

Health Workforce Development Plan 2006-2015 Mid Term Review

29th Sept 2011

Goal and Purpose

The main purpose of the midterm review was to highlight achievements in the implementation of the Health Workforce Development Plan and to identify priority areas that need to be addressed to achieve the RGC strategic goals for health development in the next five years. Priority attention was given to the capacity of the MOH to guide, monitor and regulate the production and deployment of skilled health personnel through sound governance and quality management.

Process of the Review

The review was facilitated by two external consultants who worked closely with MOH counterparts and stakeholders under the overall guidance and leadership of the Human Resource for Health Committee, established by the Minister of Health and chaired by the Secretary of State for Health. The interactive process of the review was designed to promote national ownership of the issues identified and commitment to implementation of the review recommendations.

The sources of information reviewed by the Committee included desk reviews, routine database data, monitoring reports, quarterly reports, published studies, baseline and periodic review evaluations, commissioned pieces and internal Government reviews. In-depth interviews with stakeholders at national and sub-national level were held as required and circumstances permitted. No primary data other than the stakeholder interviews was collected.

Progress 2006-2010

The Health Workforce Development Plan 2006-2015 (HWDP) , is the second national plan for the health workforce preceding the formulation of the Health Strategic Plan 2008-2015. Below is a summary of areas where progress has been achieved and areas which require further attention and intensified efforts and investments.

The review notes significant progress in the formulation of policy and development of programs which affect the health workforce during 2006-2011:

Key policies include, the formulation of policy outlining support and vision for the development of the health workforce: National Strategic Development Plan 2006-2013, the Serving the People Better Policy 2006, Regulations for Private Practice 2007 and Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality 2010-2015.

In the Health Professional Education sector specific legislation was developed to further regulate quality: Sub decree 21 outlining required quality standards for all health professional education institutions and the Sub decree for Professors, giving a recognized career pathway for faculty. Health Professional Education has expanded with four new private Universities, one of which has gained financial viability. The University of Health Science (UHS) has become a Public Administrative Enterprise and taken over the management of the Technical School of Medical Care (TSMC) which has enabled the use of teaching fees for academic reward. Across all institutions, there has been a rationalization of health education programmes with the cessation of secondary programmes and the establishment of associate degree programmes for nurses and midwives, with a substantial increase in production numbers for midwives and the resumption of Xray and Laboratory Technician programmes.

The Royal Government of Cambodia (RGC) has made seven MoH salary increases, including 20% annual increases of base pay which the Government are committed to repeating until 2013. This goes somewhat further in achieving a living wage. The Personnel Dept has increased the accuracy of their data reporting with an easy to use Data Management Tool Access based database which is decentralised to all Provincial offices and used for planning at Central and Provincial levels. A Projection Tool is also used to bring the planning information inline with the

Health Coverage Plan staffing standards, compensation data, attrition rates and health facility deployment. This has assisted planning so that now the Dept has been able to increase their annual Council of Minister staffing allocation to 1400 (from 850) and they can track staff deployment accurately, last year achieving a primary midwife in every health centre.

The Council of Administrative Reform (CAR) has designed, the Personnel Dept has implemented and the Development Partners have funded the Performance Management and Accountability System (PMAS) and the Priority Operating Cost (POC) incentive scheme, all of which are hoped to have lessons for wider performance management gain for all health staff. A full evaluation is scheduled for late 2011. Ministry of Health (MoH) and development partners continue to monitor SOAs which have introduced rural level incentives in about 20% of the health system. Personnel Dept has also maintained a recruitment and transfer policy which limits recruitment and transfers to Phnom Penh, enabling an intensification of resources in the Provinces.

The HWDP 2006-2015 recommendations concerning the strengthening of the management system for human resource for health were only partly achieved. The current review noted that inter-departmental and inter-Ministerial coordination, monitoring and implementation, require further attention, and that a High Level oversight Working Group on Human Resource Development, recommended in the plan has not been established to date. Priority areas that need urgent action include the introduction of Health Professional Registration and Licensing, the up scaling of the public sector workforce against population growth and the development of policy regarding private sector regulation.

This mid term review revisits the recommendations of the HWDP 2006-2015 and focuses on the need to build institutional capacity and infrastructure to cope with the complex situation. The recommendations of this mid term review are around building a system that promotes good governance and evidence based decision making, with strategic focus on the development of the quality of the health workforce and their availability. The recommendations of this mid term review, for the next 3-4yrs (2011-2015), are as follows:

Strategic Priority 1: Human Resource for Health Related Governance:

It is recommended that urgent attention is given to the further development of mechanisms and processes to regulate and ensure quality and adequacy of the health workforce. The emergence of the private sector is a major development that needs to be addressed properly. This development was anticipated in the previous review but gained momentum in the last 5 years. The significant growth of the private sector contribution could be expected to yield benefits if it is properly understood and regulated.

High level governance and leadership is required to improve the situation for human resources for health. The following next steps are recommended:

Short Term:

- The HRH Committee, chaired by the Secretary of State for Health, formed for the HWDP mid term review, continues to give the focus and profile for the issues raised
- Dedicated time slot for HRH governance issues to become prominent in the National planning processes such as the JAPR, MidYear reviews of the AOP, Taskforce 4, Health Congress and the TWGH

Medium Term:

- Integrate the timing of the HWDP with the HSP process in future, with both concluding in 2015. These MTR recommendations, particularly the longer term ones should be used to strengthen the HRH component in the next HSP
- Annual Reports on HRH production (student intake, enrolment, graduation), recruitment, deployment and staff development to be produced by HRD and Personnel respectively
- Biannual meetings for key public and private sector health workers to gain understanding and reach consensus for mutual benefit.

Strategic Priority 2: Improve the Technical Skills and Competence of the Health Workforce

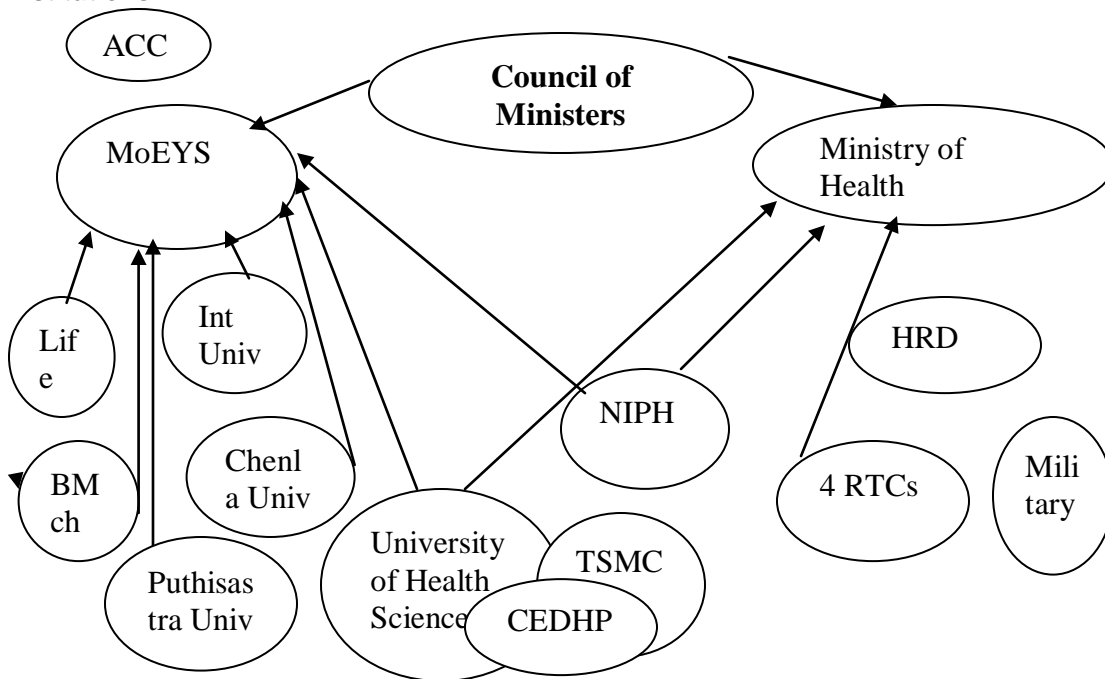
Unless the quality of all public and private sector education institutions improves, there will be an over production of low quality staff, a time bomb, leading to unemployment, community dissatisfaction and low quality health service delivery which cannot be rectified through in-service training.

Cambodia needs to educate and train enough qualified Health Professionals with technical and managerial skills, appropriate in quantity and quality for the health service of Cambodia by:

An increased focus on pre-service education which in turn requires the re-direction of strategic attention (from in-service to pre-service), a formalised governance framework to oversee the accreditation of institutions, quality standards and curricula and processes such as the National Exam.

The following diagram shows the current reporting relationships. Without the Ministry of Health as a regulator, the private institutions have no technical accountability to health and in this absence; some of them are reported to be already producing some health professionals without any clinical practice.

Diagram to Illustrate Reporting Relationships for the Management of Health Professional Institutions



In terms of strategic recommendations:

Short Term:

2.1 Establish an institutional body to oversee and ensure the quality of health professional education.

- Health Professional Education Committee is needed to support this regulatory function (such as sub decree 21 enforcement) and to establish strategy and policy for health professional education. HRD Dept should be the secretariat and the Secretary of State of Basic Education the Chair

2.2 Ensure quality benchmarks for all health professionals, with a focus on the following options:

- The National Examination should be established from 2012 initially for Doctors, Dentists, Pharmacists and degree Nurses and eventually for all professions
- The National Examination should eventually be the national licensing and registration examination with the Health Professional Councils establishing clinical standards

2.3 Strengthen health professional education institutions

- Health Professional Education institutions need to be strengthened with a focus on competency based curriculum, faculty development (in how to teach and in clinical skills), production of language appropriate learning materials, structured teaching in skills labs and resources. The Centre for Education Development of Health Professionals (CEDHP) to be strengthened as a resource to achieve these developments.
- Systematic process for rationalising curricula against health cadres needed for the public and private health service eg including roles such as sub national pharmacy workers
- Use the above process for taking decisions on the midwifery curricula before 2015 when the civil service is projected to be saturated with newly graduating secondary midwives
- Health Education Institutions (especially the Regional Training Centres) need an adequate financial pipeline to sustain the developments described above, including a costing study and legal framework for funds
- Development of clinical placement sites through the establishment of teaching hospitals and sites at health centres, with health education tutors actively engaging and supporting students in clinical practice
- Publish intake, enrolment and graduation figures, particularly monitoring the % deviation in student intake into educational programmes compared to health workforce planning targets
- All data should be disaggregated to monitor equity policy by gender, age and ethnicity
- Support for newly emerging post graduate courses such as the Masters in Public Health where graduates need support to complete their thesis to graduate

2.4 Improve access to health and medical education for poor students, focusing on areas with higher burden of disease and/or where retention of staff is problematic

- Scholarships for poor students where user fees exist

2.5 Improve in-service training and continuing professional education to maintain and further develop the skills of the health workforce of Cambodia by:

- A meeting is held with National Programmes, Central MoH and Development Partners to present the MoH MPA/CPA training plan and a process agreed for updating it and developing a list of MoH approved courses for in-service training for staff
- The plan for updating the MPA/CPA training plan should have nominated stakeholders with relevant TA for each module, a roadmap for how the module will be reviewed and a timeframe for roll out
- Each developed module should be competency based, with clear standards for quality so different trainers can deliver the course to the same standard
- A standard developed for the frequency that health professionals should be trained in each module of the MoH MPA/CPA plan
- Health professional trainers from MoH and Development Partners should be nominated for delivering the MoH in-service training plan
- Provincial and Operational Districts formulate annual training plans for staff based on which of their staff is due for an in-service training course against the MoH plan
- Where a module is not offered in a province, the PHD or OD could still put their staff member on their training plan with a view to accessing training offered in another Province

- Provinces to maintain data on which of their staff have received in-service training courses
- Some modules such as Maternal Child Health MPA 11 and 12, Nutrition, IMCI, Health Promotion, Health Centre Management have already developed national modules and can serve as ones to fast track
- In-service training should be integrally connected with clinical supervision and clinical protocols for practice
- With in-service training focusing on the MoH plan, there maybe development partner savings which can be used for pre-service
- Health Professional Councils to develop Continuing Professional Education programmes
- Health Professionals attending Continuing Professional Education programmes may pay for the programmes
- Continuing Professional Education Programmes will be recorded in the registration and regulation database with successful graduates from these programmes to be credited for their re-licensing and career progression.

Strategic Priority 3: Health Workforce Management; recruitment, performance management, deployment, retention

Cambodia needs to ensure the availability and effective utilisation of sufficient and balanced number of qualified Health Professionals at all levels of the Health system.

Over the next 3-4yrs, the following actions are recommended:

Short Term:

3.1 Development of the Health Workforce Plan, to support relevant and adequate Recruitment, Deployment and Retention

- The Health Workforce plan is based on changing assumptions and so the Personnel Dept should use the Projection Tool to work with other depts (in particular the provincial health departments) to check assumptions, run projections, monitor staffing levels and identify gaps in staffing and skills mix at least annually. The results should be presented back through the national planning process, including JAPR and MYR of the AOP
- All data in the tool should be disaggregated to monitor equity policy by gender, age and ethnicity
- Monitoring health workforce entry, composition and retention from the perspective of gender, ethnicity and age, with positive action to favour recruitment of those under represented such as women from poor areas and ethnic minorities
- The projection tool should begin to take account of private service activity in workforce projections which can be done through private facility reporting to the PHD/ DPHI database
- Average quota for recruitment of new staff maintained at 1400-1800 annually to reach staffing targets projected in the tool
- Recruitment priority to be given to the strategic priority posts such as midwives and rural and remote locations. Strategies to achieve this may include scholarships for upgrading training with mandatory contracts, targeted recruitment, creative advertising strategies, use of available financial and non financial incentives and policies to ensure staff safety and security.

Medium Term:

3.2 Performance Management of Staff

- Develop simplified performance management strategies; ensuring inductions for new staff (especially clinical induction for the new midwives), clarity on roles and responsibilities (from MPA, CPA guidelines), job descriptions and simple performance management annual appraisals

- Civil service reform may offer service wide opportunities to performance management consolidation
- Middle management training in Health Management, including human resource management, is needed and could potentially be offered through general management universities in the Provinces and the new Masters in Health Administration at NIPH
- Develop clearly articulated career pathways to allow professionals to progress, including managers and clinicians, including for rural postings.

Personnel Dept capacity to realise these objectives needs augmenting. Development partner funded consultant staff could greatly assist.

In the longer term, deployment strategies also need to include dialogue on productivity and functional task analysis, particularly in light of the reforms of Decentralisation and Deconcentration (D&D) and the impact that this will have on roles and responsibilities.

Strategic Priority 4: Staff Remuneration, salaries, performance incentives

Aim for appropriate Health Professional Compensation in National Policy and legal frameworks, particularly supporting equity policy.

Over the next 3-4yrs, the following actions are recommended:

Short Term:

- Continue to administer RGC 20% annual salary increases and RGC civil service salary reform
- Continue to strengthen performance management through schemes such as POC, guidance on management of staff contributions through user fees, HEF, SDGs, SOAs
- Play a leadership role in reviewing Performance Management and Accountability System (PMAS), recommending simplifications for the health service and an implementation strategy for wide application
- Timely and efficient payment of salaries

Medium Term:

- Discuss how to motivate back office management positions where POC payments are reportedly inadequate to retain staff in the public sector or motivate them to perform management roles such as commissioning
- Represent and understand the interests of the health service in wider reform processes such as within existing working groups for D&D, Recruitment, POC, PAR
- Seek to further understand the private sector, with a view to future regulation for mutual benefit, such as the significance of payments, how private sector affects public health services such as shift patterns, long hours, services prioritised by the private (and so minimal for public) such as pharmacy, dentistry, opticians.