Beyond Safety to Improvement – The Role of Health Workforce Regulation

The Cambodian Perspective

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University Research Co., LLC (URC)

25 September 2015
Objectives

• Identify ethical and practical tensions in designing, implementing and administering health workforce regulation

• Understand the impact of social, cultural and political contexts on the design, implementation and administration of health workforce regulation

• Describe the purpose, values and principles that underpin effective regulatory systems in the modern climate
Regulatory framework for health professionals

- Government Policy & Legislation
- Professional practice codes & standards
- Continuing professional competence
- Registration & Licensure
- Monitoring & Compliance
- Quality assurance of pre-registration qualifications
- Complaints management with disciplinary or protective actions
- Patients & The Public
- Health Care Services
- Health Professionals

APAC FORUM
LEADING HEALTHCARE TRANSFORMATION

USAID ASSIST PROJECT
Applying Science to Strengthen and Improve Systems
Cambodia: a low income country

Five health profession Councils: Medical, Dentistry, Pharmacy, Nursing & Midwifery

15,707,673 population

20,000+ estimated health professionals
Cambodia – the challenges for a low income country

<table>
<thead>
<tr>
<th>Factors</th>
<th>Context for health professional regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political</td>
<td>Royal Government of Cambodia (RGC) is focused on rebuilding the education, health and legislative system after 3 decades of political conflict. Emphasis for health is on a district health system and primary health care. Government continues to be reliant on international aid agencies to fund health care delivery and quality improvement initiatives.</td>
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<tr>
<td>Socioeconomic</td>
<td>RGC strategy has been to stimulate economic growth and reduce poverty. % of population living in poverty (below US$0.61/day) is 30% [2007]. Health expenditure as proportion of GDP is 5.92% [2009] and as % of total government expenditure is 10% (2010). Councils are independent and autonomous with no funding from the RGC to establish their systems and processes. Corruption in most parts of Cambodia’s institutions remains an key issue of concern. Reliance on health development partner funds to support health.</td>
</tr>
<tr>
<td>Legal</td>
<td>Constraints on government powers and regulatory enforcement are poor and the justice system is considered ineffective. Underlying causes are corruption, lack of capacity and political interference throughout the justice system. [The World Justice Project (2014)]</td>
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Cambodia – the challenges for a low income country continued…..

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<td>Cultural</td>
<td>Cambodia is predominantly Buddhist with 90% of the population being Theravada Buddhist, 1% Christian; majority of remaining population follow Islam, atheism or animism.</td>
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<td>Education</td>
<td>The quality of education and health professional education in Cambodia is not strong. Not all citizens are capable of undertaking tasks that their qualifications state they are capable to do. A recent remedy to the quality of educational outcomes has been the introduction of National Entrance examinations at completion of secondary education and National Exit examinations by the Ministry of Heath at completion of pre-service health professional education.</td>
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Impetus for contemporary regulatory reform

The current Cambodian regulatory system is not “fit for purpose”. Provides only limited scope, powers, structure and capacity for regulating health professionals in the Cambodian context and does not adequately deal with the regulation of health professionals working in a variety of different service settings (government, private - “for profit” and non-governmental “not for profit”) or in a mix of these settings.
Impetus for contemporary regulatory reform cont.....

1. No consistent framework for regulating all health professionals, wherever they may work.
2. No effective mechanisms to assure safety and quality of the care that patients receive from all health professionals in Cambodia.
3. Existing Councils have a limited legal ability to require and assure existing health profession standards and improve these standards over time.
4. Current dual role of the Councils (regulatory & professional association) creates conflicts of interest that are difficult to manage.
5. Current system does not meet Cambodia’s strategic objectives for its health sector; current system cannot adequately support the government’s objectives for improving health care quality, access to care and meeting its international obligations to its ASEAN partners in the area of health profession regulation.
## Cambodia: Health professional registration statistics

<table>
<thead>
<tr>
<th>Health Profession Council</th>
<th>Category of registered health professional</th>
<th>Total number of registered health professionals</th>
<th>Number Males</th>
<th>% Males</th>
<th>Number Females</th>
<th>% Females</th>
<th>Estimated number of health professionals that should be registered with Council</th>
<th>% of health professionals registered with the Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Council of Cambodia</td>
<td>Doctor</td>
<td>2,498</td>
<td>2120</td>
<td>84.87%</td>
<td>378</td>
<td>15.13%</td>
<td>6,000</td>
<td>41.63%</td>
</tr>
<tr>
<td>Dental Council of Cambodia</td>
<td>Dentist</td>
<td>610</td>
<td>400</td>
<td>65.57%</td>
<td>210</td>
<td>34.43%</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Pharmacy Council of Cambodia</td>
<td>Pharmacist</td>
<td>1,821</td>
<td>712</td>
<td>39.10%</td>
<td>1109</td>
<td>60.90%</td>
<td>2,107</td>
<td>86.43%</td>
</tr>
<tr>
<td>Cambodia Council of Nurses</td>
<td>Nurse</td>
<td>6,424</td>
<td>2957</td>
<td>46.00%</td>
<td>3467</td>
<td>54.00%</td>
<td>15,076</td>
<td>43.00%</td>
</tr>
<tr>
<td>Cambodia Midwives Council</td>
<td>Midwife</td>
<td>4,695</td>
<td>0</td>
<td>0.00%</td>
<td>4695</td>
<td>100.00%</td>
<td>5,407</td>
<td>86.83%</td>
</tr>
</tbody>
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*Source: Council data as at 31 December 2014*
Aims of the USAID ASSIST Project

Using improvement methods to strengthen the system of regulation of all health professionals in Cambodia and thereby protect the community by:

• addressing issues that adversely impact on the effectiveness of health profession regulation;

• improving the authority, powers, capacity and structure of health profession Councils to regulate the five health professions - medicine; dentistry; midwifery; nursing; and pharmacy

• working in partnership with the health profession Councils, the Ministry of Health’s Human Resource Development Department and key stakeholders (includes other health development partners) to effectively regulate the health professions

• enhancing the connections between health profession regulation with other quality improvement and safety mechanisms in the Cambodian public and private health care and education systems
A woman preparing medicine for her mother in Roka, western Cambodia, a farming village where more than 200 people tested positive for H.I.V. in December 2014.
Four key building blocks needed for a regulatory system

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<td>Well-designed rules and regulations that are efficient and effective</td>
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<td>Appropriate institutional frameworks and related governance arrangements</td>
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<td>Effective, consistent and fair operational processes and practices</td>
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<td>High quality and empowered institutional capacity and resources, especially in leadership</td>
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Source: OECD July 2014 The Governance of Regulators Pg 22
Right Touch Regulation – the minimum regulatory force required to achieve the desired result

1. Identify the problem before the solution
2. Quantify the risks
3. Get as close to the problem as possible – where & how the problem occurs
4. Focus on the outcome - not the process; prioritise public safety
5. Use regulation only when necessary - evaluate the options of doing nothing and risks and benefits of intervention
6. Keep it simple [and cost effective] – avoid confusion & ensure clarity of expectations
7. Check for unintended consequences – essential step: assess the impact of a particular solution to avoid unintended consequences
8. Review and respond to change – build flexibility into regulatory strategy to respond to changes in health care

Source: Right touch regulation Professional Standards Authority UK, August 2010
How does one support “just right” health profession regulation for Cambodia

• Consider the drivers for change:
  • increasing focus on the assurance of both quality and safety of the public and private health care systems in Cambodia;
  • the Royal Government of Cambodia’s membership in the Association of South East Asian Nations (ASEAN). One of the primary goals of ASEAN is to improve skill development for health professionals so they can work in many different countries in the region
  • health system failures such as the HIV incident at the Roka commune
• Support the Councils and the Ministry of Health to have ownership and work in partnership with each other, the government, stakeholders and health development partners to effectively address the identified issues
How does one support “just right” health profession regulation for Cambodia continued......

• Educate all those about the value and purpose of health profession regulation
• Recognise that health care and its systems are dynamic and constantly changing
• Celebrate and promote achievements in the strengthening the system of health system regulation: - small steps to large strides
What will “just right” health profession regulation for Cambodia look like?

• Regulatory framework will be:
  • “Fit for Purpose” and fit the context of Cambodia
  • Sustainable, cost-effective and culturally appropriate
• All Cambodians will know and understand the purpose and value of health profession regulation
• Regulation of health professionals will be an integral part of the Royal Government of Cambodia’s system for assuring the quality and safety of health care service delivery to the public of Cambodia
Thank you

QUESTIONS & DISCUSSION