

**Kingdom of Cambodia
Nation Religion King**



**National Policies and
Strategies
for
Human Resource for
Health
2006 - 2010**

**Ministry of Health
Human Resources Development Department
April 2006**

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Foreword

Cambodia's first National Policies and Strategies for Health covered the years 1999 to 2003. The policies and strategies were followed direction drawn from the Nation Health Workforce Development Plan from the period of 1996-2005. Notable achievements in the human resource development field during this period include the nationwide implementation MPA training program; expansion of CPA training activities; a very considerable strengthening of nurse training leading to the production of highly competent and highly motivated nursing graduates; establishment of an international standard post-graduate medical education program; the re-introduction of highly level of post basic midwifery program as well as the revitalization and expansion of primary nurse midwifery training program.

In connection to this, the concerns to be addressed in the coming years are the transparent accreditation of health personnel training institutions and programs; and the registration and licensing of health personnel to permit adequate monitoring of the staffing situation and training needs in both the government and other health service sectors.

The revised HR policies and Strategies for Health also cover a wide range of topics including staff recruitment, induction, placement, transfer, salary, allowances, leave, retirement and other entitlements, conflict resolution, conditions of work and occupational health safety, disciplinary matters, staff records and so on. The strategy for personnel performance management is also included for service managers and supervisors.

The MoH believe this policy will be used for the great benefit of all managers for HR planning, managing and training decision.

Phnom Penh, April , 2006

Prof. Eng Huot
Secretary of State

Acknowledgements

The Ministry of Health of the Royal Government of Cambodia acknowledges with special thanks the Working Group Members and Health Development Partners who have contributed to the revision of the National Policies and Strategies for Human Resource for Health 2006 - 2010.

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*Dept planning ?
TSMC or MHS ?
MoE ?*

NATIONAL POLICIES AND STRATEGIES FOR HUMAN RESOURCE FOR HEALTH 2006-2010

I. Introduction

Human Resource Development (HRD) is one of the six main components of the Cambodian Health Strategic Plan 2003 -2007. The three aspects of HRD are planning, development and management that have implications on the implementation of the MoH strategic plan. The Ministry of Health will ensure that changes in HRD are consistent with the overall public administrative reform of the country.

The first Health Workforce Development Plan 1996-2005, which was adopted in May 1997, is providing direction for HRD change. The Plan provides comprehensive information on the health workforce situation in the country, including clear information on health workforce supply and demand during the plan period. Change is also planned in the area of training, especially with the new direction of HWDP 2006-2015.

The restructuring of the health care system requires health workers possess skills to manage the change and skills to deliver service according to the new health system. Curriculum and training are being revised and redesigned in order to meet the HSR goals. Change will be made according to the Training Master Plan. The HSR also necessitates the Improvement of health worker management in line with the reform policies and strategies of the government and the Ministry of Health. This includes the strengthening of the staff selection and recruitment system, job descriptions, staff motivation, staff deployment and reallocation, systems of reward and sanction, information and research.

The Policies and Strategies for Human Resource for Health has been developed to present the policies and strategies of the Ministry of Health related to human resource, so as to provide clear direction for the implementation and coordination of activities through a period of five years from 1999 to 2003. The existing HR policy is still valuable to cover the period from 2003 to 2007. The development of this document was conducted through a participatory process involving major stakeholders. The development is based on a situation analysis of current health workforce, and takes into consideration the wider context of the health sector and public administrative reform, and the social and economic realities of the Kingdom of Cambodia.

The implementation of the Policies and Strategies for Human Resource for Health will be regularly monitored and reviewed.

II. National policy for Human Resource for Health

National health workforce policy has three components:

- Policy relating to health workforce planning – planning relating to the structure, size, composition and deployment of the health workforce

- Policy relating to human resource development – development of human resources through basic, post-basic and post-graduate training programs, continuing education activities and career advancement opportunities
- Policy relating to health workforce management – two areas of concern – personnel administration and the management of personnel performance

1. Health Workforce Planning Policy

1.1. Policy objective

To ensure the availability and deployment of a health workforce appropriate in structure, size and composition to meet current and projected health service staffing requirements in both the public and private sectors of Cambodia's health care system.

1.2. Responsibility

MoH Departments of P&HI, HRD, Personnel and Hospital are responsible for the Minister for Health for health workforce planning. The planning process involves consultation with service and other MOH departments and relevant agencies outside MoH. Successful implementation of workforce policy and plans calls for coordination of effort throughout both sectors of the health care system. Key government agencies outside of MOH include the Civil Services Secretariat and the Ministry of Economics and Finance.

1.3. Strategies

a. Establish high level Standing Committee for health workforce

A High Level Standing Committee on the Health Workforce will be established to oversight all matters relating to health workforce policy, planning, management and training. The Committee will meet to receive the report on the biennial review of the Health Workforce Development Plan (HWDP) and make decisions as to any adjustment to the plan. The committee may be convened at other times to consider matters of urgency relating to the health workforce and its activities. The Committee will be chaired by Secretary of State with DGs, Department of PHI, HS, Personnel as members, and the HRD Department as secretariat.

b. Prepare the MoH 10 year HWDP 2006-2015 and review biannually

The preparation of a ten-year Health Workforce Development Plan (HWDP) covers the period 2006-2015. The HWDP will set out the projected structure, size and composition of the health workforce, including both health service personnel working in government agencies and those working in the private sector. The HWDP will reflect the broader GoC policies and plans relating to socio-economic development, privatisation and civil administration reform. It will also reflect the staffing requirements of all other GoC health service-related policies and plans such as the Health Strategic Plan 2003-2007 and subsequent health service development plans.

The HWDP will be reviewed biennially in the light of the previous two years' experience, any changes in GoC policy or plans or other changes affecting health service activities or workforce requirements in the public or private sectors of the health care system. The review report will be submitted to the High Level Standing Committee on Health Workforce and adjusted in accordance with the decisions of the Committee.

c. Establish health professionals' registration and licensing system

The establishment of a health professional registration and licensing system, together with extension of the present system of registering private health facilities, will provide information relating to health personnel working in the government sector outside of MOH and in the private sector of the health care system. The registration and licensing system will be administered through the MoH Departments in collaboration with the Health Professional Councils/Boards and / or relevant Institutions. The High Level Standing Committee on Health Workforce suggests the responsibility to be given for the establishment of the system.

d. Ensure accuracy of HR database through comprehensive annual report

Information regarding the productivity of the health workforce is essential to workforce planning and will be obtained through the MoH service activity reporting arrangements and from data collected in the operation of the health professional licensing system and the private health facility registration system.

To provide ready access to information essential for the preparation, monitoring, review and adjustment of the HWDP the MOH HR database will be extended to include data relating to all MOH employees, health personnel employed in other government departments and units, and data relating to people working in the private sector collected through the health professional registration and licensing system. The database will continue to be located in HRD Department and linked through the MoH IT network to the Departments of P&HI and Personnel.

A detailed annual report on the health workforce situation in both the public and private sectors of the health care system will be prepared for submission to the Minister for Health. The MoH Departments of P&HI, Personnel, Hospital Services and HRD will be jointly responsible for the preparation of this annual report.

2. Human Resource Development Policy

2.1. Objective

Through the planning, management, regulation and provision of teaching and learning activities and the development of career pathways, to ensure the availability of an adequate supply of competent health personnel to meet the staffing requirements of both the public and private sectors of Cambodia's health care system.

2.2. Responsibility

Responsibility for the formulation and implementation of HRH policy and plans is shared principally between the Ministry of Health and the Ministry of Education Youth and Sports (MoEYS). Successful implementation of policy and plans calls for continued participation of and support from a wide range of sources including health development partners and private sector participants.

2.3. Strategies

The MoH Human Resource Development Department is responsible for the overall planning and direction of MoH HRH development activities within the Ministry, and for liaison and interaction with both government and non-government HRH development agencies outside the Ministry.

a. Strategy on training coordination and collaboration

a.1. Inter-ministerial Committee

The Joint MoH-MoEYS and Accreditation Committee of Cambodia (ACC) Standing Committee on HRH Development will be the principal body responsible for the oversight of HRH development activities involving both Ministries and agency.

a. 2. Internal of the MoH

- At central level - Establishing Health Education Board (HEB) (Permanent members: DG for Health, HRD, PD, HD, PHID, UHS, TSMC/RTCs, NMCHC, NIPH and optional members: National programs, Professional Associations) to oversee / monitor the implementation of training activities. Quarterly meeting of HEB will be organized for dissemination of MoH policy, raising issues on training and making recommendation for approval of MoH
- At regional level - Establishing Regional Coordination Board (RCB) to support training system. RCB meeting will be organized quarterly in order to disseminate the MoH policy, discuss on issues related to training and propose appropriate solutions to relevant institutions or MoH.

b. Strategy on Basic Education

Basic education directed to the production of entry-level personnel of a recognised profession or occupational group, eg. medical practitioners, dentists, pharmacists, nurses, midwives, etc....

b.1. Master training plan

- Regulate number of new intakes based on needs analysis, staff projection linked to service packages (MPA, CPA) & production capacity
- Monitor and evaluate the implementation of plan and recommendation for further development
- Alternative training programs will be considered and included into master training plan for specific needs

b. 2. Management & Quality Enhancement

- Development a system such as Quality Assurance Program (QAP) and its indicators for MoH internal / self evaluation the quality of training
- Development of regulations and guidelines for institutional accrediting which is in line with the nine points of ACC (*mission, governing structure management and planning, academic programme, teaching staff, students and students' services, learning resources, physical facilities, financial management, dissemination of information*)
- Establishment of teaching hospitals for clinical practice of students
- Development / review of assessment guidelines and tools for maintaining quality of training (*guidelines of exit exam, evaluation checklist, student's logbook, guidelines for clinical practice, ...*)
- Management of teaching staff
 - Improve conditions of employment
 - Improve promotion and motivation policy
 - Upgrade regularly capacity of teachers (full time), lecturers (part time), and clinical instructors, preceptors (selection criteria, pathway, provision of teaching and coaching methodology courses...)
- Monitoring and evaluation the effectiveness and responsiveness of training
- Co-Medicals graduates from basic education programs will be required, in the transitional period, to work in designated posts for a period at least five years to meet the shortage of staff

b. 3. Development of career pathways of health professionals

Career pathways are very important for giving direction to the identification and development of training needs and plans for health professionals. The pathways should be established by professional boards / councils, approved by MoH and endorsed by the ACC.

c. Strategy on Continuing Education

Continuing education is a wide range of activities falling generally into one of two groups

- Formal training directed to extending, reinforcing or refreshing particular practice skills and competence of personnel who have completed basic or higher level training, eg MPA and CPA training of currently employed staff, training of laboratory personnel in new test procedures
- Other activities directed to awareness of developments within a particular profession, some aspect of health care delivery or the health care system generally, eg participation in professional association meetings, reading of professional literature, attendance at workshops and seminars.

c. 1. Master training plan

- Identify continuing training programs responding to health service delivery packages (MPA ,CPA) and related health services management (administrative, accounting) based on TNA and job description of staff
- Health professional development trainings are included into master plan regarding to the plan of Health Professional Associations / Boards / Councils

- Monitoring and evaluation of the plan implementation

c.2. Management and training coordination mechanism

- The Health Education Board is responsible for directing training-holders to follow HR policy, evaluating proposed curriculum and monitoring the implementation of all training courses / programs
- Development and dissemination of accreditation criteria to all training-holders to follow
- Integrating / coordinating training plans from other partners (especially those of National Programs)
- Mapping and sharing resource assistance
- Strengthening Continuing Education system
 - Strengthen role and responsibility of Continuing Education Coordinators (CECs) in coordinating of training activities
 - Conduct a regular quarterly meeting of the Regional Training Coordination Boards (RTCB)
 - Promote updating and using of HR database (TNA, training records, staff management,...)
- Promoting role and responsibility of professional associations in ensuring the availability of appropriate continuing education activities for their members working in both public and private sectors.

d. Strategy on Post Basic and Post Graduate Education

- Post-basic and post-graduate education directed to the production of entry-level specialist personnel of a recognised profession or occupational group eg surgeons, specialist nurses (Nurse Anaesthetists - ISAR, Operating Theatre Nurses - OTN etc) public health specialist doctors

d.1. Master training plan

- Regulate number of eligible trainees based on TNA (career pathway, career needs,...), staff projection linked to service packages (MPA, CPA) & production capacity
- Monitoring and evaluation of the implementation of plan and recommendation for further development
- Development of pathway for health professional education through Health Professional Associations / Boards / Councils
- Alternative training programs will be considered and included into master training plan for specific needs

d. 2. Management and training coordination mechanism

- Links will be established between Cambodian training institutions and appropriate training institutions in the ASEAN Region, and beyond, in order to promote collaboration, strengthen training capacity and improve quality
- Graduates from post-basic and postgraduate education programs will be required to work in designated posts for at least three years. Financial penalties may be imposed for failure to meet this condition

- Mapping and sharing training support to harmonize provision of post basic and post graduates training programs both local and abroad.

d. 3. Quality enhancement

Quality enhancement strategies in post-basic and post-graduate education follow the ones in basic and continuing education strategies.

e. Other strategies

- The preparation of training plans covering future teaching and learning activities within each of the above three levels will be coordinated by the MoH HRD Department. Training plans will reflect service needs both in regard to the type and content of the planned activity and to numbers of personnel to participate. The planning and scheduling of major training activities will be consistent with the requirements of the HWDP.
- Basic, post-basic and post-graduate program curricula will include relevant material drawn from the MoH MPA and CPA instructional material.
- Public and private institutions offering basic, post-basic and post-graduate education programs will be required to hold a licence to operate as Health Personnel Training Institution (HPTI). Licensing will normally be on a three-year renewable basis. MoH will be represented on all bodies involved in the setting and application of HPTI licensing standards and conditions.
- Graduation from an accredited basic, post-basic or post-graduate program will be a condition for professional registration and licensing to practise. Evidence of participation in continuing education activities may be required for licence renewal.
- Both private and public HPTIs will be required to participate in a program accreditation process as outlined by ACC regulations. The details of the process will be determined by MoH in consultation where appropriate with ACC, MoEYS, and other relevant bodies.
- The same process and criteria for accreditation will apply to both public and private institutions. Failure to meet accreditation standards may result in non-recognition of graduates for purposes of professional registration and licensing. MoH will be represented on all bodies involved in the setting and application of program accreditation standards.
- Tuition and other fees may be charged to students enrolled in educational activities conducted by licensed HPT Institutions.
- In accordance with modern educational practice, a range of different methods of assessing student performance may be employed in basic, post-basic and post-

graduate education programs. The accrediting authority will be responsible for ensuring that adequate assessment methods and performance standards are employed in both public and private HPTIs.

- To facilitate the preparation and coordination of training plans and the monitoring and evaluation of major training activities, all HPTIs will be required to submit to MoH HRD Department an annual report on their activities over the past year and an activity plan for the three succeeding years. The annual report will include the names and contact address of all students who graduated from basic, post-basic or post-graduate programs during the reporting year. The pro forma for the annual report will be provided by HRD Department. HRD Department will maintain a register of graduates to be used for workforce planning and monitoring purposes.
- The MoH Human Resource Database will continue to include details of the training of MoH employees. When the Health Professional Registration and Licensing system is in operation, details of training of personnel working in the private sector will be included in this database.

3. Human Resource Management Policy

Human resource management policy embraces two different areas of concern. One is *personnel administration*, covering a wide range of topics including staff recruitment, induction, placement, transfer, salary, allowances, leave, retirement and other entitlements, conflict resolution, conditions of work and occupational health safety, disciplinary matters, staff records and so on. The other is the *personnel performance management* of their job and daily work. This performance management is largely a matter for service managers and supervisors.

The following material relates to personnel administration. The majority of people working in the health system are government servants, and much of the following material is inevitably closely related to government employment. However, the Ministry of Health has a responsibility for and an interest in the health, safety, well-being and contribution to the community of people working in the private sector. Much of the content of the material mentioned below has applicability as guidelines to appropriate conditions of employment and working conditions for and personnel in the private sector of the health care system.

3.1. Policy objective

To ensure that health service personnel at all levels are offered favourable conditions of employment in a safe and healthy work environment, to enable them to achieve a high level of job satisfaction and make their maximum possible contribution to the maintenance and improvement of the health of the people of Cambodia. In other words, the conditions of employment and working conditions of health personnel need to be improved.

In this context the term “Conditions of employment” covers such matters as recruitment, professional registration and licensing, placement, transfer, working hours, salary and other benefits, leave, promotion, discipline and sanctions, redundancy, retirement, dismissal, conflict resolution, industrial relations.

The terms “Working conditions” will be used in relation to the physical and biological environment and other concerns relating to the health and safety of personnel.

3.2. Responsibilities

Much of the regulation of employment conditions and working conditions of civil servants rests with authorities outside the Ministry of Health.

The MoH Department of Personnel is responsible for the application of the law and regulations relating to workers in general and civil servants in particular to the Ministry’s staff.

The Department of Personnel cooperates closely with the MoH Departments of P&HI and HRD in the preparation and review of the Ministry’s Health Workforce Plan. It also works very closely with other MoH Departments and the local health authorities on all aspects of employment and staffing.

3.3. Strategies

a. Strategy on Personnel Administration

- The MOH Department of Personnel will be responsible for the implementation of all policy, laws and other official regulatory instruments relating to the employment and working conditions of civil servants generally (Common Statute Law of Civil Servants of the Royal Government of Cambodia, 21st October 1994). The law specifies following contents related to the personnel administration:
 - General regulations
 - Recruitment
 - Probationary, titular, and dismissal
 - Promotion, grading, levelling/scaling
 - Discipline and sanctions
 - Tribunal accusation / Prosecution
 - Retirement
 - Conflict resolution related to civil servant services
 - Particular regulations
 - Inter-regulations
- Besides the law, many decrees (d) and sub decrees (s/d) are issued to specifically to the conditions of employment, performance and working conditions of MoH cadre.

- The MoH Personnel Department will continue to liaise, consult and cooperate with relevant agencies outside MoH, such as the Civil Servant Service Secretariat, Council for Administrative Reform (CAR) on matters relating to the employment and well-being of MoH staff including non health professional staff such as admin, engineering, accounting, IT, etc....
- The MoH Personnel Department prepare and make available to all MoH staff a Personnel Administration/Management Manual covering all current GOC and MOH policies, rules, entitlements, procedures, rights and obligations relating to the Ministry's staff at all levels. This Manual will be reviewed and up-dated at least annually.
- The Personnel Department will provide orientation training on employment conditions for new recruits before placement.
- The Personnel Department will, from time to time, organise short courses designed to keep managerial personnel up-to-date with current personnel administration policies, strategies and procedures.

b. Strategy on personnel performance management

- The MoH will continue to keep under review issues and proposed arrangements relating to monetary and other benefits offered to MoH employees, including the standard scales of remuneration, disparity between salaries payable to government employees and personnel working in the private sector, provision of incentives to assist in the staffing of areas of special need.
- The MoH will, in consultation with the relevant Professional Councils/Boards, prepare and make available to all members of the health professionals a ***Code of Professional Ethics and Practice***.
- The MoH Personnel Department, in consultation with other administrative and service departments and units, prepare staffing standards for MoH work units (departments, institutes, hospitals, health centres etc) to provide guidance in the recruitment and allocation of personnel. The standards will reflect current and projected workloads and reasonable expectations as to staff productivity.
- To assist in the appropriate training, recruitment, employment and deployment of staff, MoH will prepare and maintain an Establishment Register listing all authorised positions within the Ministry. In compiling and maintaining the Register, due attention will be given to the MoH staffing standards referred to above. The Register will be maintained by the **Department of Personnel**. The Register will be reviewed annually and adjusted in the light of the past year's experience and expectations regarding staffing requirements in subsequent years.

- The MoH Personnel Department, with assistance from Health Development Partners, in consultation with concerned MoH Departments, will consider the desirability and feasibility of introducing a staff performance management system which is starting from Central MoH Departments and expanding to all MoH personnel.
- The MoH Personnel Department will review the situation regarding the employment of floating and contracting staff with a view to ensuring that justifiable numbers of staff are employed, staffs are rationally deployed, and that their conditions of employment, working conditions and productivity meet appropriate standards.

III. Key policies

To provide information essential to realistic planning of services and training activities, and to assist in the effective operation of quality assurance activities, MoH will establish and maintain a health professional registration and licensing system. All appropriately qualified personnel wishing to practise a health profession, whether in the public or private sectors, will be required to register as a pre-requisite to the granting of a licence to practice. Licences to practice will be issued to registered professionals on a regular basis. Applicants for a licence may be required to provide certain information to be used for planning, monitoring and quality assurance purposes. Legislation governing the operation of this MoH-based registration and licensing system will prescribe grounds for refusal to register or issue a licence, and appeals against such refusal will be handled in accordance with procedures set out in the relevant legislation.

The capacity and utilisation of the existing HRD/PD/P&HID database will be reviewed to ensure its potential value as a source of up-to-date information regarding health workforce planning, training and personnel administration. Among points for consideration are the relationship between this database and (a) the information system to be developed for the proposed health professional registration and licensing system, and (b) arrangements for the collection, processing and storage of data relating to the proposed Establishments Register.

