USAID ASSIST Project

Cambodia Country Report FY16

Cooperative Agreement Number:
AID-OAA-A-12-00101

Performance Period:
October 1, 2015 – September 30, 2016

NOVEMBER 2016

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USAID ASSIST Project

Applying Science to Strengthen and Improve Systems

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DISCLAIMER
This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
Acknowledgements

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation

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Abbreviations

ASEAN Association of South East Asian Nations
ASSIST USAID Applying Science to Strengthen and Improve Systems Project
CCN Cambodian Council of Nurses
CMC Cambodian Midwives Council
DCC Dental Council of Cambodia
FY Fiscal Year
IAMRA International Association of Medical Regulatory Authorities
MCC Medical Council of Cambodia
MRA Mutual Recognition Arrangement
MoH Ministry of Health
PCC Pharmacy Council of Cambodia
RGC Royal Government of Cambodia
SBCC Social and Behavior Change Communication
URC University Research Co., LLC
USAID United States Agency for International Development
1 Introduction

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project in Cambodia began work in July 2014 at the request of USAID to provide technical assistance to strengthen the system of medical profession regulation. The requested activity scope was subsequently broadened in consultation with USAID Cambodia, the Ministry of Health (MoH), and key stakeholders to not only support the Medical Council of Cambodia (MCC) but also support the Dental Council (DCC), Midwives Council (CMC), Council of Nurses (CCN), and Pharmacy Council (PCC). By broadening the scope of this activity to holistically strengthen the regulatory system for all five health professions, the project seeks to address the issues of:

- weak health profession regulation in Cambodia;
- limited authority and capacity of the five health profession Councils to regulate health professionals; and
- limited connections between health profession regulation and other quality and safety mechanisms in the Cambodian health sector, both public and private.

Each of the five health professions are regulated by their own independent Council established by a Royal Decree between 2000 and 2010. This legislation and other related legislative instruments, sub-decrees, and Prakas currently provide the framework for establishing and delivering health professional regulation. In partnership with the MoH, the Councils seek to ensure that all health professionals are suitably qualified and meet the minimum standards for competence, health and professional conduct, to provide safe, ethical, and effective health care to the people of Cambodia.

The increasing focus on the assurance of quality and safety of both the public and private health care systems in Cambodia has resulted in consideration of how best to strengthen the system of regulating all health professionals in ways that meet the needs, cultural context, and resources in the country. Another equally important driver for this reform is the Royal Government of Cambodia’s (RGC) membership in the Association of South East Asian Nations (ASEAN). One of the primary goals of the ASEAN member countries is to improve skill development for health professionals so they can work in many different countries in the region.

Three Mutual Recognition Arrangements (MRAs) covering doctors, nurses, and dentists have been agreed upon by the ten ASEAN member countries. Work is progressing on each MRA through the ASEAN Secretariat in Jakarta, Indonesia with the involvement of the MoH and three Councils to deliver the following objectives:

- Facilitate mobility of doctors, nurses, and dentists within the ASEAN region;
- Exchange information and enhance cooperation in respect of mutual recognition of doctors, nurses, and dentists;
- Promote adoption of best practices on standards and qualifications; and
- Provide opportunities for capacity building and education of doctors, nurses, and dentists.

In the beginning of the project, ASSIST worked with the MoH and the five health profession councils to design a rapid baseline assessment on the status and performance of health profession regulation. The findings were used in a structured consultative process with all key stakeholders in October 2014 to identify strengths and weaknesses, and set strategic priorities for improvement. This resulted in the development of the Health Profession Councils’ National Strategic Plan 2015-2020, which was officially launched on June 8, 2015.

The five-year strategic plan prioritizes the Councils’ strategies and timeframes relating to aspects of four key regulatory functions: 1) Legislation, advocacy and responsiveness; 2) Organizational and internal governance; 3) External governance and public accountability; and 4) Responsibilities and functions. The strategic plan informs the ASSIST activity design for each financial year. The ASSIST Project team provides technical advice as well as assistance and support for the coordination, implementation, and evaluation of the key strategies in partnership with the five Councils and the MoH.

During FY16, ASSIST continued to provide technical assistance and guidance to the Councils and MoH to finalize the draft law on Regulation of Health Practitioners and support its implementation, support the launch of the new Joint Secretariat, develop a web-based registration data base for use by all five
Councils, and develop a comprehensive Communications Strategy to help raise awareness and understanding of health professional registration among health professionals, employers, education institutions, and the general public.

Scale of USAID ASSIST’s Work in Cambodia

Five health profession Councils: Medical (Est. 2000); Dental (Est. 2005); Midwives (Est. 2006); Nurses (Est. 2007); Pharmacy (Est. 2010)

Three levels of Council: 1 National Council; 5 Regional Councils; 25 Provincial Councils
Population of Cambodia: 15,707,673

Number and percentage of health professionals registered* by Council as of Sept. 30, 2016
*predominately public health sector

<table>
<thead>
<tr>
<th>Council</th>
<th>Number of registered health professionals</th>
<th>Percentage of estimated total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCC</td>
<td>4,979</td>
<td>76%</td>
</tr>
<tr>
<td>DCC</td>
<td>952</td>
<td>82%</td>
</tr>
<tr>
<td>CMC</td>
<td>4,600</td>
<td>84%</td>
</tr>
<tr>
<td>CCN</td>
<td>3,680</td>
<td>24%</td>
</tr>
<tr>
<td>PCC</td>
<td>2,336</td>
<td>96%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16,547</td>
<td></td>
</tr>
</tbody>
</table>

Total estimated health professionals (public & private health care sectors): 30,918

2 Program Overview

What are we trying to accomplish? | At what scale?
--- | ---
1. Implement strategies for three of the health profession councils’ priority strategic objectives in accordance with the Health Profession Councils’ National Strategic Plan 2015-2020

*Strategic Goal #1: Legislative Review and Reform
- In consultation with key stakeholders:
  - Develop a new Law on Regulation of Health Practitioners for all Councils that meets the current and future needs of Cambodia
  - Develop consequential amendments at the appropriate level of the law: Royal Decrees, Sub Decrees and Prakas
  - Provide technical assistance during the passage of the new Law through the parliamentary process
- Develop an implementation plan that guides the Councils and Ministry of Health for enactment of the new legislation at all levels- national, regional, and provincial levels

*Strategic Goal #3: Organizational Re-design
- Redesign the 5 Councils’ existing governance and organizational structure to build capacity to establish and maintain effective and efficient business and regulatory systems and processes
What are we trying to accomplish?  

- Implement governance arrangements and an organizational structure with robust financial accountability to deliver the five Councils’ shared business and regulatory functions over a 3-year timeframe

*Strategic Goal #4: Registration
- Achievement of full compliance with registration requirements and full awareness among stakeholders and health professionals of registration requirements and obligations by the end of FY16.

<table>
<thead>
<tr>
<th>Improvement Activity</th>
<th>Cross-cutting Activity</th>
</tr>
</thead>
</table>

3 Key Activities, Accomplishments, and Results

**Activity 1. Implement strategies for three of the health profession Councils’ priority strategic objectives in accordance with the health profession Councils’ National Strategic Plan 2015-2020**

**BACKGROUND**

ASSIST provides technical advice and assistance to the Councils and MoH to achieve the following activities:

**Strategic Goals #1: Legislative Review and Reform**
- Provide technical assistance during the passage of the new Law through the parliamentary process;
- Undertake a gap analysis and prepare consequential amendments at the appropriate level of the law: Royal Decrees, Sub Decrees and Prakas through a consultative process with key stakeholders;
- Develop an implementation plan to prepare the Councils for enactment of the new legislation.

**Strategic Goal #3: Organizational Redesign**
- Approval of a shared business plan to support the delivery of efficient and effective regulatory systems and processes for the five health profession councils;
- Establish the Councils’ agreed business plan through a sustainable and accountable business model that can mobilize financial, human, and physical resources to deliver the regulatory systems and processes for the five health profession Councils;
- Source and secure funds to support the implementation of the health profession Councils’ agreed business plan;
- Implement an agreed organizational structure with governance arrangements that includes a shared office and shared resources to efficiently and effectively deliver the business functions and, where agreed, regulatory functions for all five health professions.

**Strategic Goal #4: Registration**
- Achieve full compliance with registration requirements and full awareness among stakeholders and health professionals of registration requirements and obligations by the end of FY16 in preparation for the introduction of mandatory registration and licensure to practice as per the new legislation;
- Develop an implementation plan for a registration trial across a large, medium, and small province which includes shared policy and procedures, standardized forms, a communications plan, and monitoring and evaluation of the outcomes;
- Implement training activities by the Councils for Council staff and members and key stakeholders on the new registration processes;
- Develop and implement an electronic public register for all five Councils that is accessible to all stakeholders, by end of FY16.

**KEY ACCOMPLISHMENTS AND RESULTS**

**Strategic Goal #1: Legislative Review and Reform**
- Provided technical advice and guidance to the Councils resulting in amendments to the draft law on *Regulation of Health Practitioners* particularly relating to two Articles on “Fitness to Practice”
and “Transitional Provisions” (Oct 2015). Also supported the Councils in defending the draft law during its passage through parliamentary process. This included the legal approach to (1) the reporting of complaints first to the Council regarding a health practitioner’s health, professional performance, and/or conduct; and (2) each Council’s role in investigation and making judgments with possible sanctions or protective actions on the practice of the health practitioner (Mar 2016)

- **Draft law on Regulation of Health Practitioners finalized** for passage through the Parliamentary approval process. (June 2016)

- **Draft law on Regulation of Health Practitioners** reviewed by the Expert Committee # 2 of the Parliament with minor editorial amendments that did not alter the intent of the proposed new law (Aug 2016). The draft law is scheduled for presentation to the National Assembly on October 7, 2016.

- **Developed the Activity Plan for Implementation of the new law on Regulation of Health Practitioners** with approval from the health profession Councils and agreement from MoH (June and Aug 2016).

- **Negotiated with a local legal firm to undertake specific legal activities in the Activity Plan**, the first of which is a desktop review of Royal Decrees, Sub-decrees, and Prakas for the five Councils to identify new additions and amendments required to align these legal documents to the proposed new law (Sep 2016).

- **Supported the Cambodian Council of Nurses** with Deutsche Gesellschaft für Internationale Zusammenarbeit, GmbH and Ministry of Commerce in Cambodia to implement the regional project “Support to the Initiative for ASEAN Integration within the framework of the ASEAN Single Market” (Sept 2016). The focus was to introduce the project work plan and cooperation framework on mobility of skilled labour as per the ASEAN Mutual Recognition Arrangement for Nursing Services; presentation of the initial findings of the consultant; and discussion of Cambodia’s priorities, responsibilities, and needs for coordination.

**Strategic Goal #3: Organizational Redesign**

- **On-site visit by Anne Rooney, consultant with ASSIST partner EnCompass LLC** (Oct 2015) to (1) present the first draft of the proposed business plan to the five Councils and obtained their feedback and agreement on the preferred model for the joint secretariat; (2) view office accommodation and follow up on additional information from stakeholders; and (3) present the work on the business plan to USAID Cambodia.

- **The proposed Business Plan including the model for the Joint Secretariat was considered by the Councils during two meetings** (Feb & March 2016) with the organizational model of the Joint Secretariat being approved by all five health profession Councils on May 6, 2016 (see Figure 1).
Figure 1: Model for the Joint Secretariat

- The associated budget modelling for the Business Plan required follow up with each individual Council to increase their understanding and help each Council to make an informed decision with regards the percentage allocation of funds that each Council will contribute to the Joint Secretariat.

- Budget estimates for 2017-2019 for each Council’s projected revenue, the percent allocation of funds from each Council, and the funds required to establish and maintain a Joint Secretariat were finalized (June 2016).

- All councils agreed (July 2016):
  - To the percent allocation of National Council’s revenue based on each Council’s estimated revenue to support the establishment and management of the Joint Secretariat and a shared office by January 2017.
  - That the percentage allocation should be reviewed annually with the expectation that the Councils will increasingly contribute funds from their total budget until they are self-funding or reliant on a relatively small Royal Government of Cambodia grant to meet any budget shortfall.
  - That the percentage allocation of funds by council will be reviewed annually to determine the increase each year and assess how best to move from Percentage Allocation of funds from National Council revenue to Percentage Allocation of funds from total Council revenue (National, Regional and Provincial) to thereby achieve a self-funded business model.

- Prepared presentation for USAID Cambodia to inform and engage health partners in the establishment of Joint Secretariat and need for human, physical, and financial resources and continued support for the health profession Councils (May 2016).

- Drafted position descriptions for the seven key positions within the Councils’ Joint Secretariat, for review and approval by the Councils (Sept 2016).

- Sourced the Ministry of Health’s new documentation for a 3-year budget strategy and annual budget submission in accordance with the National Health Strategic Plan 3 (2016 -2020) to enable
EnCompass LLC consultant, Anne Rooney to prepare a budget submission for the Councils to formally present, and defend their request for funds from the Royal Government of Cambodia to establish the Joint Secretariat (Sept 2016).

Strategic Goal #4: Registration

- ASSIST with USAID Cambodia visited Siem Reap and Oddor Meanchey provinces to interview Directors of Provincial Health Departments; representatives from each Provincial Council; and health professionals from public and private sectors (Jan 2016). The purpose of the interviews was to gather information to better understand the local challenges and opportunities for improvement in the registration process and gain insight into health professionals’ awareness of the requirement for registration to practice their profession.

All Councils considered those findings that demonstrated the need for further improvement by the majority or all Councils and agreed to the:
  - Development of a single registration process that delivers the most efficient and effective approach for registration;
  - Development of a shared registration policy, procedures and forms for approval and implementation of a harmonized registration process by Councils; and
  - Implementation of new registration system and processes across all 25 provinces.

- Analyzed registration data and provided report to the USAID Mission (Jan 2016). See Figure 2a-e for the total number and percentage of health professionals registered by Council. The percentage of those registered has increased across all councils over the years however, 2016 saw a slight decrease for CMC and a significant decrease for CCN. Further analysis is being undertaken in Quarter 1, FY2017 to better understand the reasons for this substantial decrease in CCN registration data. Figure 3 shows the total number of registrations for each council across all years and Figure 4 shows the sex-disaggregated registration data for 2014 through 2016. The percentage of male and female health professionals registered with the CMC remains unchanged (100% female), with the MCC changed by only two percentage points to become slightly more female (15% to 17% female), and with the PCC changed by only four percentage points to also become slightly more female (61% to 65% female). Registration with the DCC became more male-dominated, shifting eight percentage points from 66% male, 34% female to 74% male, 26% female. The CCN saw the largest shift, moving 22 percentage points and from female- to male- dominated: from 46% male and 54% female to 68% male and 32% female. However, this is an estimate because CCN does not have an accurate record of the sex of its registrants. In 2015, recognizing that nurses in Cambodia are predominantly male it CCN estimated the number of female nurses as 1/3 of the total number of registered nurses.

Figure 2a: Number and percentage of health professionals registered with MCC (Dec 2014 – Sept 2016)
Figure 2b: Number and percentage of health professionals registered with DCC (Dec 2014 – Sept 2016)

![Bar chart showing number and percentage of health professionals registered with DCC]

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of Dec 2014</td>
<td>1100</td>
<td>610</td>
</tr>
<tr>
<td>As of 30 Sep 2015</td>
<td>1100</td>
<td>818</td>
</tr>
<tr>
<td>As of 30 Sep 2016</td>
<td>1,161</td>
<td>952</td>
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Figure 2c: Number and percentage of health professionals registered with CMC (Dec 2014 – Sept 2016)

![Bar chart showing number and percentage of health professionals registered with CMC]

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<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of Dec 2014</td>
<td>5407</td>
<td>4695</td>
</tr>
<tr>
<td>As of 30 Sep 2015</td>
<td>5349</td>
<td>4891</td>
</tr>
<tr>
<td>As of 30 Sep 2016</td>
<td>5,481</td>
<td>4600</td>
</tr>
</tbody>
</table>

Figure 2d: Number and percentage of health professionals registered with CCN (Dec 2014 – Sept 2016)

![Bar chart showing number and percentage of health professionals registered with CCN]

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of Dec 2014</td>
<td>15076</td>
<td>6424</td>
</tr>
<tr>
<td>As of 30 Sep 2015</td>
<td>15076</td>
<td>8626</td>
</tr>
<tr>
<td>As of 30 Sep 2016</td>
<td>15,314</td>
<td>3,680</td>
</tr>
</tbody>
</table>
Figure 2e: Number and percentage of health professionals registered with PCC (Dec 2014 – Sept 2016)

- **As of Dec 2014**: 2107, 86% (1821)
- **As of 30 Sep 2015**: 2203, 89% (1967)
- **As of 30 Sep 2016**: 2,436, 96% (2336)

Figure 3: Comparison of five Councils’ registered health professionals (Dec 2014-Sept 2016)

- **MCC**
  - As of Dec 2014: 3948
  - As of 30 Sep 2015: 4979
  - As of 30 Sep 2016: 4979
- **DCC**
  - As of Dec 2014: 2498
  - As of 30 Sep 2015: 3948
  - As of 30 Sep 2016: 610
- **CMC**
  - As of Dec 2014: 4695
  - As of 30 Sep 2015: 4891
  - As of 30 Sep 2016: 952
- **CCN**
  - As of Dec 2014: 4600
  - As of 30 Sep 2015: 6424
  - As of 30 Sep 2016: 8626
- **PCC**
  - As of Dec 2014: 1821
  - As of 30 Sep 2015: 1967
  - As of 30 Sep 2016: 2336
- Supported the USAID Cambodia Data Quality Assessment team to review the quality of the registration data for all five Councils in three provinces: Battambang (large province, May 2016); Prey Veng (medium sized province, June 2016); Koh Kong (small province, March 2016). ASSIST coordinated the reviews and observed the assessments at the request of USAID Cambodia.
- Facilitated USAID Cambodia presentation to the Councils on the outcomes of USAID Cambodia's Data Quality Assessment Team’s review of registration of health professionals in three provinces (Aug 2016).
- Developed Scope of Work and recruited Social Behavior Change Communication (SBCC) consultant to work with ASSIST, the National Centre of Health Promotion (NCHP), the Ministry of Health, and five health profession Councils (June 2016). The purpose of the SBBC strategy and communication interventions is to raise awareness and understanding of:
  - Health professionals and stakeholders (e.g., Councils, employers, higher education institutions) on the importance of all health professionals being registered with their respective Council (Medical, Dental, Midwifery, Nursing, Pharmacy); and
  - The public (e.g. clients and service users, patient groups) about the importance of being treated by a registered health professional.
- Presented to the Councils the summary of findings regarding the current registration system, processes, and barriers (July 2016), from the ASSIST team interviews of representative/s from each National Council.
- Developed a scope of work and negotiated with a local IT developer for the development of a web-based registration data base for all five Councils (Aug 2016)
- Conducted key informant interview surveys (Aug 2016) with a small number of registered and non-registered health professionals and health profession Council Members from all five Councils in four provinces: Phnom Penh City (large province), Battambang (large province), Prey Veng (medium province) and Oddor Meanchey (small province). Development of survey instruments and sampling methodology was completed prior to data collection. This research will help to:
  - Gain a better understanding on the general knowledge of public and private health professionals on the existing legislative requirements for mandatory registration and payment of the annual renewal fee;
Identify factors that influence health professionals to register/not to register; and to determine the most effective communication channels used by health professionals to access information. Messages to use regarding the importance of registration and yearly payment of fee to retain registration.

- Developed technical report “Cambodia: Key Informant Interviews among Health Professionals and Health Profession Council Members regarding health professional Registration” (Sept 2016). These findings will inform the current development of a Social Behaviour Change Communications (SBCC) strategy.

4 Improvement in Key Indicators

<table>
<thead>
<tr>
<th>Activity</th>
<th>Indicators</th>
<th>Baseline 2015</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement strategies for three of the health profession Councils’ priority strategic objectives</td>
<td>Health Professions’ Regulatory System Performance Scorecard (out of 40)</td>
<td>15/40 (Oct 2014)</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>% of health professionals registered with each health profession council (from estimated total # of health professionals)</td>
<td>Dec 2014</td>
<td>Sep 2015</td>
</tr>
<tr>
<td></td>
<td>Doctors</td>
<td>41.6</td>
<td>65.8</td>
</tr>
<tr>
<td></td>
<td>Dentists</td>
<td>Unknown</td>
<td>74.4</td>
</tr>
<tr>
<td></td>
<td>Midwives</td>
<td>86.8</td>
<td>91.4</td>
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<tr>
<td></td>
<td>Nurses</td>
<td>43.0</td>
<td>57.2</td>
</tr>
<tr>
<td></td>
<td>Pharmacists</td>
<td>86.4</td>
<td>93.4</td>
</tr>
</tbody>
</table>

*Further analysis is being undertaken in Quarter 1, FY2017

5 Sustainability and Institutionalization

The agreement by all five health profession Councils along with their ongoing commitment for the shared National Strategic Plan 2015-2020 provides an important mechanism by which the transformational change for strengthening the system of health profession regulation can occur in Cambodia.

The new draft law on Regulation of Health Practitioners is an extremely important mechanism to strengthen the system of health profession regulation. It addresses some of the identified gaps and omissions in the existing law, particularly relating to health professional registration and a renewable license to practice for all health practitioners with associated penalties for not holding registration and/or a license to practice; professional standards and scopes of practice; and investigation of complaints relating to health, performance and professional conduct of health professionals. There is also the power for Councils to take protective action on health matters or apply sanctions on performance and conduct matters of the health practitioner. It will give the legal authority and power to the Councils to set the requirements for, and:

- Ensure 100% registration of all health professionals in Cambodia, by issuing licenses to practice to those registered health professionals who wish to practice their profession and requiring regular renewal of that license;
- Determine scope/s of practice for each health profession; and
- Apply penalties to health professionals who do not register with their Council and who practice without a current license to practice.

Each Council’s ability to enforce the requirements of initial registration and a renewable license to practice in accordance with the law will ensure health professionals are initially registered and then continuing to demonstrate their competence and fitness to practice through a renewable license to practice. Competence and fitness to practice will be evaluated through evidence such as continuing professional development, how recently they have practiced their profession, a check of their criminal history, and that there is no physical or mental impairment that may adversely affect their ability to practice.
The development of a shared Business Plan for the five health profession Councils provides the framework by which the Councils can maintain professional independence and share human and physical resources to develop robust and transparent systems and processes to efficiently and effectively deliver both the business and the regulatory functions of registration and in the future, licensure. The Business Plan also helps the Councils to develop consistent professional practice codes and standards that establish the expected standard of professional practice; processes to investigate and manage complaints in relation to the health, performance, and conduct of health professionals; and assure compliance of health professionals in registration and continuing competence to practice.

One hundred percent registration of eligible applicants combined with a regular renewal process for a license to practice by all registered health professionals will provide the sustainable revenue by which the Councils can employ staff to deliver the regulatory functions and lease office premises. This will diminish the reliance on volunteer Council members to execute the business, administrative, and regulatory functions and over time, build a sustainable shared office with staff for the five Councils.

In addition to the support for the five councils, ASSIST also contributed to the development of the Ministry of Health’s new Health Workforce Development Plan (HDWP) 2016-2020 “Managing a competent health workforce for improved service delivery.” This plan was officially launched at the RGC’s 37th National Health Congress in March 2016 and includes a strategic focus on strengthening health workforce regulation and management to ensure quality of service delivery through strengthening health professional regulation. The HDWP 2016-2020 is an important sub-plan of the RGC’s Health Strategic Plan 3 2016-2020 (HSP3).

6 Knowledge Management Products and Activities

Products

- Report: Registration of Health Professionals in Cambodia as at 30 September 2015 and Explanatory Notes (Jan 2016)
- Business plan and budget for shared Secretariat of Health Profession Councils (May and June 2016 respectively)
- Developed technical report “Cambodia: Key Informant Interviews Among Health Professionals and Health Profession Council Members Regarding Health Professional Registration “(to be published Nov 2016)

Workshops/Meetings

- Cambodian Midwives Council’s dissemination workshop on registration and re-registration (Sept 2016) focusing on Continuing Professional Development to private midwives and midwives’ employers (private hospitals, maternal clinics, and antenatal care room located in Phnom Penh).
- Facilitated a one-day visit to Cambodia by Niall Dickson, Chair of the International Medical Regulatory Authorities Association (IAMRA) and CEO of General Medical Council, UK (May 2016).
- Attendance by three representatives of the Medical, Dental, and Pharmacy Councils of Cambodia with ASSIST Resident Adviser to the IAMRA2016 Biannual International Conference in Melbourne, Victoria, Australia and a site visit to the Australian Health Practitioner Regulation Agency, the secretariat to 14 National health Profession Boards (Sept 2016).

7 Gender Integration

Annual registration data for each of the five health profession Councils are collected and presented by sex.
8 Directions for FY17
The final year of the ASSIST Project will focus on implementation activities based on the agreed improvements.

Strategic Goal #1: Legislative Review and Reform
ASSIST will provide legal technical advice and assistance to the Ministry of Health and Councils to achieve the following activities:

- Undertake a gap analysis and prepare consequential amendments at the appropriate level of the law: Royal Decrees, Sub Decrees and Prakas through a consultative process with key stakeholders;
- Develop procedural documents for each new or amended regulatory function in the new Law on Regulation of health practitioners for the five Councils to implement; and
- Prepare a communications plan for Councils to help all health professionals including National and sub-National Council members, employers and the general public understand and comply with the changes to the law and their implications to the individual health professional and organization.

In addition to the on-going technical advice and support by the ASSIST team, engagement of legal expertise internationally and locally will be required to facilitate the drafting of the consequential legislative amendments against an approved plan and timeframe for subsequent government approval.

Strategic Goal #3: Organizational Redesign
ASSIST will provide technical assistance and support to the health profession Councils to achieve the following activities:

- Source and secure funds to support the implementation of the health profession Councils’ agreed Business Plan, Joint Secretariat and shared office;
- Establish the Councils’ agreed Business Plan through a sustainable and accountable business model that can mobilize financial, human and physical resources to deliver the regulatory systems and processes for the five health profession Councils; and
- Implement an agreed organizational structure with governance arrangements that includes a shared office and shared resources to efficiently and effectively deliver the business functions and where agreed, regulatory functions for all five health professions.

ASSIST will provide technical advice and guidance to the five Councils to implement the comprehensive Business Plan and establish sustainable financial and business arrangements that include shared office premises, employment of suitably qualified and experienced staff and financial sustainability and independence over time. ASSIST will integrate gender concerns in business and financial arrangements, including in employment practices and work environment.

Strategic Goal #4: Registration
Achieve full compliance with registration requirements and full awareness among stakeholders and health professionals of registration requirements and obligations in preparation for the introduction of mandatory registration and license to practice with penalties as per the new legislation.

ASSIST will support the five Councils in the trial of a harmonized system and process for registration of all health professionals that is robust, cost effective and timely and that increases the percentage of health professionals that are registered and pay their annual fee to each Council to the target of 100% registration. As per USAID Cambodia guidelines, all registration data will be collected sex-disaggregated. Any gaps identified in registration rates will be addressed to achieve 100% registration.

ASSIST will develop and oversight the implementation plan for a registration trial across a large, medium and small province which includes shared policy and procedures; standardized forms, a communications plan and monitoring and evaluation of the outcomes. The project will ensure training activities are implemented by the Councils for Council staff and members and key stakeholders on the new registration processes. Development, trial and implementation of an electronic public register for the five Councils that can be accessed by all stakeholders is a priority.

ASSIST will provide the technical assistance to finalise and implement a strategic communications plan and interventions that will raise awareness and understanding of:

1. Health professionals, the public (e.g. clients and service users, patient groups), stakeholders (e.g., Councils, employers, higher education institutions) about the importance of all health
professionals being registered with their respective Council (Medical, Dental, Midwifery, Nursing, and Pharmacy); and

2. The public about the importance of being treated by a registered health professional.

**Strategic Goal #6: License to Practice**

ASSIST will provide technical assistance to the Councils to develop the requirements and process by which registered health professionals apply and provide the evidence of professional competence to practice to obtain initial and renewal of license to practice. This includes meeting the minimum requirements for professional competence to practice, including continuing professional development.