **a) Human resources (HR)** **b) Funding** **c) Environment (facility, equipment)** **d) Political support** **e) Technical assistance**					
	a	**b**	**c**	**d**	**e**	**Responses**
Bangladesh	✓	✓		✓	✓	• Funding from development partners • Policy support for the approval and implementation of CPD guidelines by MOHFW, BNMC, and DGNM. • HR to establish and implement CPD guidelines; DGNM and BNMC need to deploy dedicated workforces. • Technical assistance from development partners.
Bhutan	✓	✓			✓	• Technical assistance and funding from development partners. • The National Medical Service and Nursing Administration will be responsible for carrying out the plans and activities. • Faculty of Nursing and Public Health, Bhutan, to be the partner for CPD curriculum development.
Cambodia		✓		✓	✓	• From MOH: • Collaborate in implementing the regulatory penalties; • Encourage nurses to join CPD training; • In-Service Education and Training (INSET) curriculum (Plan to develop in 2023); • From international partners: • Financial support in conducting the training; • Share the experience of successful implementation of the CPD system. • Receive CCN staff in training on CPD system development. • CCN has already implemented the development of regulation, CPD guidelines, scope and standard of practice, and CPD structure.

Indonesia	✓	✓				• Trainers from professional organizations: INNA; • Sources of funds from the Provincial INNA in collaboration with hospitals, health offices, and community health centers.
Japan	✓	✓	✓			• Financial resources: Healthcare institutions, nursing-related professional bodies, prefectures, national government; • Training providers: nursing-related professional bodies, nursing-related academic societies, nursing colleges, etc.; • Development of training environment: Healthcare institutions, prefectural administrations, national government.
Kenya	✓	✓			✓	• HR such as trainers, subject matter experts; • Funding for curriculum development and implementation, benchmarking especially for the practical CPDs; • Technical assistance from countries that have already implemented CPD for specialists.
Lao PDR	✓	✓			✓	• National Budget through the Department of Planning and Finance; • Ministry staff to be in charge of the system (i.e., Department of Health Personnel, Healthcare Professional Council); • Technical and financial systems from development partners.
Malaysia			✓		✓	• Resources: Good Data Base/System • From whom: Technical assistance to troubleshoot any issues in the system
Myanmar	✓	✓		✓	✓	• Supporting funding from other health organizations is particularly needed due to the current situation. The government's recognition and support are also essential; • Funding, staff, partners, and technical assistance from MNMC.
Sri Lanka		✓			✓	• Funding from WHO and funding agencies; • Technical support from fellow countries; • Training from best practicing countries; • Observation and field visits to the countries that already have implemented.
Thailand	✓	✓			✓	• Technical assistance, staff, and share funding from the Nursing Division (MOPH), TNMC, Nursing Schools, NHSO, private health sector, and Ministry of Interior.

7-4. Activities of the future plan

	4. What kind of activities should be taken place to achieve the goal?
Bangladesh	• Stakeholder's workshop to finalize the CPD Guideline for the nurses and midwives; • CPD guideline approved by the related authority (MHOFW, DGNM, BNMC, etc.); • Disseminate the CPD guidelines to the nurses and CPD organizers throughout the country; • Orientation workshops on the approved CPD guidelines to various stakeholders and potential participants; • Sensitization workshops on the CPD guideline for the various stakeholders including nurses, midwives, and managers, to understand the benefits, requirements, and implementation process; • Formation of committees at different levels (national, regional, and local) for implementation, monitoring, quality assurance, and evaluation; • Implementation of CPD guidelines (ensure completion of the CPD requirements for re-licensing or career development) for the various categories of nurses and midwives.
Bhutan	1) Development of a CPD system for general nurses; 2) Development of a CPD system for nursing management/administration; 3) Institution of CPD system in the country; 4) Training of nurses of specific fields (newly-graduated nurses and nursing management).
Cambodia	• Conduct dissemination sessions on CPD guidelines for nurses at the institutional levels; • Encourage the hospitals to organize the training by themselves; • Encourage stakeholders to motivate nurses to participate in CPD training; • The organizational structure and operations of the CCN must be strengthened through training and experience gained from other nursing councils in ASEAN as well as other countries; • Plan to develop a site on a remote management system for training providers to submit their training information; • Promote more CPD training activities through the CCN website and CCN Facebook page.
Indonesia	Determination of training topics, preparation of Terms of References (TORs) and budget plans, and training curriculum.
Japan	Study of the system of CPD for nurses and develop the environment necessary for nurses to attend CPD.
Kenya	Budget planning, benchmarking and consultancy, stakeholder engagement, content development, piloting, implementation, and monitoring & evaluation.
Lao PDR	Develop action plans (e.g., regulations/guidelines, research about in-service training, joining the CPD forum, etc.)

Malaysia	Verification audit
Myanmar	1) There is a necessity for the key persons who provide training to plan the development of the CPD system; 2) After the CPD system is developed, the approval and dissemination can be done.
Sri Lanka	Start the CPD system: • Establishing an electronic supporting system; • Advocacy; • Government regulations (e.g., mandating for promotion, annual appraisal, revalidation, etc.); • Monitoring and evaluation and continuous development; • Research and development.
Thailand	Conduct seminars and meetings, carry out projects, and do research studies to support evidence-based policy proposals to all stakeholders.

7-5. Expected results and impacts on achieving the purpose of the future plan

	5-1. What kind of direct results do you expect by doing these activities in the short, intermediate, and long term, and at which level, i.e., hospital, regional, or national level?
Bangladesh	• Establishment of a quality re-licensing system linked with CPD; • Ensured patient safety through quality care; • Increased capacity building of nurses in clinical, educational, and management areas in problem-solving and decision-making; • Advanced knowledge and technology within the profession; • Development of expertise in various fields of nursing; • Production of competent and confident nurses in Bangladesh; • Satisfaction of patients, nurses, and the public; • Better health outcomes of the people of Bangladesh by receiving quality nursing care; • Establishment of specialization and evidence-based care in health facilities; • Improvement of quality of education in academic and clinical institutions; • The CPD system will help to identify the professional gaps in various areas through operational research; • Nurses motivated to continue lifelong learning and have dedication to self-improvement; • Fulfillment of the current and future national and international demand for nurses; • Continuously updated knowledge and skills of emerging health issues; • Wider scope of career development opportunity; • Upheld professional image of nurses in society.
Bhutan	• Short term: 1) Professional development of the individual nurses; 2) Immediate improvement in the patient care (hospital level)

	• Intermediate: 1) Improvement in the quality of nursing services for the patients (national level); 2) Patient and staff satisfaction and improvement in retention of the nurses (national level) • Long Term: 1) CPD system in place (national level); 2) Emergence of leadership in excellent nursing care for patients (national and regional level)
Cambodia	• Short-term result (1-2 years): • More training will be conducted; • More nurses registered in CCN; • Wide understanding of CPD guidelines; • Partially, nurses submit CPD points to CCN; • Intermediate term result (3-5 years): Nurses renew their licenses with the required CPD points. • Long-term result (5-10 years): • All nurses will register and renew their licenses with the required CPD points; • Improve the quality of nursing care in Cambodia.
Indonesia	All nurses who work in all areas of nursing services have their knowledge and skills updated at the basic, intermediate, and advanced levels based on the nurse's career path set by the government.
Japan	• Short term: Nurses can design and implement their careers autonomously. • Intermediate/long term: Quality improvement of healthcare services (nursing services).
Kenya	Utilization of the specific pathway and specialists CPDS by nurses and midwives.
Lao PDR	Implement activities in the action plan as scheduled.
Malaysia	CPD activities encompass lifelong learning to ensure safe nursing practice and maintain professional competence throughout the nursing career.
Myanmar	1) CPD development is needed at the national level by doing step-by-step activities from the regional level; 2) All levels of nurses' skills will be improved.
Sri Lanka	• Short Term: 1) Increase the number of participants 2) Increase the number of categories involved 3) Gaining CPD points 4) Structured CPD system • Intermediate Term: 1) Increase number of participants compared to the initial stage 2) Accreditation of CPD system 3) Planning of incorporation of the CPD points to annual appraisal and revalidation 4) Increase the number of CPD providers • Long Term: 1) Making CPD mandatory for every category

	2) Include CPD in annual appraisal and revalidation 3) Have knowledgeable and skillful staff
Thailand	The CPD system will fit with not only the micro level, i.e., the nurses as an individual and their organizations, i.e., hospital/health care facilities, but also the macro level, i.e., regional and national level.

	5-2. What and how will the results of activities have impact on achieving the purpose?
Bangladesh	• CPD guidelines will be in place as a policy guideline • Bangladesh Nursing and Midwifery Council introduced the CPD guideline as part of relicensing. • Concerned organizations' authorities and stakeholders will understand the significance of the CPD system. • All Nurses and midwives will be motivated to be part of the CPD system.
Bhutan	1) Professional development of the nurses in the country (which is currently given the least priority) 2) Development of Nursing Leadership of charge nurses in the country (currently, nurses are given the huge responsibility of charge nurse without leadership and management skills 3) Enhancement of clear nursing career 4) Improve retention of nurses from migrating to other countries in search of better opportunities
Cambodia	• Increase the number of CPD training: promote CPD training activities with collaboration from stakeholders and develop a site on a remote management system for a training provider to submit their training information. • Increase the number of nurses in license renewal: restrict CPD regulation and conduct sessions on CPD guidelines for nurses.
Indonesia	Assisting and monitoring evaluations based on instruments supported by the INNA professional organization
Japan	CPD for nurses will be systematized, and accessibility to CPD will be improved. Subsequently, the quality of nurses will be standardized, and finally, the quality of healthcare service will be ensured.
Kenya	Area-specific and specialist CPDs are meant to improve specific competencies and thus lead to quality nursing and midwifery care.
Lao PDR	Each responsible department and body takes role in establishing the CPD system according to new regulation and guideline.
Malaysia	All CPD activities are done with the purpose of educating and training nurses to be knowledgeable and skillful. This results in nurses equipped with good knowledge, skills, and competence in providing safer care for our patients.
Myanmar	1) Providing training is important, but advanced knowledge and training for all nurses in CPD is challenging to overwhelm the whole regions in the country. 2) All activities will impact achievement for developing the CPD system.

Sri Lanka	1) Improved patient satisfaction with services provided by the healthcare staff 2) Improve the clinical outcomes of the patients 3) Reduce morbidity and mortality
Thailand	Well design, up-to-date, and easy to adapt to new challenges.

7-6. Summary of "How to Take Action for Future Plan"

The discussions in the two panels held in the final workshop of the Online Workshop Series on CPD for Nurses summarized the lessons learned throughout the series. The representatives from the participating countries and four experts joined the panel discussions.

Panel Discussion 1: How to regulate the CPD system in response to the health needs of the country

The theme of the first panel was "How to regulate the CPD system in response to the health needs of the country." The representatives from the participating countries where the CPD system is currently being developed or has just begun and the four experts joined the first panel.

Panelists from participating countries:

- Bangladesh: Ms. Pronita Raha, Midwifery Officer, Directorate General of Nursing and Midwifery (DGNM)
- Cambodia: Mr. Hun Sereyvathana, Cambodian Council of Nurses (CCN)
- Lao PDR: Ms. Pengdy Inthapanith, Head of Nursing and Midwifery Board
- Myanmar: Ms. Nwe Nwe Khin, President, Myanmar Nurse, and Midwifery Council
- Sri Lanka: Dr. Gamege Samantha Prabath Ranasinghe, Director Training, Education, Training and Research Unit, Ministry of Health

Experts:

- Prof. David Plunkett, Vice President, Australian College of Nursing (ACN
- Dr. Prakin Suchaxaya, Adviser on Foreign Relations, Thailand Nursing and Midwifery Council (TNMC)
- Ms. Ai Tanimizu, Technical Officer (Nursing & Midwifery), SEARO, WHO
- Ms. Eriko Anzai, Nursing Officer, Division of Health Systems and Services, WPRO, WHO

Panelists confirmed the importance of legislation for CPD and legally ensuring the provision of CPD opportunities for nurses. Most participating countries have mandated or are considering mandating CPD for nurses and linking it with license renewal to enhance the quality of nursing.

One of the experts pointed out that when considering the linking, CPD programs need to be available and accessible for all nurses so that all nurses who wish to keep their licenses can obtain the required number of CPD credits in a certain time. It was also mentioned that there should be an alternative way to renew their license such as conducting exams, in case they cannot reach

the required number of CPD credits. There was also a discussion about a consistent system for all nurses in the country. It is not easy for nurses working in rural areas in some countries to access CPD opportunities; thus, having mandatory CPD for all may not be feasible. However, an expert mentioned that CPD should not be limited to classroom learning, in-service training, attending conferences, etc., but should have alternative ways by using any innovative methods, such as IT technology, that allow even the nurses working in very remote areas to access to various CPD opportunities.

The four experts shared their suggestions on how to develop the CPD system to meet the health needs of a country.

- Prof. David Plunkett (can) explained that to tailor CPD programs to meet health needs, you need to understand what those health needs are. From the experience of COVID-19, we have learned that the programs have to be developed timely to meet the needs.
- Dr. Prakin Suchaxaya (TNMC) mentioned that before considering linking the CPD with the license renewal, there are several important points that need to be cleared, such as making all nurses aware of the importance of CPD, the importance of lifelong learning, taking part in CPD for improving the practice, and setting up a good CPD system. To set up a CPD system, you need to establish a committee and then set up programs. There could be various categories of programs as we have discussed in the past three workshops: general nursing, nursing in specific or specialized areas, nursing management and administration, etc. Various programs will allow nurses to take part based on their interests and fulfill institutional requirements. The next step is to have training institutions, qualified trainers, and guidelines, as other panelists have already mentioned. You need to have an adequate number of programs for all the nurses, and the programs must be accessible to nurses. Once these are cleared, you can think about linking the CPD and licensing renewal. If the availability and accessibility of the programs are insufficient for all nurses, you need to consider other types of CPD activities beyond training.
- Ms. Ai Tanimizu (SEARO, WHO) recommended doing a needs assessment for CPD to ensure we are developing or providing what is needed. On top of that, the surveys should be conducted to seek the topics that nurses are interested in. Motivating healthcare workers is essential in achieving UHC.
- Ms. Eriko Anzai (WPRO, WHO) shared two strategic points. The first is to include the future direction of CPD in your country's national nursing or health workforce strategies or plans. Having consensus within the country is very important as the first step. The second is to cooperate and coordinate with other health professionals. To provide quality healthcare to people in the country, not only nurses but all health professionals need to be competent and well-prepared. Apart from training individuals, CPD should aim at training health workers as a team since interprofessional practice by multidisciplinary teams is required in clinical and community settings.

Panel Discussion 2: How to develop the quality of the CPD system

The theme of the second panel discussion was "how to develop the quality of the CPD system." The representatives from the participating countries where the CPD system has already been developed and seeking a way to improve it, and the four experts joined the second panel.

Panelists from participating countries:

- Bhutan: Ms. Tshering Dema, Dy. Nursing Superintendent, Jigme Dorji Wangchuck National Referral Hospital
- Indonesia: Ms. Paula Krisanty, Head of Educational Development Centre, Health Polytechnic of Jakarta III, Ministry of Health
- Japan: Ms. Tomomi Gotou, Director, Office of Nursing Service, Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare (MHLW)
- Kenya: Mr. Leonard Kipkurui Lang'at, Director Registration and Licensing, Nursing Council of Kenya
- Malaysia: Ms. Anny Mary S. Joseph, Deputy Director, Nursing Division, Ministry of Health

Experts: Same as Panel Discussion 1.

The panelists shared their experience on having guidelines and financial subsidies to ensure the quality of CPD training. They also talked about standardizing the system throughout the country and collaborating with the private sector to provide equal opportunities for all nurses. A panelist presented the government's monitoring system for the CPD crediting system managed by private healthcare institutions.

Experts shared their comments on how we should monitor and evaluate the quality of the CPD system.

- Dr. Prakin Suchaxaya (TNMC) emphasized the importance of having evidence-based CPD programs that require standards for all the components including contents, trainers, monitoring, evaluation, etc. To set the standards, there is a need for the establishment of a committee that has a good understanding of the professions and programs enabling them to monitor the CPD programs and give reliable feedback.
- Ms. Eriko Anzai (WPRO, WHO) shared four key components of the CPD system that could be used as indicators for monitoring and evaluation: functionality, credibility, accessibility, and efficiency.
    1) Functionality – Does the system work well to achieve its purpose?
    2) Credibility – Does the quality of contents meet the needs?
    3) Accessibility – Is the system accessible to all nurses across the country equally?
    4) Efficiency – How cost-effective is the system?
- Ms. Ai Tanimizu (SEARO, WHO) noted the necessity of having measurable CPD evaluation criteria. For example, nurses' confidence levels, how many nurses met the points required, types of CPD taken by the nurses, accessibility of CPD, etc.

Then, the panelists discussed how to evaluate the CPD system in terms of increasing nurses' knowledge and competency.

- Indonesia has post-evaluation of CPD courses. INNA receives the results of how nurses developed their competency at the end of each year.
- Bhutan shared their challenges of under-recognition of nurses who have undergone training in specific fields of nursing, which leads to demotivation.
- In Malaysia, nurses are evaluated by their supervisors after participating in a CPD program for a certain period.
- Prof. David Plunkett (ACN) mentioned that competency programs should be built on theoretical knowledge and evidence. The testing of theoretical knowledge and the practical application of such theoretical knowledge are the two components to make sure that they contribute to the ongoing development of each individual nurse, which is also tied to the needs of patients.
- Ms. Eriko Anzai (WPRO, WHO) suggested using measurable indicators such as nurses' satisfaction, perception of their changes in attitudes, knowledge, skills, and confidence levels. She also highlighted the importance of measuring the impact of a CPD course on nurses using pre- and post-evaluation.

The panelists also discussed "How to measure the impact of CPD on health needs." The impact of CPD on health needs includes healthcare outcomes and inputs to the healthcare system.

- Bhutan mentioned that the quality assurance standard division in MOH should be responsible for measuring the impact of the CPD system through nursing quality indicators or key performance indicators.
- In Indonesia, all institutions, including hospitals and nursing schools, must follow the accreditation process that takes place every four years. Indonesia has nine accreditation criteria which one of them focuses on CPD itself. Institutions can achieve the highest (A+) score for accreditation by bringing the impact directly to the community.
- The panelist from Kenya said that the long-term impact is tricky to measure. For example, it is hard to tell that a decrease in mortality rate resulted from implementing CPD. He suggested a client survey at the facility level can be one of the indicators to measure the impact.
- Malaysia uses quality indicators and audits at government and private health facilities. The results are analyzed at the ministry level o grasp the performances of nurses at the practical level.

It would be ideal to measure the impact of CPD on health needs using visual or quantitative scales such as clinical outcomes, morbidity, and mortality, but as mentioned in the panel discussion, no single indicator could measure the impact of CPD. It is difficult to distinguish the impact of other factors from the impact of CPD when we focus on healthcare outcomes. However, utilizing quality indicators, key performance indicators, and accreditation scores were discussed, and several measurable indicators were suggested in the discussions of monitoring and evaluation of the quality of the CPD system. The importance of measuring the impact of CPD was reaffirmed through the talks.

In the final workshop, the panelists shared experiences, opinions, and suggestions which enabled all those who participated in the workshop to revise what they have learned from each other throughout the workshop series and to deepen their learnings.

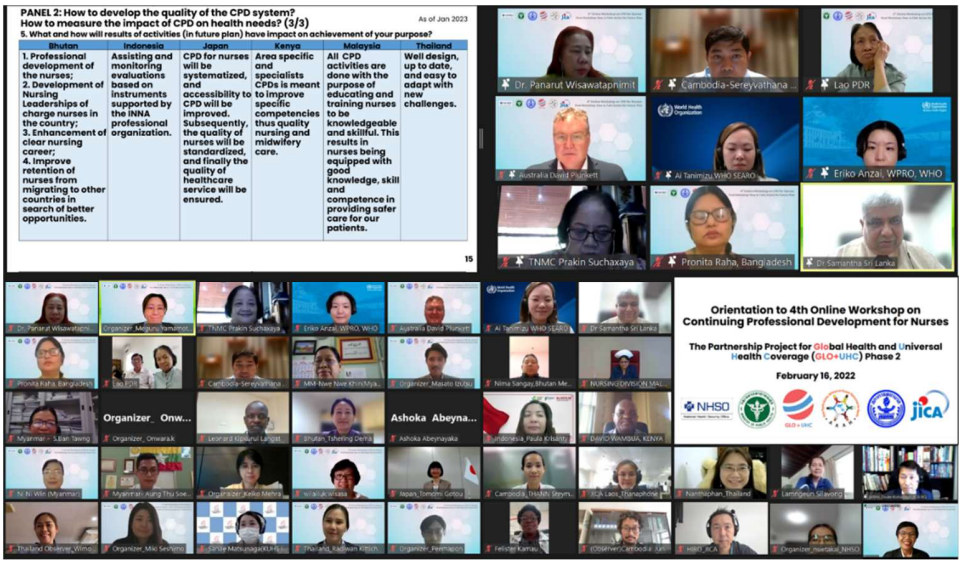


Figure 7-1: The final (4th) workshop

8. Conclusion

Approximately 180 persons joined the Online Workshop Series on CPD for Nurses, fully or partially, and the participants from 13 countries joined constantly throughout the series.

The two objectives of the Online Workshop Series on CPD for Nurses were achieved successfully as the participants from each country shared information and experiences of the CPD system for nurses and explored the possibility of improving CPD system for nurses together.

The GLO+UHC Project also succeeded in presenting the compiled data and lessons learned from the Online Workshop Series on CPD for Nurses at an international platform as it had set as one of the expected outcomes. Two studies, “Strengthening Nurses’ Competencies and Quality by Improving Continuing Profession Development System for Nurses” (e-poster) and “The Impact of COVID-19 Pandemic on Continuing Professional Development System for Nurses” (oral presentation), both based on the data collected from the pre-workshop questionnaire surveys, presentations and discussions in the workshops, were presented at the International Council of Nurses (ICN) Congress 2023 held in Montreal, Canada, in July 2023.

9. Acknowledgement

The Online Workshop Series on Continuing Professional Development for Nurses was organized by the Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2. We, GLO+UHC Phase 2, would like to acknowledge our implementing partners, namely, Asia Pacific Action Alliance on Human Resources for Health (AAAH), Japan International Cooperation Agency (JICA), Ministry of Public Health (MOPH), Thailand, National Health Security Office (NHSO), Thailand, and Thailand Nursing and Midwifery Council (TNMC) for their outstanding effort in cooperation and coordination.

We would like to thank all the experts who have provided keynote presentations or joined the panel discussions for sharing their knowledge and expertise.

- Dr. Christine Duffield, President of the Australian College of Nursing (ACN)
- Prof. Dr. Siriorn Sindhu, President of the Nurses' Association of Thailand
- Ms. Kaori Hakuno, Chief, Department of Credentialing, Japanese Nursing Association
- Prof. David Plunkett, Vice President, Australian College of Nursing (ACN)
- Dr. Prakin Suchaxaya, Adviser on Foreign Affairs, Thailand Nursing and Midwifery Council (TNMC)
- Ms. Ai Tanimizu, Technical Officer (Nursing & Midwifery), SEARO, WHO
- Ms. Eriko Anzai, Nursing Officer, Division of Health Systems and Services, WPRO, WHO

Most importantly, our special appreciation goes to all the participants and observers who joined the workshops, shared data and information through the surveys and presentations, prepared for the workshops, and supported us throughout the workshop series. (Appendix 3. List of Participants)

Last but not least, we would like to thank Dr. Panarut Wisawatapnimit, Secretariat, AAAH; Boromarajonani College of Nursing, Bangkok, for serving as an excellent moderator in all four workshops.

All the information in this report was provided by the participants and experts mentioned above. It was summarized by Ms. Meguru Yamamoto, Project Coordinator, GLO+UHC Phase 2, JICA, and Dr. Masato Izutsu, Chief Advisor, GLO+UHC Phase 2, JICA, and was confirmed by Dr. Panarut Wisawatapnimit, the experts mentioned above, and the participants.

10. Appendices

Appendix 1. Agenda of Online Workshop Series on Continuing Professional Development for Nurses (1st – 4th Workshop)
Appendix 2. Pre-workshop Questionnaires
Appendix 3. List of Participants
Appendix 4. Country Presentations

Appendix 1. Agenda of Online Workshop Series on Continuing Professional Development for Nurses (1st – 4th Workshop)

1st Workshop: Overview of CPD System and Training for Newly Graduated Nurses

Date & Time: < Day 1 > Monday, 7th March 2022, 13:00 – 16:00 (Bangkok, UTC+7)
< Day 2 > Wednesday, 9th March 2022, 13:00 – 15:00 (Bangkok, UTC+7)
Venue Online (Zoom Meeting)
Language: English

< Day 1: 7th March 2022 >

Moderator: Dr. Panarut Wisawatapnimit, Secretariat, Asia-Pacific Action Alliance on Human Resources for Health (AAAH); Boromarajonani College of Nursing, Bangkok

Time	Agenda	Speaker
13:00 – 13:15	**Opening Remarks**	Mrs. Sirima Leelawongs, Director of Nursing Division, Ministry of Public Health, Thailand
		Mr. Takahiro MORITA, Chief Representative, JICA Thailand Office
13:15 – 13:30	**Introduction & Orientation**	Dr. Takuma Kato, Chief Advisor, GLO+UHC Phase 2 Dr. Panarut Wisawatapnimit
13:30 – 14:20	**Country Presentation: Overview of CPD system in each country (8 mins/country)** **1. Japan** **2. Malaysia** **3. Thailand** **4. Cambodia** **5. Indonesia**	1. Japan: Ms. Yumiko Shuda, Director, Office of Nursing Service, Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare 2. Malaysia: Ms. Devi a/p K Saravana Muthu, Director, Nursing Division, Ministry of Health 3. Thailand: Dr. Prakin Suchaxaya, Adviser on Foreign Affairs, Thailand Nursing and Midwifery Council 4. Cambodia: Mr. Un San, President, Cambodian Council of Nurses 5. Indonesia: Mr. Aemilianus Mau, Member of Training and Education Department of Indonesian National Nurses Association
14:20 – 14:30	**Q & A**	Moderator: Dr. Panarut Wisawatapnimit
14:30 – 14:40	**Photo session & Break**	

14:40 – 15:30	**Continue Country Presentations: Overview of CPD system in each country (8 mins/country)** **6. Lao PDR** **7. Myanmar** **8. Viet Nam** **9. Kenya**	6. Laos PDR: Ms. Pendy Inthapanith, Head of Nursing and Midwifery Board; Mr. Souksavanh Phanpaseuth, Dean, Faculty of Nursing, University of Health Science 7. Myanmar: Mr. Aung Thu Soe, Tutor (Adult Health Nursing), University of Nursing (Yangon), Department of Human Resources for Health, Ministry of Health 8. Viet Nam: Dr. Pham Duc Muc, President, Vietnam Nurses Association 9. Kenya: Mr. Leonard Kipkurui Langat, Manager Registration and Licensing, Nursing Council of Kenya
15:30 – 15:50	**Q & A and Discussion**	Moderator: Dr. Panarut Wisawatapnimit Reflection: Ms. Ai Tanimizu, Technical Officer (Nursing & Midwifery), WHO SEARO
15:50 – 15:55	**Closing of Day 1**	Moderator: Dr. Panarut Wisawatapnimit
15:55 – 16:00	**Announcement for Day 2**	Ms. Meguru Yamamoto, Project Coordinator, GLO+UHC Phase 2

< Day 2: 9th March 2022 >

Time	Agenda	Speaker
13:00 – 13:10	**Wrap up of Day 1**	Moderator: Dr. Panarut Wisawatapnimit
13:10 – 14:10	**Country Presentations: Trainings for Newly Graduated Nurses (15-20 mins/country)** **1. Japan** **2. Viet Nam** **3. Thailand**	• Japan: Ms. Kiyoko Okuda, Deputy Director, Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare • Viet Nam: Dr. Nguyen Thi Minh Chinh, Deputy Head of Postgraduate Office and Secretary of Doctor of Philosophy in Nursing Program, Nam Dinh University of Nursing • Thailand: Dr. Pataraporn Kheawwan, PhD, RN, Senior Nurse Manager, Human Resource Development, Department of Nursing, King Chulalongkorn Memorial Hospital, The Thai Red Cross Society
14:10 – 14:45	**Q & A and Discussion**	Moderator: Dr. Panarut Wisawatapnimit
14:45 – 14:55	**Closing Remarks**	Dr. Prakin Suchaxaya, Adviser on Foreign Affair, Thailand Nursing and Midwifery Council
14:55 – 15:00	**Announcement of survey and next workshop**	Ms. Meguru Yamamoto

2nd Workshop: CPD System for General Nursing

Date & Time: Wednesday, 18th May 2022, 13:00 – 16:00 (Bangkok, UTC+7)
Venue: Online (Zoom Webinar)
Language: English

Moderator: Dr. Panarut Wisawatapnimit, Secretariat, Asia-Pacific Action Alliance on Human Resources for Health (AAAH); Boromarajonani College of Nursing, Bangkok

Time	Agenda	Speaker
13:00 – 13:10	**Opening Remarks**	Assoc. Prof. Dr. Suchittra Luangamornlert, President, Thailand Nursing and Midwifery Council (TNMC)
13:10 – 13:20	**Orientation** (Result of the 1st workshop survey; Definition of CPD for general nursing; Responses of the 2nd pre-workshop questionnaire)	Dr. Takuma Kato, Chief Advisor, The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2, Thailand
13:20 – 13:35	**Presentation: General concept, theory, and the world's situation of CPD for general nursing**	Dr. Christine Duffield, President of the Australian College of Nursing (ACN)
13:35 – 13:45	**Q & A**	
13:45 – 14:15	**Country Presentation:** **Plan of CPD System for general nursing** **(15 mins/country)** **6. Bhutan** **7. Lao PDR**	10. Ms. Karma Choden, Assistant Professor, Faculty of Nursing and Public Health, Bhutan 11. Ms. Pengdy Inthapanith, Head of Nursing and Midwifery Board, Lao PDR
14:15 – 14:25	**Q & A**	Moderator: Dr. Panarut Wisawatapnimit
14:25 – 14:35	**Break**	
14:35 – 15:05	**Country Presentation:** **Current CPD System for general nursing** **(15 mins/country)** **8. Sri Lanka** **9. Malaysia**	3. Dr. Gamege Samantha Prabath Ranasinghe, Director Training, Education, Training and Research Unit, Ministry of Health, Sri Lanka 4. Ms. Devi a/p K Saravana Muthu, Director, Nursing Division, Ministry of Health, Malaysia
15:05 – 15:15	**Q & A**	Moderator: Dr. Panarut Wisawatapnimit
15:15 – 15:25	**Reflections from experts** **(5 mins/speaker)**	• Ms. Ai Tanimizu, Technical Officer (Nursing & Midwifery), WHO Regional Office for South-East Asia (SEARO) • Dr. Prakin Suchaxaya, Adviser on Foreign Affair, Thailand Nursing and Midwifery Council (TNMC)

15:25 – 15:50	**Q & A and Discussions**	Moderator: Dr. Panarut Wisawatapnimit
15:50 – 15:55	**Closing Remark**	Ms. Tomomi Gotou, Director, Office of Nursing Service, Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare, Japan
15:55 – 16:00	**Announcement for the next workshop**	Ms. Meguru Yamamoto, Project Coordinator, GLO+UHC Phase 2

3rd Workshop: CPD System for Specific Fields of Nursing and Specialists and CPD System for Nursing Management / Administration

Date & Time: Thursday, 29 September 2022, 13:00 – 16:00 (Bangkok, UTC+7)

Venue: Online (Zoom Webinar)

Language: English

Moderator: Dr. Panarut Wisawatapnimit, Secretariat, Asia-Pacific Action Alliance on Human Resources for Health (AAAH); Boromarajonani College of Nursing, Bangkok

Time (UTC+7)	Agenda	Speaker
13:00 – 13:05	**Opening Remarks**	Ms. Waraporn Suwanwela, Assistant Secretary-General, National Health Security Office (NHSO)
13:05 – 13:15	**Orientation** (Introduction of the new Chief Advisor of the project; Introduction to the topics of the 3rd workshop; Share the responses of questionnaire; Guide for preparation of the final workshop)	Dr. Masato Izutsu, Chief Advisor, The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2, Thailand
13:15 – 13:35	**Keynote Presentation 1:** CPD for nursing specialization in response to health policy (20 mins)	Prof. Dr. Siriorn Sindhu, President, The Nurses' Association of Thailand
13:35 – 13:45	**Q & A**	
13:45 – 14:15	**Country Presentation** (15 mins/country) CPD system for <u>specific fields of nursing and specialists</u>: Example or good practice of the country 1. Indonesia 2. Kenya	1. Indonesia: Ms. Paula Krisanty, Head of Educational Development Centre, Health Polytechnic of Jakarta III, Ministry of Health 2. Kenya: Mr. Leonard Kipkurui Langat, Ag. Director, Registration and Licensing, Nursing Council of Kenya
14:15 – 14:25	**Q & A**	Moderator: Dr. Panarut
14:25 – 14:30	**Photo session & Break**	
14:30 – 14:50	**Keynote Presentation 2:** Certified Nurse Administrator System in Japan (20 mins)	

14:50 – 15:00	**Q & A**	Ms. Kaori Hakuno, Chief, Department of Credentialing, Japanese Nursing Association
15:00 – 15:30	**Country Presentation** (15 mins/country) CPD System for nursing management / administration: Example or good practice of the country 1. Cambodia 2. Bangladesh	1. Cambodia: Ms. Pay Soklim, Vice President, Cambodian Association of Nurses 2. Bangladesh: Ms. Pronita Rani Raha, Nursing Officer, Directorate General of Nursing and Midwifery
15:30 – 15:50	**Q & A and Discussions**	Moderator: Dr. Panarut Wisawatapnimit
15:50 – 15:55	**Closing Remark**	Dr. Masato Izutsu
15:55 – 16:00	**Announcement for the final workshop**	Ms. Meguru Yamamoto, Project Coordinator, GLO-UHC Phase 2

Final (4th) Workshop: How to Take Action for Future Plan

Date & Time: Thursday, 16 February 2023, 13:00 – 16:00 (Bangkok, UTC+7)
Venue: Online (Zoom Meeting)
Language: English

Moderator: **Dr. Panarut Wisawatapnimit**, Secretariat, Asia-Pacific Action Alliance on Human Resources for Health (AAAH); Boromarajonani College of Nursing, Bangkok

Time (UTC+7)	Agenda	Speaker
13:00 – 13:05	**Opening Remarks**	**Dr. Osuke Komazawa**, Senior Director, Human Development Department, Japan International Cooperation Agency (JICA)
13:05 – 13:20	**Orientation** (Sharing of the lessons learned through the workshop series from the participants; Guidance of the final workshop)	**Dr. Masato Izutsu**, Chief Advisor, The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) Phase 2, Thailand
13:20 – 14:00	**Panel Discussion 1:** **How to regulate the CPD system in response to the health needs of the country?** - Bangladesh - Cambodia - Lao PDR - Myanmar - Nepal - Sri Lanka	- Moderator: **Dr. Panarut Wisawatapnimit** - Panelists from participating countries: 1) Bangladesh: **Ms. Pronita Raha**, Midwifery Officer, Directorate General of Nursing and Midwifery (DGNM) 2) Cambodia: **Mr. Hun Sereyvathana**, Cambodian Council of Nurses (CCN) 3) Lao PDR: **Ms. Pengdy Inthapanith**, Head of Nursing and Midwifery Board 4) Myanmar: **Ms. Nwe Nwe Khin**, President, Myanmar Nurse and Midwifery Council

14:00 – 14:20	**Q&A from the audience**	5) Nepal: - 6) Sri Lanka: **Dr. Gamege Samantha Prabath Ranasinghe**, Director Training, Education, Training and Research Unit, Ministry of Health - Panelists (experts): 1) **Prof. David Plunkett**, Vice President, Australian College of Nursing (ACN) 2) **Dr. Prakin Suchaxaya**, Adviser on Foreign Affair, Thailand Nursing and Midwifery Council (TNMC) 3) **Ms. Ai Tanimizu**, Technical Officer (Nursing & Midwifery), SEARO, WHO 4) **Ms. Eriko Anzai**, Nursing Officer, Division of Health Systems and Services, WPRO, WHO
14:20 – 14:35	**Photo Session / Break**	
14:35 – 15:15	**Panel Discussion 2:** **How to develop the quality of the CPD system? And how to measure the impact of CPD on health needs?** - Bhutan - Indonesia - Japan - Kenya - Malaysia - Thailand - Viet Nam	- Moderator: **Dr. Panarut Wisawatapnimit** - Panelists from participating countries: 1) Bhutan: **Ms. Tshering Dema**, Dy. Nursing Superintendent, Jigme Dorji Wangchuck National Referral Hospital 2) Indonesia: **Ms. Paula Krisanty**, Head of Educational Development Centre, Health Polytechnic of Jakarta III, Ministry of Health 3) Japan: **Ms. Tomomi Gotou**, Director, Office of Nursing Service, Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare (MHLW) 4) Kenya: **Mr. Leonard Kipkurui Lang'at**, Director Registration and Licensing, Nursing Council of Kenya 5) Malaysia: **Ms. Anny Mary S. Joseph**, Deputy Director, Nursing Division, Ministry of Health 6) Thailand: - 7) Viet Nam: - - Panelists (experts): 1) **Prof. David Plunkett**, ACN 2) **Dr. Prakin Suchaxaya**, TNMC 3) **Ms. Ai Tanimizu**, SEARO, WHO 4) **Ms. Eriko Anzai**, WPRO, WHO
15:15 – 15:45	**Q&A from the audience**	
15:45 – 15:50	**Closing Remarks**	**Ms. Waraporn Suwanwela**, Assistant Secretary-General, National Health Security Office (NHSO), Thailand
15:50 – 15:55		**Dr. Panarut Wisawatapnimit**
15:55 – 16:00	**Announcement from the Secretariat** (Post questionnaire; Certificate; Summary Report of the workshop series; ICN Congress 2023)	Ms. Meguru Yamamoto, Project Coordinator, GLO+UHC Phase 2

Appendix 2. Pre-workshop Questionnaires

Pre-workshop questionnaire surveys were conducted before each workshop. The organizer sent out the questionnaire by email and the representatives from each participating country sent back their responses to the organizer.

1st Workshop: Overview of CPD system for nurses & System of trainings for newly graduated nurses	
1-1	Is CPD for nurses mentioned in the nursing law?
1-2	Is there a national level policy or strategy of CPD for nurses? (e.g., Governmental policy or strategy, Council's policy or strategy, etc.)
1-3	Is CPD mandatory for nurses?
1-4	Is CPD linked to the license renewal of nurses?
1-5	Who regulates the CPD system for nurses? (e.g., Ministry, Council, Board, etc.)
1-6	Who develops the CPD activities or programs for nurses? (e.g., Ministry, Council, healthcare facilities, etc.)
1-7	Please share other important points regarding the regulation, policy and/or strategy of CPD for nurses, if any.
1-8	Who regulates the system of trainings for newly graduated nurses?
1-9	Who provides trainings for newly graduated nurses? (e.g., nursing association, healthcare facilities, etc.)
1-10	What kind of activities or programs are included in the trainings for newly graduated nurses?
1-11	Who regulates the system of CPD for general nursing (generalists)?
1-12	Who provides activities or programs of CPD for general nursing (generalists)? (e.g., nursing association, healthcare facilities, etc.)
1-13	What kind of activities or programs are included in the CPD for general nursing (generalists)?
1-14	Who regulates the system of CPD for specific fields of nursing (specialists)?
1-15	Who provides activities/ programs of CPD for specific fields of nursing (specialists)? (e.g., nursing association, colleges, etc.)

1-16	What kind of activities/ programs are included in the CPD for specific fields of nursing (specialists)?
1-17	Who regulates the system of CPD for nursing management/ administration?
1-18	Who provides activities or programs of CPD for nursing management/administration? (e.g., nursing association, colleges, etc.)
1-19	What kind of activities or programs are included in the CPD for nursing management/ administration?
1-20	What are the challenges of CPD system for nurses?
1-21	Are there any plans/ strategies for addressing the challenges?
1-22	What are the bottlenecks of addressing the challenges?
2nd Workshop: CPD system for general nursing Note: We would like to define "CPD for general nursing" as the common CPD activities/programs that can be applied to all nurses regardless of their specialities or working fields.	
2-1	What are the topics of CPD for general nursing (= common CPD activities/ programs that can be applied to all nurses regardless of their specialities or working fields) in your country? (e.g., standard precautions, patient safety, nursing ethics, nursing research, medical equipment, interprofessional collaborative practice, etc.)
2-2	Is CPD for general nursing mandatory or voluntary for nurses?
2-3	Can CPD for general nursing be counted as CPD credits or scores of the regulatory body (nursing council etc.)? If it can be counted, how does each nurse report his/her participation in CPD activities/ programs of general nursing to the regulatory body?
2-4	How are the CPD activities/ programs of general nursing being provided to nurses?
2-5	Who are the trainers of those CPD activities/ programs of general nursing?
2-6	How are the trainings being provided to the trainers of those CPD activities/ programs of general nursing?
2-7	How are those CPD activities/ programs of general nursing being evaluated?
2-8	Who selects and decides the topics of CPD for general nursing?

2-9	How do they select and decide the topics of CPD for general nursing?
2-10	Did those topics of CPD for general nursing change during the COVID-19 pandemic?
2-11	Were there any other changes in CPD for general nursing caused or affected by the COVID-19 pandemic?
2-12	What are the challenges of CPD for general nursing and how to overcome the challenges?
3rd workshop: CPD system for specific fields of nursing and specialists 1. Examples of specific fields of nursing: cardiac care, critical care, emergency care, geriatric nursing, mental health nursing, neonatal nursing, oncology nursing, orthopaedic nursing, paediatric nursing, perioperative nursing, public health nurse, etc. 2. Examples of specialists: Advanced Practice Nurse, Certified Nurse Specialist, Clinical Nurse Specialist (CNS), Nursing Practitioner, etc.	
3-1	Which nursing fields or specialities are included in CPD activities/programs for specific fields of nursing and/or specialists?
3-2	Are those nursing fields or specialities selected in line or as response to the health policy of your country?
3-3	If there is CPD credit/score system in your country, can CPD for specific fields of nursing and/or specialists be counted as CPD credits or scores of the regulatory body (nursing council etc.)? (If the answer is same as CPD for general nursing (Q. 2-3) , please answer "same as CPD for general nursing")
3-4	If it can be counted as CPD credits or scores, how does each nurse report his/her participation in CPD activities/programs of specific fields of nursing and/or specialists? (If the answer is same as CPD for general nursing (Q. 2-3) , please answer "same as CPD for general nursing")
3-5	How are the CPD activities/programs of specific fields of nursing and/or specialists being provided to nurses? (If the answer is same as CPD for general nursing (Q. 2-4) , please answer "same as CPD for general nursing")
3-6	Who are the trainers of those CPD activities/programs of specific fields of nursing and/or specialists? (If the answer is same as CPD for general nursing (Q. 2-5) , please answer "same as CPD for general nursing")
3-7	How are the trainings being provided to the trainers of those CPD activities/programs of specific fields of nursing and/or specialists? (If the answer is same as CPD for general nursing (Q. 2-6) , please answer "same as CPD for general nursing")
3-8	How are those CPD activities/programs of specific fields of nursing/specialists being evaluated? (If the answer is same as CPD for general nursing (Q. 2-7) , please answer "same as CPD for general nursing")
3-9	Who selects and decides the topics of CPD for specific fields of nursing and/or specialists? (If the answer is same as CPD for general nursing (Q. 2-8) , please answer "same as CPD for general nursing")

3-10	How do they select and decide the topics of CPD for specific fields of nursing and/or specialists?(If the answer is same as CPD for general nursing (Q. 2-9) , please answer "same as CPD for general nursing")
3-11	Who funds individual nurses to participate in CPD activities/programs of specific fields of nursing and/or specialists?
3-12	What kind of benefit (incentives, promotion, etc.) would individual nurses receive by participating in the CPD activities/programs of specific fields of nursing and/or specialists?
3-13	What were major changes in CPD for specific fields of nursing and/or specialists caused by the COVID-19 pandemic?
3-14	What are the challenges of CPD for specific fields of nursing and/or specialists?
3-15	How do you plan to overcome those challenges?
3rd workshop: CPD system for nursing management / administration	
4-1	Does your country have CPD activities or programs for nursing management / administration?
4-2	If YES for Q.4-1, who are the targets of those CPD activities or programs for nursing management / administration?
4-3	If YES for Q.4-1, do CPD activities or programs for nursing management / administration count as CPD credits / scores for renewing nursing license?
4-4	If YES for Q.4-1, can the participation in CPD activities or programs for nursing management / administration be one of the criteria for promoting to be a nursing administrator?
4-5	If YES for Q.4-1, what are the challenges of CPD for nursing management / administration in your country? How do you plan to overcome those challenges?
4-6	<u>If NO for Q.4-1,</u> is your country considering or having discussions among stakeholders to develop CPD system for nursing management / administration?
4-7	<u>If NO for Q.4-1,</u> do you think your country should develop the CPD system for nursing management / administration? Why?
4-8	How did the COVID-19 pandemic affect your view on the need of CPD system for nursing management / administration?
4th workshop: How to Take Action for Future Plan	
5-1	What is the main goal of your future plan?

5-2	Who will be stakeholders? (Who should participate in order to achieve the goal?)
5-3	What resource/input is needed? From who? (e.g., funding, staff, partner, technical assistance, time, etc.)
5-4	What kind of activities* should be taken place to achieve the goal? * You can plan one or several activities when needed.
5-5	What kind of (direct) results do you expect by doing these activities, in short/ intermediate/ long term and which level (such as hospital/ regional/ national level)?
5-6	What and how will results of activities have impact on achievement of your purpose?
5-7	Please write anything you would like to add about your country's future plan. (If any)

Appendix 3. List of Participants

Country	Title	Full name	Position*	Organization*
Bangladesh	Ms.	Rabeya Basri	Nursing Officer	Directorate General of Nursing and Midwifery
Bangladesh	Ms.	Dipali Rani Mallick	Lecturer	National Institute Of Advanced Nursing Education & Research (NIANER)
Bangladesh	Ms.	Nilufer Yesmin	Deputy register	Bangladesh Nursing and Midwifery Council
Bangladesh	Dr.	Md. Shariful Islam	Faculty	National Institute Of Advanced Nursing Education & Research (NIANER)
Bangladesh	Dr.	Abdul Latif	Faculty	Deputy Programme Manager, DGNM
Bangladesh	Dr.	Khaleda Akter	Faculty	National Institute Of Advanced Nursing Education & Research (NIANER)
Bangladesh	Ms.	Pronita Rani Raha	Midwifery Officer	Directorate General of Nursing and Midwifery
Bangladesh	Ms.	Salma Akter	Senior Staff Nurse	Dhaka Medical College & Hospital
Bhutan	Ms.	Deki Pem	Deputy Dean and Associate Professor	Faculty of Nursing and Public Health
Bhutan	Ms.	Karma Choden	Assistant Professor	Faculty of Nursing and Public Health
Bhutan	Ms.	Tshering Dema	Dy. Nursing Superintendent	Jigme Dorji Wangchuck National Referral Hospital
Bhutan	Ms.	Gaga Dukpa	Dy. Registrar	Bhutan Medical and Health Council
Bhutan	Mr.	Nima Sangay	Specialist	Bhutan Medical and Health Council
Cambodia	Dr.	Sam Sina	Deputy Director	Department of Human Resources Development, Ministry of Health
Cambodia	Dr.	Sim Sansam	Vice Chief, Quality Assurance Office	Department of Hospital Services, Ministry of Health

Country	Title	Full name	Position*	Organization*
Cambodia	Dr.	Leng Vannary	Deputy Chief, Bureau of Nursing and Midwifery	Department of Hospital Services, Ministry of Health
Cambodia	Mr.	Un San	President	Cambodian Council of Nurses (CCN)
Cambodia	Mr.	Hun Sereyvathana	Deputy Treasurer	Cambodian Council of Nurses (CCN)
Cambodia	Ms.	Kap Sorphea	Officer	Department of Human Resources Development, Ministry of Health
Cambodia	Ms.	Pay Soklim	Vice President	Cambodian Association of Nurses (CAN)
Cambodia	Ms.	Horn Vandy		Cambodian Association of Nurses (CAN)
Indonesia	Dr.	Devi Nurmalia	Lecturer in Nursing	Medical Faculty, Diponegoro University
Indonesia	Ms.	Paula Krisanty	Head of Educational Development Centre	Health Polytechnic of Jakarta III, Ministry of Health
Indonesia	Dr.	Aemilianus Mau	Member of Training and Education Department of INNA	Indonesian National Nurses Association (INNA)
Indonesia	Dr.	Ahsan	Member of Training and Education Department of INNA	Indonesian National Nurses Association (INNA)
Indonesia	Ms.	Ernawati	Member of Training and Education Department of INNA	Indonesian National Nurses Association (INNA)
Japan	Ms.	Yumiko Shuda	Director	Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare
Japan	Ms.	Tomomi Gotou	Director	Office of Nursing Service, Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare
Japan	Ms.	Kei Hatsumura	Deputy Director	Nursing Division, Health Policy Bureau,

Country	Title	Full name	Position*	Organization*
				Ministry of Health, Labour and Welfare
Japan	Ms.	Ayaka Mizuochi	Unit Chief	Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare
Japan	Ms.	Mai Hiwatashi	Unit Chief	Nursing Division, Health Policy Bureau, Ministry of Health, Labour and Welfare
Japan	Ms.	Karin Fukatani	Deputy Director	Global Development Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare
Japan	Ms.	Maiko Oya	Unit Chief	Global Development Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare
Kenya	Ms.	Felister Kamau	Principal Nursing Officer	Nursing Council of Kenya (NCK)
Kenya	Mr.	Leonard Kipkurui Langat	Manager Registration and Licensing	Nursing Council of Kenya (NCK)
Kenya	Mr.	David Wambua	Principal Registered Nurse	Kenya Health Professions Oversight Authority (KHPOA)
Kenya	Ms.	Mary Njogu	Senior Nursing Officer	Office of the Director Nursing Services (DNS)
Kenya	Ms.	Catherine Mwaura	Principal Lecturer	Kenya Medical Training College (KMTC)
Lao PDR	Ms.	Pengdy INTHAPANITH	Head	Nursing and Midwifery Board
Lao PDR	Dr.	Nopavanh PHANOUSITH	Acting Director	Healthcare Professional Bureau, Department of

Country	Title	Full name	Position*	Organization*
				Healthcare and Rehabilitation
Lao PDR	Mr.	Souksavanh PHANPASEUTH	Dean	Faculty of Nursing, University of Health Science
Lao PDR	Mr.	Ammaline PHONGSAVAT	Vice chief	Education Management Division, Department of Health Personnel, Ministry of Health
Lao PDR	Ms.	Orlaphin PHOUTTHAVONG	Vice chief	Nurse and Midwifery Division, Department of Healthcare and Rehabilitation, Ministry of Health
Lao PDR	Ms.	Lamngeun SILAVONG	Deputy Director of Nursing	Mahosot Hospital, Ministry of Health
Malaysia	Ms.	Devi a/p K Saravana Muthu	Director	Nursing Division, Ministry of Health
Malaysia	Ms.	Anny Mary a/p S. Joseph @ Soosai	Deputy Director	Nursing Division, Ministry of Health
Malaysia	Ms.	Kartina binti Mohamad Manan	Chief Senior Assistant Director of Nursing	Nursing Division, Ministry of Health
Malaysia	Ms.	Gowry a/p Narayanan	Chief Senior Assistant Director of Nursing	Nursing Division, Ministry of Health
Malaysia	Ms.	Rukiah binti Osman	Nurse Lecturer	Nursing Division, Ministry of Health
Myanmar	Ms.	S. Ban Tawng	Deputy Director (Nursing)	Department of Medical Services, Ministry of Health
Myanmar	Ms.	Ni Ni Win	Principal Assistant Director (Nursing)	Nursing Training School, Department of Human Resources for Health, Ministry of Health
Myanmar	Mr.	Aung Thu Soe	Tutor (Adult Health Nursing)	University of Nursing (Yangon), Department of Human Resources for Health, Ministry of Health

Country	Title	Full name	Position*	Organization*
Myanmar	Ms.	Nwe Nwe Khin	President	Myanmar Nurse and Midwifery Council, Republic of the Union of Myanmar
Myanmar	Mrs.	Aye Nyunt		Myanmar Nurse and Midwifery Council, Republic of the Union of Myanmar
Nepal	Assoc. Prof.	Roshani Laxmi Tuitui	Chief Nursing Administrator/Campus Chief	Bir Hospital Nursing Campus, National Academy of Medical Sciences,
Nepal	Ms.	Bala Rai	Senior Nursing Administrator	Nursing and Social Security Division, Department of Health Services, Ministry of Health
Nepal	Asst. Prof.	Jyoti Bhetwal	Hospital Nursing Administrator	Bir Hospital Nursing Campus, National Academy of Medical Sciences, Ministry of Health
Nepal	Assoc. Prof.	Binda Ghimire	Registrar	Nepal Nursing Council
Nepal	Prof.	Goma Niraula Shresth	Director	Nursing and social Security Division, Ministry of Health
Sri Lanka	Dr.	Gamege Samantha Prabath Ranasinghe	Director Training	Education, Training and Research Unit, Ministry of Health
Sri Lanka	Ms.	Manikku Baduge Champika Samanmalie	Director Nursing Medical Services	Medical Services Unit, Ministry of Health
Sri Lanka	Ms.	Abeynayake Mudiyanselage Ashoka Abeynayake	Director Nursing Education	Education, Training and Research Unit, Ministry of Health
Thailand	Dr.	Prakin Suchaxaya	Adviser on Foreign Affair, TNMC	Thailand Nursing and Midwifery Council (TNMC)

Country	Title	Full name	Position*	Organization*
Thailand	Dr.	Poolsuk Janepanis Visudtibhan	Board of Member, TNMC	Thailand Nursing and Midwifery Council (TNMC)
Thailand	Dr.	Kamolrat Turner	Board of Member, TNMC; Director, BCN Changwat Nonthaburi; Acting Associate Dean of the Faculty of Nursing, Praboromarajchanok Institute	Thailand Nursing and Midwifery Council (TNMC); Boromarajonani College of Nursing (BCN), Changwat Nonthaburi; Praboromarajchanok Institute
Thailand	Dr.	Usavadee Asdornwised	Board of Member, TNMC	Thailand Nursing and Midwifery Council (TNMC)
Thailand	Dr.	Nanthaphan Chinlumprasert	Consultant for International Affairs, TNMC	Thailand Nursing and Midwifery Council (TNMC)
Thailand	Ms.	Sasamon Srisuthisak	Senior Nursing Technical Officer	Nursing Division, Office of the Permanent Secretary, Ministry of Public Health
Thailand	Ms.	Uraiporn Janta-um-mou	Senior Nursing Technical officer	Nursing Division, Office of the Permanent Secretary, Ministry of Public health
Thailand	Ms.	Pensri Rukwong	Chief nurse	Maharat Nakhon Ratchasima Hospital
Thailand	Dr.	Pataraporn Kheawwan	Senior Nurse Manager, Human Resource Development, Department of Nursing	King Chulalongkorn Memorial Hospital, The Thai Red Cross Society
Vietnam	Mr.	Pham Duc Muc	President	Vietnam Nurses Association
Vietnam	Mrs.	Nguyen Thi Minh Chinh	Deputy Head of Postgraduate Office and Secretary of Doctor of Philosophy in Nursing Program	Nam Dinh University of Nursing
Vietnam	Mrs.	Bui Minh Thu	Vice-president	Bach Mai Medical College
Vietnam	Mrs.	Doan Quynh Anh	Officer	Ministry of Health

Country	Title	Full name	Position*	Organization*
Vietnam	Mr.	Pham Ngoc Bang	Officer	Ministry of Health

*Position and organization at the time of the Online Workshop Series on CPD for Nurses, from March 2022 to February 2023.

Appendix 4. Country Presentations

1. Overview of CPD system in each country
    1) Japan
    2) Malaysia
    3) Thailand
    4) Cambodia
    5) Indonesia
    6) Lao PDR
    7) Myanmar
    8) Vietnam
    9) Kenya

2. Training for newly graduated nurses
    1) Japan
    2) Vietnam
    3) Thailand

3. Plan of CPD system for general nursing
    1) Bhutan
    2) Lao PDR

4. Current CPD system for general nursing
    1) Sri Lanka
    2) Malaysia

5. CPD system for specific fields of nursing and specialists: example or good practice of the country
    1) Indonesia
    2) Kenya

6. CPD System for nursing management / administration: Example or good practice of the country
    1) Cambodia
    2) Bangladesh

Overview of Continuing Professional Development System for Nurses in Japan

9 March 2022
Yumiko Shuda
Director of Office of Nursing Service, Nursing Division,
Health Policy Bureau, Ministry of Health, Labour and Welfare (MHLW)

Regulation, Policy and/or Strategy of CPD for Nurses in Japan

- Currently, there is no national level policy of CPD for nurses.
- CPD for nurses is mentioned in these 2 Acts:
  - Act on Public Health Nurses, Midwives and Nurses
  - Act on Assurance of Work Forces of Nurses and Other Medical Experts
- The amendments of both Acts in 2009 added the notion of nurses must strive to raise their level of professional quality. The latter Act states that the State must strive to take measures and the healthcare facilities must strive to assure opportunities for nurses to raise their level of professional quality.
- Although participation in CPD is voluntary for nurses, it is obligatory for healthcare facilities to endeavour to provide trainings for newly graduated nurses.
- Nurses in Japan have a permanent license after they pass the license examination, and there is no license renewal of nurses.

Regulation, Policy and/or Strategy of CPD for Nurses in Japan (cont.)

- Since there is no CPD system (except for trainings for newly graduated nurses) which relates to all the nurses working in Japan, there is no regulator of the system.
- However, there are 2 major CPD systems for specific fields of nursing:
  - “Training system for nurses to perform specific medical interventions" is regulated by the Ministry of Health, Labour and Welfare (MHLW).
  - There is also a credentialing system regulated by Japanese Nursing Association (JNA).
- Developers of CPD activities/programs for nurses:
  - Many large-scale healthcare facilities develop their own CPD activities/programs.
  - There are also trainings, workshops, lectures, etc. developed by various stakeholders such as JNA, prefectural branches of JNA, academic societies, educational institutions, private companies, other organizations, etc.

Current CPD Programs/Activities for Nurses

1. Trainings for newly graduated nurses
   - Since it is obligatory for healthcare facilities to endeavour to provide trainings for newly graduated nurses, in 2010, MHLW formulated a guideline aiming to provide the training for newly graduated nurses at all healthcare institutions and launched partial subsidization of training costs. The guideline was amended in 2014.
   - Healthcare facilities provide trainings for their own newly graduated nurses.
   - Some small-scale healthcare facilities let their nurses join trainings provided by other larger facilities or conduct trainings jointly with other facilities. The guideline of MHLW also suggests to incorporate trainings provided by other organizations such as professional associations.
2. CPD for general nursing (generalists)
   - Each healthcare facility provides for its own nurses. There are also activities/programs provided by various stakeholders outside healthcare facilities, such as JNA, prefectural branches of JNA, academic societies, educational institutions, private companies, other organization, etc.
   - Most healthcare facilities adopt clinical ladders for nurses, a system of developing and evaluating nursing skills of individual nurses.

Current CPD Programs/Activities for Nurses (cont.)

3. CPD for specific fields of nursing
   - As already mentioned, there are 2 major CPD systems for specific fields of nursing:
   - “Training system for nurses to perform specific medical interventions" is regulated by MHLW and its programs are provided by the designated training institutions.
   - Credentialing system is regulated by JNA and its programs are provided by JNA and the designated graduate schools of nursing which provide master’s courses.
4. CPD for nursing management/administration
   - The credentialing system of JNA includes the credentialing of certified nurse administrators (CNA). The programs are provided by JNA and the designated graduate schools of nursing which provide master's courses.
   - There are other CPD activities and programs for nursing management/administration provided by various stakeholders such as healthcare facilities, JNA, prefectural branches of JNA, academic societies, educational institutions, private companies, other organizations, etc.

Challenges, Plans to Address and Bottlenecks

1. Challenges
   - There is no national indicators to assess the competence of nurses after the period of being newly graduated nurses, and no unified training system or clinical ladder for those nurses.
   - Therefore, it is difficult to assess the competence of nurses with a common understanding when he/she moves to a new workplace or when he/she resumes working after an interruption of career due to raising children, taking care of older family members (long-term care), etc.
2. Plans to address the challenges
   - Create a nationwide framework and digitize the system, so that nurses can retrieve their information (career record, training history, skill, competence etc.) no matter which area or healthcare facility they move to, and healthcare facilities can utilize the information.
3. Bottlenecks of addressing the challenges
   - Since each hospital, organization, academic society, etc. has its history of creating their own clinical ladders, it is difficult to standardize ladders.
   - A huge budget is required to create a platform that can be easily used nationwide.

Overview of Continuing Professional Development System for Nurses in Malaysia

7th Mac 2022

DEVI K SARAVANA MUTHU

DIRECTOR OF NURSING

REGISTRAR OF MALAYSIAN NURSING BOARD

REGISTRAR OF MALAYSIAN MIDWIFE BOARD

MINISTRY OF HEALTH MALAYSIA

REGULATION, POLICY AND/OR STRATEGY OF CPD FOR NURSES

- ✓ To maintain professional competence, CPD was first commenced in Nursing Division Ministry of Health in the year 2008 and regulated by the Malaysia Nursing Board (MNB)

- ✓ MNB has set minimum requirements for continuing professional development (CPD) for enrolled nurses, registered nurses and midwives as stated in the Code of Professional Conduct for Nurses (1998) and is mandatory for renewal of licensure annually.

REGULATION, POLICY AND/OR STRATEGY OF CPD FOR NURSES

CODE OF PROFESSIONAL CONDUCT FOR NURSES (1998)

1.2 Standards of Care

- 1.2.2 Each nurses is required to keep up with advance in nursing, medical and health practices to maintain competence in nursing knowledge and skills.

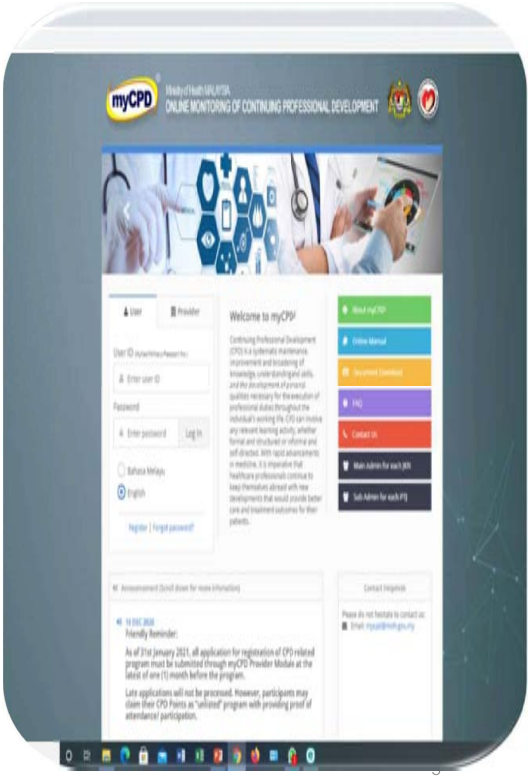
CODE OF PROFESSIONAL CONDUCT FOR NURSES (1998)

The Standards explain that:

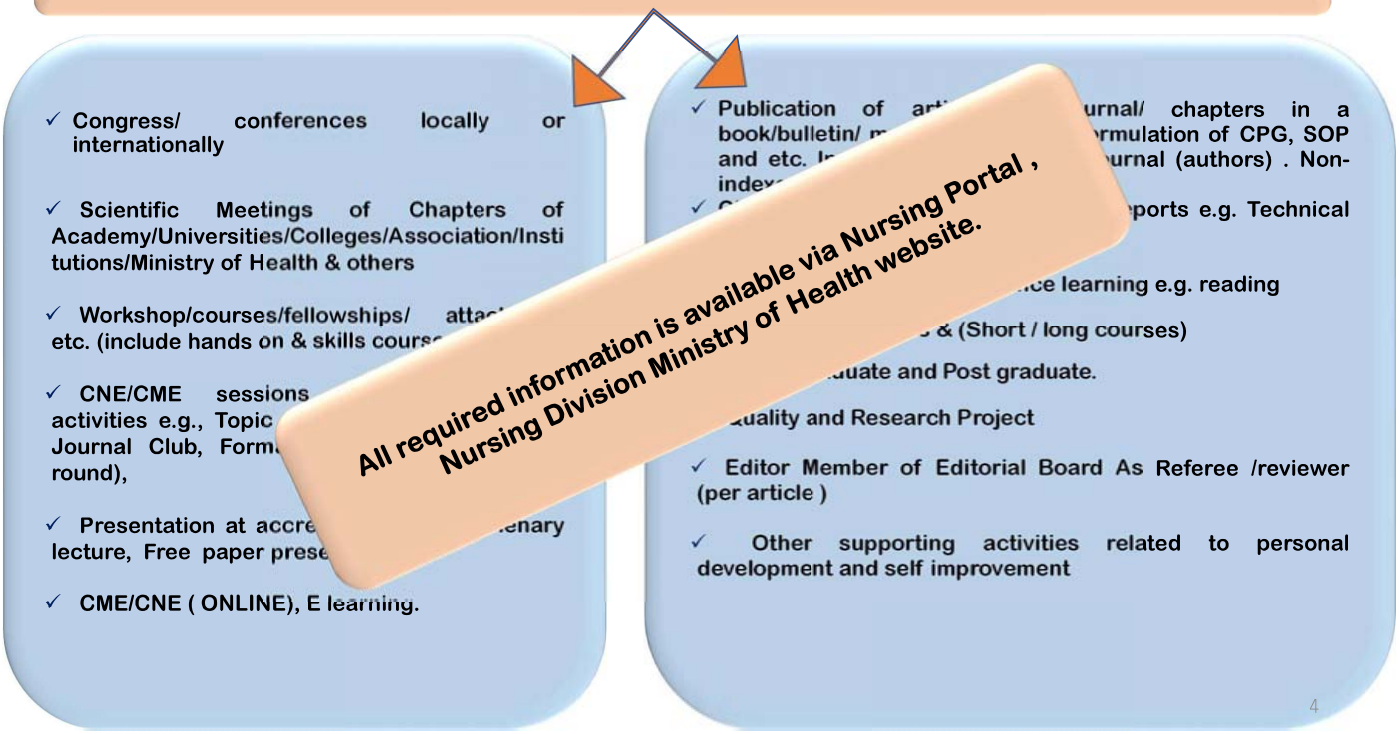
- ✓ Nurses/midwives are expected to participate in the minimum hours of CPD per year.
- ✓ One hour of active learning will equal one hour of CPD. It is the nurse /midwife's responsibility to calculate how many hours of active learning have taken place.
- ✓ The CPD must be relevant to the nurse or midwife's context of practice.
- ✓ Nurses and midwives must keep written documentation of CPD that demonstrates evidence of completion of a minimum hours of CPD per year set by MNB
- ✓ Participation in mandatory skills acquisition may be counted as CPD.

The MNB with the cooperation from the CPD unit in the Medical Profession Development Division has produced CPD guidelines that describes the activities of registered nurses in relation to continuing professional developments.

1st Edition :2008
2nd Edition:2020



ALLOCATION FOR CPD POINTS



TRAINING OF NEWLY GRADUATED NURSES

1. Mentoring Programme/Nurse Internship Programme - For New Graduates Developed By Nursing Division Ministry Of Health

2. Monitoring Of Performance Every 3 Months

3. Privileging Courses For Nurses Placed in Specialised Areas

CHALLENGES, PLANS TO ADDRESS AND BOTTLENECKSES

Challenges & bottlenecks

- Favourable good internet coverage throughout the country
- CPD offerings by unauthorized providers
- Processing of CPD points via manual & online with limited number of staff - may delay issuance of APC
- Limited availability of the online My CPD system to all nurses in public and private sectors.
- Funding from Government for Online Services

Plans to address issues

- WIFI services in all health facilities especially in the remote areas
- MNB in the process of developing guidelines and criteria to monitor online CPD offerings and eligible providers
- Request for funds to develop a more user friendly online My CPD system to all nurses in public and private sector

Overview of Continuing Professional Development System for Nurses in Thailand

7th March 2022

Dr Prakin Suchaxaya

Adviser to Thailand Nursing and Midwifery Council

Regulation, Policy and/or Strategy of CPD for Nurses-Midwives

- **CPD or Continuing Nursing Education, a key for advancing nursing and midwifery service, education and management.**
- **Based on Thailand Nursing and Midwifery Act, (vol 2) 1997 (which was the amendment of the Act 1985)**
  - ✓ **Article 7 item 2: one of the objectives of Thailand Nursing and Midwifery Council (TNMC) is to promote education, service, research and professional development in nursing, midwifery and nursing and midwifery.**
  - ✓ **Article 9 item 5 : TNMC has authority to recognize curriculum for trainings offered by nursing and midwifery educational institutions.**
  - ✓ **Article 16 : all types of permission certificates are valid for 5 years from the issued dates.**

Regulation, Policy and/or Strategy of CPD for Nurses

- **TNMC Announcement : to renew a license to practice nursing and midwifery or nursing, 50 Continuing Nursing Education Units (CNEU) are mandatory. CPD is linked to license renewal.**
- **TNMC established Continuing Nursing Education Center (CNEC), a Director and CNE Committee.**
- **There's TNMC announcement to recognize institutions, programs/activities and credits for CNE.**
- **The 20-year National Strategies and 20-year Strategies and policies of Ministry of Public Health emphasize on building human capacity,**
- **In all National Nursing and Midwifery Strategic Plan/Plan including the current one for 2022-2026 :policies and strategic activities for CPD included.**

Current CPD Programs/Activities for Nurses

- **There're a lot of CPD programs and activities . New graduated nurses, generalists or specialists could apply for any CPD as deem interest.**
- **The programs/activities that are approved by TNMC are regulated by TNMC.**

I. **Institutions: academic meeting, refresher course, workshop/training, seminar, panel discussion, lecture series, special lecture etc.**
II. **Individual: publishing article, writing textbook, presentation, speaker, examining research instrument, external expert for thesis examination, reviewing of research proposal/ethics/article for journal, mentoring student nurses in clinics, special teacher in teaching nursing practice, development of handbook/guidelines, community service, transferring of nursing and health knowledge to public, nursing innovation etc.**
III. **Attending short course in nursing (less than 4 weeks)**
IV. **Studying graduate program in nursing**
V. **Training on nursing specialty (advanced nursing practice)**

Challenges, Action taken and Bottlenecks

- **Challenges in the past were example**

✓**not recognize the importance of CPD for own development**
✓**ineffective CPD system and regulation**
✓**could not find information on CPD programs/activities**
✓**could not leave from work, work in remote area**
✓**inadequate financial support for staff development**
✓**poor/lost CNEU records**

Challenges, Action taken and Bottlenecks

- **Action taken included:**

✓**CNEU is mandatory for license renewal**
✓**Advocate/communicate via TNMC newsletter and journal, website and meetings**
✓**Offer more courses by a large number of institutions**
✓**Use IT to support the CNEU records, self review records**
✓**Provide hybrid/online courses**
✓**Approved many activities that could be counted for CPD as stated in slide # 3 including self study of CNE nursing books**
✓**Special encouragement during COVID-19: 20 credits to nurses who care for infected patients in hospital/field hospital/ State quarantine places and 5 credits to volunteer nurses for giving a full day COVID-19 vaccine in TNMC project**

- **At present TNMC CPD system functions effectively. There's no bottleneck. Institutions and nurses can contact CNEC directly for information, questions and assistance via application, email (cnethai@gmail.com) or telephone.**

WELCOME TO CAMBODIA

Provinces in Cambodia

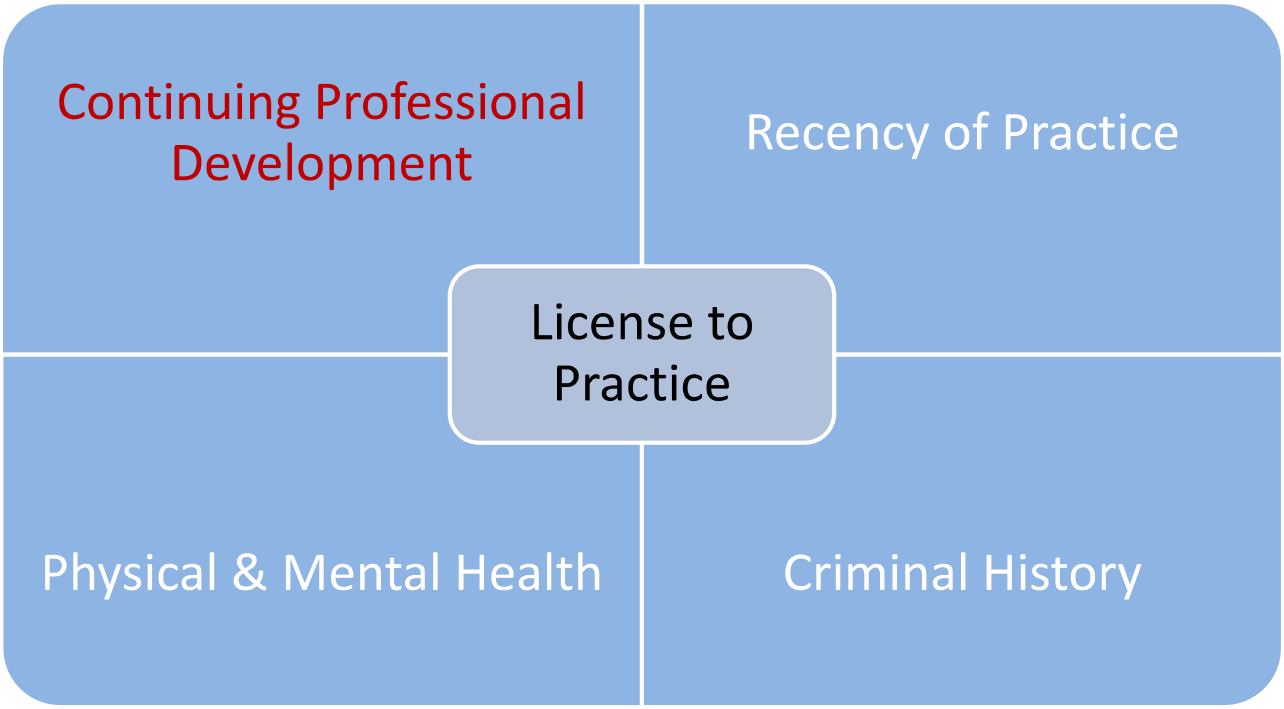
Overview of Continuing Professional Development System for Nurses in Cambodia

Un San, RN, MPAMd.
President of Cambodian council of Nurses
March 7-9, 2022

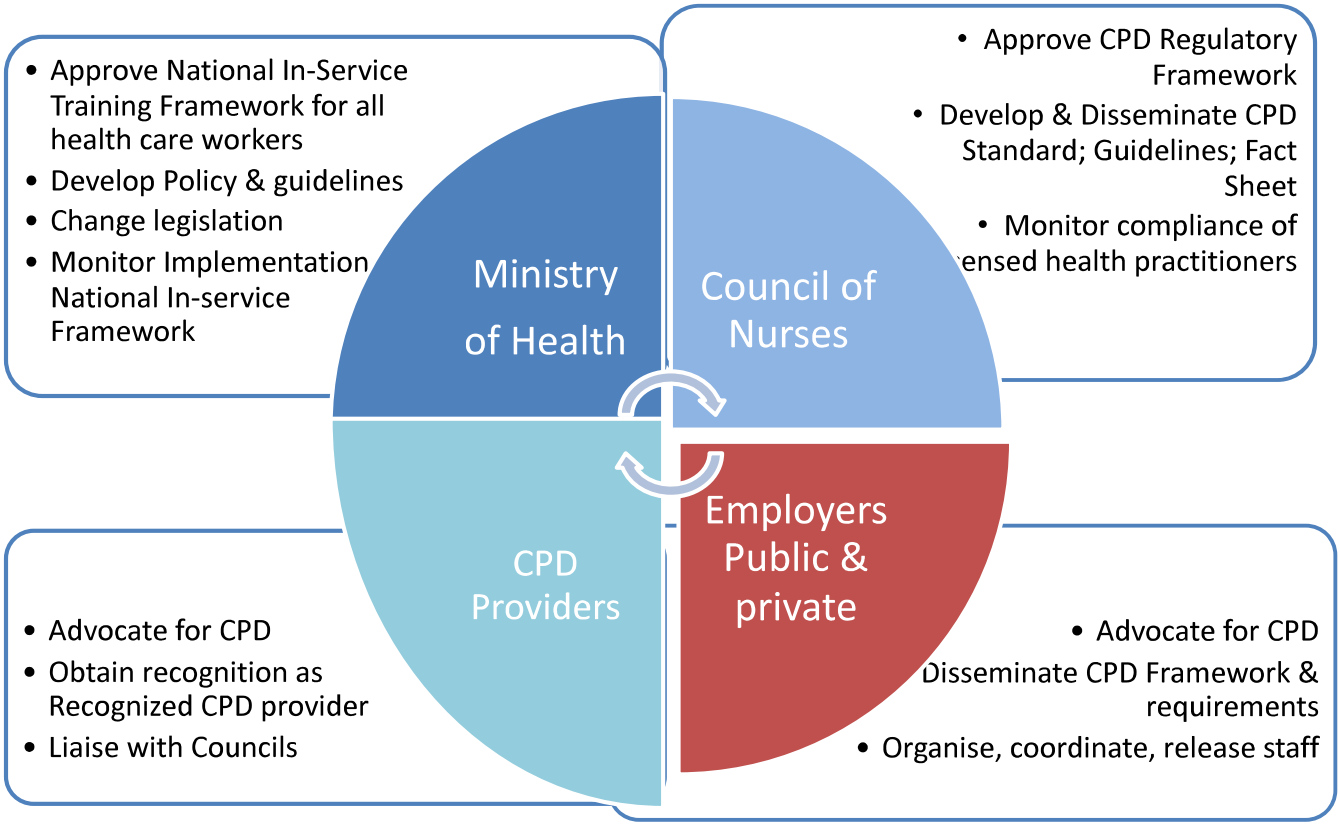
Today's Overview

Regulatory Framework for Continuing Professional Development in Cambodia

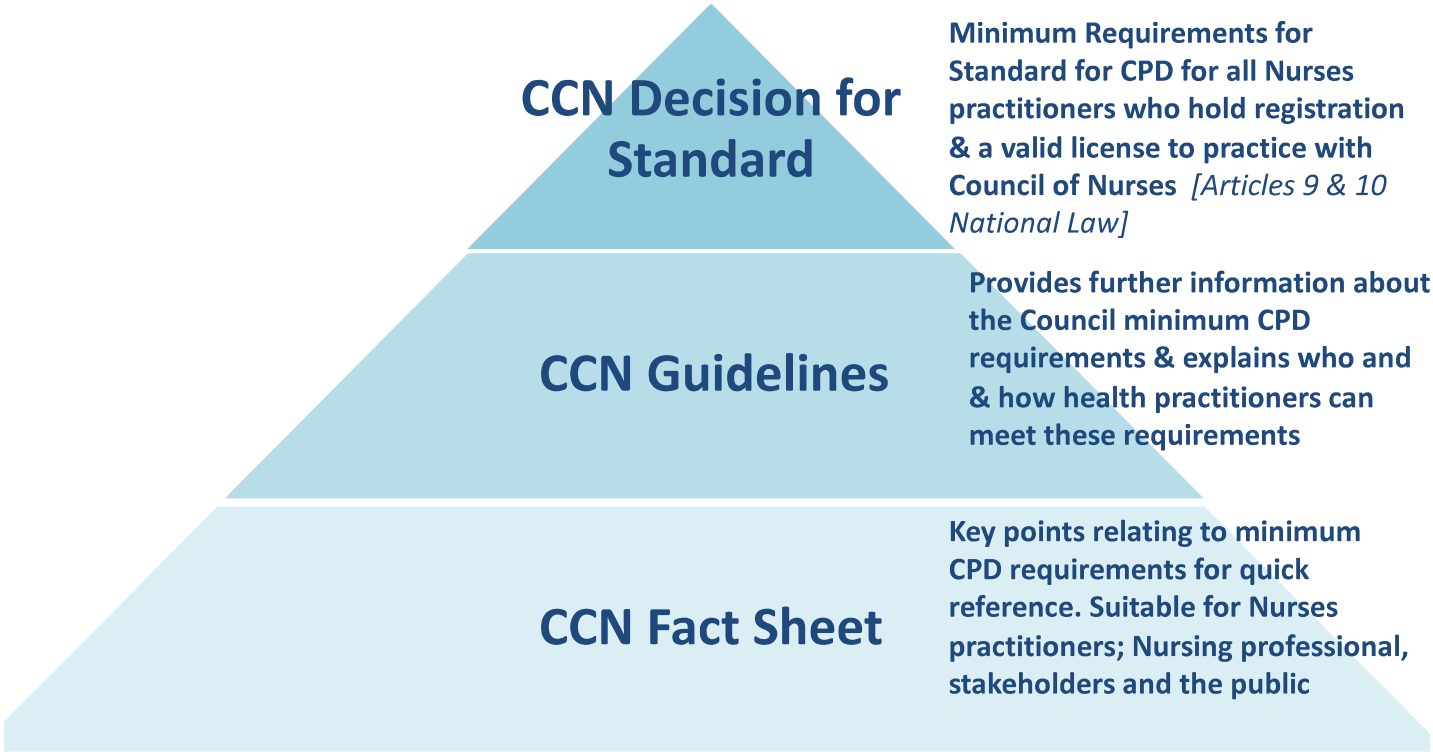
Requirements for License to Practice



Key Roles & Responsibilities for CPD



Council of Nurses Regulatory Framework for CPD Requirements



Documentation for Regulatory Framework for CPD

1

- National Council Decision in accordance with the National Law
- Minimum Requirements for Standard for CPD for all Nurses practitioners who hold registration and a license to practice

2 & 3

- Council of Nurses Guidelines for CPD
- Council of Nurses Guidelines for CPD Training Providers

4

- Council of Nurses Fact Sheet/s on CPD for Nurses practitioners
- Suitable for students, stakeholders, the public

Decision on Minimum Requirments for Standard for CPD for all registered and licensed to practice Nurses practitioner

Guideline for CPD

- These Guidelines supplement the Council of Nurses Standard for Continuing Professional Development (CPD) and:
- provide further information about the Council of Nurses minimum CPD requirements 60 points for a 3 year time frame.
- explain who and how each person can meet these requirements to ensure their CPD is relevant and improves Nursing professional knowledge and competence in order to provide safe, ethical, legal and effective care to patients or clients.

CPD Activities and Allocation of CPD hours

CPD Activities	Number of CPD hours *
Case study discussion/ participant	Actual CPD hours
Undertaking a short course with a duration of: • 0 to 3 months • 4 to 6 months • 7 to 9 months	Actual CPD hours up to maximum of 25 hours Actual CPD hours up to maximum of 35 hours Actual CPD hours up too maximum of 45 hours
Attending workplace education, in-service sessions or skills development program	Actual CPD hours
Attending a conference, lecture, seminar outside the workplace	Actual CPD Hours
Participating in research or project work as a team member	Actual CPD hours up to maximum of 10 hours
Participating in the development of policies, protocols and guidelines	Actual CPD hours up to maximum of 10 hours
Research and preparation as a preceptor, mentor, or coach to students with a well documented training plan	Actual CPD hours up to maximum of 10 hours

THANKS FOR YOUR ATTENTION

Overview of Continuing Professional Development System for Nurses in Indonesia

March 7th & 9th , 2022

Aemilianus Mau, S.Kep, Ns, M.Kep.

Member of Training and Education Department, Indonesian National Nurses Association (INNA)

Regulation, Policy and/or Strategy of CPD for Nurses

- CPD for Indonesian nurses is called Continuing Nursing Education (PKB) which stipulated through the Indonesian National Nurse Association (INNA) Number 017F/DPP.PPNI/SK/K/S/II/2016, concerning the PKB guidelines for Indonesian nurses.
- PKB for Indonesian Nurses is a professional development process that includes various activities carried out by nurses in their capacity as practitioners, to maintain and improve their professionalism as nurses according to established competency standards.
- PKB for Indonesian nurses is regulated in the Law of the Republic of Indonesia Number 38 of 2014 concerning Nursing, article 53, paragraphs 1 and 4, which confirms that: The development of Nursing Practices is carried out through formal education and non-formal education or continuing education; and In terms of improving the professionalism of nurses, owners or managers of health care facilities must facilitate nurses to participate in continuing education

Regulation, Policy and/or Strategy of CPD for Nurses

- Compulsory PKB for nurses, based on the provisions of the legislation as follows: 1) Law of the Republic of Indonesia Number 38 of 2014 concerning Nursing, Article 18 paragraph 5 point f: Requirements for re-registration of nurses, including: fulfilling adequacy in service activities, education, training, and/or other scientific activities; 2) Government Regulation Number 40 of 2017 concerning the Development of Professional Career Paths for Clinical Nurses, it is affirmed that the promotion of professional career paths is through Continuing Professional Development.
- PKB is regulated by the government, INNA, and other institutions that have a mandate from INNA in accordance with the Law of the Republic of Indonesia Number 38 of 2014 concerning Nursing, article 53, paragraph 5: Non-formal education or continuing education can be held by the Government, Regional Governments, Professional Nurses Organizations, or other institution which have been accredited in accordance with the provisions of the applicable laws and regulations

CPD Programs/Activities for Nurses

- Training for new nurses is usually carried out by health care facilities that recruit nurses in collaboration with INNA. For new nurses who want to work abroad, training is carried out by official nurses agencies, in collaboration with the government and INNA.
- Training Materials: Clinical skills and other competencies according to the needs of the official nurses agencies (usually added with English language skills and the country's local language).
- Training for general nurses, specialist nurses, and nurse managers are carried out by health facilities/educational institutions in collaboration with INNA.
- Training materials: clinical skills, nursing management, and other competencies according to practice areas and career paths.
- Trainers for new nurses, general nurses, specialist nurses, and nurse managers are expert nurse in their fields sending by collegium

Plans to Address and Bottlenecks

- **Challenges.** Many nurses do not have a formal job description, which means that professional and competence boundaries may be exceeded, especially where there is pressure on services and limited resources. It also limits the effectiveness of the individual performance assessment (IPA) system. Similar to other government staffs, nurses are required to have an annual IPA as a mechanism by which quality standards can be monitored and maintained through CPD. The structure and framework of these IPAs varies greatly, which may affect nurses' understanding of their skill levels and development needs.
- **Plans to address.** Improving nurse competence can be achieved through various continuing professional development (CPD) activities. The old concept of CPD was mostly concerned with how to make every nurse get the training on the basis of hospital's predesigned programs, without considering the existing need, competence gap, or even the clinical assignment of the nurse. CPD is ideally conducted according to the training assessment and the clinical assignment of the nurse, to effectively hit the CPD target. Review of PKB guidelines, training curricula, benchmark, research and nurse satisfaction surveys
- **The bottlenecks.** The conditions of implementation of clinical career ladder system in Indonesia still has some obstacles. Some hospitals have implemented using the standard of Indonesia Nurse Association, but its implementation is still diverse. Many hospitals were not informed about the implementation and how to improve the competence. The CPD has not been implemented based on need assessment of the competence of nurses. The opportunity to get CPD is not evenly distributed.

THANK YOU

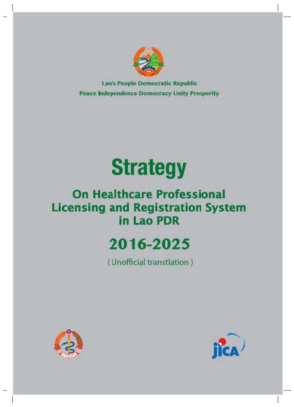
Overview of Continuing Professional Development System for Nurses in Lao P.D.R.

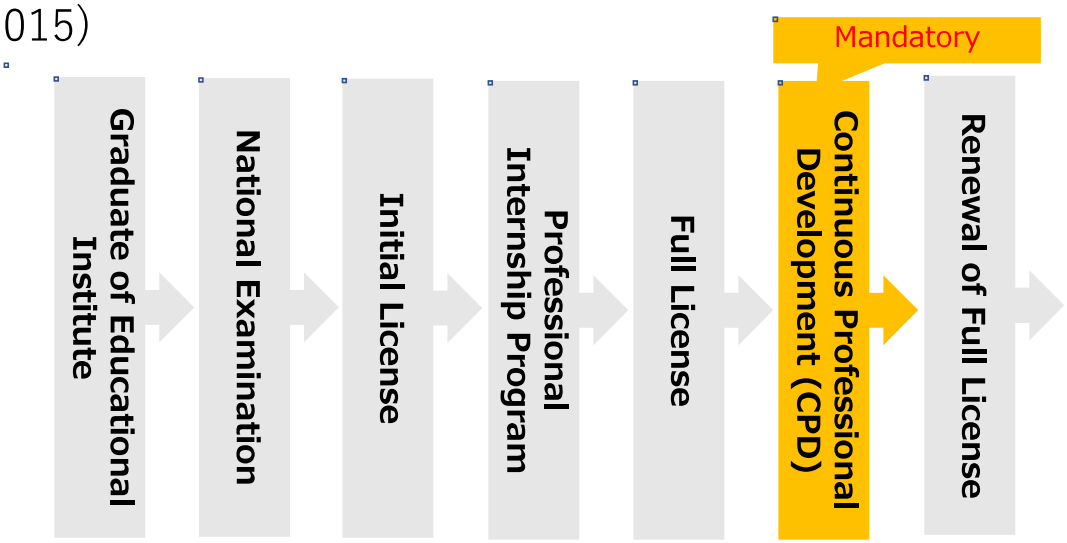
7/March/2022

Ms. Pengdy INTHAPANITH, Chief, Nursing and Midwifery Board
Mr. Souksavanh PHANPASEUTH, Dean, Faculty of Nursing,
The University of Health Science

Regulation, Policy and/or Strategy of CPD for Nurses

- Strategy on Healthcare Professional Licensing and Registration System in Lao PDR 2016-2025 (No. 2098/MOH, Dated 03 December 2015)





Regulation, Policy and/or Strategy of CPD for Nurses

- **Guidelines on Continuing Professional Development for Nurses and Midwives in Lao PDR (draft)**
- To cover all levels of nurses and midwives

1. Nurses and Midwives who graduated from Bachelor course
2. Nurses and Midwives who graduated from Higher Diploma course
3. Community midwives
4. Nurses who graduated from Technical Nursing Program

Type of CPD activities:

1) Attending approved CPD activities (ex: workshops, seminars, conferences, that are dealing with issues related to nursing practice and education.

2) Self-study

3) Completion of research project, and publication of nursing related articles, textbook, etc..

4) Enrolling at a college or university in courses that are specifically provided for the purpose of continuing education and relevant to nursing practice (PhD, Master and upgrading courses)

Current CPD Programs/Activities for Nurses

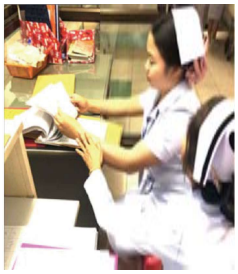
- For **newly graduated nurses**, Professional Internship Program for Nurses (PIPN) has been just started in 2021.
- For **general nursing**, there are various in-service training per topic, such as Quality nursing care, RMNCH, Nutrition, Communicable diseases, Non-communicable diseases, IPC.
- For **specific fields of nursing**, ophthalmology nursing, nursing anesthesia (paused), and continuing education courses for upper grades.
- For **nursing management/administration**, nursing regulations, management and leadership (including nursing ethics), nursing research.

Challenges, Plans to Address and Bottlenecks

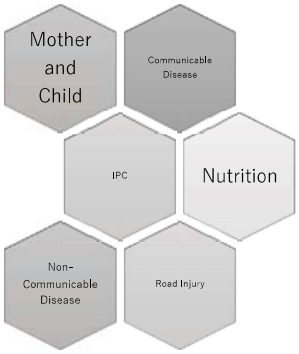
For new graduates

- Capacity of training facility and trainers' capacity is challenge.

→Needs to consider feasibility and sustainability of the program.



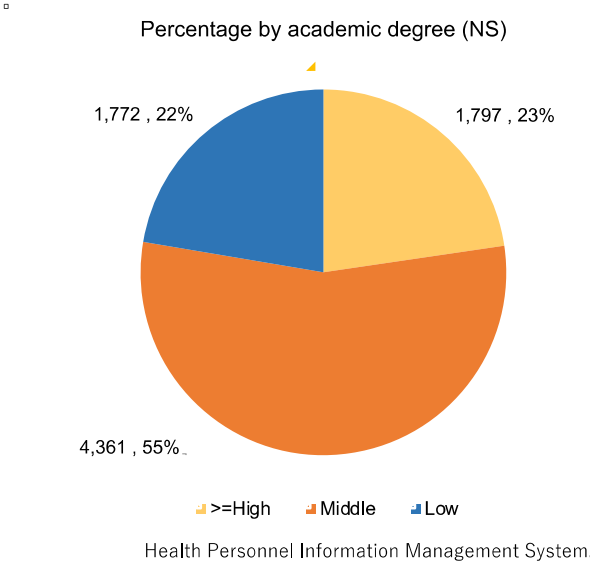
For general nursing



→ Needs to consolidate the information of varieties of in-service training to prepare the CPD credit system

Challenges, Plans to Address and Bottlenecks

Current licensing target



Health Personnel Information Management System, MoH

→ Need to consider who are the target of CPD activity

Plans:

- CPD guidelines have to be finalized, synthesizing with the Human Resource for Health strategy.
- Law on Healthcare needs to be amended stipulating that healthcare professionals should be registered and licensed.

Bottlenecks:

- Role and responsibilities among relevant department and council should be clarified. →The TOR of HPC is under revision.
- Lack of qualified human resources of the Nursing and Midwifery Board is a bottleneck for further implementation.

Thank you

Overview of Continuing Professional Development System for Nurses in Myanmar

7th March, 2022

Mr. Aung Thu Soe
Registered Nurse (Tutor)
University of Nursing, Yangon,
Ministry of Health, Myanmar

Regulation, Policy or Strategy of CPD Nurses

- On May 19, 2015, the Myanmar Nurse and Midwife Council (MNMC) Law (The Pyidaungsu Hluttaw Law No.27, 2015) was enacted.
- This Law provides CPD as a mandatory requirement and accreditation system for the practice of profession.
- MNMC is the professional body and undertake overall implementation of the CPD programs.
- Section 14, Article. g of MNMC Law describes that

"assessing, from time to time, by determining the required quality standardization for maintenance and upgrade the standard of nursing care of government hospital, private hospitals and clinics and submitting advice to the Ministry if necessary" as a duty and power of the Council.

Continuing Professional Development of Nursing in Myanmar

- Continuing Professional Development (CPD) aims to meet future needs of growing health care sector and advanced knowledge and skills in post licensure activities.
- CPD strategies include clinical teaching, leadership, research and lifelong learning.

CPD in Myanmar

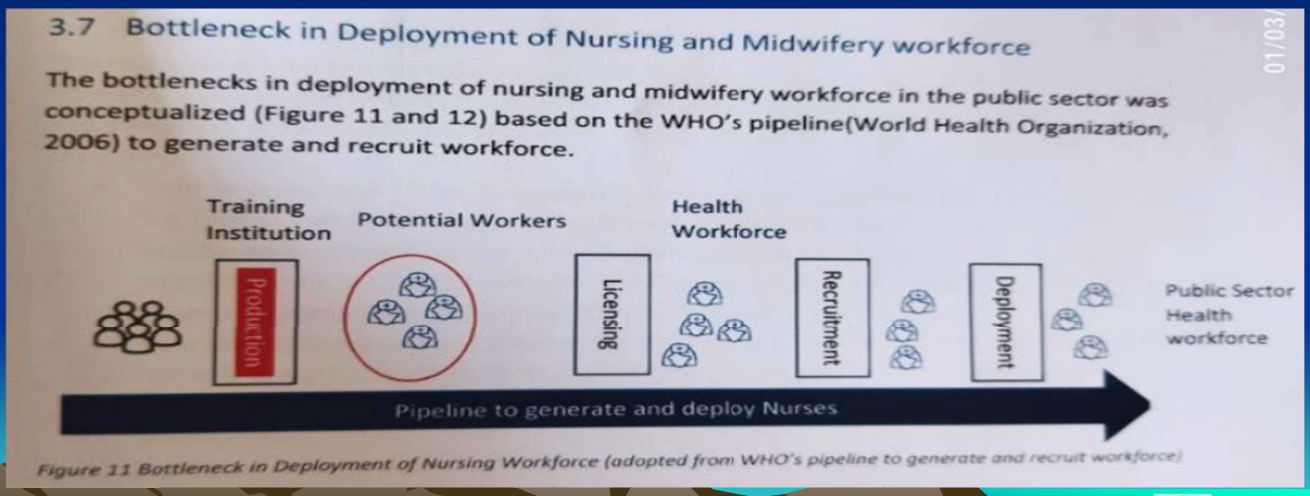
- Myanmar Nurse and Midwife Council (MNMC) regulates the system of CPD for Nurse and Midwives.
- One of the activities of MNMC's strategic plan (2019-2023)
- CEC-MNMC develop the draft guidelines of CPD points for renewing license for two years duration in nursing and midwifery professional.

CPD cont'd

- Submit the draft guidelines to 28th AJCCN meeting in 2019 at Brunei.
- CPD is mandatory for Nurses.
- Introduce MNMC Law during Diploma and Bachelor Course.
- MNMC serve as a field center for higher nursing education.

Challenges, Plans to Address and Bottlenecks

- Implementation of CPD system for renewing license is pending because of political and COVID 19 Crisis.

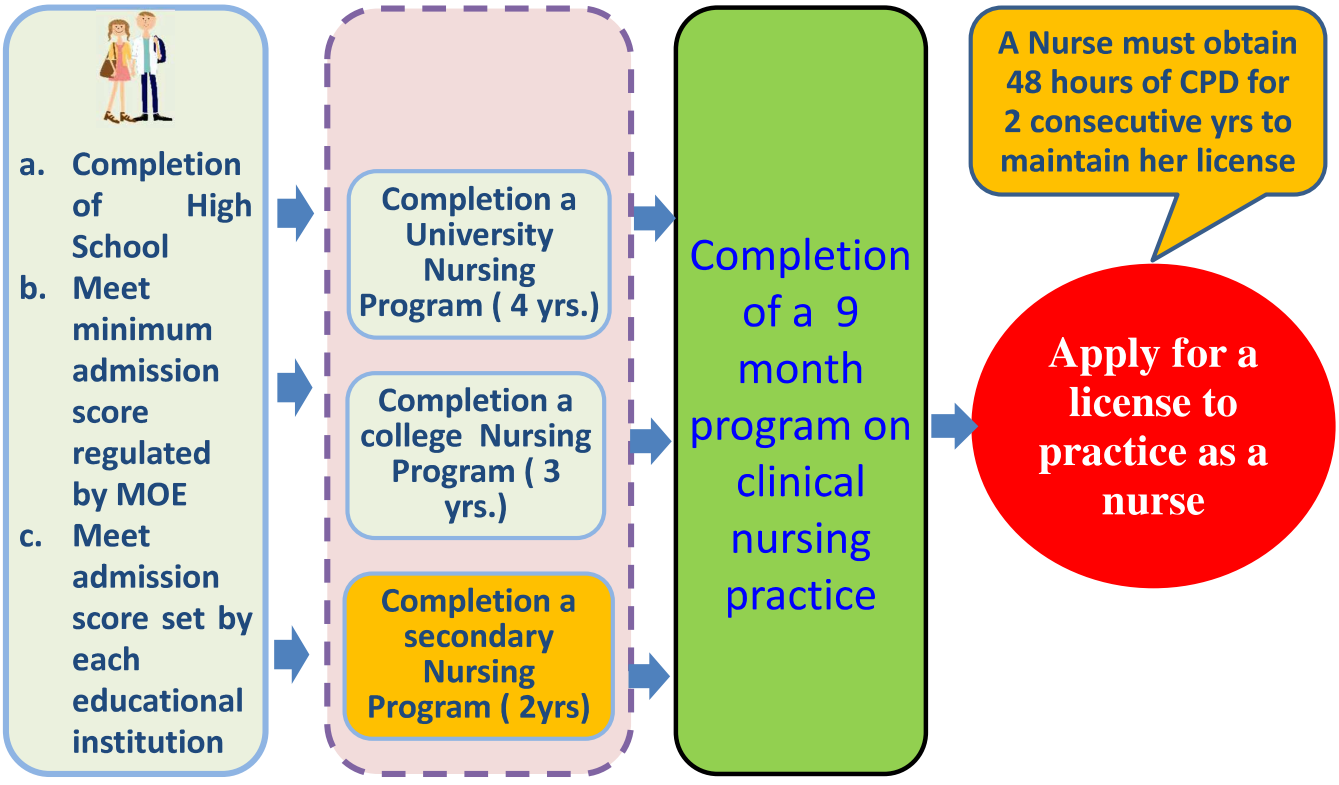


Thank You

Overview of Continuing Professional Development System for Nurses in Vietnam

Pham Duc Muc
President of the Vietnam Nurses Association
Email: pdmuc194@gmail.com

Legal conditions to be a nurse in Vietnam



Regulation, Policy, Strategy of CPD for Nurses

- CPD is mentioned in the Law namely "Medical Examination and Treatment". It is mandatory for all healthcare workers including nurses.

- MOH issues regulations and policies on CPD. It is a legal condition for a nurse to maintain a practical License. The license will be revoked if a nurse does not update her nursing knowledge for 48 hours in 2 consecutive years

- Provincial Health Bureaus, Health Science training institutions, Hospitals and Professional associations, which meet requirements prescribed by MOH, are given responsibility to provide CPD activities for HCWs including Nurses

Current CPD Programs/Activities for Nurses

1. MOH issued a program to prepare clinical preceptors and organize ToT courses nationwide
2. MOH issued a 9 month clinical training program for a new nurse and short courses (nurse management, patient safety, Infection control..) as results of the previous MOH/JICA Projects, period 2012 -2020
3. MOH approves CME providers and standardized CPD programs to be used nationwide
4. MOH issued standardized CPD training materials to be used nationwide in response to the Covid 19 pandemic
5. Vietnam Nurses Association established a CPD Center approved by MOH to provide CPD courses nationwide. The Provincial Nurse Branches also run a lot of short courses for nurses
6. Universities and Teaching hospitals provide various on job training short courses for medical doctors and nurses on application of new clinical techniques
7. Provincial Bureaus and other CME providers at provincial level also develop and implement short clinical courses based on local needs

CPD management systems and roles

MOH

- ☞ Promulgate CPD circulars, policies and regulations
- ☞ Approve institutions that are eligible to provide CPD services
- ☞ Approve of CPD curricular & training materials for Inter-provincial and National Application
- ☞ Monitor the implementation of CPD regulations

Provincial H. Bureaus

- ☞ Establish a CPD Council to approve CPD programs
- ☞ Issue and manage CPD Certificates
- ☞ Monitor the implementation of CPD regulations

CPD providers

- ☞ Develop CME curriculum & Training materials
- ☞ Provide CME courses
- ☞ Grant CME certificates according to MOH' regulations

Employers

- ☞ Release time for its employees to attend CPD courses
- ☞ Supervise and manage its employees to ensure 48 hours of CPD for 2 consecutive years

Challenges and Plans to Address

1. Nursing ACT & Nursing Council does not exist, leading to a lack of specific legal regulations on nursing practice and CPD for nurses. This can be seen as bottleneck issue but currently no plan to improve!
2. Lifetime Certificate leads to the lack of control mechanism and national database on the implementation of CPD regulations. MOH gradually promulgates CPD policies and guidelines to improve
3. Nurses working from remote areas, commune health stations have difficulties and limitations in accessing CPD Programs. MOH & CME providers to develop a Clinical preceptor system and provide standardized CPD programs / materials to facilitate CPD activities at all levels

Thank for your listening!

Pham Duc Muc - Vietnam Nurses Association

Overview of Continuing Professional Development System for Nurses in Kenya

March 7th 2022

Leonard Langat

Manager Registration and Licensing, Nursing Council of Kenya

Regulation, Policy and/or Strategy of CPD for Nurses

- The CPD programme is anchored on the Kenya Health Policy 2012 – 2030 that gives directions to ensure improvement in overall health status in Kenya.
- The Nurses and Midwives' Act Cap 257 Section 12,(2)provides for licensing and retention in the register. This gives the Nursing Council of Kenya (NCK) mandate to regulate the CPD system for Nurses.
- The Nursing Council of Kenya (NCK) developed CPD guidelines, which provides a framework for implementation, monitoring and evaluation

Current CPD Programs/Activities for Nurses

- All nurse CPD programmes are prescribed and regulated by Nursing Council of Kenya (NCK).
- The following modes are recognised
    - Face to face
    - Virtual
    - Blended

- The CPD activities are provided in accordance with the CPD guidelines;
    - Must meet the set CPD principles
    - Within the recognised categories
    - CPD content can be cadre specific or cross cadre

Areas of Improvement

- None recognition CPD provided by non (NCK) accredited providers
- Weak monitoring and evaluation systems
- Lack linkage of CPD to work place competencies
- Lack of an integrated CPD platform / database for CPD implementation and evaluation
- Lack a defined CPD programs for newly graduated nurses

Proposed remedy

- Strengthening of regulatory provisions for registration, monitoring and evaluation of CPD activities and their impact on health outcomes.
- Developing cross cadre CPD guidelines to enhance inter professional and teamwork learning approach

Bottle necks

1. Legal – Cadres having their Acts of parliament and cadre specific regulations
2. Lack of funding for developing CPD (infrastructure) database

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Training for Newly-Graduated Nurses in Japan

Kiyoko Okuda
Deputy Director of Nursing Division,
Health Policy Bureau, Ministry of Health, Labour and Welfare (MHLW)

Ministry of Health, Labour and Welfare of Japan

Ministry of Health, Labour and Welfare of Japan

Today's contents

1. Situation surrounding nursing in Japan
2. Background of establishment of training for newly-graduated nurses
3. Guideline of training for newly-graduated nurses
4. Dissemination and promotion of training for newly-graduated nurses

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Situation surrounding nursing in Japan

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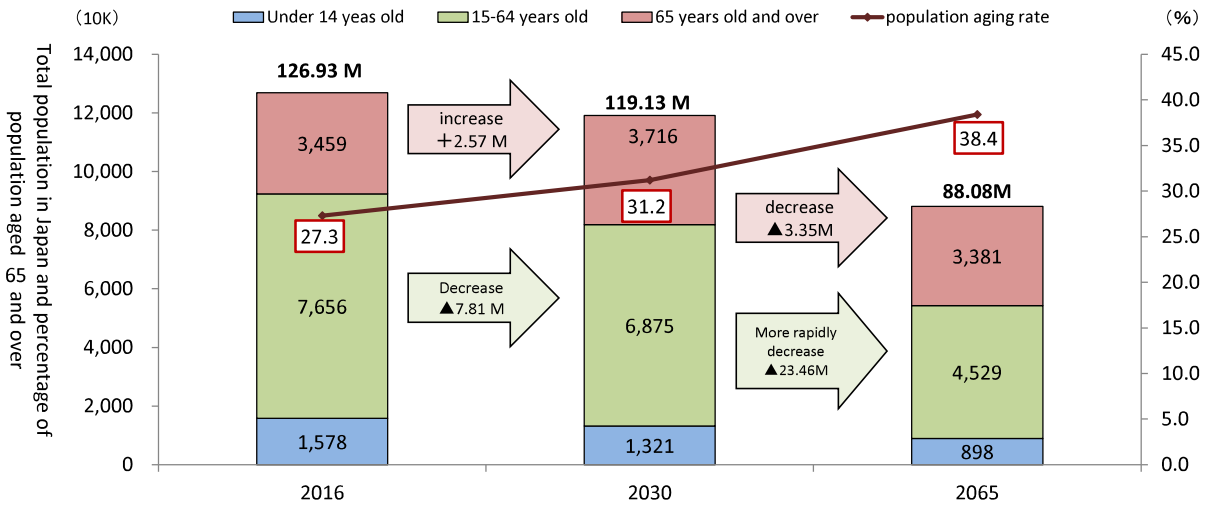
Rapid change in Japan demographic structure

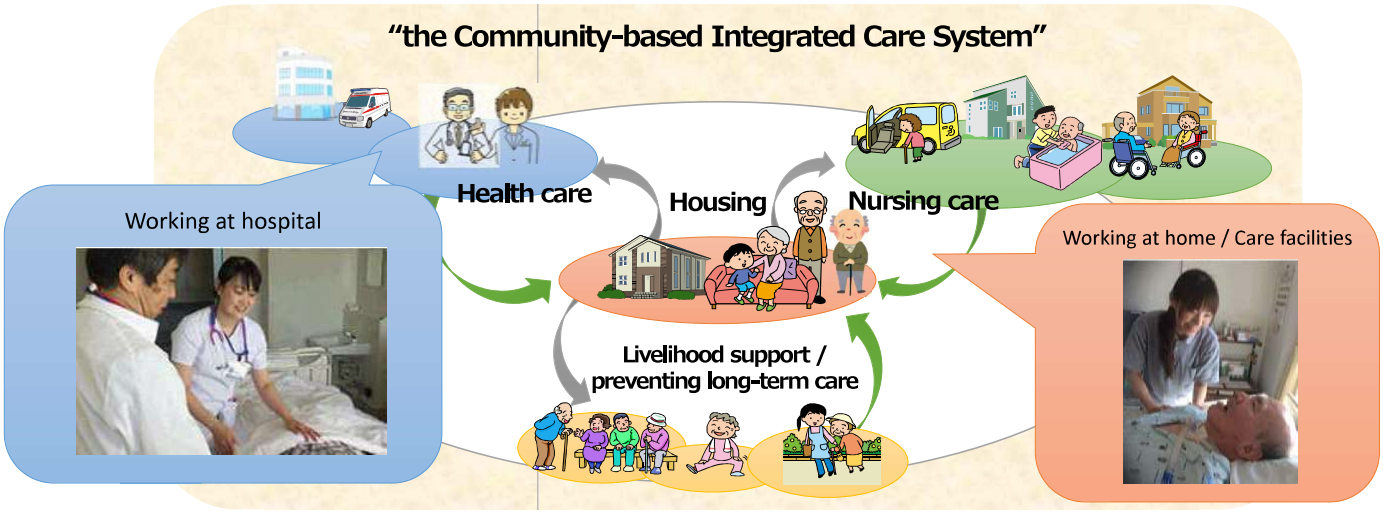
- The number of elderly people aged 65 and over is increasing, their ratio over to total population comes near 30%.
- The percentage of elderly people is expected to increase further in the future.



[Source] "Population Estimates" Ministry of Internal Affairs and Communications,
"Japan's Future Population Projections (Estimate in 2017)" National Institute of Population and Social Security Research, "Vital Statistics" Ministry of Health, Labour and Welfare.

Establishment of “the Community-based Integrated Care System”

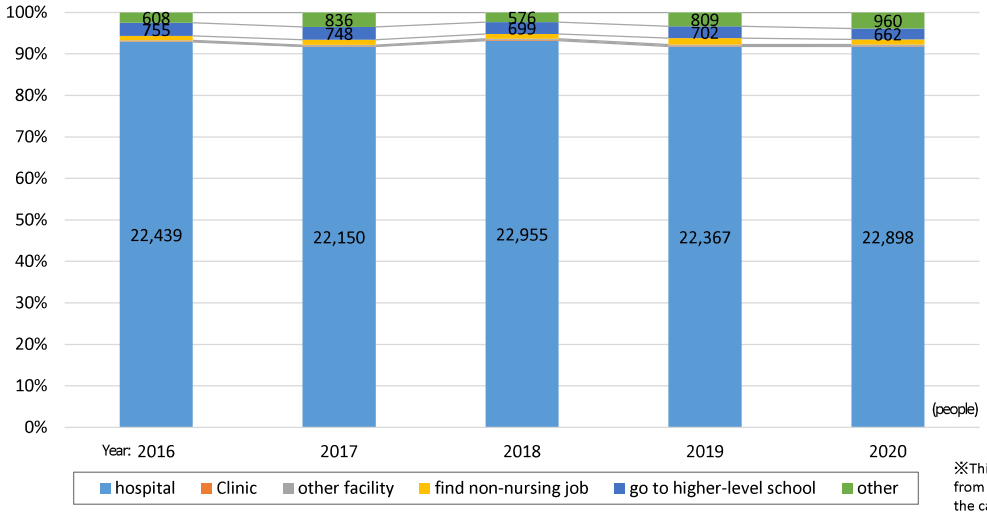
- The government is building “the Community-based Integrated Care System”, that comprehensively ensures health care, nursing care, prevention, housing, and livelihood support so that people can continue to live in their familiar communities.
- Nurses play important roles in supporting people in variety of settings in the community.



Situation of newly-graduated nurses in Japan

- In Japan, about 60,000 people newly become nurses every year.
- Most of the graduates of nursing programs find employment in hospitals. There is no significant change in this trend every year.

[Career paths of graduates from nursing training schools]



※This graph does not include graduates from universities, but the same applies to the career paths of graduates from universities.

[Source] Survey on Admissions into Nurse Schools and Work Statuses of Graduates (Status of graduates in March of each year)

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2

Background of establishment of training for newly-graduated nurses

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Obligation to strive to provide training for newly-graduated nurses

- In Japan, it has been obligatory for the government, local governments and healthcare facilities to strive to provide training for newly-graduated nurses since 2010.
- The need for training, including training for newly-graduated nurses, has been stipulated in two laws since 2009.

◆ Act on Public Health Nurses, Midwives, and Nurses

- Public health nurses, midwives, nurses, and nursing assistants must undergo clinical training and other training, must strive to improve their professional quality, even after having acquired the license.

◆ Act on Assurance of Work Forces of Nurses and Other Medical Experts

- **National government shall strive to take necessary public finance and financial measures and other measures to improve quality of nurses through training and education**, to promote their employment, to improve treatment of nurses working in hospitals, etc., and to promote securing of nurses,
- Local government shall strive to take necessary measures to promote securing of nurses, as well as to deepen interest and understanding of residents in nursing.
- **Founder of hospitals shall strive** to improve treatment of nurses working in hospitals, etc., **to provide clinical training and other training for nurses newly engaged in work**, and to take necessary considerations and other measures to ensure that nurses have opportunities to receive training by themselves, so that nurses working in Hospitals, etc. can improve their expertise and skills under appropriate treatment and can fully demonstrate them in their nursing work.
- Nurses shall strive to have awareness that they are important players in healthcare, respond to sophisticated and diverse demands of public for healthcare services, and strive to develop and improve their abilities voluntarily through training, as well as to perform their nursing duties with confidence and pride.

Establishment of “Achievement Goals for Newly-Graduated Nurses” and “Guidance of Training for Newly-Graduated Nurses” in 2003

[Issues in basic nursing education]

- The knowledges that nursing students need to learn was greatly increasing.
- The types of nursing skills that could be trained in clinical practice and the opportunities for training were getting limited due to the strengthening of medical safety and changes in the attitudes of patients and their families.

[Situation of newly-graduated nurses]

- Because of the population aging, the sophistication of medical care, and the shortening of hospitalization periods, nursing tasks were becoming more complex and diverse.
- Responsibilities required for nurses, such as ensuring medical safety, were increasing.

Many newly-graduated nurses were suffering from reality shock because many experiences were quite different from clinical practices during nursing schools.

Many hospitals tried to conduct trainings for newly-graduated nurses to acquire the knowledge and skills required for nurses and to ensure medical safety.

However…

- Methods, duration, and contents of trainings depended on each hospital.
- There was no support system to improve skills of instructors, and hospitals could not perform systematic planning and management of trainings.

[Need for standardized approach to training for newly-graduated nurses]

Establishment of “Achievement Goals for Newly-Graduated Nurses”* and “Guidance of Training for Newly-Graduated Nurses” in 2003

(*Goals for the attitudes and behavior required for nurses, as well as the knowledges and skills that should be acquired in the first year after graduation.)

Start of obligation to strive to provide training for newly-graduated nurses and establishment of the Guideline in 2010

From 2004 to 2007, the government promoted the training for newly-graduated nurses by supporting trainings for instructors all across Japan in order to disseminate "Guidance of Training for Newly-Graduated Nurses".

However…

- Although 80% of hospitals and 32% of clinics provided training for newly-graduated nurses through the voluntary efforts of each healthcare facilities, the contents of trainings were not standardized.
- 8.8% of newly-graduated nurses quit their jobs within one year after graduation.
- 32% of near-miss accidents in medical occupations caused by personnel with less than three years of experience, and many of incidents caused by nurses.

It became urgent to institutionalize training for newly-graduated nurses from the perspective of preventing newly-graduated nurses from leaving profession early and preventing medical accidents

In 2009, law on training for newly-graduated nurses was revised.

In 2010, “Guideline of Training for Newly-Graduated Nurses” was established, and obligation for government and healthcare facilities to strive to provide training for newly-graduated nurses began.

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Guideline of Training for Newly-Graduated Nurses

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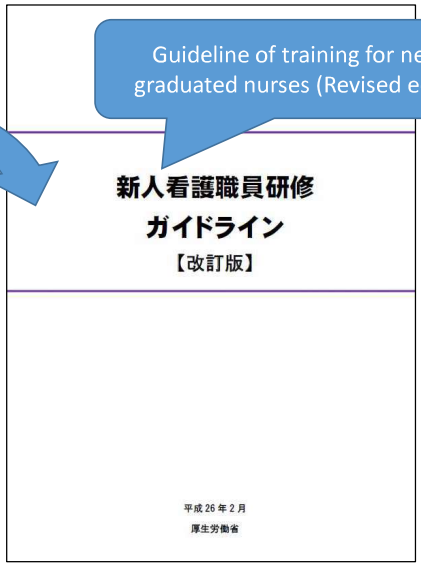
Guideline of Training for Newly-Graduated Nurses

- "Guideline of Training for Newly-Graduated nurses" is open to public on the website of MHLW, and can be freely downloaded and used by all healthcare facilities.



https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000049578.html

Outline of Guideline of Training for Newly-Graduated Nurses

The guideline aims to establish system that enables **all healthcare facilities** that receive newly-graduated nurses, **to provide training for newly-graduated nurses to acquire basic clinical practice skills, regardless of types or scales of facilities.**

[Outline of Guideline of Training for Newly-Graduated nurses]

I. Basic idea of Guideline of Training for Newly-Graduated Nurses
1 Philosophy of Training for Newly-Graduated nurses
2 Basic policy
3 Training system

II. Training for Newly-Graduated Nurses
1 Contents and achievement goals of training (including achievement goals for midwifery skills)
2 Training method
3 Training evaluation
4 Use of training handbook
5 Examples of training program
6 Examples of training for clinical skills

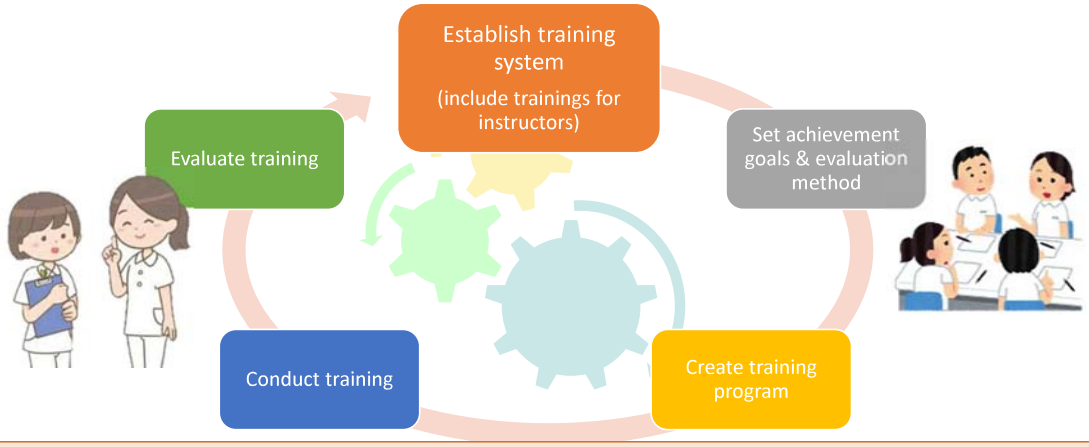
III. Training for OJT instructors

IV. Training for educators

V. Evaluation of training plan & system

Concept of Training for Newly-Graduated Nurses

- "Guideline of Training for Newly-Graduated Nurses" shows concept, including specific examples, so that each healthcare facility can establish training system, create and implement training programs.
- It also shows necessity of conducting evaluations after training and using them to review training plans and contents.



It is expected that quality of nurses in the entire organization will be improved by training not only newly-graduated nurses but also those in charge of training and instructors.

Concept of Training for Newly-Graduated Nurses in small-scale facilities

- Small-scale facilities (ex. small-scale hospitals, single-specialty hospitals, home-visit nursing stations, and nursing care facilities) do not have know-how to conduct trainings by themselves, because they do not have many nurses or newly-graduated nurses, making it difficult for them to conduct trainings for newly-graduated nurses alone.
- The guideline provides ideas on how these facilities can jointly conduct trainings with multiple facilities or utilize trainings conducted by training organizations or educational institutions.

[Small-scale hospitals & facilities]

Make their own training plans and clarify the position of trainings using these external organizations.

[Joint training with multiple hospitals]

[Large hospitals in the neighborhood]

- Training for newly-graduated nurses
- Training for OJT instructors and educators

[training organizations / educational institutions (professional association, etc.)]

- Group training on medical safety, infection control, emergency resuscitation, etc.

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Dissemination and promotion of training for newly-graduated nurses

4

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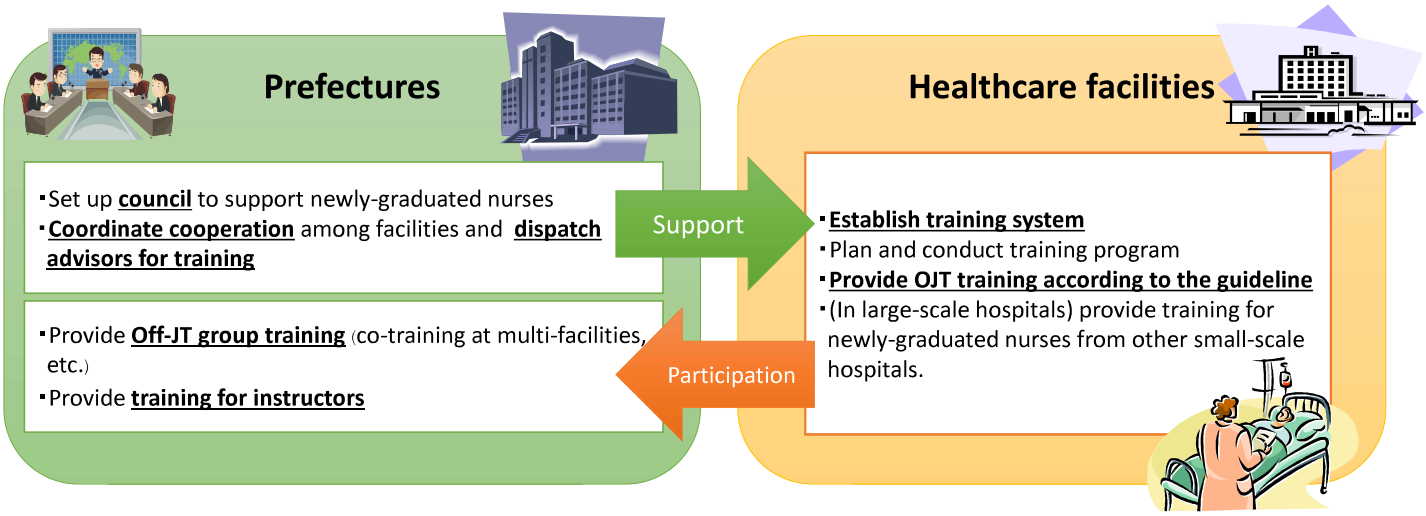
Financial support through “Training Project for Newly-Graduated Nurses”

- The government provides financial support through the project to ensure that each prefecture can disseminate training for newly-graduated nurses in accordance with the guideline.
- Each prefecture can support OJT training at hospitals and implement group training in their prefecture using this project.



“Training Project for Newly-Graduated Nurses” in 2020

- “Training Project for Newly-Graduated Nurses” is being utilized by all prefectures.
- Of 57,455 newly-graduated nurses who graduated in March 2019, 52,573 (**92%**) have received training for newly-graduated nurses through this project.

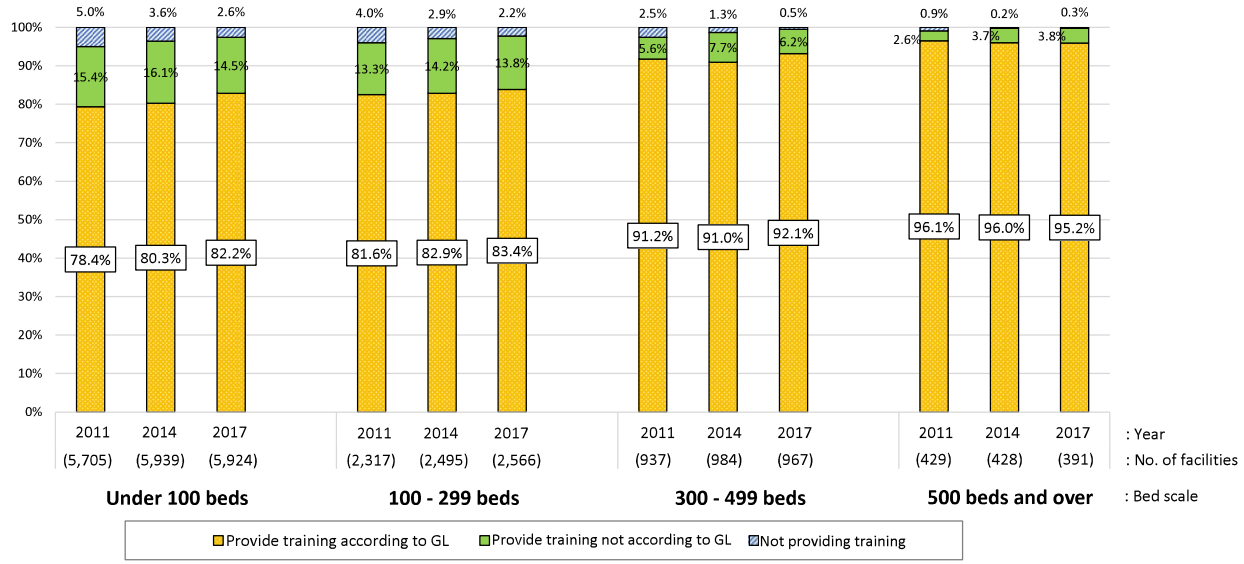
Details of support		No. of prefecture	No. of participants
Training for newly-graduated nurses	**Training at own facility**	45	42,529
	Training for new graduates came from other facilities	27	854
	Co-training at multi-facilities	33	9,190
Training for instructors	For training managers	30	1,182
	For those in charge of education	38	2,111
	For OJT instructors	34	2,914
Other activities	Council	11	125
	Dispatch advisor	4	–
	Other trainings	8	666

All 47 prefectures provide one of following training programs

total of 52,573 nurses received training

Implementation of training for newly-graduated nurses in hospitals

- Almost all hospitals with newly-graduated nurses provide training for newly-graduated nurses.
- More than 95% of large-scale hospitals provide training in accordance with “Guideline of Training for Newly-Graduated Nurses”.



[Source] “Static survey of medical institutions” Ministry of Health, Labour and Welfare

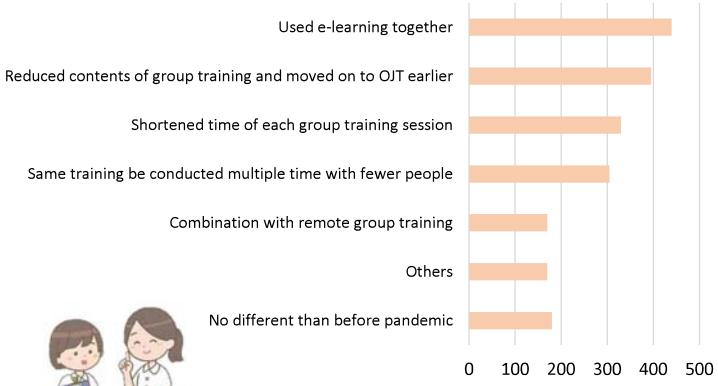
Impact of Covid-19 pandemic on training for newly-graduated nurses

Due to Covid-19 pandemic, there are concerns about impact on clinical practice before obtaining license and training for newly-graduated nurses.

We are currently conducting questionnaire survey with hospitals regarding the actual situation of impact on training of newly-graduated nurses.

In the future, we plan to use this result to propose effective training methods under the infectious disease epidemic.

Training methods that were changed after outbreak of Covid-19



(n=1,044 hospitals, multiple answers)

Consideration in training for newly-graduated nurses due to Covid-19

Implementation	n	%
Provided training on nursing skills before employment	96	9.2
Increased simulation-based training	355	34.0
Lowered level of achievement goals	148	14.2
Extended evaluation period to reach goals	318	30.5
Increased opportunities for showing senior nurses’ practices	510	48.9
Tried to explain senior nurses’ decision in words	303	29.0
Extended orientation period for newly-graduated nurses	154	14.8
Extended orientation period in assigned ward	183	17.5
Increased working time gradually with consideration of newly-graduated nurses’ conditions	131	12.5
Enhanced mental health support	448	42.9
Others	131	12.5
No any implementation	79	7.6

Summary

- In Japan, it has been obligatory for the government and healthcare facilities to strive to provide training for newly-graduated nurses since 2010 in order to improve quality of nursing care and prevent early turnover.
- The government established “Guideline of Training for Newly-Graduated Nurses” so that all healthcare facilities can provide training for newly-graduated nurses.
- The government provides financial support through “Training Project for Newly-Graduated Nurses” to disseminate and promote training in each prefecture.
- Currently, training for newly-graduated nurses are provided at almost all hospitals that have newly-graduated nurses.
- It is expected that quality of nurses in the entire organization will be improved by training not only newly-graduated nurses but also those in charge of training and instructors.

THE PROJECT FOR STRENGTHENING CLINICAL TRAINING SYSTEM FOR NEW-GRADUATE NURSES

PRESENTOR: NGUYEN THI MINH CHINH

NAMDINH UNIVERSITY OF NURSING, VIETNAM

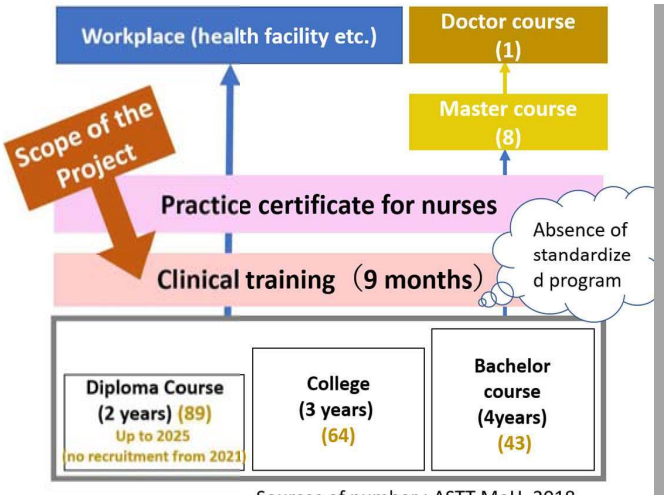
Introduction

- New-graduated nurses need to complete 9 months of clinical practicing at medical facilities before registering their practical certificate in Vietnam (No.40/2009/QH12)

- At that context, MoH of Vietnam in collaboration with JICA (Japan International Cooporation Agancy) is developing standardized clinical training program based on Vietnamese competency standard

Overview of the Project

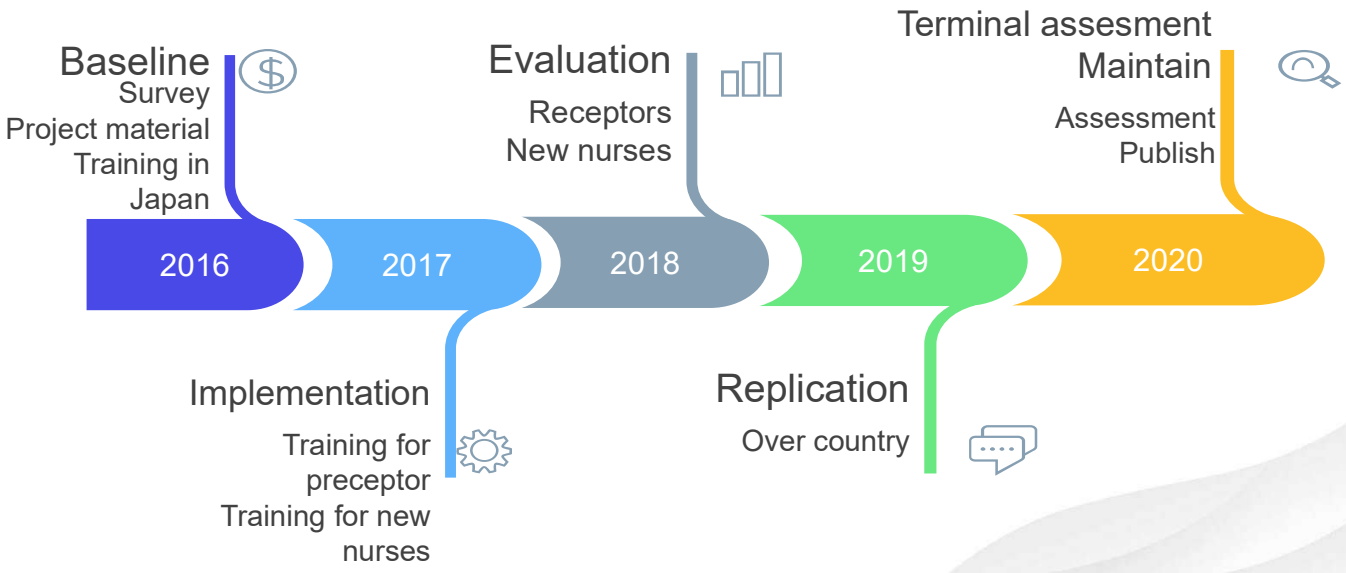
<u>Overall goal</u>: Quality of nursing services in Vietnam improves, through nationwide scaling-up of clinical training system for new graduate nurses



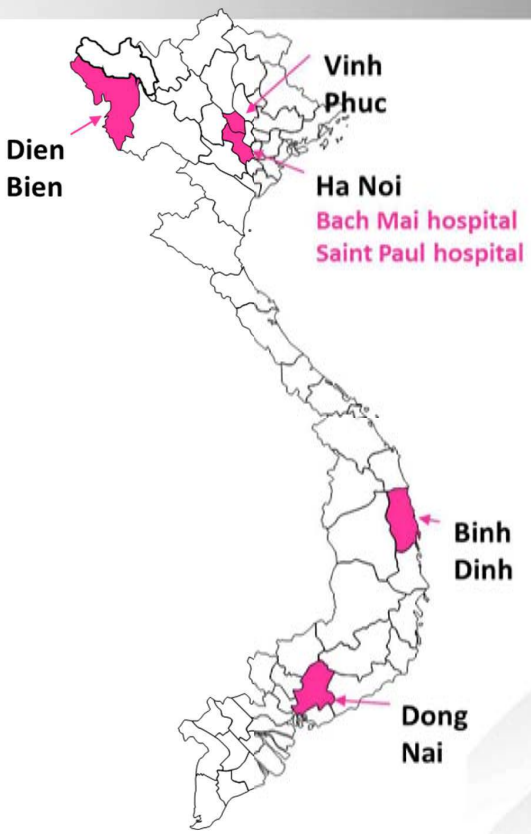
Sources of number : ASTT MoH, 2018

<u>Project objective</u>: Clinical training system for new-graduate nurses is strengthened in four pilot provinces and a pilot city, in anticipation of its nationwide scaling-up
<u>Output1</u>: The standard curricula (incl. syllabi and modules) for competency-based clinical training for new-graduate nurses are developed and field-tested
<u>Output2</u>: The preceptors training of competency-based clinical training for new-graduate nurses is developed and field-tested
<u>Output 3</u>: Monitoring, evaluation and supportive supervision system of competency-based clinical training for new graduate nurses is developed and field-tested
<u>Output 4</u>: The strategic plan for nationwide scaling-up of the clinical training system for new-graduate nurses is developed in an evidence-based manner

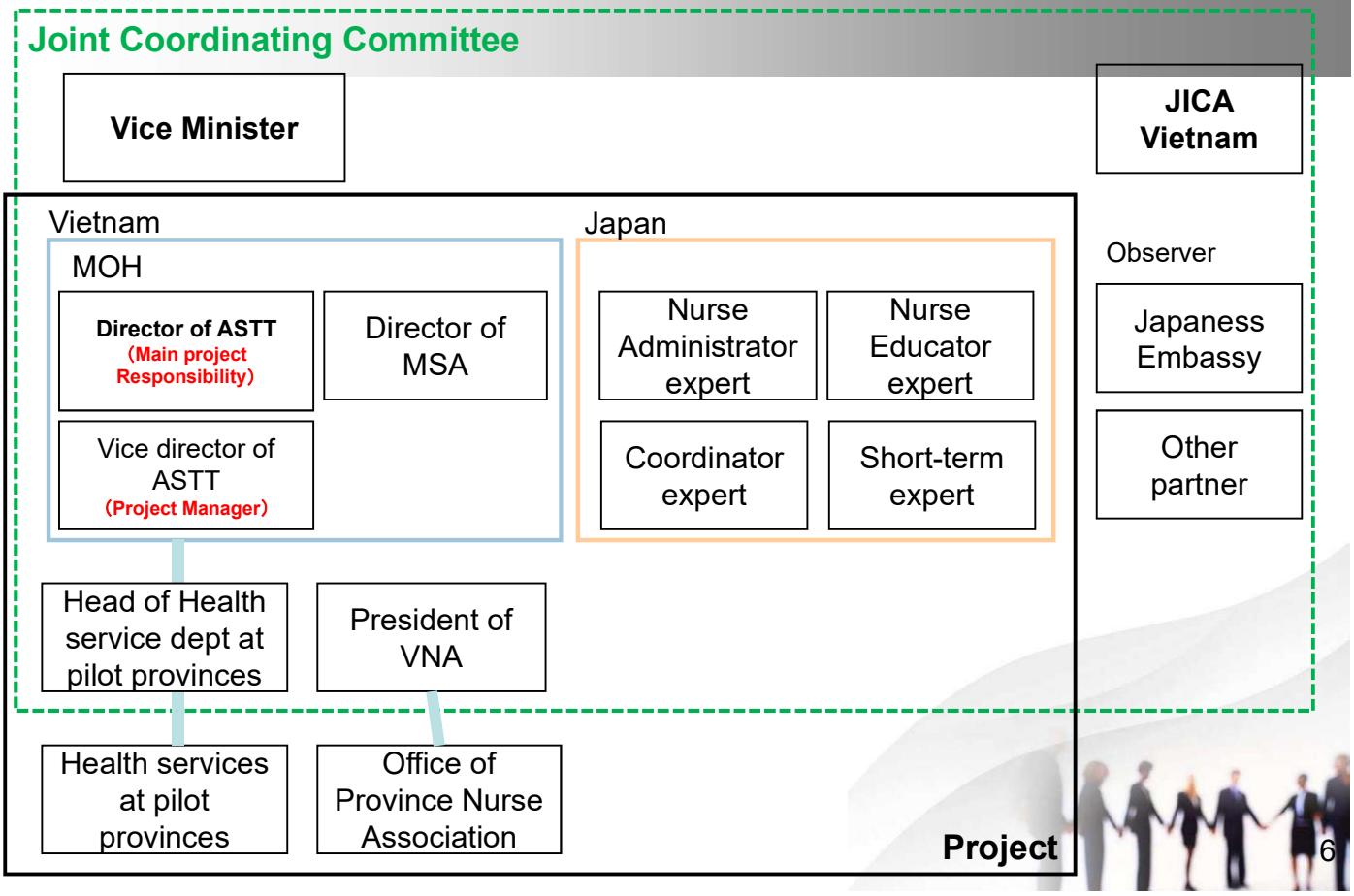
Project Timeline



Project Implementation



Project member



Project result

Replication on over 6 hospitals in whole country

Assessment
Publish

2019

Year 2020

Training Materials
Receptor training
New nurse training

2017

2018

2016

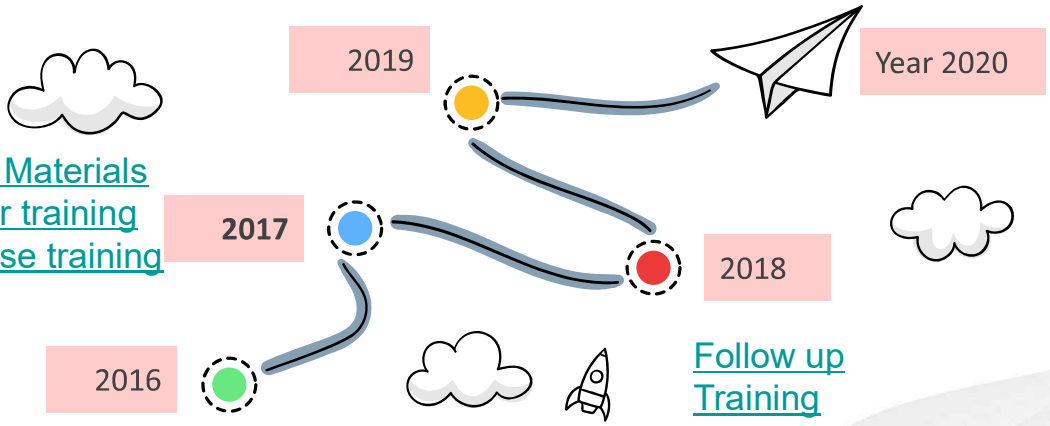
Follow up Training

Training in Japan: 04 courses, 54 participants
Provide equipment for training: 40 health facilities

Project result

Replication on over 6 hospitals in whole country

Assessment
Publish



Training in Japan: 04 courses, 54 participants
Provide equipment for training: 40 health facilities

TRAINING MATERIALS

Title	Clinical training curriculum for new-graduate nurses	Clinical training text books for new-graduate nurses (1 & 2)	Clinical training guideline for new-graduate nurses	Clinical training curriculum and text book for receptor

Project result

Replication on over 6 hospitals in whole country

Assessment
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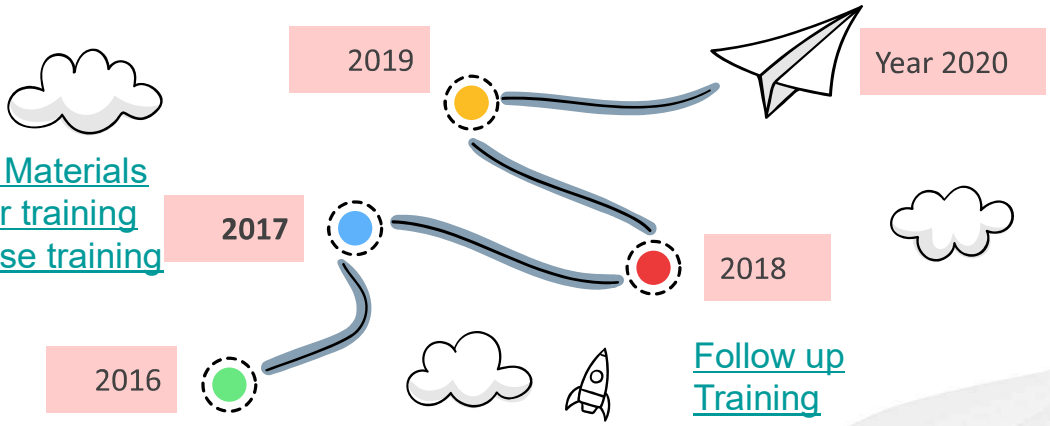
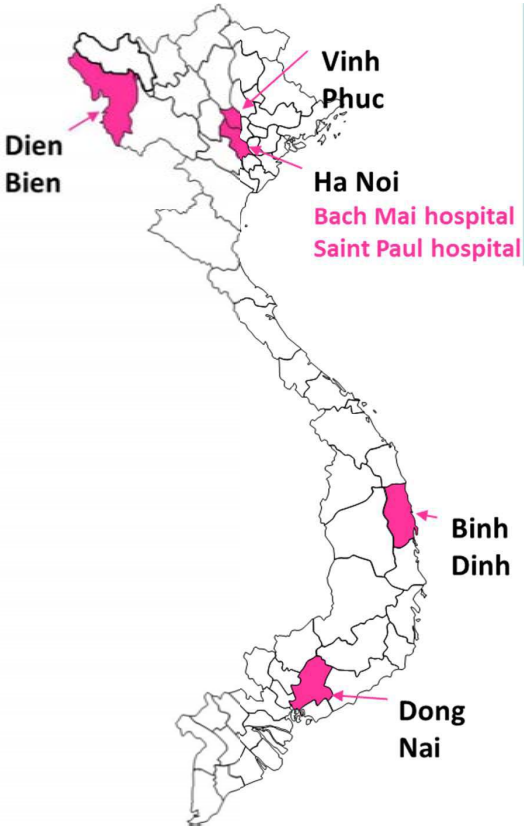


Training in Japan: 04 courses, 54 participants

Provide equipment for training: 40 health facilities

Training receptor



- A total **1403 preceptor** in **71 health facilities** were newly trained during the Project period

Project result

Replication on over 6 hospitals in whole country

Assessment
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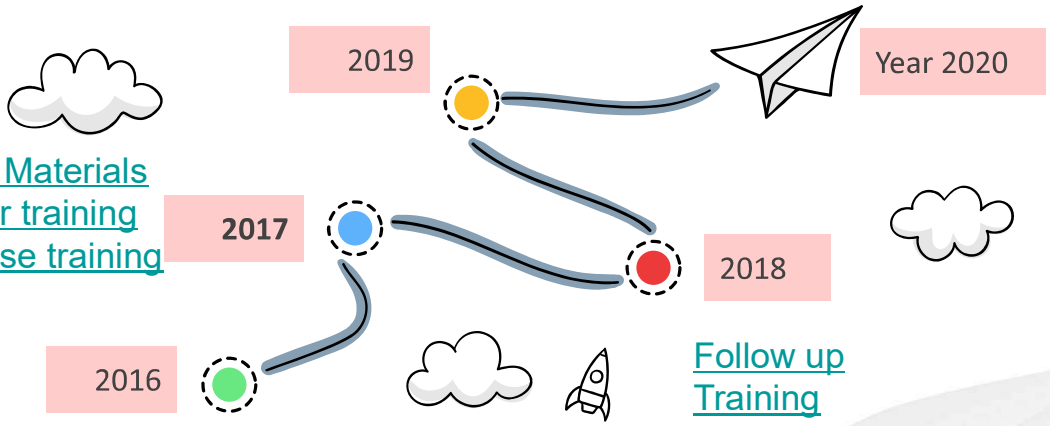
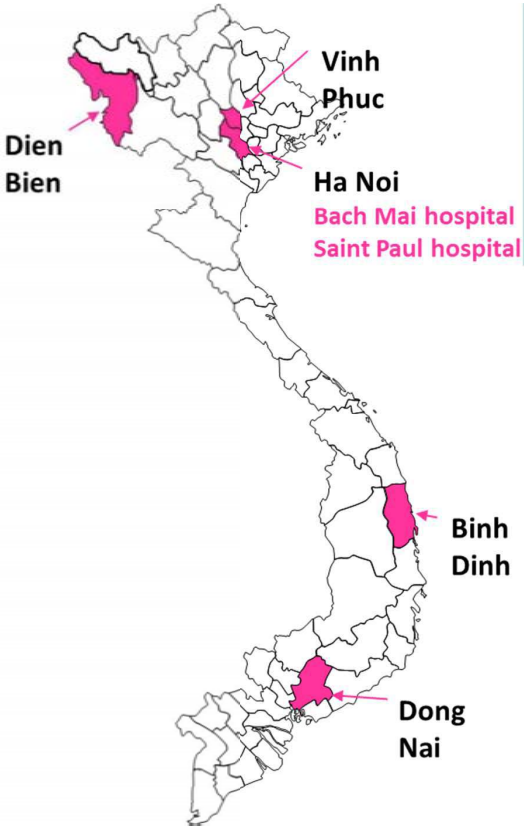


Training in Japan: 04 courses, 54 participants
Provide equipment for training: 40 health facilities

Training new-graduate nurse



- A total **1.080 new-graduate nurses** in **21 health facilities** were newly trained during the Project period

Project result

Replication on over 6 hospitals in whole country

Assessment
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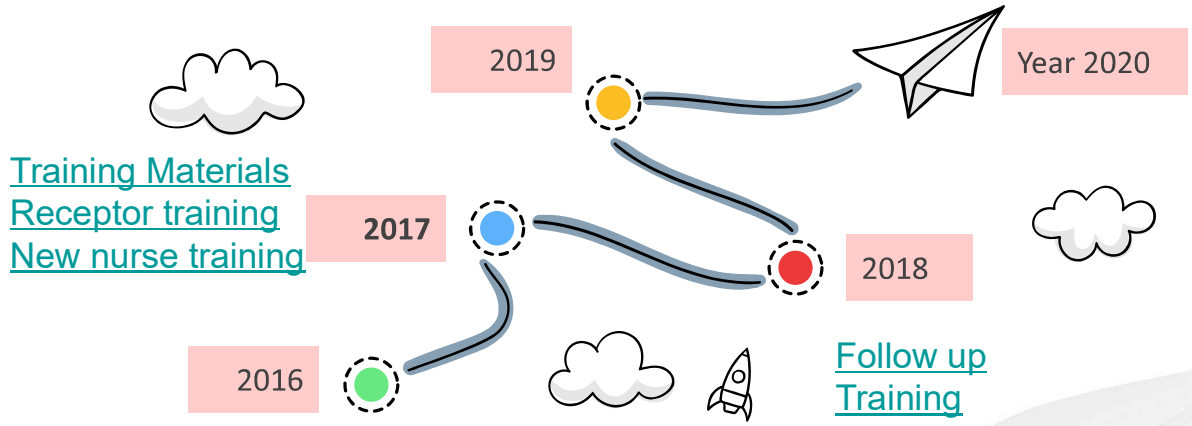
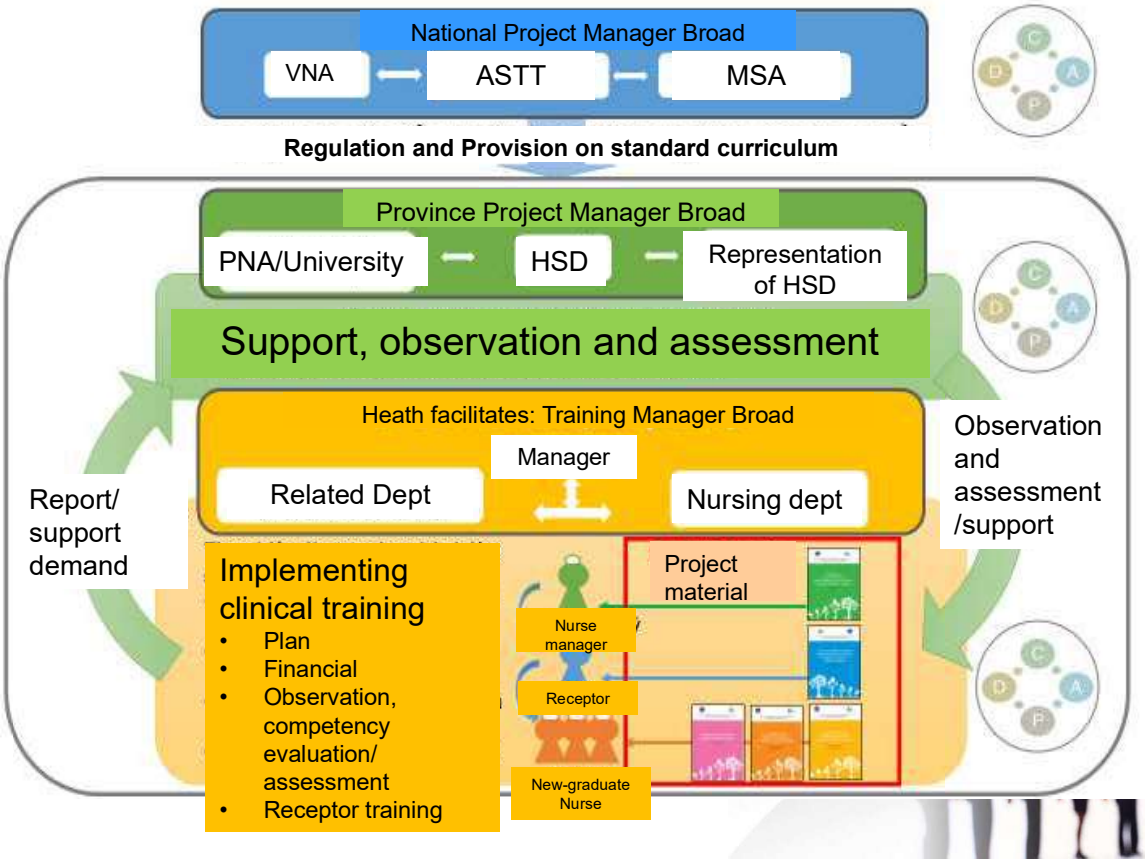
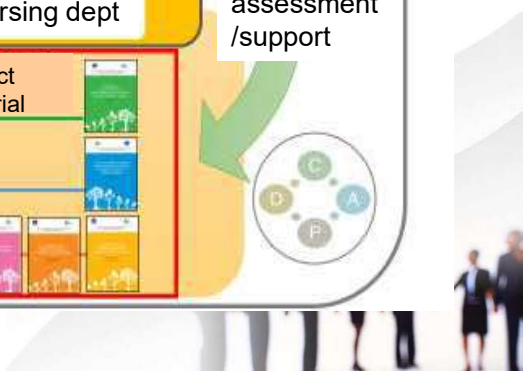


Training in Japan: 04 courses, 54 participants
Provide equipment for training: 40 health facilities

Clinical training system for new-graduate nurses

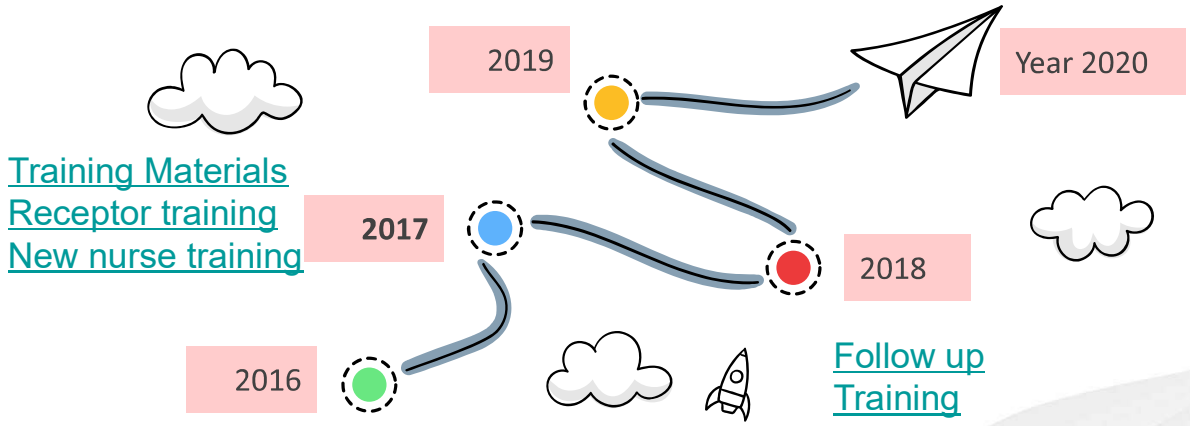




Project result

Replication on over 6 hospitals in whole country

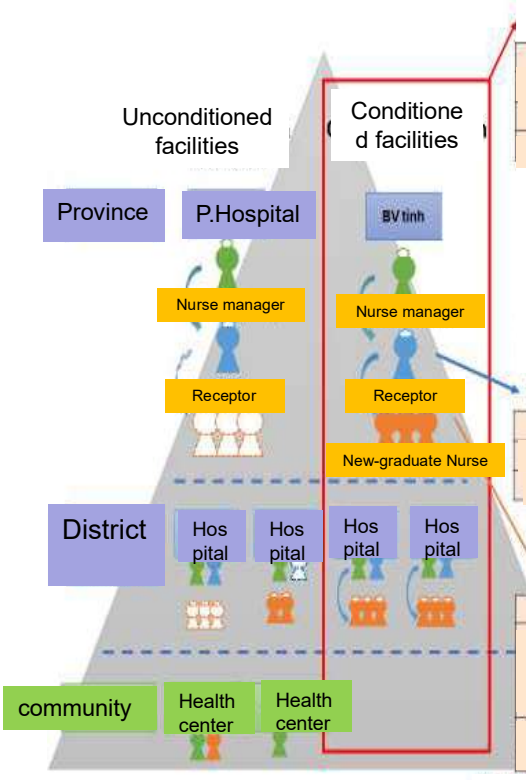
Assessment
Publish



Training in Japan: 04 courses, 54 participants

Provide equipment for training: 40 health facilities

Project Implementation



Conditioned facilities

	2018	2019	Total
No. Achieved facilities	76	76	76
No. Achieved facilities had new nurse	26	28	36
No. facilities achieved 2-5 criteria	19	15	21

Receptor Training

	2017-2018	2019	Total
No. trained receptor	1019 (※)	384	1403
No. Training receptor	21	14	35

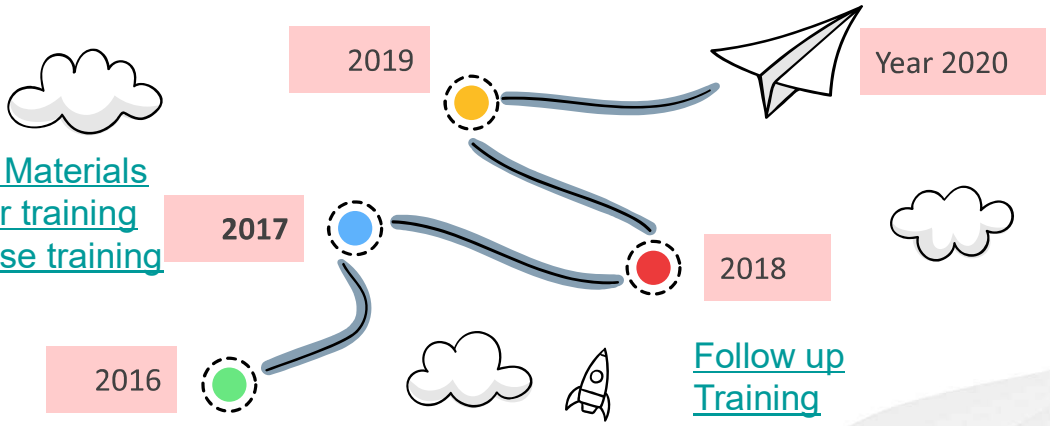
New – graduate nurse training

	2018 (Jan- Dec)		2019 (Jan- Dec)		2020 (Jan - Sep)		Total	
	Reg	Compl	Reg	Compl	Reg	Compl T9/2019)	Reg	Compl
No. training new graduate nurse	367	332	259	250	517	498	1143	1080
No. Achieved facilities	19		15		11		21	

Project result

Replication on over 6 hospitals in whole country

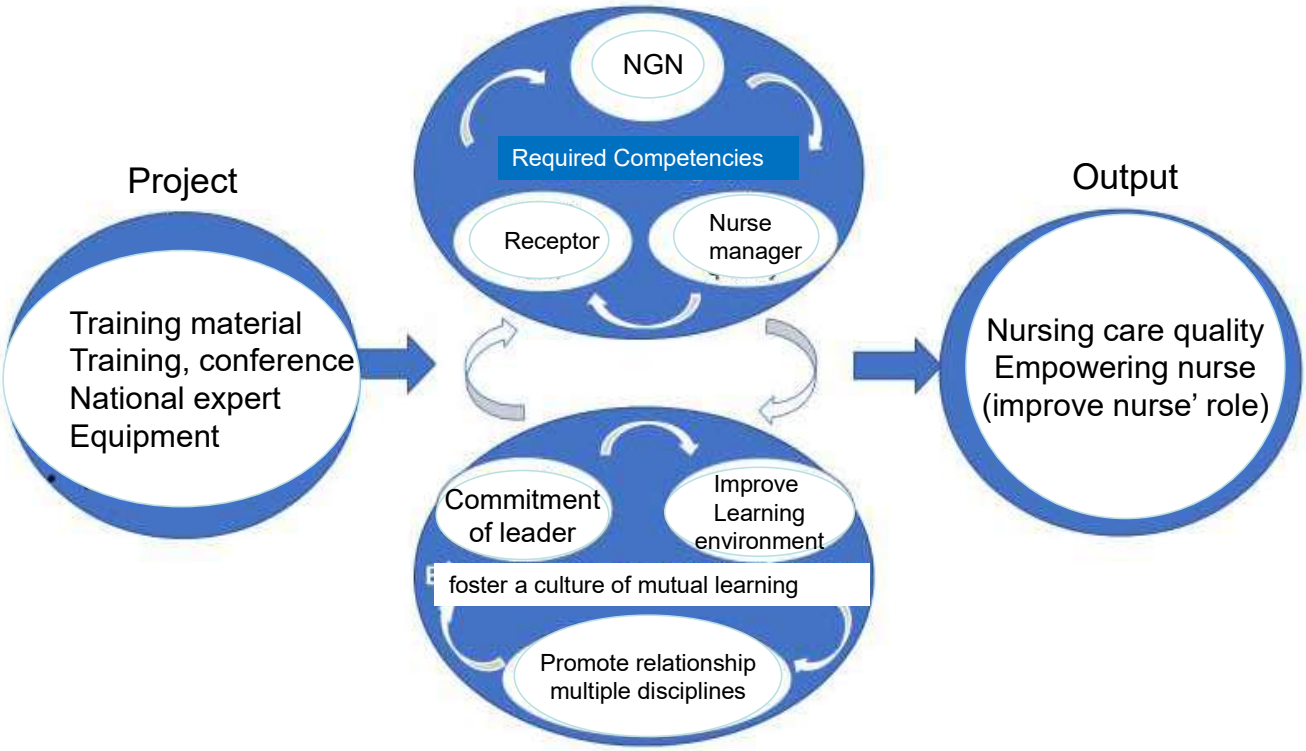
Assessment
Research
Publish



Training in Japan: 04 courses, 54 participants

Provide equipment for training: 40 health facilities

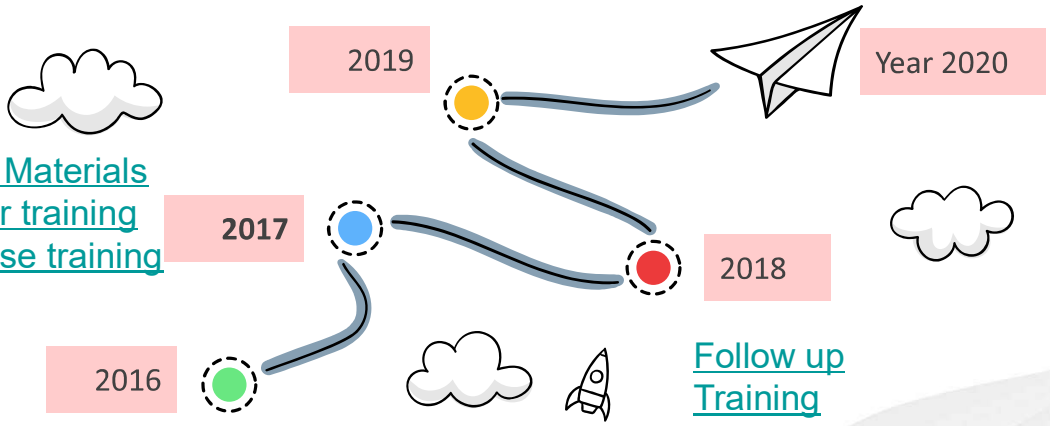
Major Project Achievement



Project result

Replication on over 6 hospitals in whole country

Assessment
Research
Publish



Training in Japan: 04 courses, 54 participants

Provide equipment for training: 40 health facilities

A Case Report in Preceptor Training for New Graduate Nurses

Data collection

A series of interviews were conducted with the nurses who participated in clinical training for new nurses as preceptors

Participants

Participants were recruited from preceptors who were involved in clinical training implementation process, preceptors in 5 hospital in Binh Dinh, Dien Bien, Dong Nai and Vinh Phuc province and Hanoi cities.

Results

5 categories were identified to show the effectiveness of clinical training as CPD for experienced nurses

1. **Enable consider future career**
2. **Various competency were improved and updated**
3. **Obtain self-confident**
4. **Motivate for self-learning**
5. **Create networking to study together**

Effectiveness of a standard clinical training program in new graduate nurses' competencies in Vietnam: A quasiexperimental longitudinal study with a difference-in-differences design

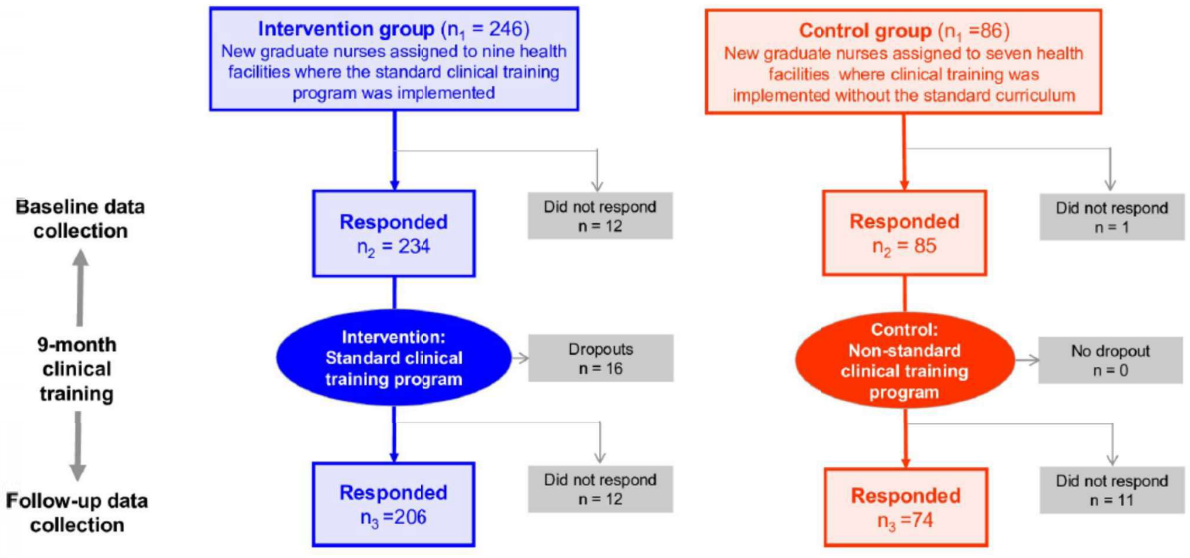


Fig 1. Flow diagram showing the number of study participants in the intervention and control groups.

https://doi.org/10.1371/journal.pone.0254238.g001

Results

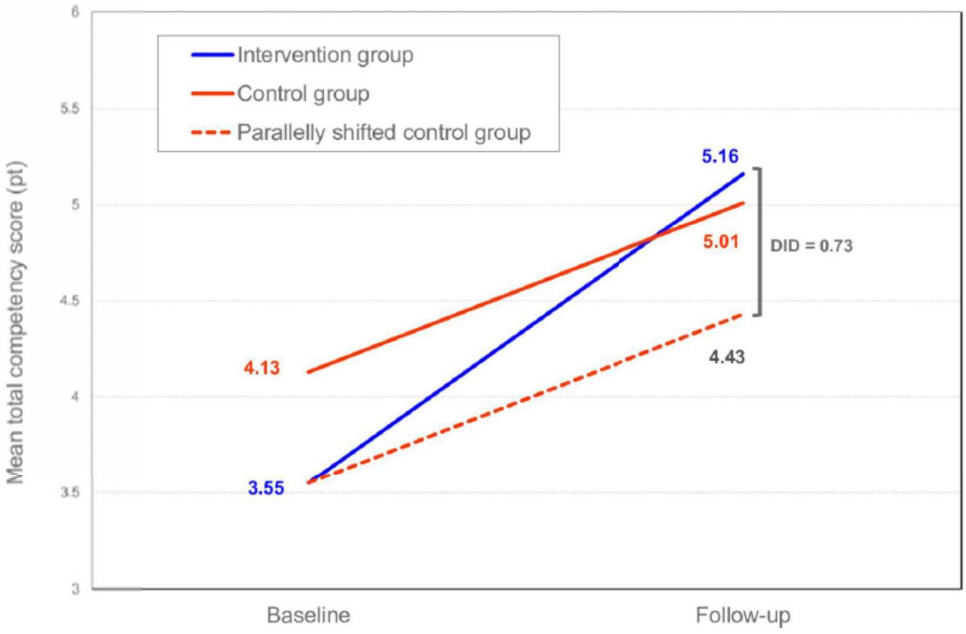


Fig 2. Difference-in-differences in mean increases in total competency scores.

https://doi.org/10.1371/journal.pone.0254238.g002

Result
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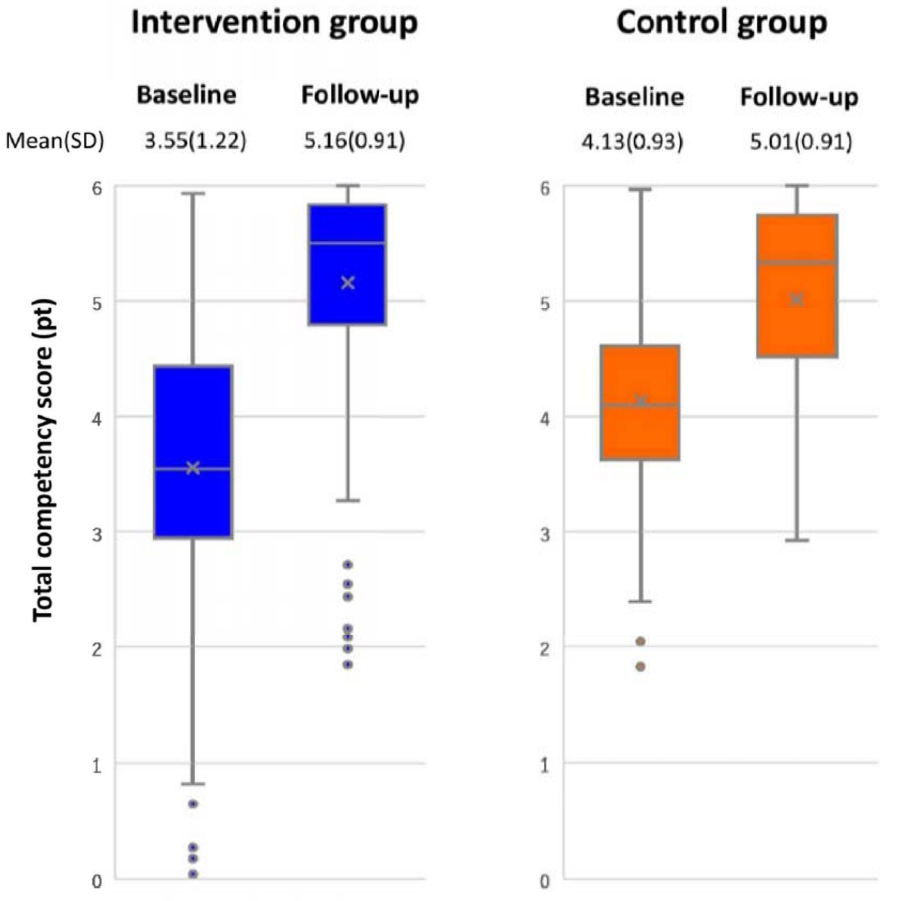


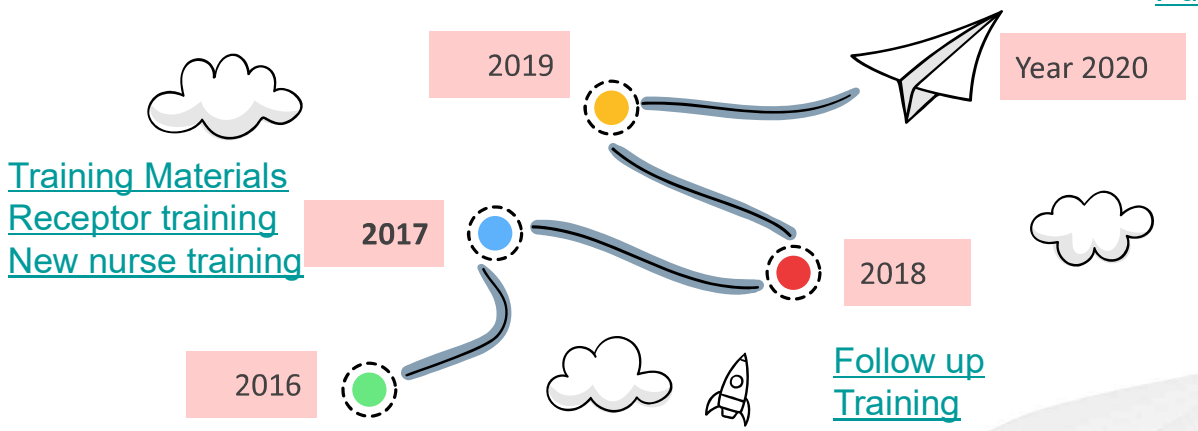
Fig 3. Comparison of mean and standard deviation of total competency scores between groups.

https://doi.org/10.1371/journal.pone.0254238.g003

Project result

Replication on over 6 hospitals in whole country

Assessment
Research
Publish



Training Materials
Receptor training
New nurse training

Follow up
Training

Training in Japan: 04 courses, 54 participants
Provide equipment for training: 40 health facilities

Publish the project product

ICN conference, Singapore 2019

Thank you!

Thank you!

Training for Newly Graduated Nurses in Thailand

Thailand Post Baccalaureate Nurse Residency Training

Dr.Pataraporn Kheawwan, PhD, RN
Department of Nursing, King Chulalongkorn Memorial Hospital,
The Thai Red Cross Society, Email: Pataraporn.k@chulahospital.org

AGENDA

- Background
- Establishment & Guideline of the program
- Effectiveness of the program
- Current Progress
- Challenges

Background

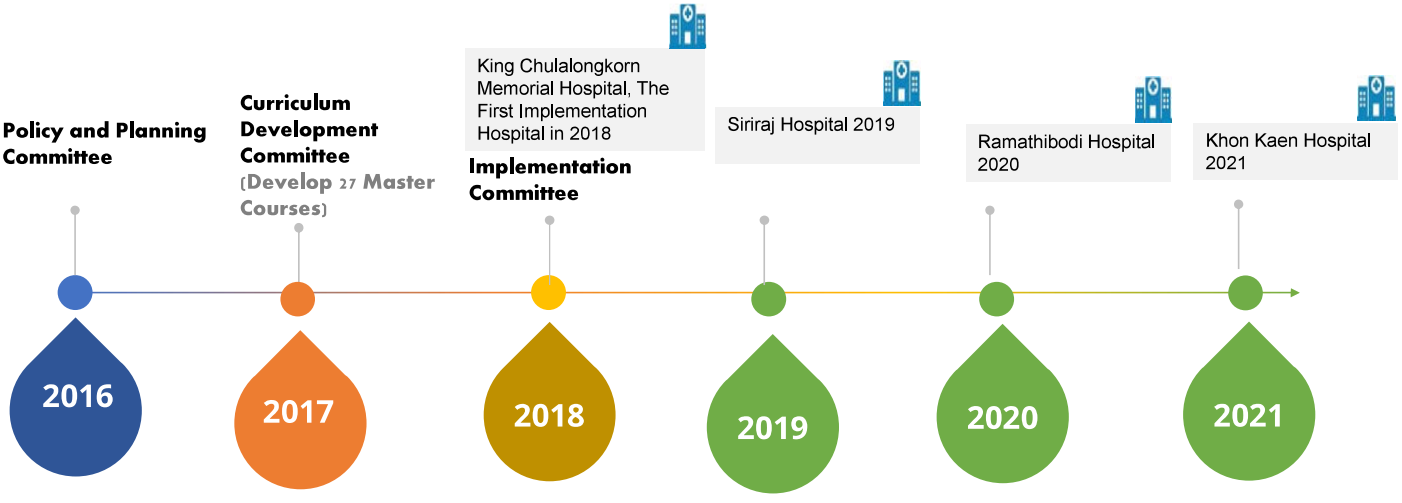
Twenty-Year National Strategic Plan for Public Health (2018-2037)

- Nursing Profession has major contribution in several specialties

- Specialized nurses are needed due to the demand for increased specialization in patient care
- Nurses could not leave from work & inadequate financial support for CPD programs
- Registered nurses who graduates in the Bachelor of Nursing Science Program are general practitioners
- **Training of newly graduated nurses is therefore viewed more than the transition from being a student nurse to a registered nurse, but is a further development to become a specialized nurse.**

Thailand Post Baccalaureate Nurse Residency Training

First initiated by Thailand Nursing and Midwifery Council (TNMC) in 2016



Thailand Post Baccalaureate Nurse Residency Training

- 27 Master Training Programs were developed by TNMC Curriculum Development Committee
- Nursing service organizations integrate contextual specific curriculum
- Programs will be sending for approval by TNMC (Renew curriculum approval every 5 years)
- Continuously develop new graduates to become specialized nurses in 27 nurse specialties

1. General Medical Nursing	10. Adult and Aging Mental Health and Psychiatric Nursing	19. Orthopedic Nursing
2. Neurological Nursing	11. Child and Adolescent Mental Health and Psychiatric Nursing	20.Ophthalmic Nursing
3. Nephrological Nursing	12. Drug and Substance Abuse Users Mental Health and Psychiatric Nursing	21. Ear Nose Throat Nursing
4. Critical Medical Nursing	13. Midwifery	22. Palliative Nursing
5. Cardiovascular Nursing	14. Pediatric Nursing	23. Critical Pediatric Nursing
6. General Surgical Nursing	15. Community Nursing	24. Critical Neonatal Nursing
7. Critical Surgical Nursing	16. Emergency and Trauma Nursing	25. Radiology Nursing
8. Neurology Surgical Nursing	17. Oncology Nursing	26. Critical Cardiovascular Nursing
9. Cardiovascular & Thoracic Surgical Nursing	18. Perioperative Nursing	27. Gynecological Nursing

TNMC Guideline for Post Baccalaureate Nurse Residency Training

Principle

Post Baccalaureate Nurse Residency Training is conducted by nursing organizations in cooperation with educational institutions.

Aims of the program are to develop newly graduated professional nurses and/or nurses who have not undergone specialized training in their field of work in a hospital or in a network of health care facilities to provide specialized nursing competencies that are required by the agency and consistent with the performance of the trainees.

TNMC Guideline for Post Baccalaureate Nurse Residency Training

- The nursing organization is responsible for organizing the training by setting up Board of Committee which consists of the chairman of the committee of each specialty course, human resource nurse from nursing organization, and nurse instructor from academic institute.
- Set up a program committee to implement and manage each course which consists of a senior nurse manager, unit nurse manager, advanced practice nurse, clinical nurse educator/nurse preceptor, and nursing instructors, etc.
- There are nurse instructors/educators from academic institutions participating in program planning and implementation.

โรงพยาบาลจุฬาลงกรณ์ สภากาชาดไทย
KING CHULALONGKORN MEMORIAL HOSPITAL

TNMC Guideline for Post Baccalaureate Nurse Residency Training

- Nursing organizations prepare courses by bringing the master training programs provided by the TNMC, and adding their own context specific information.
- Each institute training programs will then present to the TNMC to consider and approve the training arrangements and record course information and training in the nursing council's database system, including the record of continuing education units for those who have passed the training.
- Qualified nurse preceptors should be prepared and provided.
- All trainees have nurse preceptors to help, train, advise, guide, facilitate learning in the same direction as indicated by the program.
- Establish a monitoring system for continuous program development. Perform at least once a year evaluation and use the results to improve the training program.

TNMC Guideline for Post Baccalaureate Nurse Residency Training

- Develop a competency document/ logbook for trainees to record their own competencies based on the criteria for each course/unit, and used as a document to monitor the competency/skills development of each trainee.
- Trainee competency assessors are the unit nurse manager, and/or clinical nurse educator/nurse preceptor.
- In case of the trainees move/change their workplaces during the training, they able to continually train or change field of training in accordance with their working unit of the nursing organization. Competency assessment will be used as the basis for comparing transfers and planning their ongoing training program.

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KING CHULALONGKORN MEMORIAL HOSPITAL

TNMC Guideline for Post Baccalaureate Nurse Residency Training

- In case of the trainees are not new graduates, they could attend training courses by using competency assessment as the basis for comparing transfers and planning their ongoing training program as well.
- When the trainees have completed the learning/competency required by each course and passed the assessment according to the criteria, the nursing organization provide certification of nursing specialty and send the name list to the TNMC to record the continuing education credit of the trainees in the Nursing Council's database.

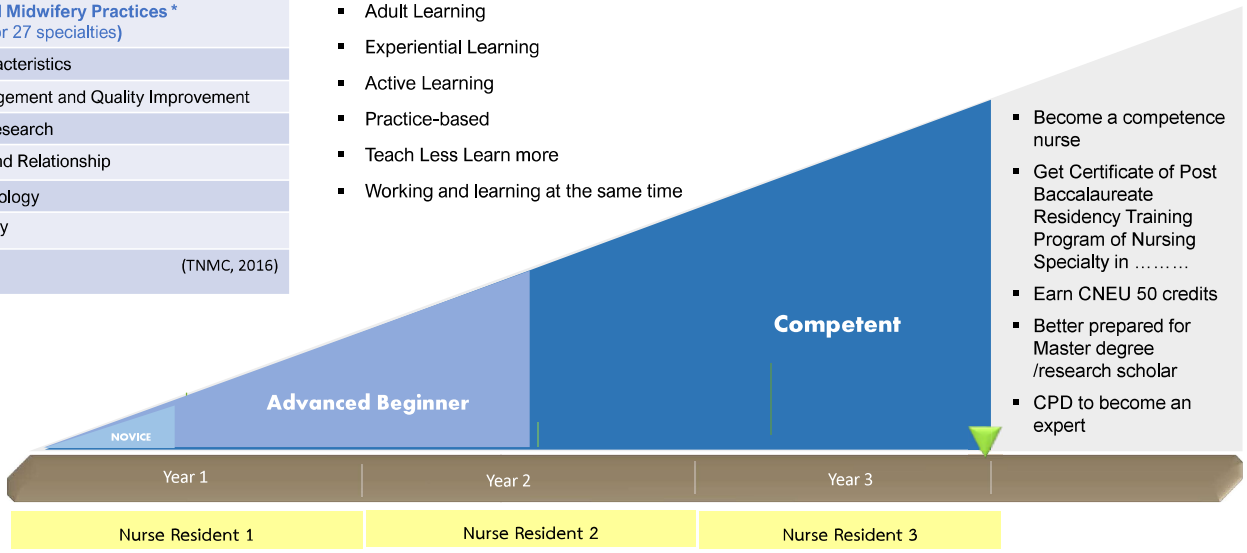
Guideline of Post Baccalaureate Nurse Residency Training is open to public on the TNMC website for all nursing service organizations

Post Baccalaureate Nurse Residency Training

Goal: Continuously develop new graduates to become specialized nurses within 3 years

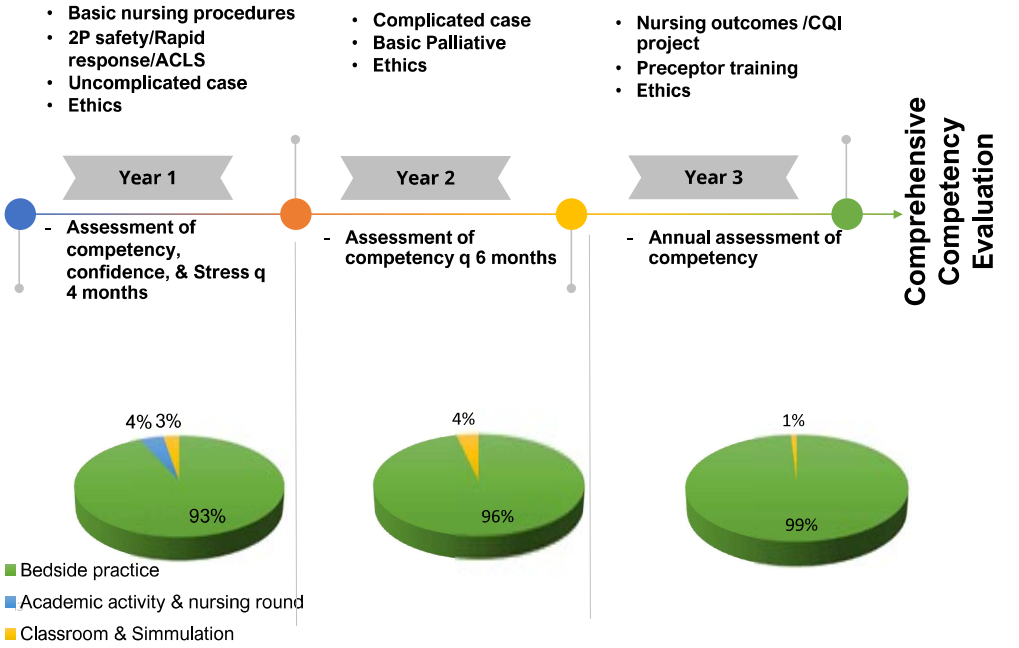
Competencies of Registered Nurses
1. Ethics, Code of Conduct and the Law
2. **Core Nursing and Midwifery Practices** * (Clearly defined for 27 specialties)
3. Professional Characteristics
4. Leadership, Management and Quality Improvement
5. Academics and Research
6. Communication and Relationship
7. Information Technology
8. Social Competency
(TNMC, 2016)

- Modular competency-based training
- Preceptorship
- Adult Learning
- Experiential Learning
- Active Learning
- Practice-based
- Teach Less Learn more
- Working and learning at the same time



- Become a competence nurse
- Get Certificate of Post Baccalaureate Residency Training Program of Nursing Specialty in ……
- Earn CNEU 50 credits
- Better prepared for Master degree /research scholar
- CPD to become an expert

Post Baccalaureate Nurse Residency Training

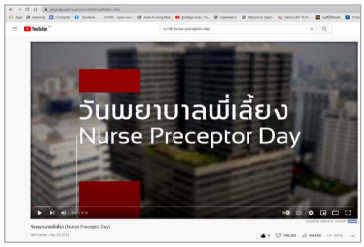


Program Structure

- **Preceptorship**
- **Bedside Learning**
- **Simulation Training**
- **Didactic Session**
- **Journal Club**
- **Clinical Case Discussion**
- **Nursing Round**
- **Integration to Nursing Supervision Activity**

Nurse Preceptor & Clinical Nurse Educator

- **Nurse Preceptor** is the heart of the system.
- **Clinical Nurse Educator** becomes crucial and has been strengthened.
- TNMC has standard preceptor training program provided, however nursing service organizations can adapt for their own contextual specific.

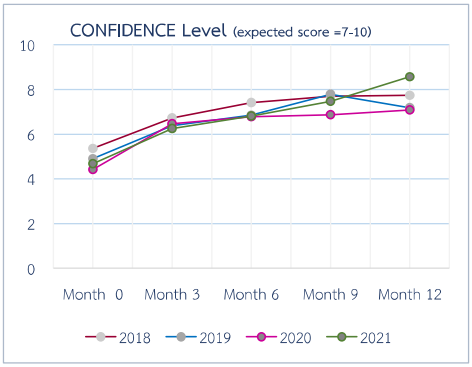


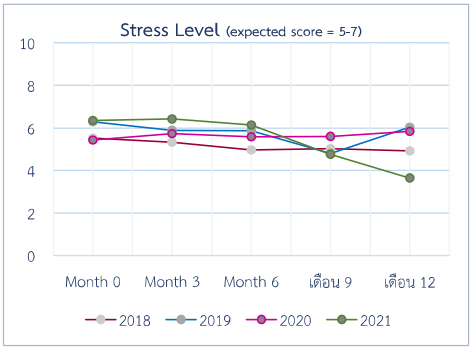
King Chulalongkorn Memorial Hospital Preceptorship Model

Level of nurse preceptor	Specification	Responsibility	Training
Nurse preceptor level 1	• 3-yr experience • Bachelor's degree	Nurse resident 1 (1-year/new nurse)	KCMH preceptorship course (2 days)
Nurse preceptor level 2	• 5-yr experience • Bachelor degree	Nurse resident 2-3	Clinical Teaching Course
Unit-based clinical nurse educator	• 5-yr experience • Bachelor degree/Master degree	All nurse residents in their own ward	Intensive Training Course for Clinical Nurse Educator
Clinical nurse educator (Residency coordinator)	• 5-yr experience • Master degree	All nurse residents in their own track	Onboarding program for Residency Coordinator

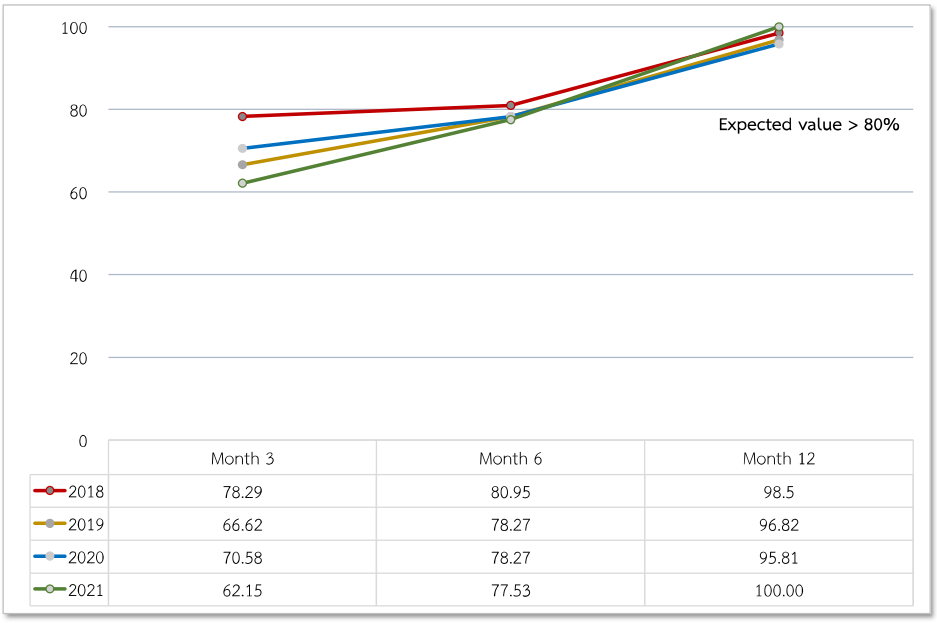
Effectiveness of the Program

(King Chulalongkorn memorial Hospital data)





Percentage of New grad that expected competency met at the specified timepoint

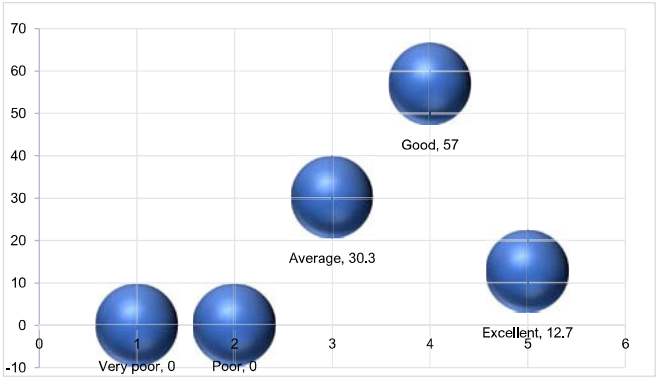


	Month 3	Month 6	Month 12
2018	78.29	80.95	98.5
2019	66.62	78.27	96.82
2020	70.58	78.27	95.81
2021	62.15	77.53	100.00

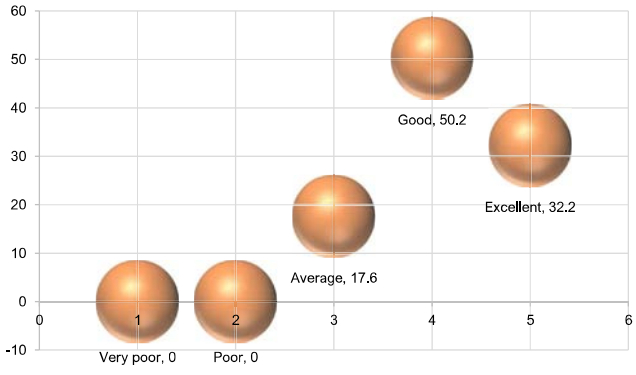
Customer Survey

682 surveys from multidisciplinary team (nurse, doctor, pharmacist, paramedic)

Nurse Resident ensures that patients receive quality care according to professional standards

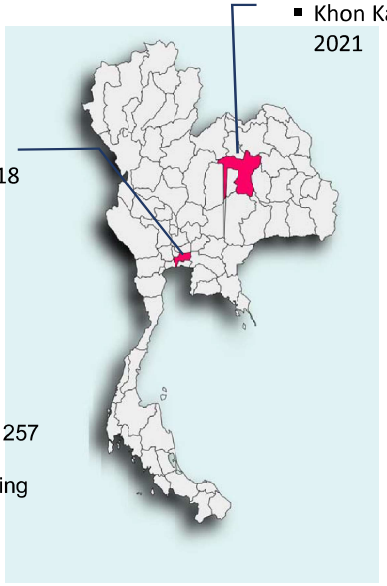


Nurse Resident and the Nurse Residency Program changed the image of the nursing profession

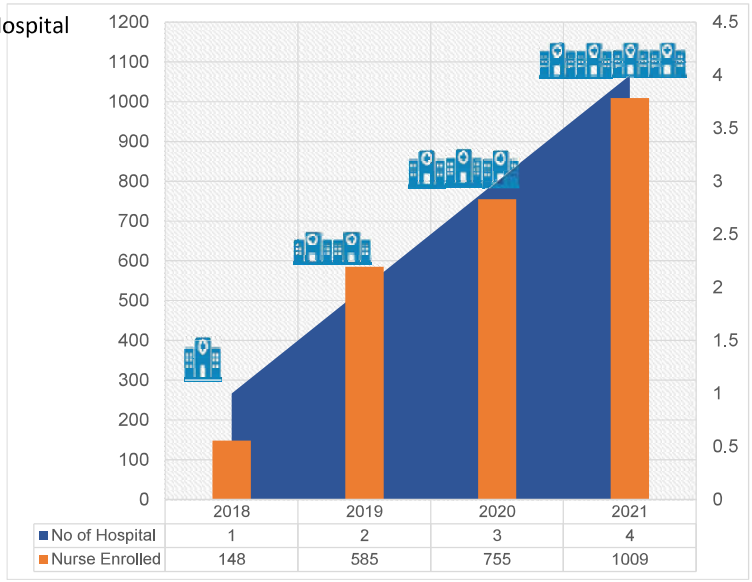


Current progress

- King Chulalongkorn Memorial Hospital 2018
- Siriraj Hospital 2019
- Ramathibodi Hospital 2020
- Khon Kaen Hospital 2021



1,303 Nurse Preceptors & 257 Clinical Nurse Educators were certified for this training system



Total enrolled = 2,497 nurses

Challenges

- Nationwide research are needed to demonstrate effectiveness
- Support for small scale hospitals since they are not key nursing-midwifery institutions
- Follow up impacts on patient safety & outcomes
- Nurse Internship may raising smooth transition and rapid development during the first year of practice

Continuing Professional Development System for Nurse-Midwives

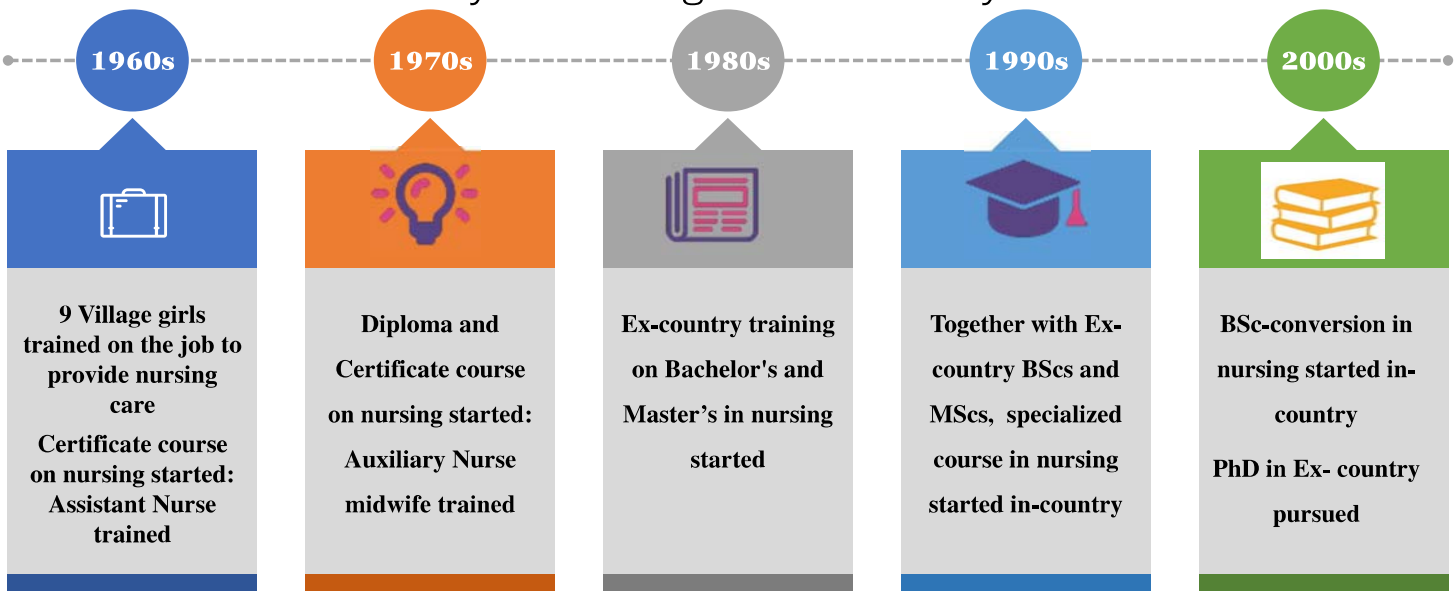
Bhutan

18th May 2022

Bhutan team representative: Ms. Karma Choden
Assistant Professor, FNPH-KGUMSB

Situation of CPD system for Nursing and Midwifery

Brief history of nursing and midwifery in Bhutan



Situation of CPD system for Nursing and Midwifery

CPD= CME

Lack of well structured institution of CPD

Respite:

Ministry of health (nursing program is responsible for CPD/CME for nurses)

Guidelines: CME guideline (BHMC, 2018)

Competency based framework for clinical 2019 and staff nurses 2021 by RCSC

CPD/CME ACTIVITES

ANY TOPICS RELATED TO
Nursing and Midwifery

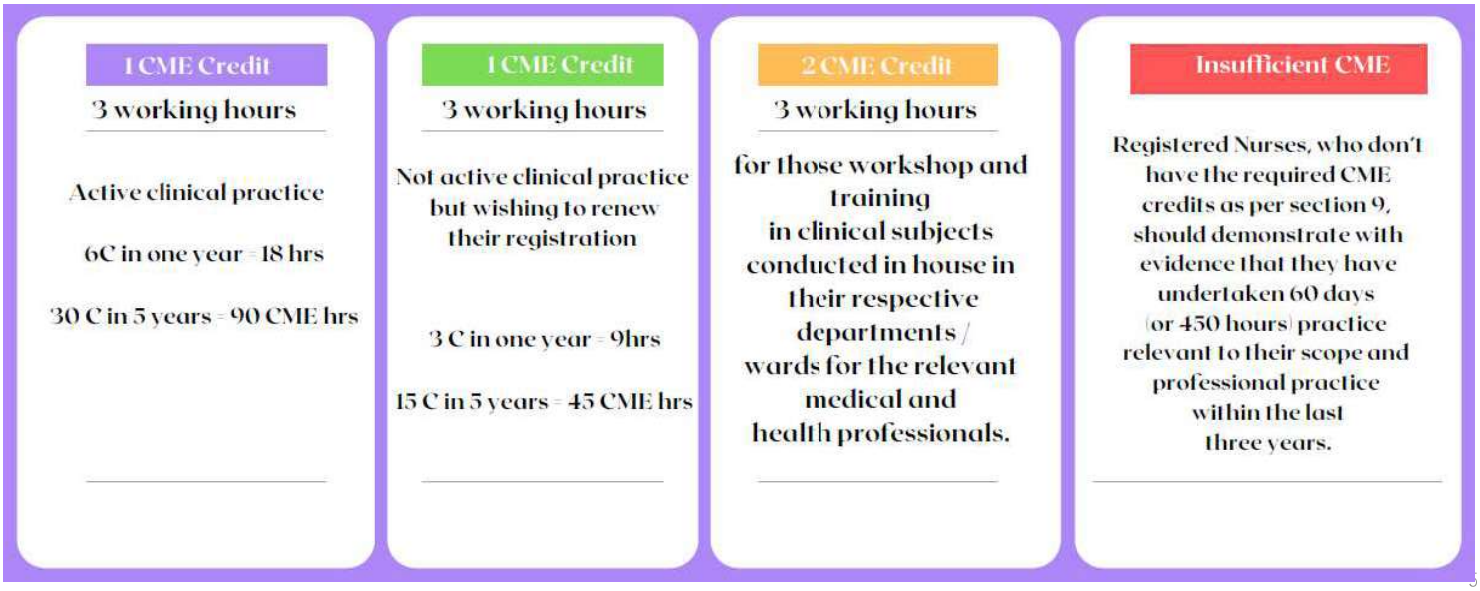
1. INFECTION CONTROL
2. PATIENT SAFETY
3. CRITICAL CARE
   ADULT, PEDIATRIC, NEONATAL
4. LIFE SAVING COURSES
   BLS, PALS, BEmOC, NALS
5. SPECIALITY DEPENDENT
   DIALYSIS, OT, Facility based IMNCI, Communication skills, Nursing process etc
6. RESEARCH in nursing and midwifery

Situation of CPD system for Nursing and Midwifery

Registration with BHMC	CPD/CME Credits
Registered with BHMC and engaged in active clinical practice	Minimum 30C in 5 years for renewal of registration require a minimum of **3** credits per year in the core professional practice
Registered with BHMC and not engaged in active clinical practice	Minimum of 15 credits in 5 years
Registered with BMHC but not active in clinical practice and wishing to pursue active professional clinical practice	Have to undergo a clinical attachment in their field of professional practice for a minimum period of 3 months under a clinical supervisor appointed by the BMHC.
Full time Teaching faculty	Minimum of 20 credits of clinical practice in their respective professional practice to be eligible for renewal of their registration.

Situation of CPD system for Nursing and Midwifery

- Calculation of CME credits



Situation of CPD system for Nursing and Midwifery

CME Credible activities

SL.#	Type of CME Activity	CME Credits awarded	
1.	Seminars/lectures by medical experts	As determined from the agenda	
2.	Relevant Clinical workshop and CME programmes	As determined from the agenda	
3.	Medical /Clinical Conference	As determined from the agenda	
4.	Medical and clinical Congress	As determined from the agenda	
5.	Medical and Clinical Symposium	As determined from the agenda	
6.	Formal courses in a recognized teaching institution /Structured Training Courses Structured Clinical training not leading to enhance professional qualification	Duration	CME Credits
		<1 month	6
		<6 months	10
		7 – 12 months	10
		13 – 24 months	15
		>24 months	30
7.	Clinical Research by the professional in their relevant professional field	15 credits: for main author/ researcher 10credits: for co-author/assistant	

Situation of CPD system for Nursing and Midwifery

CME Credible activities

8.	Publications – books, chapter in book, articles	6 credits for book; 3 credits per chapter or article
9.	Presentations – oral or poster in	3 credits per paper/ poster
10	Assignment, project work – designing and developing teaching materials, guidelines, etc.	6 credits per paper/ assignment
11	BMHC approved web-based CME activities in relevant fields	As per online accreditation
12	Resource/ Trainers/ Facilitators registered with the BMHC in their professional practice	As determined from the agenda
13	Teaching faculty a) 1 semester b) 3 clinical practice hours	 6 credits 1 credit

Note: Need documentation evidence

Situation of CPD system for Nursing and Midwifery

CME reporting in CPD activities

- On completion of the CME activity
  - the organizer submits a list of the participants and resource persons along with the BMHC, registration number and email address to the Council secretariat to facilitate updating of CME credits of the individual members online for official record.

Situation of CPD system for Nursing and Midwifery

CME credits can be viewed by an individual in their online personal profile

Situation of CPD system for Nursing and Midwifery

Providing CPD/CME to nurses

- RCSC/MOH carries out annual training need, planning and budgeting for professional development as per the competency based requirement.
- Proposing individual/ organization/ agency submits the CME proposal online in the prescribed format at least **one month in advance** for approval and CME code.
- Adhoc CME activity that is carried out without prior approval is applied online in the prescribed format and seek the approval **within 10 working days** after completion of the activity.
- BMHC reviews all CME activities

Trainers of trainings of CPD for Nursing and Midwifery

8.	Publications – books, chapter in book, articles	6 credits for book; 3 credits per chapter or article
9.	Presentations – oral or poster in	3 credits per paper/ poster
10	Assignment, project work – designing and developing teaching materials, guidelines, etc.	6 credits per paper/ assignment
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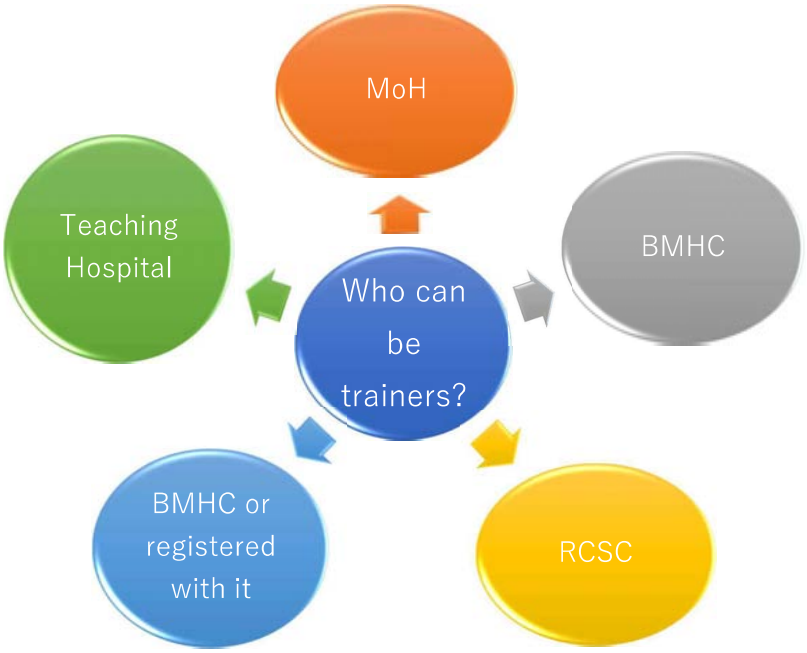
Trainers of trainings of CPD for Nursing and Midwifery



Trainers of trainings of CPD for Nursing and Midwifery

Evaluation and selection of topics of CPD for Nursing and Midwifery

- RCSC and MoH requirement for professional development in line with competency based framework through training need analysis.

- The CME Committee
  - Reviews the CME proposal.
  - Evaluates the relevance of CME activities to ensure that the proposed educational activities are in compliance with the CME mission and procedures.
  - Provide recommendation to the CME organizers

- BMHC secretariat on behalf of CME committee will approve the CME proposal

COVID-19 pandemic and CPDs

- Did those topics of CPD for general nursing change during the COVID-19 pandemic?
  - Yes more focus was shifted to skill development on critical care (trained nurses from districts at JDWNRH) to set-up ICUs in respective hospitals.
  - More stress was on infection control, especially standard precautions during COVID patient care
  - Suicidal prevention and psychological first aid

- Were there any other changes in CPD for general nursing caused or affected by the COVID-19 pandemic?
  - No studies carried out but frequent, prolong lockdowns and movement restrictions due to pandemic has halted many CPD trainings for nurse-midwives.

Challenges of CPD and how to overcome those challenges

SN	Challenges	Strategies/ plan to overcome the challenges
1	CPD System in infancy stage	Commitment from highest decision making bodies: MoH, BMHC and RCSC CPD system well defined and identified
2	Unequal awarding of CME credits owing to the opportunity to attain workshop/trainings or any CME	Having online CPD/CME system deliverance at self-paced mode
3	Pandemic and its effect on CME	Online modality
4	Taking off with online CPD/CME system	Empowering enthusiastic nurse-midwives and nursing and midwifery leaders Securing budgets
5	Mis-match in CME trainings and field of practice	Proper need analysis, monitoring and evaluation
6	Enhanced inclusiveness of stakeholders relevant to all nursing and midwifery	Representation of relevant agency(s) that has stake or could improve the CMEs for nurse-midwives to be included in any kind of decision making (policy, regulations, guidelines etc)

Continuing Professional Development System for General Nursing in [Laos P.D.R]

18th May 2022

Ms. Pengdy INTHAPANITH

Chief, Nursing and Midwifery Board

Topics of CPD for general nursing:

- Primary Health Care, Quality of nursing service (QHC)
- IPC, Nosocomial infection and Multi Resistance Drug (MDR)
- RMCHA(include vaccination), Nutrition
- HIV/AIDS, Malaria, TB, Communicable disease (include diarrhea and pneumonia),Dengue, Hepatitis B and C
- COVID-19, Epidemiology and Laboratory
- NCD (Diabetes, HT, Cancer)
- Road Injury
- Nursing ethics, Nursing regulations (law, standard, competency), Nursing research

Plan/Situation of CPD system for general nursing

- CPD is mandatory for nurses
- In total of 30 credits in 5 years (6 credits/year)
- Activities:

  1) Attending approved CPD activities (e.g., workshops, seminars, conferences, and online accredited courses that deal with issues related to nursing practice and education.

  2) Self-study

  3) Completing a research project and publishing nursing-related articles, textbooks, etc.

  4) Enrolling at a college or university in courses that are specifically provided to continue education and relevant to nursing practice (Ph.D., Master, and upgrading courses)

Trainers of trainings of CPD for general nursing

1) Main institute: Educational institutions (university, college and schools) and Central hospitals

2) Secondary institute: Provincial hospitals

3) Other related institute: Nurse and Midwife Associations, and Medical Associations (Heart and blood vessels association, Surgery association, Children association, Obstetrics & Gynecology association, Ophthalmology association)

4) Development partners collaborating with the MoH

Trainers of trainings of CPD for general nursing

1) Research available institutions and trainers (e.g., preceptors, clinical trainers, lecturers) providing in-service training

2) Make a master plan of training for trainers

3) Provide training to trainers regularly - Assigned hospital system* can be utilized

* Central hospital in charge of the provincial hospital by region (e.g., northern, central, southern)

Evaluation of topics of CPD for general nursing

- Monitor (e.g., observe, interview) actual CPD activities
- Reporting of CPD activities by CPD provider to Department of Health Personnel and the Nurse and Midwifery Board

Selection of topics of CPD for general nursing

National Competency for Licensed Nurse

Core competency agreed among ASEAN countries
1. Ethics and Legal Practice
2. Professional Nursing Practice
3. Leadership and Management
4. Education and Research
5. Professional, Personal and Quality Development

Level 1: Novice
(New graduate)

Level 2: Beginner
(Trainee of the PIPN)

Level 3: Competent
(3-4 years of clinical experience)

Level 4: Expert
(5 years of clinical experience)

<Developed based on Benner's nursing theory>

+

Scope of nursing service

4 areas of duties
&
19 basic nursing activities (e.g., environment control, nutrition care, excretion care, activity care, hygiene and personal care, breath care, wound care, pain control, health education, etc.

Changes in CPD for general nursing caused or affected by the COVID-19 pandemic

- More topics related to COVID-19 will be included (e.g., sample collection, management of infected/suspected cases at a hospital. contingency plan, IPC, surveillance)

Challenges of CPD for general nursing and how to overcome those challenges

- Provider: limited resources (teaching-learning methodology of trainers, facility, budget, equipment, textbook)
- Trainee: limited experience in self-learning, limited correct information about CPD
- Mechanism: limited coordination among ministry level and focal point

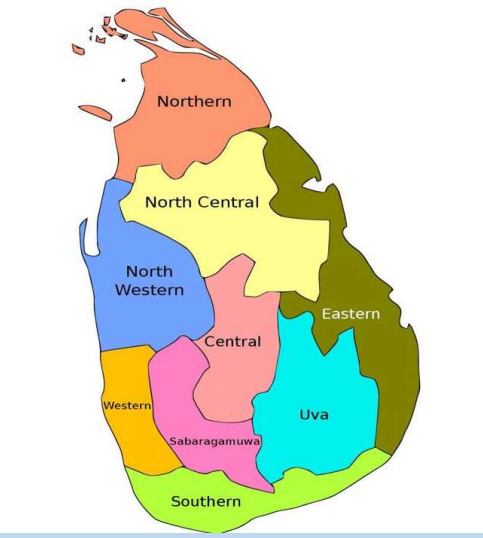
- Disseminating and advocate nurses to promote CPD,
- Providing standardized training for trainers by utilizing available teaching-learning resources and establishing regional educational centers as a focal point at college and core hospitals.
- Clarifying the role and responsibility among relevant departments at the National level
- Learning from countries - study tour to observe actual CPD activities in general nursing, specific nursing, and nursing management/administration

Thank you for the attention!

Nursing CPD framework in Sri Lanka

Team
Team Leader – Dr. G.S.P. Ranasinghe (Former Director Training, Ministry of Health Sri Lanka)
Member – Ms. Ashoka Abeyanayake (Director Nursing Education, Ministry of Health Sri Lanka)
Member – Ms Samanmaleee (Director Nursing Medical Services)

Sri Lankan Health system



- Population – 22.2 Million
- Provinces – 9 provinces
- District – 26 District
- Line / Central Ministry Health Services
- Provincial Ministry Health Services

- Total Healthcare Staff – 147,000
- Specialist Doctors – 2100
- Medical Officers / Doctors – 21,000
- Nurses – 40,000

Curative and Preventive Sector Outline

Type of Institution	Total Number of Institutions	Hospital Beds (Range)	Average Number of Hospital Beds	Number of Hospitals Having Less than Average Number of Hospital Beds
Teaching Hospitals	17	359 - 3,302	1,303	11
Provincial General Hospitals	2	1,533 - 2,051	1,792	1
District General Hospitals	19	202 - 1,233	656	11
Base Hospitals - Type A	28	23 - 676	343	16
Base Hospitals - Type B	48	40 - 408	182	29
Divisional Hospitals - Type A	51	26 - 231	106	19
Divisional Hospitals - Type B	132	9 - 114	67	64
Divisional Hospitals - Type C	299	2 - 76	29	154
Primary Medical Care Unit and Maternity Homes	9	5 - 22	13	5
Other Hospitals *	36	2 - 1,420	182	26

* Teaching hospitals of Cancer, Mental and Dental are categorized under "Other Hospitals" and Military, Police and Prison Hospitals are also included under "Other Hospitals"

Source: Annual Health Bulletin 2018

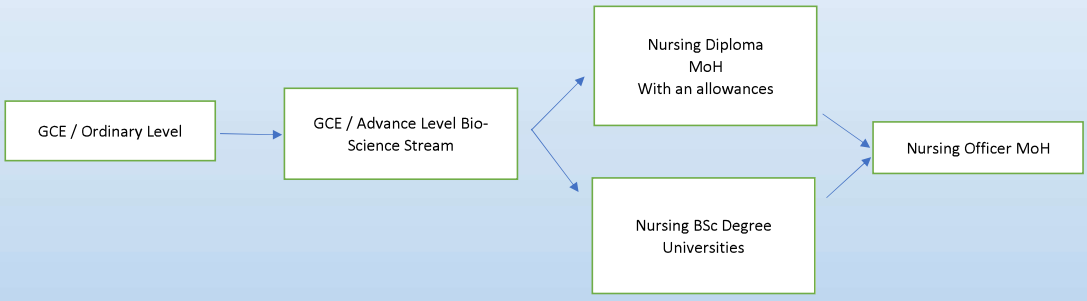
Curative Sector – Hospitals
Preventive Sector – Medical Office of Health
– Programmes (Malaria, Dengue, etc.)

Majority (97%) of the Nursing staff is at Hospitals

Hospital Types

- Teaching Hospitals
- Provincial Hospitals
- District General Hospitals
- Base Hospitals
- Divisional Hospitals
- Primary Medical Care Units and Maternity Homes
- Others / Specialized Hospitals (Cancer Hospital, Eye Hospital, National Institute for Mental Health, etc.)

Entry into Nursing stream



- Recruit per annum – 2700 - 3000
- Diploma Stream (MoH Sri Lanka) – 2700 - 3000
- BSc Stream (Universities) – 200
- Current Nurses – 40,000
- Required – 10,000 (More)
- Currently Training – 6,000
- Population to Nurses Ratio – 212.4 per 100,000 population

Post Induction

- Diploma or BSc and Nurses Council Registration
- Work as a Nursing Officer
- Nurses are trained in 16 Nursing Schools around Sri Lanka
- All these schools are operated by Ministry of Health Sri Lanka
- All these trainees are provided an allowance (LKR 34,000 per month)
- Ten year bond period for all Diploma holding nurses
- Post Basic School – Post Graduate Studies (CPD and Promotion)
- Post Basic School Entry Criteria
  - Continuous Service – 5 years (for applications)
  - Below 50 years of age
  - Competitive Exam (Selection Exam)

Post Basic Training School

- Courses entry by Interview
- Course – 6 months theory at PBS and 6 months clinical (Total – 1 year)
- 5 years experience, seniority, age for selection criteria
  - Operation Theater Training
  - Paediatric
  - ICU
  - Nephrology
  - Emergency
  - Enterostomal
  - Palliative
  - Orthopaedics and Rehabilitation
- Credit value – 33
- Sri Lanka Qualification Framework (SLQF) – Diploma level 4

Post Basic Training School

- Courses entry by competitive Exam for promotion
- 5 years experience, seniority, age for selection criteria
  - Ward Management Sisters (65% from seniority and 35% from exam)
  - Nursing Tutors
  - Public Health sisters
- One year Diploma
- Credit value – 33
- Sri Lanka Qualification Framework (SLQF) – Diploma level 4

CPD Frame Work

- CPD – conducted by the Education Training and Research Unit (ET&R) Ministry of Health
- Individual CPD
  - Individual preference that is related to his / her job (Certificate, Diploma, MSc)
  - by external college, University or organization
  - Provide funds and leave
- Group CPD
  - Develop by ET&R Unit
  - Conducted national level and individual level.
  - Provide refreshment, accommodations, and leave

CPD Frame Work Cont.

- Currently Developing a system
  - Database for CPD activity
  - Conduct Online, In-person, and hybrid
  - Administrative activity via the database system
  - Individual portfolio
- Planning to give
  - CPD points
  - For annual appraisals
- Needs
  - More structuring
  - Structured annual appraisal
  - Re-validation

Thank You

DEVI K SARAVANA MUTHU DIRECTOR OF NURSING, MINISTRY OF HEALTH, MALAYSIA

18th May 2022

CONTINUING PROFESSIONAL DEVELOPMENT SYSTEM FOR GENERAL NURSING IN MALAYSIA

What are the topics of CPD for general nursing (common CPD activities/ programs that can be applied to all nurses regardless of their specialties or working fields) in my country ?

Medical Sciences, Behavioral Sciences(Ethics Psychology , Sociology, Communications, Counselling, personal and Progressed Development) Nursing Sciences(Fundamental Of Nursing, Medical& Surgical & Specialized Areas)

References : Books, Internet, Journals, Publications.

Is CPD for general nursing mandatory or voluntary for nurses in my country ?

✓ CPD points are mandatory for re licensure in Malaysia. The points are determined by Nursing Board Malaysia (NBM) for its relevance to practice to maintain skills and competencies.

✓ Currently all categories of Registered Nurses need a minimum of 20 CPD points for application to renew Annual Practicing Certificate (APC) yearly. Appointed CPD Supervisors at the respective areas will verify the CPD points achieved by the nurses according to CPD Guidelines for Nurses 2020. This summary will then be submitted to the Nursing Board Malaysia for approval and processing of APC.

✓ The CPD activities are conducted in all health care facilities /universities/training institution/Health related NGO'S. Application to conduct activities in Cat A1 –A3 needs approval and endorsement from NBM. All the other categories A4 – 10 will be coordinated by appointed CPD supervisors

References : CPD guidelines for nurses.

Can CPD for general nursing be counted as CPD credits or scores of the regulatory body (nursing council etc.)? If it can be counted, how does each nurse report his/her participation in CPD activities/ programs of general nursing to the regulatory body?

Yes.

In Malaysia we have the supervisors at the respective areas who will summarize the CPD points achieved by the nurses according to category of A1- A8. This summary will then be submitted through a form to the regulatory section of nursing board for processing by the respective facilities

Ref : CPD Guidelines for nurses, 2020.

A1 (Max : 20 points) : Congress/ Conference

A2 (Max : 20 points) : Scientific Meetings Of Chapters Of academy/ Universities/ Colleges/ Associations/ Institutions / Ministry Of Health & others

A3 (Max : 30 points) : Workshops/ Courses/Fellowships / attachments

A4(Max : 20) : CME/CNE/ Teaching Rounds/ Lectures/ Clinic attendance/ Journal club/ Video conferencing/ morbidity & mortality review/ etc.

A5 (Max :30 points) : Presentation at Accredited meetings / Give Talks & Lectures/ Chairman Of sessions

A6 (Max : 30points) : Publication Of articles in journal/ chapters in a book/ bulletin/ magazine/ reports / formulation of CPG, SOP etc.

A7 (Max : 20 points) : Self studying/ distance learning

A8 (Max : 20 points) : E learning

How are the CPD activities/ programs of general nursing being provided to nurses?

CPD activities are presented via presentation, hands on workshops, clinical teaching, sessions via physical attendance, virtually which is coordinated by the local CPD committee.

Who are the trainers of those CPD activities/ programs of general nursing?

The experts in field such as nursing experts, clinicians , nursing educators and other healthcare workers.

How are the trainings being provided to the trainers of those CPD activities/ programs of general nursing?

Credentialing and Privileging the expert nurses in the areas of concern. The Clinical teaching module is also added in the training of nurses.

How is Evaluation done?

Done through Supervisors, CPD committee. Review & feedback forms after attending the CPD activities.

Who selects and decides the topics of CPD for general nursing?

Nursing CPD committee of each facilities

How do they select and decide the topics of CPD for general nursing?

Selected based on :

- ✓ current trends& issues in the medical advancement
- ✓ Current learning needs identified by Healthcare facilities & nurses.

Did those topics of CPD for general nursing change during the COVID-19 pandemic?

Yes.

During Pandemic The nursing Fraternity were more concerned on providing services and less topics were delivered. There were lots of guidelines and SOPs on COVID19 where nurses were asked to familiarized with in order to provide safe care.

Were there any other changes in CPD for general nursing caused or affected by the COVID-19 pandemic?

CPD activities were offered via virtual. When handled hands on , the SOP of COVID19 strictly adhered.

What are the challenges of CPD for general nursing and how to overcome the challenges?

Challenges :

CPD offerings become commercialized ,thus these programs are conducted by mushrooming private and non medical professionals

How to overcome :

Control measures on requesting providers to apply approval from NMB. This is to verify the quality of the program, presenters qualifications and methods .

What would you like to ask the participants from other countries about the CPD for general nursing (in the 2nd workshop)?

- ✓ The challenges and how do you initiate steps to overcome their challenges.
- ✓ Any checklist that can be shared
- ✓ What other methods utilized to measure CPD.

The CPD System for Specific Fields of Nursing and/or Specialists in Indonesia

ASEAN Nursing Common Core Competencies

At its 6th Meeting held on 10-11 November 2009 in Vientiane Loa-PDR, the AJCCN (The ASEAN Joint Coordinating Committee on Nursing) agreed on **5 domains of the ASEAN Nursing Common Core Competencies** as follows:

1. Ethics and Legal Practice
2. Professional Nursing Practice
3. Leadership and management
4. Education and Research
5. Professional, Personal and Quality Development

Nursing Spesialists in Indonesia

1. Pediatric Nursing Specialist

- To obtain the title "*Sp.Kep. Anak*", students must complete the Master of Nursing Study Program. Then proceed to this specialist education stage in 2 semesters and a maximum of 3 semesters. So that later they will get the professional title of Pediatric Nursing Specialist Nurse.

2. Psychiatric Nursing Specialist

- The title "*Sp.Kep.J*" can be obtained by completing the Master of Nursing Study Program. Then proceed to this specialist education stage in 2 semesters and a maximum of 3 semesters.

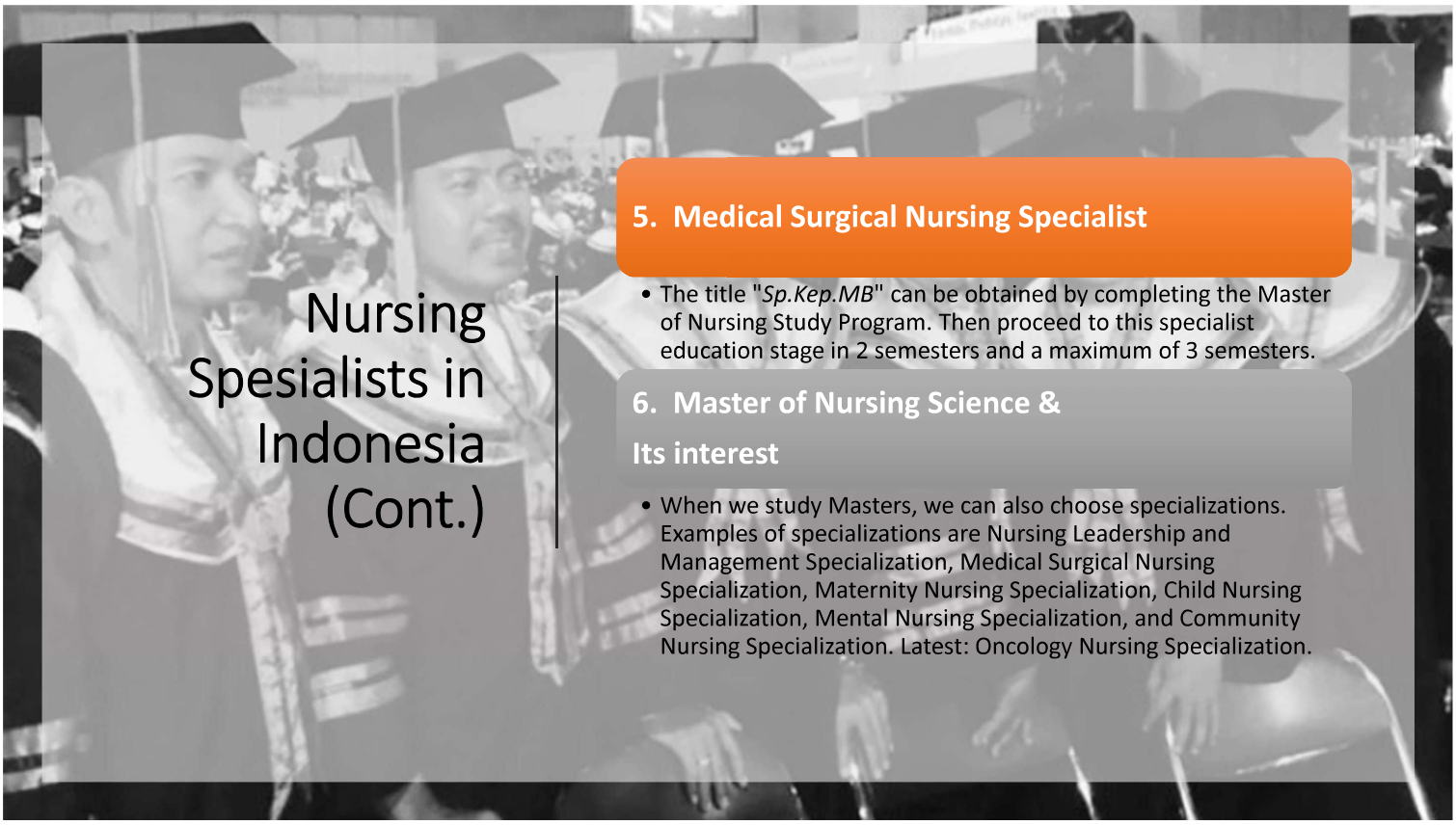
Nursing Spesialists in Indonesia (Cont.)

3. Community Nursing Specialist

- The title "*Sp.Kep.Kom*" can be obtained by completing the Master of Nursing Study Program. Then proceed to this specialist education stage in 2 semesters and a maximum of 3 semesters. Community nursing specialists will not only focus on individuals, but also families, groups and communities.

4. Maternity Nursing Specialist

- The title "*Sp.Kep.Mat*" can be obtained by completing the Master of Nursing Study Program. Then proceed to this specialist education stage in 2 semesters and a maximum of 3 semesters.



Nursing Spesialists in Indonesia (Cont.)

5. Medical Surgical Nursing Specialist

- The title "*Sp.Kep.MB*" can be obtained by completing the Master of Nursing Study Program. Then proceed to this specialist education stage in 2 semesters and a maximum of 3 semesters.

6. Master of Nursing Science &

Its interest

- When we study Masters, we can also choose specializations. Examples of specializations are Nursing Leadership and Management Specialization, Medical Surgical Nursing Specialization, Maternity Nursing Specialization, Child Nursing Specialization, Mental Nursing Specialization, and Community Nursing Specialization. Latest: Oncology Nursing Specialization.

THE REGULATION OF MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA NUMBER 40 YEAR 2017 CONCERNING THE DEVELOPMENT OF CLINICAL NURSE'S PROFESSIONAL CAREER

Article 2 Verse 2

Professional career development of nurses in Indonesia in the form of:

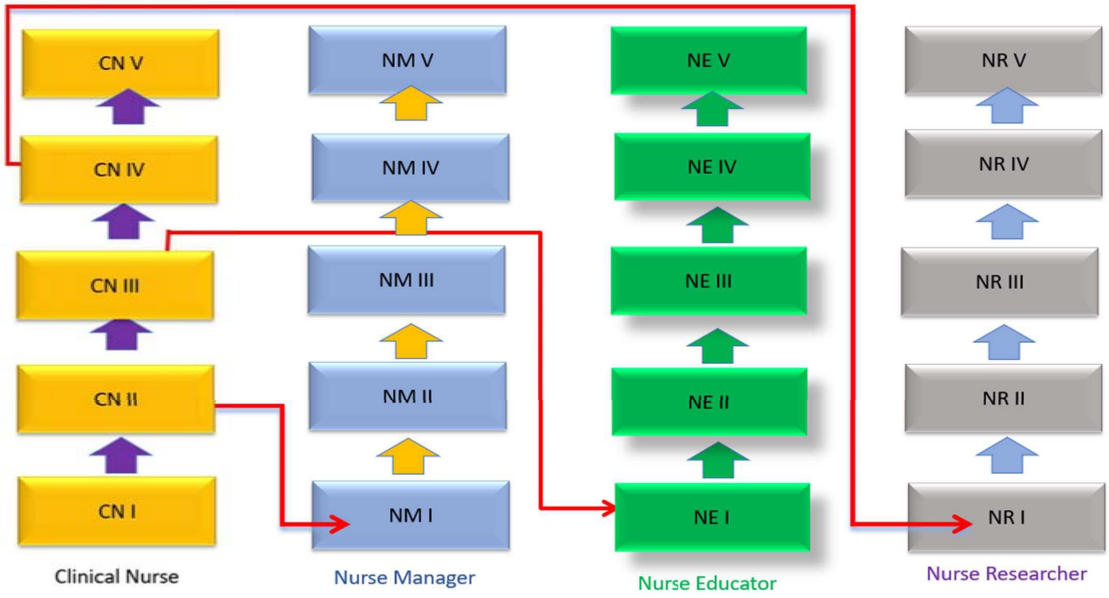
1) Clinical Nurse (CN)

2) Nurse Manager (NM)

3) Nurse Educator (NE)

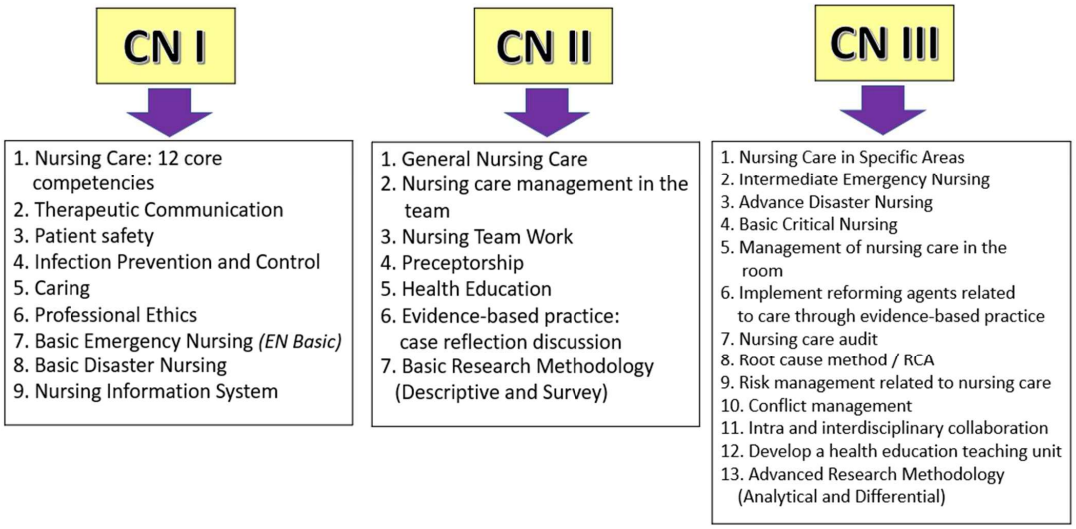
4) Nurse Researcher / Research (NR)

The four nursing professionals are described in the table below:

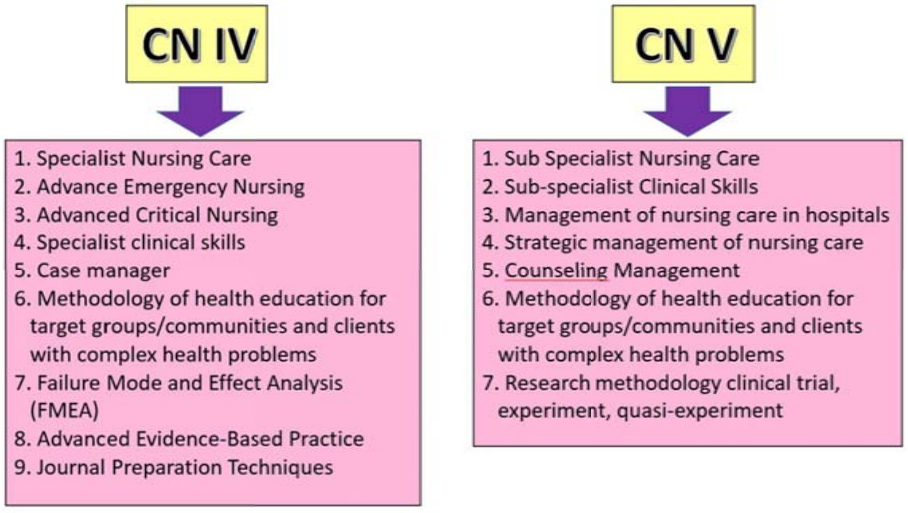


- Each field has 5 (five) levels, starting at the generalist level, basic specialty, advanced to specialty, specialist, sub-specialist/consultant. To become a level I nurse manager, you are required to have level II clinical nurse competence. To become a level I nurse educator, you are required to have a level III clinical nurse competence. To become a level I research nurse, you are required to have a level IV clinical nurse competence.

The CPD program is structured according to competencies at each career level as below:



The CPD Program (Cont.)



THE INDONESIAN NATIONAL NURSES ASSOCIATION GUIDELINES FOR CPD OF INDONESIAN NURSES YEAR 2022

A certificate of expertise is obtained by someone after participating in training activities on certain skills and ending with an assessment/test process in accordance with the Curriculum Standards of the Association and/or Association or the Central Board of the Indonesian National Nurses Association (CB-INNA) Training Agency.

The certificate of expertise is signed by the General Chairperson of the CB-INNA together with the Chairperson of the INNA Complementary Body (Central Association and or Association) or the CB-INNA Training Agency. In the certificate of expertise, the certificate number is listed and registered at the CB-INNA.

Medical-Surgical Nursing: Cardiovascular

No	Name of Central Association and Association	Type of Skills/Specialty Training	Names of Skills/Specialty Training	Naming Recognition has Competent (Expert) written on the Certificate of Expertise/Specification	Validity of Certificate of Expertise/Specificity (in years)
5	Indonesian Cardiovascular Nurses Association (INKAVIN) (Cardiovascular)	*Basic*	Introduction to Basic Cardiovascular Nursing	Basic Cardiovascular Nursing Specialist Level *basic*	- 50 hours - valid 3 years
			Basic ECG for Nurse	Basic ECG Specialist Level *basic*	- 30 hours - valid 3 years
			Basic Cardiac Life Support (BCLS)	Basic Cardiac Life Support (BCLS) Specialist Level *basic*	- 30 hours - valid 3 years
			Code Blue and EWS	Code Blue and EWS Specialist Level *basic*	- 30 hours - valid 3 years
		Intermediate	Advanced Cardiac Life Support (ACLS) for Nurse	Advanced Cardiac Life Support (ACLS) Specialist Level intermediate	- 30 hours - valid 3 years
			Advanced ECG For Nurse	Advanced ECG Specialist level *intermediate*	- 50 hours - valid 3 years
			Basic Cardiovascular Nursing	Basic Cardiovascular Nursing Specialist Level *intermediate*	- 50 hours - valid 5 years
			Cardiovascular Paediatric Nursing	Cardiovascular Paediatric Nursing Specialist level *intermediate*	- 50 hours - valid 3 years
			Cardiovascular Emergency and Intensive Nursing	Cardiovascular Emergency and Intensive Nursing Specialist level *intermediate*	- 50 hours - valid 3 years
		Advanced	Advanced Cardiovascular Nursing	Advanced Cardiovascular Nursing Specialist level *advanced*	- 288 hours - valid 5 years
			Specialized Cardiovascular Nursing: Catheterization	Cardiovascular Nursing: Catheterization Specialist level *advanced*	- 144 hours - valid 5 years
			Specialized Cardiovascular Nursing: Perfusion	Cardiovascular Nursing: Perfusion Specialist level *advanced*	- 3.650 hours - valid 5 years
			Specialized Cardiovascular Nursing: Intensive Care After Cardiac Surgery	Cardiovascular Nursing: Intensive Care After Cardiac Surgery Specialist level *advanced*	- 144 hours - valid 5 years

Medical-Surgical Nursing: Neurosciences

No	Name of Central Association and Association	Type of Skills/Specialty Training	Names of Skills/Specialty Training	Naming Recognition has Competent (Expert) written on the Certificate of Expertise/Specification	Validity of Certificate of Expertise/Specificity (in years)
21	Indonesian Neuroscience Nurses Association (HIPENI) (Neuroscience)	*Basic*	Basic Neurology Life Support (BNLS)	Neurology Emergency and Neuro-Surgery Care Specialist level *basic*	- 30 hours - valid 3 years
			Basic Stroke Nursing Care	Stroke Nursing Care level *basic*	- 30 hours - valid 3 years
			Basic Neurology Nursing Care	Neurology Nursing Care level *basic*	- 30 hours - valid 3 years
		Intermediate	Intermediate Stroke Nursing Care	Stroke Nursing Care Specialist level *intermediate*	- 45 hours - valid 3 years
			Peri Operative Neurosurgery Nursing Care	Peri Operative Neurosurgery Nursing Care Specialist level *intermediate*	- 45 hours - valid 3 years
			Paediatric Neuro Practitioner	Paediatric Neuro Practitioner Specialist level *intermediate*	- 45 hours - valid 3 years
			Neurocritical Nursing Care	Neurocritical Nursing Care Specialist level *intermediate*	- 45 hours - valid 3 years
			Intraoperative Nursing Care for Neurosurgery	Intraoperative Nursing Care for Neurosurgery Specialist level *intermediate*	- 45 hours - valid 3 years
			The Role of Neuroscience Nurses in Neuro Rehabilitation and Neurosurgery	Neuro Rehabilitation and Neurosurgery Nursing Specialist level *intermediate*	- 45 hours - valid 3 years
		Advanced	Advanced Stroke Practice	Stroke Nursing Care level *advanced*	- 288 hours - valid 3 years
			Neuroscience Nursing TOT	Clinical Instructor/Clinical Supervisor/Clinical Educator/Preceptor/Nursing Neuroscience Mentor	- 45 hours - valid 3 years
			Case Manager Neuro & Neurosurgery Cases	Patient Service Manager or Neuro & Neurosurgery Nursing Case Manager	- 45 hours - valid 3 years

Paediatric Nursing

No	Name of Central Association and Association	Type of Skills/Specialty Training	Names of Skills/Specialty Training	Naming Recognition has Competent (Expert) written on the Certificate of Expertise/Specification	Validity of Certificate of Expertise/Specificity (in years)
4	Indonesian Paediatric Nurses Association (IPANI) (Paediatric)	*Basic*	Basic Paediatric Nursing	Competent Paediatric Nurse - Basic Paediatric Nursing Level *basic*	- 30 hours - valid 3 years
			Neonatal Level I	Competent Paediatric Nurse - Neonatal Level I Level *basic*	- 30 hours - valid 3 years
			Growth Stimulation	Competent Paediatric Nurse - Growth Stimulation Level *basic*	- 30 hours - valid 3 years
			Integrated Management of Sick Toddlers	Competent Paediatric Nurse - Integrated Management of Sick Toddlers level *basic*	- 30 hours - valid 3 years
		Intermediate	Neonatal Level II	Competent Paediatric Nurse - Neonatal Level II Level *intermediate*	- 30 hours - valid 3 years
			Paediatric Oncology – Basic	Competent Paediatric Nurse - Basic Paediatric Oncology Nursing Level *intermediate*	- 30 hours - valid 3 years
			Critical Paediatric Nursing - Basic	Competent Paediatric Nurse - Critical Paediatric Nursing Level *intermediate*	- 30 hours - valid 3 years
			Neonatal Basic Life Support	Competent Paediatric Nurse - Neonatal Basic Life Support Level *intermediate*	- 30 hours - valid 3 years
			Paediatric Haemodialysis	Competent Paediatric Nurse - Paediatric Haemodialysis Level *intermediate*	- 30 hours - valid 3 years
		Advanced	Neonatal Level III	Competent Paediatric Nurse - Neonatal Level III Level *advanced*	- 30 hours - valid 3 years
			Paediatric Oncology - Advanced	Competent Paediatric Nurse - Paediatric Oncology Level *advanced*	- 30 hours - valid 3 years
			Critical Paediatric Nursing - Advanced	Competent Paediatric Nurse - Paediatric Oncology Level *advanced*	- 30 hours - valid 3 years

Gerontology Nursing

No	Name of Central Association and Association	Type of Skills/Specialty Training	Names of Skills/Specialty Training	Naming Recognition has Competent (Expert) written on the Certificate of Expertise/Specification	Validity of Certificate of Expertise/Specificity (in years)
25	Indonesian Gerontology Nurses Association (IPEGERI) (Gerontology)	Basic	Basic Gerontology Nursing	Geriatric Nurse Basic Competencies (GNBC) level basic	- 60 hours - valid 3 years
		Intermediate	Intermediate Gerontology Nursing	Geriatric Intermediate Certified Nurse (GICN) level intermediate	- 360 hours - valid 5 years
		Advanced	Advanced Gerontology Nursing	Geriatric Nurse Advanced Competencies (GNAC)	- 2.880 hours - valid 5 years

Nurse Manager

No	Name of Central Association and Association	Type of Skills/Specialty Training	Names of Skills/Specialty Training	Naming Recognition has Competent (Expert) written on the Certificate of Expertise/Specification	Validity of Certificate of Expertise/Specificity (in years)
12	Indonesian Nurse Manager Association (HPMI) (Manager)	Basic	Nursing care management	Nursing care management specialist	- 30 hours - valid 3 years
		Intermediate	Inpatient unit management	Inpatient unit management specialist	- 40 hours - valid 3 years
			Nursing committee	Nursing committee expert	- 40 hours - valid 3 years
			Nursing clinic assessor	Nursing clinic assessor expert	- 50 hours - valid 3 years
			Preceptorships	Preceptorships expert	- 40 hours - valid 3 years
		Advanced	Hospital nursing service management	Hospital nursing service management specialist	- 50 hours - valid 3 years

Thank You...

CPD SYSTEM FOR SPECIFIC FIELDS OF NURSING

29TH SEPTEMBER 2022

LEONARD KIPKURUI LANGAT

Ag. DIRECTOR, REGISTRATION AND LICENSING NURSING COUNCIL OF KENYA

OVERVIEW OF CPD SYSTEM FOR SPECIFIC FIELDS OF NURSING

- NCK has approved four specific fields CPD content;
  - Critical Care Nursing
  - Mental Health Nursing
  - Oncology Nursing
  - Midwifery

CRITICAL CARE NURSING

- It deals with human responses to life threatening problems
- Covers content about nursing in ICUs, HDUs and emergency settings
- Health being a devolved function, every county has at least a referral facility
- These services are required
- This conforms to the UHC country strategy

ONCOLOGY NURSING

- Adult and Pediatric cancers
- Diagnosis/Staging
- Inpatient care
- Palliative care
- Homebased care

MENTAL HEALTH NURSING

- Classification
- Predisposing factors
- Prevention and Control
- Management

MIDWIFERY

- Preconception
- Prenatal
- Antenatal
- Postnatal
- Obstetric emergencies

SELECTION/CPD SCORING

- Selected by the stakeholders with the coordination by NCK
- The subject matter experts developed the content
- The program is meant to earn CPD scores
- The CPD content is available in the NCK/WCEA platform
- The CPD activity is self reported via the OSP

EFFECTS OF COVID-19 PANDEMIC

- The CPD for specific fields of Nursing were not in place before COVID 19
- However, COVID 19 related CPD content was developed and availed in time

PROSPECTS – SPECIALISTS CPD

- With the inception of Nurse/Midwife specialist programs APN and APM, there is need to develop relevant CPD content
- Training guidelines and Scopes of practice developed
- Training ongoing
- The stake holders / subject matter experts encouraged to develop CPD content and present to NCK for approval

Thank you…

ASANTENI.

Nursing Council of Kenya
Kabarnet Lane, Off Ngong' Road
P.O. Box 20056 -00200 Nairobi, Kenya
Tel: 0721 920567
www.nckenya.com
Facebook: Nursing Council of Kenya
Twitter: @NCKenya

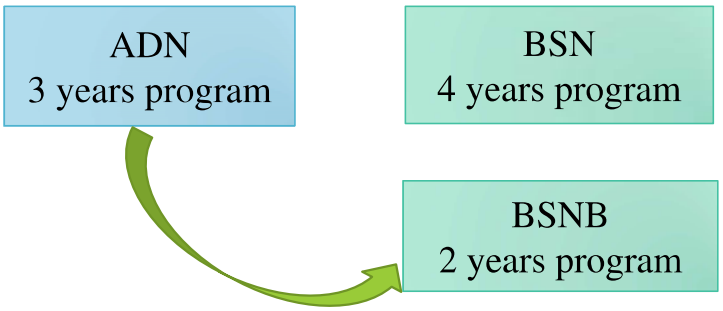
An example of nursing management training in Cambodia

29TH SEPTEMBER 2022

MS. SOKLIM PAY, MSC GHD, RN
DEPUTY NURSING DIRECTOR, NPH
VICE PRESIDENT OF CAMBODIA ASSOCIATION OF NURSE

Overview of Professional nurses in Cambodia

Pre-service standard nursing curriculum in Cambodia



In-service training:

- no curriculum available
- MoH and TWG are underdevelopment the in-service training guideline by 2022
- Developing in-service training curriculum by 2023.

CPD regulatory body and recognized CPD training providers

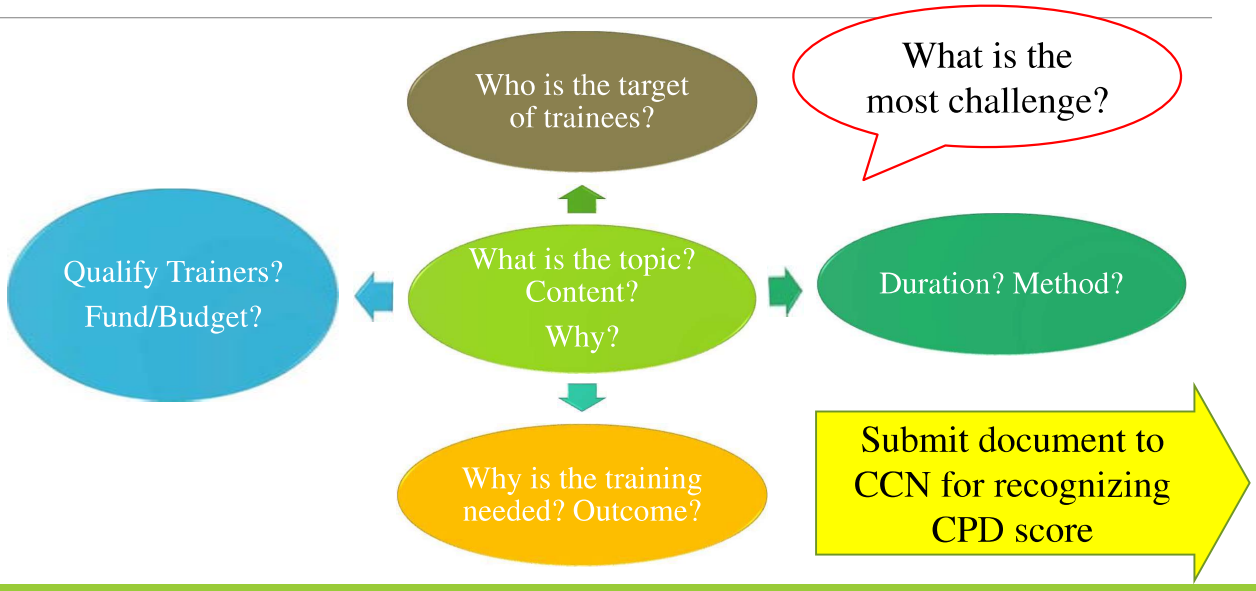
- All CPD activities are regulated by Cambodian Council of Nurses(C

Some training providers has been conducting "Nursing management / administration trainings"

- Recognized CPD training providers are such as following:

- Ministry of Health (MoH)
- University of Health Sciences
- Regional Training Centers
- National Institute of Public Health
- Heath Science Institute of Royal Cambodian Armed Forces (RCAF)
- Private Universities
- National public and private hospitals
- Provincial Health Departments
- Provincial Referral Hospitals
- Health Profession Association

The process for organizing the training



An example of Nursing management training in NPH

- Nursing department of National Pediatric Hospital (NPH) provides the trainings regularly to all nurses in specific area,

"Nursing management and leadership training" is one of topics specific for nurse leaders. This topic conducted in 2019 based on hospital goal.

An example of Nursing management training in NPH

- Title: Nursing management and leadership for nurse leaders
- Training Target: All head nurses & deputy head nurses in the hospital.
- Trainers: invite trainers who are expertise and enough experience in management area.
- Duration: 1day

An example of Nursing management training in NPH

- Training overview:

Nursing managers need to acquire specific knowledge and skills for effective communication, management and leadership for supporting the team to achieve hospital's goals. These critical competency will help all hospital managers gain the confidence to lead and positively influence team members. They can also support the efficient and effective utilization of a hospital's human and financial resources.

An example of Nursing management training in NPH

➢**Training aim:**

Improve the knowledge and skills necessary for all middle level managers to become more effective leaders and to contribute to the achievement of the hospital's goals.

➢**Specific Objective:**

- To promote good relationships with colleagues, teammates, and clients through good communication.
- To improve leadership and peaceful and effective teamwork among colleagues in the workplace.

An example of Nursing management training in NPH

➢Training Content:

1. Communication & good services
2. Conflict management
   - Impact of conflict in workplace
   - Conflict resolution strategies
3. Leadership and teamwork
   - Characteristics of a good leader
   - Who can be a good leader?
   - How to inspire people to work efficiently?
   - Effective leadership for team success

An example of Nursing management training in NPH

- Training Methods:
  - Brain storming with inspiration video of teamwork spirit
  - Illustrated semi-lectures
  - Smart games
  - Small Group discussion

An example of Nursing management training in NPH

- Immediate Expected outcome:
  - Understand the client rights, health service provider rights and the important role of communication in granting good services.
  - Appreciate good core functions such as leadership, teamwork, and the critical use of conflict resolution strategies to effectively address day-to-day work issues in the workplace.

An example of Nursing management training in NPH

- Evaluation: By observation from presentation in group work.
- Challenges: Qualify of trainers, lack of budget support,

  training guide

Influence of COVID-19 pandemic towards the nursing management training

- Management training is particularly important to practice as well as theoretical training, but it has been difficult to incorporate such as case scenario and role-play into the online training.
- Online training was also used actively within the hospital training for staff nurses to update their clinical practice.

Developing CPD system for Nurses and Midwives in Bangladesh

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INTRODUCTION

- CPD is any form of purposeful learning, either formal or informal, involving reviewing practice, and identifying learning needs, planning, and participating in relevant learning activities.
- Bangladesh Nursing and Midwifery Council (BNMC) drafted a re-licensing guideline that focuses on professional development needs for each nurses and midwives.
- Around 78,000 registered nurses and 7000 midwives are working in health system in BD.
- Right now, there is no strong/visible CPD system that can be linked with the relicensing. But the nursing and Midwifery act mentioned to establish standard re-licensing process and
- CPD can be the part of standard re-licensing process.
- As a regulatory body for nurses and midwives, 'the BNMC regulate the CPD system in BD.

CPD requirements

- In the proposed guidelines CPD counted as a credits system.
- Each nurses and midwives in BD is highly encouraged for the completion of minimum requirement of 50 CPD points in every 5 years.
- In guidelines, various CPD activities are included for all categories of nurses.
- CPD activities are not only the criteria for promoting nurses or midwives,
- Promotion depends on the approved recruitment rules as per gradation list approved by Public service commission (PSC).

Good practice –

- On job training for all new employee in GOB facilities
- Foundation training for educators and
- Management training for administrators

Target population-

- All registered nurses and midwives.

Objectives-

- to update their knowledge and competence, engagement in professional networks and development.

Contents-

- Administrative rules and regulation, procurement and budgeting ethical issues, teaching pedagogy, communication and professional skills.

- A national committee work on development of any documents, the committee consists of nursing and midwifery educators, administrators, clinical nurses and midwives, policymakers, and

- Stakeholders from different organization/s along with an international technical specialist and the trainer are selected based on expertise.

Benefit of participants-

• Capacity building, ensure specialized care, self motivation and satisfaction, improve quality of care, opportunity to work as per specialty and financial benefit and

•Proposed for re-licensing.

Challenges-

•Shortage of human resources and

•Ensures the participation of all categories of nurses and midwives

• Financial constraints, lack of motivation and support, learning resources, and electronic devices with slow internet connectivity.

Changes CPD system COVID-19 pandemic-

- During COVID pandemic DGNM and BNMC realized the importance to introduce CPD system to ensure specialized areas (e.g.- ICU Nurse s, IPC).

Positive impact: dedicated workforce management, Priority on emergency service mostly focus on COVID- pandemic, successful vaccination programme for COVID prevention, Shifted to onsite to online programme, minimum digital networking.

Negative impact: shortage of specialized nurses, logistic and supplies, Stress, Fear, movement restricted, information gaps, work life balance.

Thank
you

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Resource Centers

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