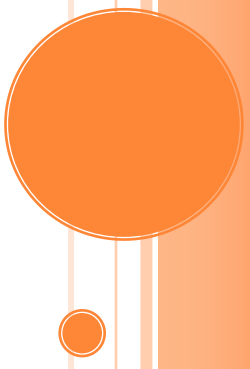
Strategic Plan

2010-2015

for

Cambodian Midwives Council

February 2010



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Abbreviations

ADB	Asian Development Bank
AFD	Agence Francaise de Development
ASEAN	Association of South East Asian Nations
BBE	Bureau of Basic Education
BQA	Bureau of Quality Assurance
CIPS	Cambodia Intercensal Population Survey
CMA	Cambodian Midwives Association
CMC	Cambodian Midwives Council
CME	Continuing Medical Education
CPA	Complementary Package of Activities
CPG	Clinical Practice Guideline
DFID	Department for International Development
GDP	Gross Domestic Product
HC	Health Centre
HIV	Human Immunodeficiency Virus
HP	Health Post
HRD	Human Resources Department
ICM	International Confederation of Midwives
IMR	Infant Mortality Rate
INGO	International Non Government Organization
IU	International University, Phnom Penh
LSS	Life Saving Skills
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MoH	Ministry of Health
MPA	Minimum Package of Activities
NGO	Non-governmental organization
OD	Operational District
PHD	Provincial Health Department
PMW	Primary Midwife
PHD	Provincial Health Department
RGoC	Royal Government of Cambodia
RH	Referral Hospital
RTC	Regional Training School
SMW	Secondary Midwife Worker
TSMC	Technical School of Medical Care
U5MR	Under 5 Mortality Rate
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WP/SEAR	West Pacific/South East Asia

Executive Summary

Cambodia is one of the signatories of the UN Millennium Declaration in 2000. The government is committed to achieving Millennium Development Goal 5, which calls for a 75% reduction in maternal mortality between 1990 and 2015. Cambodia's maternal mortality rate (MMR) of 461/100,000 live births has not changed significantly over the past 15 years. Every year, 1,800 Cambodian women die from preventable and treatable complications of pregnancy.

There is significant gap in the delivery of maternal care services with only 69% of all pregnant women having at least one antenatal assessment (2006) by a trained health care provider and, three quarters of women have tetanus toxoid injections[1]. The number of births assisted by a trained health provider is on an average of 44 percent, it is estimated that approximately 78 % of babies are still delivered at home, although decreasing more rapidly in urban areas where approximately half of all births now takes place in a health facility[9].

One of the important players in reduction of maternal mortality is the midwives. The Ministry of Health places great importance in employing midwives in all health infrastructure network of the country. The midwives are the front line health workers who come in contact with pregnant women and assist in pregnancy and most assisted deliveries.

Midwifery was recognized and taught in Cambodia since the 1950s. A two year program was offered between 1950 and 1960 which was subsequently upgraded to a three year program. However, the school was closed in 1975 following the Khmer Rouge regime takeover of the country which was reopened in 1980. Since then, four more schools were established in the public sector and one in private sector. In order to quickly fulfill the midwifery requirements, a one year program was initiated. The Primary Nurse Midwife was expected to work as assistant to the Secondary Nurse Midwife who has a year's midwifery training following three years of formal nursing education.

Projected estimates of midwives under the current rate of production, not considering possible expansion of NGO and private sector uptake, and considering an attrition rate of 10%, will progressively grow at a steady state surpassing the national intake in the foreseeable future.

According to available records, there are 3245 midwives working within the different levels of health care system in Cambodia. There are approximately 4500 midwives currently residing in Cambodia some of whom are retired and are working with NGOs and in private hospitals though the MoH does not have record of midwives working with the private sector, NGOs, retired and self employed in midwifery.

With enhancement in health services that intend at reducing maternal and child mortality, it is pragmatic that there are mechanisms to ensure uniform, quality, pre-service training of health workers in general and midwifery in particular. It is essential to define scope of work, develop and adopt standard of practice, standard of work environment and ensures core competencies in

among the midwives. It is realistic that there are mechanisms of registering all midwives in the country and regulates their conduct through mechanisms of complaints and disciplinary measures that entrusts continued progress in health care and proportional reduction in maternal mortality.

The Cambodian Midwives Council was established following a Royal Decree in September 2006. The Council was assigned two important responsibilities of registering all midwives working in Cambodia and developing disciplinary committee in the five regions to ensure effective and safe midwifery services. A review of the midwifery council and services was done; some of the findings are as follows:

1. The midwifery council establishment is in its fundamental stage and there are limited capacity to support the council
2. Midwives are not registered both in Public and Private sector
3. Competency of midwives is not assessed any time after they begin their professional work and hence midwives have a range of competency
4. Midwifery Scope of Practice, Practice standards and Code of Ethics, Midwifery regulations have not been developed
5. Midwives do not require Certificate of Practice to continue to practice
6. The council does not have capacity for accreditation of midwifery courses which is not practiced

The Strategic Plan

The following seven key areas were recognized as priority issues for the strategic plan period of 2010 to 2015 for the Cambodian Midwifery Council. The council will work towards establishing a vibrant CMC, Regional and Provincial Councils.

1. Establishing Cambodian Midwives Council
2. Registering all midwives
3. Issuing Practice certificate
4. Accreditation of midwifery courses
5. Establishing disciplinary committees
6. Networking and Partnership
7. Financial Sustainability

Key results and action plan

A. Establishing the Council

1. Establishing Cambodian Midwives Council

1. Establish a technical working group composed of midwives, representatives from other councils, key departments and NGOs to guide the CMC.

2. Establish the Cambodian Midwives Council under the leadership of President CMC
3. Develop election guidelines and necessary procedures for all levels of council
4. Develop office policy, operation guidelines and office regulations for central, regional and provincial councils and personnel policy for all levels of council
5. Develop financial management guidelines for all levels of council
6. Elect Executive board of the CMC according to guidelines and procedures
7. Initiate Council meeting to ratify necessary council documents and deliverables of committees
8. Regional and Provincial members to lead their team in establishing respective councils (RMC & PMC) according to guidelines and procedures set by the CMC
9. Approach Minister of Health for all necessary support for establishing the CMC including nomination of registrar on secondment till such time midwife council is financially capable to recruiting a registrar.
10. Conduct training on role and responsibilities of different office bearers, functions of committees, financial responsibilities and financial management, office responsibilities and management skills, supervision, negotiations for support and fund raising to the council members.
11. Plan regional workshops on strengthening midwifery in Cambodia.
12. Develop a database to be able to record all necessary information of all midwives in the country.
13. Develop CMC website.

2. Establish Regional Midwives Council

1. Establish Regional Midwives Council (RMC) in each region
2. Election to the office of the RMC will be held in accordance with the guidelines developed by the CMC.
3. Regulations developed by the CMC for personal and financial matters and guidelines for specific purpose will be followed.
4. A Disciplinary Committee will be constituted in each of the five regions. The committee will have five members each. The committee will follow norms and guidelines set by the disciplinary committee to investigate cases that are brought to the committee.
5. The CMC will authorize the RMC to work in collaboration with TSMC/RTCs to develop capacity for competency assessment of midwives and issue of practicing certificate. A committee for competency assessment will be formed in each RMC.

3. Establish Provincial Midwives Council

1. Office for each of the PMC will be established in each province in a phased manner.
2. Regulations developed by the CMC for personal and financial matters and guidelines for specific functions will be followed in close consultation with the CMC.

3. The PMC will constitute a Registration committee each. The panel will have five members.
4. The provincial registration committee will initiate registration.

B. To register all midwives with the CMC

1. To establish fundamentals for registration

1. The CMC will initiate registration of all midwives, initially only on the basis of pre-service qualification and experience on payment of a minimum fee package. All necessary criteria will be developed for the PMC to follow.
2. The PMC will advocate registration requirement and inform every midwife in the province through MCH supervisor and any available channel of communication.
3. Registration will be initiated by the PMC, recording all collected information in the PMC register.
4. All midwives both in public and private sector and NGOs will be registered.
5. All midwives will be re-registered at the end of twelve months of the initial registration every year on payment of a fee package.
6. The registration committee will work closely with the Bureau of Registration and Certification to supplement any information whenever required.

2. To establish Midwifery Education and Training standards

1. The CMC will work in collaboration with Quality Assurance Department and involve in setting minimum education standards of midwife teacher, skills, clinical experience, teacher student ratio, and educational facilities etc. to all institutions training midwives both private and public. The committee will develop a mechanism that ensures that recommendations are considered and adopted by the midwifery institutions.
2. The CMC will involve in developing standard of midwifery curricula, basic facilities, clinical facilities etc. that commensurate with scope of midwifery practice along with other key departments.
3. To CMC will keep under review the existing examination process, and make recommendations to the Council for improvements whenever necessary.
4. A strategy on continuing midwifery education will be developed and recommended for compliance and adoption by QA, HRD and CMA. This will be linked with issue of practice certificate to midwives.

3. To establish in-service standards

1. The Education committee will develop scope of midwifery practice and validate standard of midwifery practice and disseminate widely.
2. The CMC will involve in developing basic standards for work environment along with BQA and HSD.

3. The committee will initiate measures to launch a quarterly newsletter for its registered members on the activities of the council, regulations, and newer developments of the council with a purpose of enhancing professional development.
4. The CMC will recommend development of SOP that achieves greater effectiveness and efficiencies in midwifery in major and common midwifery conditions.
5. NGOs working in maternal and child health will be encouraged to support CME in midwifery and reach it to the regional and provincial level

C. To introduce Competency Certificate to practice

1. The education committee will develop a strategy for assessment of competency for issue of certificate to practice for every practicing midwife.

2. The CMC, through the RMC, will issue certificate to practice to all registered practicing midwives and re-issue the certificate every five years following a consultative process.

3. The education committee will develop competency assessment tools for self and supervisor assessment which will be disseminated widely.

D. Accreditation for midwifery courses

1. The National Accreditation Board requires individual council to enhance its capacity in accreditation of their own courses for issue of accreditation certificate by the board. The CMC will develop guideline for accreditation of midwifery courses.
2. The council will develop its capacity to accredit midwifery courses and will be able to assist the National Accreditation Board in recognizing and de-recognizing midwifery courses in the country.

E. To establish disciplinary committee

1. The CMC will constitute a disciplinary committee and frame guidelines for the disciplinary committees at the RMC. Steps of investigation, procedure and appropriate disciplinary measures and hearing and all necessary details of guidelines will be made in accordance with the Code of Ethics, Royal decree and the midwifery rules and regulations.
2. All RMC will set up a disciplinary committee each, composed of five members. The panel may seek advice of an advocate in its establishment and functioning.
3. The CMC will encourage the establishments and other bodies and organisations that employ midwives, of accessible and efficient procedures for making, considering, and determining complaints relating to midwives they employ.
4. The panel will ensure that most matters of complaints are recognized as opportunities for improvement.

F. Partnership and Networking

1. CMC will identify and develop robust linkages with other partners that work in the arena of Maternal and Child Health in Cambodia.
2. CMC will seek assistance of donors in continuing support for capacity building and support in establishing CMC branch offices at the region and provinces.
3. The CMC will maintain close linkage with the Ministry of Health. It will seek all necessary assistance from the Ministry to initiate functioning of the Council
4. The CMC will identify mentoring midwifery councils in the region for support in terms of exposure and technical guidance.
5. CMC will seek all possible support for capacity development from the International Council of Midwives (ICM).

G. Financial Sustainability

1. The CMC will constitute a financial and partnership committee for the purpose of developing an approach for fund generation and management. The committee will develop a strategy for fund raising through dialogue and negotiation with other partners, companies and philanthropist organizations.
2. The committee will develop financial management policy and financial management guidelines for CMC, RMC and the PMC.
3. A highly transparent financial management system will be developed for transparency, accountability and continued support from its members and other collaborating organizations.

1.0 Introduction and Context

Cambodia is one of the signatories to the UN Millennium Declaration of 2000. The government is committed to achieving Millennium Development Goal 5 (MDG 5), which calls for a three-quarters reduction in maternal mortality between 1990 and 2015. Cambodia's maternal mortality rate (MMR) has not improved over the past 15 years. Every year, some 1,800 Cambodian women die from preventable and treatable complications of pregnancy which is more than the number of women who die from malaria, tuberculosis and HIV combined.

Maternal deaths occur around the time of childbirth and following unsafe abortion. Post-partum haemorrhage, eclampsia, obstructed labour and infection are the commonest causes of maternal mortality. The number of deaths can be rapidly reduced only if new concerted efforts are focused on preventing and treating these four conditions. Apart from revolutionary measures in improving management of these four important conditions, increasing prevalence of delivery by skilled birth attendants and reaching advanced care as near to the community as possible, it is equally crucial to have regulatory mechanisms in place that constantly monitor competency and conduct of health workers.

The failure to reduce maternal mortality in Cambodia is of grave concern, particularly in view of the impressive improvements in other health indicators during recent years. Reaching the target for MDG 5 is a formidable challenge for the government of Cambodia. The recently introduced incentives to health centres for deliveries have demonstrated that it is possible to rapidly increase skilled attendance at birth. This is an innovative and effective way of quickly increasing the proportion of women who deliver in health centres.

Parallel to the improvements in health services that aim at reducing maternal and child mortality, it is pragmatic that there are mechanisms to ensure uniform, quality, pre-service training of health workers in general and midwifery in particular. It is crucial to have a mechanism that defines scope of practice, develops and adopts standard of practice, standards of work environment and ensures core competencies for the midwives. It is realistic that there are mechanisms for registering all midwives in the country and regulating their conduct through mechanisms of complaints and disciplinary procedures.. The Cambodian Midwives Council endeavours to accomplish the above and aid the Royal Government in achieving some of the millennium development goals.

1.1 Purpose of the document

This document has been developed for the Cambodia Midwives Council with support from UNFPA. The purpose of the document is to provide a strategic plan for the Cambodian Midwives Council so that it can deliver on the objectives:

1. To provide safe midwifery services to the people of Cambodia

2. To promote competent midwifery practice in Cambodia
3. To provide midwives with opportunities for professional development.

1.2 Method of collecting information

A number of key officials were contacted for consultative interview in the Ministry of Health. Development partners involved in maternal and child health were contacted and interviewed (Annexure 7.2). Guidelines were developed to capture relevant information from the officials contacted. Data was made available from the relevant departments of the Ministry of Health. Information collected was subsequently collated, reviewed and analyzed. Simultaneously, a review of literature was done that included reviewing all available documents. Background history of the CMC was accessed through the chronological recording by the Midwifery Specialist of the UNFPA which was further validated by the President of CMC. A draft CMC strategy for 2010 to 2015 was developed which was extensively discussed among the key ministry officials, donors, key midwifery council members and subsequently consulted in a workshop organised for the purpose.

1.3 Socio-demographic background

Cambodia covers an area of 181,035 square kilometers and shares borders with Thailand, Vietnam, and Lao PDR. The Mekong River and Tonle Sap Lake topographically dominate the country, which is divided administratively into 24 provinces. Total population is estimated at 13.38 million, with approximately 80% in rural areas. Average household size at 4.7 in 2008 has decreased slightly in both rural and urban areas since 1998. Twenty nine percent of the households are headed by women. The crude economic activity rate has increased to 52.65% in 2008 compared to 44.76% in 1998. School enrolment and literacy remain low despite improvements[1].

The population growth rate is second only to that of Lao PDR among ASEAN nations. Over 33.4% of the population is under 15 years of age. The growth rate has decreased dramatically from 2.5% in 1998 to 1.54% by 2008[1]. Ethnically, approximately 90% of the population is Khmer, while 10% is minority groups such as Cham, ethnic Chinese, and Vietnamese. Approximately 95% speak Khmer. Least densely populated areas are the North and Northest.[2,3.] Cambodia is one of the poorest countries in Southeast Asia. The periods of war and internal conflict between 1970 to 1993 severely destabilized health infrastructure and services. Recovery was set further back in the 1990s by political upheaval and regional recession. The Paris Peace Agreements of October 1991 enabled peace and stability to be progressively re-established, allowing focus on longer-term development. Despite significant progress, major disparities continue between urban and rural living standards. Poverty remains high, with more than 35% below the poverty line and 15% in extreme poverty. This phenomenon is largely rural, with over 90% of the poorest living in rural areas.

Table 1: Selected indicators in Cambodia

Socio economic indicators	**Amount**	**Source**
Gross Domestic Product (per capita) MTR 2008	Riel 2,416,000	NSDP
Health Expenditure (GDP) 2002	total 12/public 2.1	MoH
Household as electricity as main source of light (%) 2004	urban 56/rural 11	CIPS
Adult literacy rate (%) 2008	Female 68/Male76	Census
Completed Primary School among adults (%) 2008	26.77	Census
Demographic Indicators		
Avg. annual Pop. growth rate(%) 2008	1.54	Census
Total fertility rate (births per woman) 2008	3.1	Census
Contraceptive Prevalence rate** 2005	27	CDHS
Health Indicators		
Avg. life expectancy at birth MTR 2008	Female 67.5/ Male 63.1	NSDP
Infant Mortality Rate (IMR) 2008	60/1000	Census
Under 5 mortality (U5MR) 2005	83/1000	CDHS
Maternal Mortality Rate (MMR) 2008	461/100,000	Census
Anemia among women of reproductive age (%) 2006	47	CDHS

****** *Contraceptive prevalence rate refers to use of any modern or traditional contraceptive method among women age 15 to 49.*

Limited linkages to the domestic economy, limited access to basic services, landlessness, environmental degradation, and little or no education exacerbate poverty[4,5]. Gross domestic product (GDP) is approximately Riel 2,416,000 for 2008(NSD-MTR 08). Official development assistance remains high at around US$39 per capita (WB EA Update Apr. 08). Bilateral and multilateral organizations, UN agencies, NGOs, and private sector organizations support development initiatives throughout the country [5,6,7] .

1.4 Health Systems in Cambodia

The MOH administers health services through 24 Provincial Health Departments (PHD), 76 Operational Districts (OD), 69 referral hospitals, and 979 health centers (HC). NGO and private practitioners also provide health services. There is a host of unregulated traditional medical practitioners prevalent in the difficult to reach communities.

The violent civil war decimated health infrastructure, personnel, and services between 1975 and 1979. In 1991, Cambodia began rebuilding its political, social, and economic structures. However, the public health system is struggling to meet the needs of its population. Cambodia's high fertility, morbidity, and mortality rates compromise government efforts to achieve a just, peaceful society, and raise the living standard of Cambodians.

Some key maternal and child health indicators show significant improvements from 2000. Current estimates show that the proportion of women who are anemic has reduced from 57.8% to 47% of women having some form of anemia, of which 33% show only mild anemia. Less than half of all pregnant women reportedly received 2 or more antenatal care visits in 2004, and only a half received adequate tetanus toxoid injections[8]. 2006 data shows that 69% of all pregnant women have at least one antenatal assessment by a trained health care provider and three quarters of women have tetanus toxoid injections[9]. Whilst the number of births assisted by a trained health provider has increased to an average of 44 percent, it is estimated that approximately 78 % of babies are still delivered at home, although this rate is decreasing more rapidly in urban areas where approximately half of all births now take place in a health facility.[9,] Traditional beliefs and practices that deter health seeking behavior and child feeding practices are prevalent particularly in rural areas and with low family income [10]. The MMR of 461/100,000 live births is one of the highest in the region. It is a herculean task for the Ministry of Health and health system in Cambodia to achieve the MDG goal of reducing the MMR by 75% by 2015.

Providing universal access to health services requires a viable and effective health workforce. However, as demand has increased and new delivery methods become available, insufficient recruitment and training, deterioration of existing skills, difficulties attracting and retaining staff especially in remote areas, mismatch between cost of living and remuneration provided in public sector and loss of trained staff to the private sector have become major challenges. This has affected the retention and distribution of midwives.

Public sector salaries are insufficient for daily living expenses, and would need to be multiplied several times to make up for the cost of living[11]. Most health workers maintain both public and private practices to survive. However they are motivated to remain in public service due to professional identity, training opportunities, and career progression. A recent study to quantify components of health practitioners' income and motivations found that salaries and allowances from public service represent a small portion of total remuneration. Most (80%) have at least one

source of additional income, but the majority (94%) claim they want to remain in public service. Thus, undertaking dual public-private work ensures that public workers can combine the benefits of government service with incomes similar to those in the private sector[5]. This helps retain personnel in the public sector, but increases conflicts of interest.

1.5 Midwifery Services in Cambodia

1.5.1 History of Midwifery education

The first school for nurses and midwives was established in 1950 as the 'Ecole d' Infirmieres et de Sages Femmes', in Phnom Penh. A two year midwife education program was offered between 1950 and 1960. In 1960 the school became the "Ecole Royale d'Infimieres et de Sages Femmes d'Etat'. A three year MW curriculum was introduced. In 1975 the school was obliged to close down by the Khmer Rouge regime. It reopened in 1980. In 1997 the school was called Technical School for Medical Care. Later, the school was converted to a semi-private institution under the University of Health Sciences.

As human resources for health had been completely decimated under the Khmer Rouge, in order to quickly replenish the health workforce, 4 regional schools for basic training were established in the 1980's in the towns of Battambang, Kampong Cham, Kampot and later on in Stung Treng[12].

Midwifery training was reintroduced across the country in the early 1980's with an overall goal of training quickly to produce a large number of basically trained midwives in order to increase access to midwives throughout the country.

There were two basic training programmes. One programme delivered qualifications to become a primary level midwife, the other a secondary level midwife. The primary midwife training programme was one-year in duration with an entry requirement of a secondary school education. The secondary midwife-training programme on the other hand was three years in duration. The first year was a common year with secondary nursing students, and the last two years were dedicated to midwifery thereby developing midwifery specific knowledge and skills. The primary midwife was primed to work at Health Centres (HCs) in a supportive role to secondary level midwives. Additionally, secondary level midwives would form the bulk of midwives in Referral and Provincial hospitals.

In 1983 a 2-year midwifery curriculum was introduced to upgrade primary midwives to secondary midwives. In 1997, this 2 year curriculum was revised and organized into modules and was taught only in TSMC in Phnom Penh and was later phased out in 2002[12].

In 1996, a decision was made by the government to discontinue midwifery training. The midwifery courses were phased and consequently there were a limited number of midwives produced in Cambodia for 6 years from 1996 to 2001[12].

The post-basic midwifery program was introduced in 2002. This required one year training in midwifery following three years of nursing training. Entry requirements for the nurse program call for completion of secondary school and entrants must have completed 12th grade. This program, commonly known as the 3+1 Post basic midwifery program, saw the first midwifery graduates enter into service in 2003.

In 2003, the Ministry of Health also introduced a 1-year Primary Nurse-Midwife program. This program was designed to address the severe shortage of midwives in the North-East, and a lower entry requirement of completed grade 7 was adopted to ensure that local women willing to live and work in the region were eligible for the course. The course shared nursing content with those following the Primary Nurse program. This was taught in Provincial Health Departments in the provinces from the North-East region.

The Ministry of Health decided to expand this one-year program nationwide and revise the curriculum. The course was then introduced in the four Regional training Centers (RTC) in 20051[12,13]. Under the revised curriculum guidelines, entrants outside of the North-East must have completed 10 years of schooling. Successful graduates who followed this course received a Diploma in Primary Midwifery, and were eligible to enter Civil Service against the post of Primary Midwife[12].

A private sector post-basic midwifery training program (1 year after nursing) was initiated at the International University in Phnom Penh. The University produces 20 graduates per year and uses the national 1year post-basic curriculum. The first group of students graduated in 2006.

To address continued shortage of midwives, a three year direct entry associate degree midwife was introduced in December 2008 and is currently being taught in TSMC and the 4 RTCs. The course appears attractive as the number of applicants for this training far exceeded the number of seats offered by the schools for this curriculum. Four hundred and sixty one students started this program while 527 students had to be refused. It is likely that there will be sufficient takers of this course in the near future. Simultaneously, the Ministry of Health and Ministry of Education Youth and Sport have recognized the 3+1 midwifery course as degree course in early 2010 which may attract takers of this course too.

1.5.2 Current situation of Midwifery Services

Data available in the Bureau of Nursing and Midwifery suggests that currently there are 3245 midwives working within the four levels of the public health care system in Cambodia. There are approximately 4500 midwives currently residing in Cambodia some of whom are retired and are working with NGOs and in private hospitals. Most of the midwives are located in health centers (61%) followed by referral hospitals (26%) Provincial Health Department (7%), 19% in Health Posts and 5% in Operational Districts[14]. As of 2006, of the 936 health centers from which data was available,18% had no midwife, 39% had single midwife 24% had two, 10% had three and 9% had a range of 4 to 19 midwives[14] . It was of concern to note that 50% of HC did not have a

secondary midwife[14]. The distribution of midwives too is not considered appropriate as there were almost equal number of PMW (51%) and SMW (49%) in the HCs. However, it was clarified in the consultative meetings that as of 2009, only about 10 Health Centers do not have a resident midwife. However, midwives are rotated to such units from nearby health centers. A few health centers do not even have a physical structure yet, which are under construction, that midwives are not posted.

A number of midwives are involved in non-midwifery work. A review of the current number of midwives working and the requirement according to Ministry of Health (MoH) standards reveal a significant gap[13].

The Ministry of Health constituted a working group to review and reallocate midwives in December 2008. The working group has reviewed and recommended reallocation of midwives from non technical areas to technical areas in the PHDs and the hospitals. As a result some non-practicing midwives have moved to practice and others to departments that require personnel with a midwifery background.

Table 2: Projected estimates and trend of midwives 2009 to 2015[12, 14]

Year	Production	Estimated Annual Production	Projected total After 10% attrition rate
2009	193/92+20	3218	2797
2010	193/92+20+20	3222	2900
2011	193/92+20+20	3225	2902
2012	193/92+20+20+461	3688	3319
2013	193/92+20+20+461	4105	3695
2014	193/92+20+20+461	4481	4433
2015	193/92+20+20+461	5219	4697

1.Estimates exclude current midwives working exclusively in private practice outside Phnom Penh and in NGO sector,
2. Assumes 20 graduates for BSc programme commence in 2010.

Projected estimates of midwives up to 2015 reveal that under the current rate of production, not considering that there is an expansion of NGO and private sector uptake, which is unlikely, and considering an attrition rate of 10%, the projected total number of midwives will progressively grow at a steady state.

The MoH does not have record of midwives working with the private sector, NGOs, retired and self employed in midwifery. This can be overcome only by a system of registration and certification for practice.

1.5.3 Competencies of Midwives in Cambodia

A review of competencies of midwives was done through literature search. The PMW appear to be as competent as the SMW in the traditional competencies but less so in the new competencies. About 60% of the midwives outside Phnom Penh reported not being competent in the new competencies (partograph, active management of third stage labor, manual removal of placenta, managing new born infections, post partum sepsis, recognition of eclampsia and new born resuscitation). Observations reveal that 41% PMWs and 53% SMW (n=58) had competence in steps of infection prevention, 41%PMWs and 42% SMW were competent in active management of third stage of labor , only 4% PMW and 13% SMW correctly resuscitated a new born[14]. The new competency skills has a direct bearing on maternal and new born mortality and morbidity and many HC are manned by a single PMW which is even a matter of greater concern.

The level of supportive supervision from the Operation District is not robust. It is only in a limited number of provinces that there is adequate supervision of midwives in the HC by MCH supervisors. There is neither a mechanism of assessing competencies of midwives as they enter the civil service nor are there processes that require the midwives to attain a certain degree of competence to enable them to continue to practise midwifery.

Most midwives are motivated to work for several reasons. Some of the reasons are: being able to help a woman during an important period of their life, desire to help lower MMR, desire to care and serve people and their families, village and community and poor people in remote areas. Above fifty percent of midwives wished to continue working in their present place of work[14].

1.5.4 Current situation of Midwifery education and training

Sound pre-service training is the backbone of quality and adequacy of supply of midwives. Reviewing and understanding pre-service curricula is of paramount importance. It is equally important to acquire correct course content, structure, appropriate methodologies, learning tools and assessment methodologies to develop required competencies.

1. The Cambodian midwives are trained in four Regional Training Centers (RTC) and the Technical School for Medical Care (TSMC). The International University (IU) offers a Diploma and a Degree course in midwifery of 20 students each. The MoH introduced a direct entry 3 year midwifery course in 2009 which had a promising uptake.
2. The curricula for PMWs as well as SMWs were reviewed and updated in 2006. However, a further review by the midwifery review team revealed that there were significant gaps in the curricula compared to the International standards[14]. In 2007 the SMW curricula in Khmer was reviewed. The new curricula for the three year direct entry midwives course was developed in 2009. However, the first year was the same as first year secondary nursing curricula. Curricula for the subsequent two years have not been developed yet. Duration, content, model, minimum standards, clinical training and competency skills considered as essential prerequisites that commensurate with the scope of practice are still to be developed. The PMW curricula have not been revised.

3. The expected standard for teacher - student ratios on the clinical midwifery program, where there is need of high clinical supervision, demonstration, small group teaching, practice on models, case studies and seminars and interactive teaching is one teacher to ten to fifteen midwife trainees for theoretical teaching and one teacher to four to five midwife trainee for practice teaching. The total number of teachers to student ratio was adequate in most schools. However, the ratio of teachers teaching midwifery to midwife students ranged from 1:13 to 1:32 except in TSMC where it was 1:5[12,14]. This is further constrained by teachers being away for MPA training in Health Center, leave and further trainings.
4. Most of the midwife teachers have not received advanced training in midwifery. Only about 12% midwifery teachers are actively practicing midwives and this will have a direct bearing on the competency of students[12]. About 50% of midwife teachers had no clinical experience after graduating and had been teaching from 2 to 20 years[12, 13,14].
5. The training centers lack midwifery specific teaching and learning materials, up to date teaching guides for teachers, sufficient models, practice area, books etc[12,13,14]. The educational process did not support problem based learning, critical thinking and decision making. There seems to be inadequate linkage between clinical facilities and teaching institutions, thereby compromising the learning process of students[13].
6. The final assessment of midwife graduates is not competency based and it is not assessed by external qualified midwives. It seemed to be knowledge and task oriented.
7. There is no system of accreditation of these midwifery courses as evidenced from several interactions with the MoH officials and partners in Health development.
8. There are two in-service long training packages for the midwives:
    i. The Life Saving Skills Program (LSS) is a two week intensive training focusing on life saving skills. The course is offered in Battambang RH and in the Chamkar Mon Hospital in Phnom Penh. There is a follow up of the trainees at their place of work after 3 months and one to one feedback and support provided.
    ii. The six week CPA midwifery course, offered in three modules of 2 week duration each including life saving skill, general midwifery and care of newborn.

Other shorter term training in midwifery is the referral hospital midwifery course and the HC midwifery course which are basically midwifery refresher courses.

There is an occasional up grade training of Primary nurse posted at the HC on midwifery of four months duration. There is no regular institutional up-grade training.

There is no regular midwifery newsletter and midwifery continuing professional education program that is accessible to all midwives in the country.

1.5.5 Career structure of midwives

A sound career structure allows midwives to aspire and enhance professionally. This will encourage leadership qualities, improve day to day performance and enhance quality of care. The majority of the Primary midwife trainees placed opportunity for continuing education as

most important[14]. This is linked with a desire for career enhancement opportunities. Most midwives wished to live near their families. This is obvious from the fact that most women have significant family role on top of their career. The majority of midwives have a high regard for the profession. They seemed motivated to work as midwives as they contribute to helping and saving lives of mothers and babies. Midwives value the support from the Government. Failure to recognize and address these aspirations results in de-motivation, demoralization and poor performance. It is crucial that an advantage be taken of this opportunity by reviewing and developing a career structure for the Cambodian midwives so that they remain motivated.

1.5.6 Social positioning of midwives

It was noted that there is a high level of regard and respect for the midwives both within the Ministry of Health as well as with development partners. They are recognized as an important part of the Cambodian health workforce. The midwifery review report also revealed a high level of regard for the midwives at the community level, contrary to the general belief that the regard is low and that the midwives are not motivated to work in the communities for reasons of safety, stress, and low pay package. The community perceived a large role for the midwives on education about health, staying healthy and offer care and advice when in sickness[14]. There is an opportunity for the midwife council to enhance professional leadership and partnership with the community thereby enhancing social positioning of the Cambodian midwives.

2.0 Organizational Review

A comprehensive assessment of the midwifery legislation and regulation for midwifery care was done in accordance with the WHO midwifery toolkit (Annex 7.22) and checklist of regulatory functions for midwives (Annex 7.24). It revealed that the purpose of midwifery practice in the national context is established with consensus on categories of health care providers in midwifery. A national definition of midwife had been agreed. The definition is clear and in line with international definition of midwife. Job description of different category of midwife is available but is lucid. Scope of midwifery practice, competency standards, and performance standards has not yet been established. Educational process standards are not at its optimum though some reform process is in place. National policies do not allow midwife prescribing and administration of some essential drugs to women and children except for those defined clearly in the midwives management manual. The national policies do not permit midwives to carry out all life saving evidence based procedures for safe pregnancy, child birth and post natal and neonatal care. There is no national task force to draft midwifery regulations. There are no evidence based standards for midwifery practice and mechanisms for auditing and reviewing of these standards. Code of ethics and midwives practice guideline is being developed. However, there is no process of public consultation and consensus building on regulation and licensing governing midwifery practice. Apart from knowledge based exit examination at the end of pre-service training, there is no process of verification of knowledge and competence, on-going assessment of knowledge, competence and performance of midwives. There is no established mechanism of investigating professional misconduct or poor professional performance. There is no policy on continuing professional development. Timelines has been set and agreed for approval of regulations and code of ethics. Clear indicators have been set in the strategic plan in developing midwifery regulations.

Interview with CMC members revealed that the council has not developed an organogram, vision, mission and objectives. Internal regulations have not been drafted. The council has not developed an annual work plan though there appears to be some willingness in the Government to support all councils with financial support for their initial development. The council does not have permanent staff and the council members work during off hours on voluntary basis.

A Code of Ethics for midwives was adopted from the French code of ethics for nurses “Regles professionelles des infirmiers et infirmieres, decret du 16 fevrier 1993” in 2004. The draft was developed within a small working group. However, this draft code will be incorporated in the Code of ethics being developed by the council.

In 2004 the Bureau of Nursing and Midwifery translated the Common competencies for registered nurses for the Western Pacific and South East Asia Region into Khmer. This document was developed during the bi-annual meetings from the Western Pacific and South East

Asia Nursing and Midwifery Regulating authorities, WPSEAR which is being used by the nursing council. However, this requires wider circulation and consultations before being accepted by the midwifery council.

2.1 Status of the Cambodian Midwives Council

The midwifery council was established following a Royal Decree issued on the 18 September 2006 (See annexure 7.3). The Royal decree enshrines the Midwife Council as an autonomous health profession regulatory authority and responsible for handling all financial aspects and ensuring professional dignity, interest and morality within the profession.

2.2 Role of Cambodian Midwives Council in the Royal Decree

The perceived roles of the council at its initiation were as follows:

1. To register all midwives, develop and update data bank of midwives working in the country;
2. To develop midwife code of ethics and monitor implementation of principle of morality, righteousness, fairness and loyalty necessary for effectively performing the midwifery profession;
3. To observe performance of its members regarding professional obligations, judicial, counseling and mutual assistance function; and,
4. To set up an organizational structure, national, regional, provincial, municipal committee, to be an effective regulatory authority.

2.3 Temporary Working Group of the Cambodian Midwives Council

The council formed a Temporary Working Group on 27th November 2007 for establishing National, Regional and Provincial/Municipal council for midwives. A group of seven senior midwives working in key positions in the hospitals and the Ministry of Health formed this interim committee.

In terms of the development of the Midwives Council, the working group had the following responsibilities:

1. To organize a national seminar on dissemination of the *Prah Reach Kret* of midwifery council for provincial health directors and chief of nurses;
2. To select national, regional and provincial /municipal council for midwives; and,
3. To draft a royal decree in recognition of the composition of the council.

2.4 Activities of Council

- The working committee selected a total of thirty two midwives members for the national council by the 8th May 2009. Each province is represented by a midwife. There are additional six nominations to the council. The list of nominees was proposed to the

Council of Ministers on 8 June 2009 and was approved by *PRAKAS* on the 16th of November 2009 (Annex 7.4).

- The midwives council conducted a national seminar in January 2008 on dissemination of the *Pras Reach Krat* of Cambodian nursing and midwifery council from 17 September 2007 with the assistance of Agence Francaise de Development (AFD).
- In October 2008, the annual five days medical forum "Cambodge Sante", was organized by the University of Health Sciences and supported by France Cooperation. Two days were dedicated to nursing and midwifery which was organized by Mr. Virya Koy from the nursing council. Mrs. Ing Rada made a presentation about the midwives council. Budget for these two days was requested to France Cooperation which was spontaneously approved[15].
- The council has been regularly represented in the biannual meeting of nursing and midwifery regulating authorities in Western Pacific and South East Asian Region, WPSEAR. Meetings of member countries of WPSEAR have been held biannually in different locations since 1996, represented by Mrs Koh Sileap from the midwives council who has been providing information of the country profile of Cambodia on the WPSEAR website (http://www.anmc.org.au/wpsear/cambodia.php).

- The Nursing and Midwifery Bureau of the Ministry of Health is expected to provide strategic direction to the development of nursing and midwifery in Cambodia. The bureau has only three members as the entire team. Two of the team members are members of the midwives council and the third bureau member is a Nursing Council member. There is significant under staffing in the Bureau and these being some of the most important members of the midwives council, hampers voluntary activities of the council.

The UNFPA has been guiding and supporting the CMC in its establishment, capacity building, and in its future direction. A room for space as CMC office has been allocated by the Minister of Health, in the third quarter of 2009, which has been refurbished with office equipments and computers by the UNFPA. The UNFPA has committed to support the CMC with an assistant to the Registrar from April 2010 to December 2010.

3.0 Recommendations

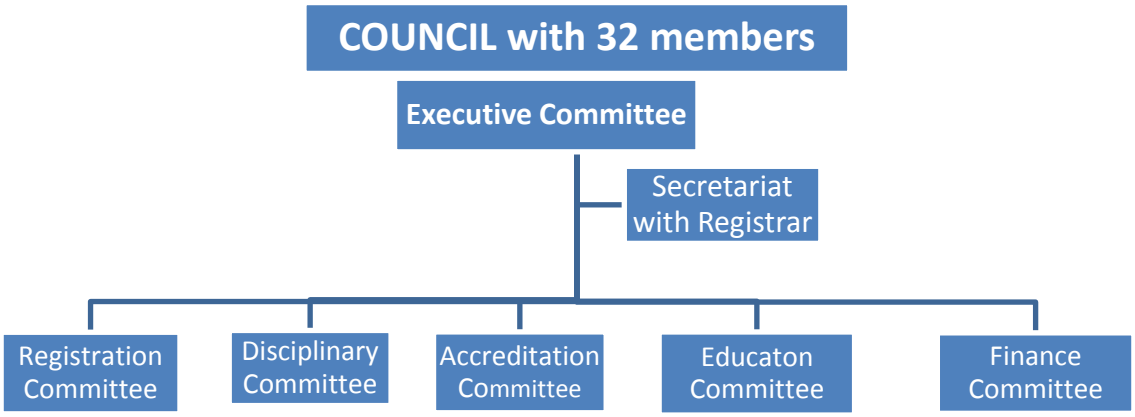
3.1 Establish Cambodian Midwives Council

Ministerial approval of the first assemblage of midwives selected from the provinces, regions and schools for the position of council members of the CMC was given through *Prakash* on the 16 November 2009 (Annex 7.4). It is a landmark in the history of the CMC. Following this, it is pertinent that a fully functioning midwifery council is established.

3.1.1 Organizational Structure

A summary organization flow chart of the CMC is proposed following consultations with CMC members and relevant authorities**.**

Table 3: Proposed Organogram of the Cambodian midwives Council



The Royal Decree issued in September 2006 entrusts the council consisting of 32 members to elect a president, two vice presidents, and a Secretary General. An executive board of 9 members will be formed chaired by the President. One third of its members will retire every two years, requiring election of new members and its office bearers. The executive board will be supported by the registrar and CMC secretariat (Annex 7.5). The CMC will function through committees that will be constituted to set up policies, procedures and guidelines, developing mechanism for implementation of regulations, oversee basic and continuing midwifery education and implement disciplinary functions. Following are some committees that will be initially established by the

council. The functions of secretariat and responsibilities of executive committee are described in annex 7.6 and annex 7.7 and that of executive members in annex 7.17.

3.1.2 Committees of CMC

The council shall be facilitated by following committees:

1. Registration committee
2. Education Committee
3. Accreditation committee
4. Disciplinary Committee
5. Finance committee

Any other committee deemed necessary by the council will be set up and terms of reference drawn up as and when the need arises. These committees will begin functioning by the beginning of 2010.

3.1.3 Functions of the Council

Following are some functions of the council.

1. To develop and approve an annual work plan for the Council
2. To develop and approve an annual budget:
3. To receive and consider applications for registration:
4. To authorise the registration of midwives:
5. To maintain the Register of Midwives:
6. If it thinks fit, to adopt conditions subject to which all practising certificates, or the practising certificates of all registered midwives of a particular description, must be issued:
7. To consider applications for practising certificates
8. In consultation with providers of midwifery education and training and bodies that set standards for midwifery education and training to promote and set standards for such education and training
9. To recognise educational qualifications
10. To adopt competency standards for each scope of midwifery practice and review the competence of midwives:
11. In collaboration with other professional midwifery organisations, to develop a professional Midwifery Code of Ethics
12. To establish and maintain a code of conduct for registered midwives:
13. To promote the establishment by departments of State, and other bodies and organisations that employ midwives, of accessible and efficient procedures for making, considering, and determining complaints relating to midwives they employ:
14. To consider the cases of registered midwives who may be unable to perform adequately the functions required to practise midwifery satisfactorily:
15. To appoint a registrar, who is not a member of the Council;

16. To establish an executive committee and such other committees it considers necessary to carry out the duties and functions of the Council;
17. To develop and maintain appropriate linkages with relevant NGOs who may proved support for the financial sustainability of the council
18. To perform within a culture of recognising "problem areas" as opportunities for improvement and avoid a culture of blame
19. Any other functions conferred or imposed on it Royal decree or any other enactment.

3.1.4 Institutional Capacity of the CMC

The CMC does not have a permanent or part time staff for the office. A permanent office bearer in the capacity of registrar with at least one support staff needs to be recruited. Capacity of the staff must be developed to ensure the efficient functioning of the office. There are several caveats in the capacity of the council members which need redressing.

1. There is limitation in capacity to reflect, analyze, and envision among the CMC members. This requires strengthening to foster responsible decision making.
2. There is need to constitute an executive committee, to confirm their roles and responsibilities and ensure they understand their roles, responsibilities, and functions of the CMC including financial management, good governance, networking and forging partnership etc.
3. There is a need to establish and strengthen regional and provincial midwives councils, develop responsibilities, administrative procedures, and a financial management system.
4. Some of the responsibilities of the CMC are evaluation of curricula and midwifery training institutions. Council members do not have the required technical capabilities. This requires urgent attention for improvements.

See annex 7.10 to 7.12 for roles and responsibilities of President, Secretary General and Vice-President of the CMC.

3.1.5 Financial Management

The CMC has no source of financing. Though it is an autonomous regulatory body, it may explore possibility of some financial support from the Royal Government of Cambodia. Other possible sources of future funding are:

1. Registration fee collected from individual membership
2. Re-registration fee for continuing to maintain membership of the council every year
3. Fee collected from issue of Practice Certificate
4. Possible donation from Philanthropist organizations
5. Support from Pharmaceutical and other Companies
6. Donation as seed money by the Royal Government

7. Support from NGOs and INGOs that have stake in Cambodian Maternal and Child Health
8. Fundraising activities including midwifery students

A highly transparent financial management system must be developed from the outset with transparency and accountability for continued support from its members and collaborating organizations. The registrar will be responsible for maintaining accounts which will be audited every year and presented to the council.

3.2 Set up Regional and Provincial Midwives Councils

3.2.1 Regional Midwives Council

- Regional Midwifery Councils will be established in the five regions of the country in accordance with the Royal Decree
- Elections to the post of RMC council will be done by the midwives working in the region, co-ordinated by the CMC members from provinces within the region
- The council shall approve the establishment of all five regional councils simultaneously
- Each regional council shall consist of a minimum of nine committee members
- Each regional midwifery council shall be entitled to elect sub-committees, which will be responsible for conducting specific affairs of the RMC
- The primary function of RMC is establishing the regional disciplinary committee
- The RMC will perform any other activity deemed necessary by the CMC at any time
- The RMC shall follow rules and policies as stated in the regulations of the council
- The regional councils will follow the financial procedures established by the CMC

Functions of RMC are described in annex 7.8. Refer to annex 7.13 for role and responsibilities of the president RMC.

3.2.2 Provincial Midwives Council

- The CMC shall approve the establishment of all twenty four provincial midwifery councils.
- Provincial Midwifery Councils will be established in all 24 provinces of the country.
- Offices of the PMC will be established in a phased manner, establishing 3 to 4 offices in each region each year. However, a virtual office will be set in all provinces by 2011.
- Each provincial council shall consist of a minimum of nine committee members.
- The provincial midwifery councils shall be entitled to elect their own committee, which will be responsible for conducting the affairs of the PMC.
- The primary function of PMC is ensuring registration and issuing of practising certificates to all midwives working in the province in public, private and NGO sector.
- The PMC will assist the RMC disciplinary committee in investigating cases in the province whenever required.

- The PMC will perform any other activity deemed necessary and fit by the CMC and RMC at any time.
- The PMC shall follow rules and policies as stated in the regulations of the council.
- The provincial councils will follow the financial procedures established the CMC.

See annex 7.9 for detailed function of PMC and annex 7.14 for roles and responsibilities of president PMC.

3.3 Develop Linkages and Partnership

It is essential for the CMC to develop close linkages with the Ministry of Health, other professional councils and associations and health development partners to initiate a smooth development and effective functioning.

3.3.1 Government

CMC is an independent regulatory body. There is no direct linkage with the government. However, most initial members of the council are government employees so there is an indirect linkage. Functionally, the CMC supports various activities of the Ministry of Health as a regulatory body and recommends measures to the National Accreditation Authority for recognition and de-recognition of midwifery courses and institutions. It is pragmatic that the Royal Government supports CMC so that it functions optimally to enhance achieving the national health goals.

3.3.2 Partnership

In Cambodia, CMC must develop robust linkages with other health councils, more particularly the nursing council as some midwives are registered nurses before becoming a midwife.

CMC must develop robust linkages with the CMA, with partners that work in the arena of Maternal and Child Health and with Cambodian NGOs employing midwives particularly RHAC and RACHA. CMC should identify partners that have a common agenda that would support the council in implementing various activities in the strategic plan that require technical and financial assistance. CMC should also seek assistance of donors in continuing support for capacity building and support in establishing CMC offices at the region and provinces. Outside Camboida , CMC should seek support from organizations such as International Confederation of Midwives, the Western Pacific South East Asian nursing and midwifery regulating authorities, the ASEAN nursing and midwifery regulating authorities.

CMC might also seek support from the Nurses Board of Victoria as a mentoring council, as they already have a mentoring relationship with the Cambodian Nurses Council.

3.4 Regulations

Effective regulation of midwives is essential for quality practice and improved standard of care. The CMC is in the process of development. The CMC is mandated to implement regulations. There are a number of stages that will need to be managed.

3.5 Registration of Midwives

Different departments within the MoH have different database of midwives working within the RGoC. There are no records of midwives working full time with the private sector and the NGOs. There is no record of expatriate midwives practicing midwifery in Cambodia or of those who have received their training in institutions outside Cambodia. There is no scheme of issuing practice certificates to the practicing midwives. It is pertinent that all midwives are registered with the Council and a certificate to practice issued to the registered midwives to enable them to practice midwifery. Registration is initiated at the province where the midwife will practice and the information is held both at the regional and central level.

3.5.1 Scope of practice

There are a number of scopes of midwifery practice currently operating within Cambodia. The bachelor midwife, the secondary midwife and the primary midwife. These scopes have different roles, functions, responsibilities and activities and are educated to different levels. The CMC will need to regulate each of these scopes of midwifery practice in line with accepted minimum international standards. Competencies for each scope need to be developed.

3.5.2 Standards of practice of midwives

A minimum standard of practice for midwifery must be defined for all level of midwifery practice. Standards ensure midwives perform at certain level of expertise and impart minimum acceptable levels of care.

3.5.3 Enhancing Pre-service Education

Sound pre-service education is a pre-requisite for generation and sound supply of competent midwives. It is essential to base the pre-service education on course content, structure, appropriate methodologies, learning tools and assessment methodologies to develop the required competencies. Entry level basic education standards set for entry into different midwife courses must be common. The Ministry of Health has an accrediting committee that evaluates training institutions. However, it is not clear whether practicing midwives and midwife teachers are involved in the process. Since the committee is a part of the Ministry of Health, it is unclear how effective is the process. The CMC has an important stake in improving education and training of midwives in Cambodia.

3.5.4 Competency of Midwives

The midwifery educational process in Cambodia does not support problem based learning, critical thinking and decision making. There is inadequate linkage between clinical facilities and teaching institutions, thereby compromising on learning process of students and a creating a competency gap on graduation. The final assessment of the midwife graduate is not competency based. All graduates of the midwifery training institutions are presumed competent and are registered with the Ministry of Health. There is no process of re-registration and competency

assessment. This allows a range of levels of competency among the midwives, competency of some of the practitioners being below the minimum standards required for safe practice.

The CMC must look in to possible ways within its framework to assess competency of midwives as a component of the issuing of practising certificates and ensure measures for the midwives to update their competency for this purpose.

3.6 Leadership

Leadership is wise use of power and ability to influence others effectively in order to accomplish a goal. Good clinical leadership is vital to improving care and patient outcomes[20].The chief midwives, heads of clinical services, midwifery teachers, midwife in charges of Provincial and Operational District midwifery services and clinical departments have a vital role in influencing level of motivation by improving working climate, shaping attitude of midwives and patient relatives. Midwives need leadership in order to run day-to-day tasks effectively. Yet, this is not the only role of leadership. The other roles are knowing how to make visions come true, how to offer a secure environment for their patients or how to treat them in a dignified and respectful manner. The CMC must assist the CMA in its role as champion of "leadership building" for the midwives of Cambodia.

3.7 Social Positioning

It is perceived that the attractiveness of midwifery as a profession is considered to be decreasing due to low civil service status, salaries, limited interest of young people to live and work in remote areas, fear of health risks, especially the HIV[13]. This is even so because of the reasons that the Cambodian women have significant familial responsibilities on top of the demanding, poorly compensated and stressful profession.

However, it is observed that the community viewed midwives with respect, expecting expanded roles in their communities. Social positioning and improving career of midwife is essential both for attracting competitive younger generation in the profession as well as to ensure continuing support for the midwives in the communities that they work with. The CMC must support CMA in guaranteeing the augmented role of the midwives in the communities which enhances position of the midwifery profession.

4.0 CMC Strategic Plan 2010 -2015

The strategy aims at establishing a plausible definition of midwife, vision, mission, core values and guiding principles for the midwives in Cambodia. Based on the vision and guiding principles, seven overarching strategic areas were identified as of prime importance for the immediate future. Each of these strategic areas is viewed and discussed in length and strategies proposed for the CMC to implement.

4.1 Definition of Midwife

A midwife is a person who, having been regularly admitted to a midwifery educational programme of an institution recognised by the Ministry of Health or the Ministry of Education, Youth and Sports, and has successfully completed a prescribed course of study, in midwifery, and has acquired the requisite qualifications to be registered to practice midwifery. A midwife is responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. A midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health, sexual or reproductive health and child care (see annex 7.20 fro Khmer version).

4.2 Vision, Mission, Goal and Core Values

4.2.1 Vision

To safeguard mothers and the newborn by ensuring midwives consistently deliver high quality healthcare through a national approach to regulation and an internationally recognized standard of professional practice.

4.2.2 Mission

The Cambodian Midwifery Council ensures the safeguarding of the health of mothers and the newborn by formulating and implementing regulations that promote high standards of professional midwifery practice:

4.2.3 Goal

To ensure the implementation of regulations, practice guidelines and standards for midwifery practice which protect the health and safety of mothers and the newborn, and enhance the midwifery profession.

4.2.4 Core Values

1. Respect for individual human rights, including reproductive health rights;
2. Woman is the core focus of midwifery care;
3. Fairness, integrity, transparency and accountability;
4. Commitment to quality ;
5. Commitment to professional development;

4.3 Guiding Principles

The CMC reiterates the commitments of the Ministry of Health to provide quality midwifery care that is safe, effective, patient-centered, accessible, efficient and equitable and shift from blame to improvement.

1. **Safe**. Women, newborn and midwives do not suffer undue harm from the treatment and from the manner it was given.
2. **Effective**. Any form of care will be evidence based and follow guidelines.
3. **Patient-centered**. Midwife is responsive to and respectful of the women's values and choices to ensure satisfaction at every health care encounter.
4. **Accessible**. Efforts are made to ensure timely and affordable services.
5. **Efficient**. Resources are appropriately used to ensure optimum benefits.
6. **Equitable**. Midwifery services are accessible to all who need it.
7. **Shift from blame to improvement**. The CMC shall recognize "problem areas" as "opportunities for improvement".

4.4 The Strategic Plan 2010 - 2015

The CMC recognizes the following seven key priority areas that will be encompassed in the strategic plan 2010 to 2015. The CMC will function as an independent body to achieve the purpose and mission.

1. Establishing Cambodian Midwives Council
2. Registering all midwives
3. Issuing Practice certificate
4. Accreditation of midwifery courses
5. Establishing Disciplinary Committee
6. Networking and Partnership
7. Ensuring Financial Sustainability

4.4.1 To establish Cambodian Midwives Council

4.4.1.1 Establishing the Council and secretariat

The CMC will be established with 32 council members that have been approved by the Minister of Health in accordance with the *Prakas* on recognition of the membership of CMC on 16 November 2009. The elected office bearers of the council are President and two Vice Presidents, Secretary General, Dy. Secretary General, Finance Officer and Deputy Finance Officer. A representative of the MoH and a representative of the Ministry of Labor and Vocational Training are two assistants who will assist the council. The council will form committees for different areas of works. One third of the council members retire every two years, necessitating elections for the vacant post and executive committee every two years.

Strategy

- A Technical Working Group will be formed of representatives of the CMC, other councils, key departments of MoH and NGOs representatives that will give overall guidance to the CMC to establish and initiate its functioning.
- The executive committee of the CMC will be constituted and chaired by the President of the CMC
- The President will initiate establishment of all other important committees that will begin developing necessary guidelines and documents that they are mandated.
- The executive committee will develop a strategy with timelines (calendar of events) for establishing the central, regional and provincial councils.
- The executive committee will develop guidelines for selection and election of its council members in the three levels of councils.
- The executive committee will develop CMC office policy, operation guidelines and office regulations for central, regional and provincial councils and personnel policy for all levels of councils.
- The Cambodian Midwives Council will meet at least biannually; ratify roles and responsibilities and functions of various office bearers and committees. Each committee will present its deliverable to the council for ratification periodically.
- The President will call for the Regional and Provincial committee members to lead their team in establishing the respective councils (RMC & PMC) according to guidelines and procedures set by the CMC.
- The committee will approach the Health Minister for all necessary support for establishing the CMC including nomination of registrar on secondment till such time the midwives council is financially capable to recruiting a registrar.
- Necessary support from the MoH will be sought to establish RMC and PMC.
- Permanent support staff for CMC will be recruited progressively prioritizing the need, availability of donor support and financial ability to support such recruitment in a phased

manner. However, recruiting office staff for the central office is a priority. Categories of staff required are programme assistant, accountant and IT assistant/webmaster.

- The Capacity of the office bearers will be enhanced in the first phase primarily in the arena of office policy and regulations, office operation guidelines and management, proposal and report writing, annual operations plan, result based management, record and registry maintenance, personal policy, guidelines of procedure etc.
- Financial management system will be developed and office bearers trained viz. work sheet, balance sheet, income expenditure statement, annual auditing procedures etc.
- Cambodian Midwives Council is a newly established regulatory authority. Majority of the council members do not have requisite negotiating and leadership qualities due to the nature of their professional work to effectively perform their responsibilities as council members. The council members need to be upgraded in their managerial and leadership capabilities to be able to lead the council efficiently. A training on roles and responsibilities of different office bearers (President, Vice-president, Secretary General, Registrar, Council member), functions of committees, financial responsibilities and financial management, office responsibilities and management , time management, supervision, negotiations for support and fund raising etc. will be imparted.
- The CMC will plan five regional workshops on strengthening midwifery in Cambodia. The workshop will encompass definition of the midwife, role of the midwife, legislation and regulation of midwifery, components of midwifery practice, developing midwifery curriculum for safe motherhood, developing effective programs for preparing midwife teachers, supervision of midwives, monitoring and assessment of continued competency for midwifery practice and developing midwifery capacity for promotion of maternal and newborn health. The CMC will use the "WHO Strengthening Midwifery Toolkit", Module 1 to 9 for the workshop. These modules need translation into Khmer for the workshop.
- The CMC will develop a database to be able to record all necessary information of all midwives in the country who are registered and re-registered with the council and practicing with certificate to practice. Data generated in all provinces will be entered in the data base. The data base must be able to generate profile of every registered midwife on entering the registration number and at the same time should be able to provide compiled information according to province, region, type of health facility etc.
- The CMC will develop a website to which all necessary information will be uploaded regularly. This will be a portal for the midwives to learn about the council, their roles and responsibilities, scope of practice and any other new development in regulations etc.

Outcome

1. Technical Working Group established
2. Cambodian Midwives Council established
3. Executive committee within the council formed

4. Important committees as per the organogram constituted
5. Approached Minister of Health for necessary support
6. Registrar for the council appointed
7. Program assistant/administrative assistant recruited
8. The office bearers trained in office procedures and financial management
9. Policy, Guidelines, Roles and responsibilities of office bearers drawn
10. Office administrative regulations in place
11. Financial management procedures in place
12. Trained CMC members demonstrate improved leadership and negotiating skills
13. CMC website developed
14. Database for CMC developed

4.4.1.2 Establishing Regional Midwives Council

Following the establishment of the CMC, five Regional Councils will be established simultaneously.

Strategy

- Constitute a committee of midwives and provincial CMC members at the RTC in each region. The regional committees will co-ordinate elections in the provinces and the regions forming RMC and PMC.
- Office for each of the RMCs will be established in each region in consultation with the Principal RTC/TSMC and PHD. Necessary support will be sought from the PHD in establishing the RMCs.
- Election to the office of the RMC will be held in accordance with the guidelines developed by the CMC. Following elections, RMC council and executive committee will be constituted.
- Regional councils will be constituted of nine members, elected by its registered members from all midwives in the region for a period of six years. The council elects President, Vice President, Secretary General and Finance officer. One third of the council members retire every two years, necessitating elections for the vacant post and executive committee every two years.
- Regulations developed by the CMC for personal and financial matters and guidelines for specific functions will be followed in close consultation with the CMC.
- Necessary support staff will be recruited as the council becomes financially sustainable.
- A training on roles and responsibilities of different office bearers (President, Vice-president, Secretary General, Finance Officer and Council member), strategic planning, functions of committees, financial responsibilities and financial management, office responsibilities and management , time management, supervision, negotiations for support and fund raising etc. will be imparted.

- The RMC will constitute a Disciplinary Committee each. The committee will have five members. The panel will follow guidelines set in Administrative Procedure guideline, internal regulations, Sub-decree on cod e of ethics and procedures set by the disciplinary committee to investigate cases that are brought to the committee.
- The RMC will encourage all organizations and recipients of midwifery care to develop a system of recording and lodging cases of professional misconduct and negligence by midwives to the committee.
- The disciplinary committee will report all cases investigated by it to the regional council. All such cases will be compiled and reported to the CMC every six months for record.
- The CMC will authorize the RMC to work in collaboration with TSMC/RTCs to develop capacity for competency assessment of midwives and issue of practicing certificate. A committee for competency assessment will be formed in each RMC. The committee will undergo orientation to initiate competency assessment following which it will routinely assess competency of midwives.
- The particulars and list of midwives who have received the certificate to practice will be reported to the CMC every six months.

Outcome

1. Regional Council formed
2. Necessary guidelines in place
3. RMC members familiarized in their roles and responsibilities
4. Disciplinary and remedial function initiated
5. Enhanced capacity of Council members
6. Capacity of RTC improved to assess competency

4.4.1.3. Establishing Provincial Midwives Council

The CMC has a representative member from each of the 24 provinces. These representatives will take the initiative of establishing the Provincial Midwives Council.

Strategy

- The Provincial Council member, following necessary directions from the CMC, will call for an election of the office bearers of the provincial midwifery council in each province in accordance with the guidelines developed by the CMC. S/he will avail support from the regional committee of which s/he is a member.
- Office for each of the PMC s will be established in each province in consultation with the PHD in a phased manner.
- Provincial Midwives councils will be constituted of nine members, elected by its registered members from all midwives in the province for a period of six years. The council elects President, Vice President, Secretary General and Finance officer. One third

of the council members retire every two years, necessitating elections for the vacant post and executive committee every two years.

- A training on role and responsibilities of different office bearers (President, Vice-president, Secretary General, Finance and Council member), strategic planning, functions of committees, financial responsibilities and financial management, office responsibilities and management , time management, supervision, negotiations for support and fund raising etc. will be imparted
- Regulations developed by the CMC for personal and financial matters and guidelines for specific functions will be followed in close consultation with the CMC.
- The PMC will constitute a Registration committee each. The panel will have five members. The panel will follow norms and guidelines set by the CMC to validate national and foreign degrees, certificates of midwifery courses and training in midwifery underwent to enable a midwife to register with the council.
- The committee will familiarize with all norms before initiating registration for a smooth process. The PMC registration committee members will work in close alliance with the MCH supervisor to capture all midwives for registration and re-registration.
- Necessary financial management procedures will be in place. Auditing will be done internally every year.

Outcome

1. Provincial Council formed
2. Provincial executive committee formed
3. Necessary guidelines for registration and re-registration in place
4. Committee familiarized on registration
5. Financial management guidelines in place
6. Quarterly Provincial meetings initiated
7. Capacity of PMC members enhanced

4.4.2. To register all midwives with the CMC.

4.4.2.1 To establish fundamentals for registration

Reduction of maternal and child mortality is directly related to the quality of health care services received by the mother and the newborn. Several other factors like women literacy, status of women, resources both financial and human power are important. Access to skilled attendance at the time of delivery is the most important deciding factor. A workforce of midwives with a common body of knowledge and skills will have measurable impact in maternal morbidity and mortality. It is even so when their knowledge is matched with the most common causative factors. A legislative framework that ensures a skilled midwife workforce supported by effective

system of professional regulation implementation can meet this aspiration. Such a framework of regulation will enhance and enable the midwife to improve their skills to meet the requirements.

The CMC will initiate registration of all midwives, initially only on the basis of pre-service qualification on payment of a minimum fee package. The midwives will re-register every year for the same amount of fee.

Strategy

A registration committee will be constituted at the CMC. The Registration committee will deliberate and propose the following regarding registration and re-registration of midwives:

- Determine pre-registration qualification and training requirements for registration for midwives trained in Cambodia
- Develop criteria of recognizing foreign degrees and courses in midwifery for registration
- Determine requirements for fitness to practice midwifery in Cambodia
- Determine conditions and grounds that a midwife may be unfit to practice in Cambodia
- Decide on the basic information requirement for registration and develop a registration application format
- Propose registration and re-registration fee following consultation with stakeholders
- Develop step by step guideline for Provincial Midwifery Council to enable the PMC to effectively register all midwives in the province
- Develop minimum criteria and guidelines for re-registration for the PMC
- Develop a mechanism of retrieving all necessary information from the PMC to enter in the CMC database.

The PMC will follow the following steps to effectively register all midwives working in the province and to re-register them every year:

- The PMC will constitute a Registration committee each. The panel will have five members. The panel will follow norms and guidelines set by the CMC to validate national and foreign degrees, certificates of midwifery courses and training in midwifery underwent to enable a midwife to register with the council.
- The central registration committee will familiarize all provincial registration committees in the process of registration following which registration will be set in motion.
- The PMC will advocate the requirement of registration and inform every midwife in the province, both in private and public sector, through the MCH supervisor as well as any available channel of communication.
- Necessary registration application format and registers will be developed and made available in the province.
- Registration will be initiated by the PMC, recording all collected information in the PMC register.

- The committee will physically verify the originality of certificates produced, retain a copy each and complete all basic necessary procedures and issue a registration number and certificate.
- The information collected will be dispatched to CMC once every six months for data entry and compilation in the database.
- All midwives both in public and private sector and NGOs will be registered.
- All midwives will be re-registered at the end of twelve months of the initial registration every year on payment of a fee package.
- Those cases that the PMC registration committee is unable to resolve will be forwarded to the CMC for further consideration
- The registration committee will work closely with the Bureau of Registration and Certification to supplement any information whenever required.

Outcome

1. Sound registration criteria developed
2. A reasonable fee for registration and re-registration set
3. Criteria for recognition of foreign midwifery training/degrees developed and followed
4. Criteria for temporary registration developed
5. Registration of midwives initiated

4.4.2.2 To establish Midwifery pre-service Education standards

In order to meet the specific goals of improving maternal health "*reduction of maternal mortality ratio by three quarters between 1990 and 2015"* and "*reduction by two-thirds of under-five mortality by 2015"* it is crucial to have a sufficient supply of suitably trained midwives as they provide the first level of care for women and families, and work with communities to help promote health. It is important that midwifery curricula are revised to embrace the concept of reproductive health in order to prepare midwives for their role and responsibilities in providing midwifery care within the broader concept of reproductive health. Well trained midwives serve as key providers of reproductive health care in order to improve the general health status of women, men and children.

Women require care in pregnancy and childbirth and throughout their lifetime that meets their individual psychological, emotional, physical and social, including spiritual, needs. The education of the midwife therefore needs to focus on meeting the holistic needs of the woman in a sensitive and competent manner, acting as her advocate and working in partnership with her and her family to promote a safe and satisfying experience of childbirth and motherhood.

The midwifery curriculum should prepare students to:

1. Become safe, competent practitioners who are able to practice autonomously to promote reproductive health

2. Be caring and sensitive and able to work alongside women and their families in the community and in health facilities adopting a partnership model
3. Develop ability to work within a team to promote reproductive health
4. Build up good relationships and liaise with community leaders
5. Make a positive contribution to reduction of maternal and infant mortality and morbidity
6. Take responsibility for own learning, reflecting, critical analysis and evaluation.
7. Reflect on their practice to promote learning from their experience that will enhance the future care of women and their families.
8. Recognize learning as life-long process and take every opportunity to keep up-to date
9. Develop into midwives who value their profession and contribute to the development of the profession

It is essential to have harmonized curriculum and standards in different institutions teaching midwifery, guaranteeing generation of uniform standard competent midwives from all training institutions.

Strategy

- The CMC will constitute a committee for Education and training.
- The committee will develop a policy recommendation for midwifery education for compliance.
- The committee in collaboration with Quality Assurance Department and health development partners will participate in supporting and recommending minimum education standards, competencies, skills, and clinical experience of midwife teachers, basic midwifery education facilities, minimum teacher student ratio, and other facilities to all institutions training midwives both private and public.
- The committee will participate in developing follow up mechanisms to ensure that recommendations are considered and adopted by the midwifery training institutions.
- The CMC will involve in developing standard of midwifery curricula, duration, basic facilities, clinical facilities etc. that commensurate with scope of midwifery practice and based on international and global standards developed by WHO, ICM, JPHIEGO. The CMC will support relevant departments in developing midwifery curricula.
- The CMC will explore possibility of long term mentoring and training of teachers in the regional midwifery training institutions. However, this requires preparing such teachers in English language to be able to take up such courses.
- The education committee will keep under review the existing examination process, and make recommendations to the Council for improvements whenever necessary. The CMC will ultimately involve itself in conducting exit examinations.

4.4.2.3 To establish in-service training standards

A Standard is an agreed norm which is used in reference to quality. It is the extent to which delivered service meets the defined baseline. The establishment of standards for midwifery practice promotes good quality midwifery care. Standards act as externally validated criteria of "best practice", to which performance of health personnel can be compared. They serve as benchmarks, i.e. levels of performance, to which health personnel should aspire.
Standards incorporate essential elements that must be in place to enable midwives to perform the specified tasks effectively, e.g. drugs, equipment and supplies that are essential components of effective performance.

Midwives should take the lead in identifying the desired standards, but these should be discussed and agreed with government representatives and other professional groups whose scope of practice intersects with midwifery (e.g. doctors, nurses, and public health), civil society and health policy-makers and with women. A good standard is realistic i.e. "doable", and also capable of being measured. Standards are meant to be dynamic. A plan should also be developed for measuring the longer-term impact of standards on improving the quality of maternal and newborn care.

Strategy

- The Education and training committee will develop scope of midwifery practice appropriate to the different category of midwives and the need of people of Cambodia and disseminate widely. The midwifery scope will be applicable to all midwives working in government, private and non government systems to reflect population health need.
- The education and training committee will develop policy and strategy on continuing midwifery education that will be recommended for compliance and adoption by QA, HRD, NMCHC, CMA and HDP. This will be linked with issue of practice certificate to midwives.
- The Education and training committee will develop midwifery standards commiserating with scope of midwifery practice in Cambodia.
- The CMC will involve with BQA and HSD to develop standard of work environment. The CMC will validate basic standard of work environment for all level of health care and disseminate for compliance by health facility and organizations.
- The committee will initiate measures to launch a quarterly newsletter for its registered members/post articles in Health Messenger regularly on the activities of the council, regulations, and newer developments in the council with a purpose of commencing professional development etc.
- The CMC will promote and support the CMA to initiate midwifery CME at all levels
- NGOs working in maternal and child health will be encouraged to support standardized CME in midwifery, extended to the regional and provincial level. The focus will initially

be on training of trainers. The CMC will recommend innovative plan of standardized continuing midwifery education that addresses quality of care with linkages to issue of certificate to practice.

Outcome

1. Developed CME policy, strategy and guideline
2. Developed scope of practice for midwifery
3. Developed Standard of midwifery Practice
4. Involved in developing Standard of work environment
5. Quarterly newsletter/ Regular postings in Health Messenger on professional development initiated

4.4.3. To Introduce Competency Certificate to practice

Competence is a complex combination of knowledge, performance, skills, values and attitudes. Competence involves the possession of sufficient knowledge and skills to perform job-related tasks, but also incorporates ethics, values, and the capacity for reflective practice.
The educational process in Cambodia does not support problem based learning, critical thinking and decision making. There is inadequate linkage between clinical facilities and teaching institutions, thereby compromising in learning process of students and a competency gap on graduation.

There is no process of competency assessment for re-registration as it is not a requirement. This allows a range of level of competency among the midwives, competency of some of the practitioners being below the minimum standards required for safe practice.

The CMC will look into possible ways within its framework to assess competency of midwives for re-registration and ensure measures for the mid-wives to update for the purpose.

Strategy

The CMC will initiate the process of registration of all midwives by 2012. A certificate of competence to practice will have to be issued following the registration.

- The education committee will develop a strategy for developing capacity for assessment of competency. This will be linked to issue of certificate for practice for every practicing midwife.
- Competence standards will be defined for different category of midwives and disseminated widely for compliance.
- The committee will decide requirements for issue of certificate to practice for the first time and re-issue every five years following a consultative process.

- Clear instructions will be developed for the RMC that will assess competency of midwives and issue the certificate. The RTCs/TSMC will be invited to assess competency.
- The CMC will consider the following for issue of practice certificate:
    - Competency assessment at the end of five years
    - Credits accumulated on attending CME
    - Performance evaluation by the supervisor
- Anyone who is unable to fulfill the minimum criteria will have to work under supervision in referral hospital for a month and reapply for the certificate.
- The education committee will develop competency assessment tools for self and supervisor assessment which will be disseminated widely.

Outcome

1. Curricula based on defined and agreed competencies
2. Criteria for issue of competency based practicing license defined.
3. Competency based practicing license issued following registration and renewed every five years.
4. All practicing midwives practice with competency based practicing certificate.

4.4.4. Accreditation for midwifery courses.

Accreditation ensures a basic level of quality in education from an institution. It also ensures that the degrees and diplomas offered are recognized for true achievements as they are. Accreditation provides public notification that an institution or program meets standards of quality set forth by an accrediting agency. As a process, accreditation reflects the fact that in achieving recognition by the accrediting agency, the institution or program is committed to self-study and external review by peers in seeking not only to meet standards but to continuously seek ways in which to enhance the quality of education and training provided. Accreditation of midwifery course has not been done in Cambodia so far though accreditations of institutions are routinely done. There is no local experience and capacity for accreditation of courses yet.

Strategy

The National Accreditation Board requires individual professional council to enhance their capacity in accreditation of their own courses for issue of accreditation certificate by the board.

- The CMC will constitute a committee for initiation of accreditation of midwifery courses. However, the committee with relevant professionals will initially study the process of accreditation in the region.
- The committee will develop guidelines for accreditation.

- Some committee members will participate in the accreditation process in the region to gain hands on experience.
- The council will develop its capacity to accredit midwifery courses and will be able to assist the National Accreditation Board in recognizing and de-recognizing midwifery courses in the country.

The functions of the committee will be:

1. To validate existing midwives training institutes applying for accreditation that the standard of midwifery education and training facilities comply with the requirements prescribed by the Council
2. To assess and evaluate new midwifery program proposed by midwives' training institutes for the Council's consideration
3. To recommend for recognition or de-recognition of any midwifery course to the Council for submission to the National Accreditation Board
4. To make recommendations on applications for re-accreditation of midwives' training schools

Outcome

1. An accreditation committee formed
2. Local capacity for accreditation of courses and institutions developed
3. Guidelines for accreditations developed
4. Accreditation of midwifery courses, institutions in process
5. All new midwifery courses evaluated by accreditation body for recommendation for licensure

4.4.5 To establish Disciplinary Committee

The CMC will establish disciplinary committee that will develop all necessary guidelines for functioning of disciplinary committee and hearing of cases referred to the regional councils.
The Regional Midwives Council deals with complaints against registered midwives touching on matters of professional misconduct. The RMC will establish a regional disciplinary committee each. The committee will function and exercise its disciplinary powers conferred by the Administrative procedure guideline and the Royal decree.

Complaint against a registered midwife on her professional misconduct will either be forwarded to the secretariat of the RMC or to the Registrar/Secretariat of the CMC. The Secretariat will refer all such complaints to the President of the concerned RMC for consideration. The RM council will investigate the case taking support from the PMC. Most of such cases will be resolved quickly and fairly and only such cases that cannot be resolved as one of the parties do not agree to the resolution is put up for hearing to the RMC . The complaint and disciplinary committee at the conclusion of the hearing will decide whether to dismiss the complaint or to

pass a sentence if the registered midwife is found guilty. She/he may then be punished in the form of a disciplinary order, ranging from the removal of her/his name from the register or other disciplinary action deemed appropriate by the panel.

Strategy

- The CMC will constitute a disciplinary committee that will develop code of ethics for the midwives which will be disseminated widely to its members. It will be uploaded in CMC website, news letter, circulars etc.
- The committee will seek support of an advocate with experience in medical jurisprudence in framing guidelines for the disciplinary committee. Steps of investigation, procedure and appropriate disciplinary measures, process of investigation and hearing and all necessary details of guidelines will be made in accordance with the law Code of Ethics, Royal decree and the midwifery rules and regulations. Such guidelines will be made available to the RMC.
- All RMC will set up a complaint and disciplinary committee each, composed of five members. The committee may seek advice of an advocate in its establishment and functioning. However, article 22 of the Royal decree permits the following to attend the RMC disciplinary meeting:
    1. A representative of the Minister of Health
    2. Director of PHD/Municipal Health Department
    3. Legal advisor assigned by court
    4. Labor midwife assigned by Ministry of Labor
    5. Principal of Regional and technical School of Health
- The disciplinary committee of all RMC will be familiarized on the procedure and functioning of the committee.
- The CMC will encourage the establishments and other bodies and organisations that employ midwives, of accessible and efficient procedures for making, considering, and determining complaints relating to midwives they employ.
- The central committee will deal with such cases that the regional committee is not in a position to resolve.
- The panel will ensure that most matters of complaints are recognized as opportunities for improvement.

Outcome

1. A disciplinary Committee formed with the CMC
2. Regional disciplinary committee formed in each RMC
3. Procedures of Investigation and hearing developed
4. Midwifery code of conduct developed

5. RMC disciplinary committee members familiarized in the procedure of investigation and hearing
6. Disciplinary committee initiates investigations and hearing
7. Disciplinary committee have capacity to advice the municipal court in matters related to midwifery whenever required

4.4.6 Partnership and Networking

4.4.6.1 Linkages with Government

CMC is an independent regulatory body with no direct linkage with the government but however, most members of the council are government employees that there is an indirect linkage. The CMC supports the functions of the Ministry of Health. Areas of linkages are developing midwifery scope of practice, standards of midwifery service, competency of midwives, accreditation of midwifery courses, pre-service training standard, and common external examination for graduating pre-service trainees etc. It is pragmatic that a close linkage is maintained with the Royal Government that supports CMC to function optimally, aiding the RGoC in achieving its goals.

4.4.6.2 Partnership

CMC will identify and develop robust linkages with other partners that work in the arena of Maternal and Child Health in Cambodia. CMC will identify partners that have common agenda that would support the council in implementing various activities in the strategic plan that require technical and financial assistance as most of such activities calls for support from development partners. CMC will seek assistance of donors in continuing support for capacity building and support in establishing CMC branch offices at the region and provinces.

Strategy

- The CMC will maintain a close linkage with the Ministry of Health. It will seek all assistance from the Ministry to initiate functioning of the Council. The CMC request the MoH for support with secondment of a registrar for the council till such time CMC is able to support for a registrar and other support staff
- The CMC will identify partners with similar objectives and enter into partnership through a memorandum of understanding
- The CMC will identify mentoring midwifery councils in the region for support in terms of exposure and technical guidance of the CMC members
- CMC will seek all possible support for capacity development from the International Council of Midwives (ICM)

- CMC will maintain close linkages and cooperation with the nursing and other health councils
- CMC will maintain a close linkage and partnership with the CMA

Outcome

1. Continued linkage and support from the MoH
2. Development partners identified and MoU signed for technical and managerial support
3. Mentor midwifery council identified and personnel exchange program initiated
4. Support from the ICM sought

4.4.7 Financial Sustainability

The CMC is an autonomous regulatory body. It has no source of funding. However, in the present scenario of changing health needs, fast growth of private sector in health, ever changing management modalities, increasing number of training courses and institutions, and demanding competency of health workers, it is pragmatic to have a sound regulatory body to regulate sector specific health services. It is equally realistic that such autonomous regulatory body is supported both by the Royal Government and partners in health with concerns for quality of service. Possible source of financial support of the CMC are:

1. Registration fee collected from individual membership
2. Re-registration fee
3. Fee for practicing license
4. Accreditation fee
5. Possible donation from Philanthropist organizations
6. Support from Pharmaceutical and other Companies
7. Donation as seed money from any source
8. Support from NGOs and INGOs that have stake in Cambodian Maternal and Child Health

Strategy

The CMC will constitute a financial and partnership committee for the purpose of developing an approach for fund generation and management.

- The committee will develop a strategy for fund raising through dialogue and negotiation with other partners, companies and philanthropist organizations.
- The CMC will approach the RGC with sound proposal for financial support for its take off.
- The committee will develop financial management policy for the CMC.
- The committee will develop financial management guidelines for CMC, RMC and the PMC.

- A highly transparent financial management system will be developed for transparency, accountability and continued support from its members and other collaborating organizations. The registrar will be responsible for maintaining accounts which will be audited every year and presented to the council.

Outcome

15. A financial sub-committee constituted
16. Approach for financial sustainability debated and developed
17. RGoC approached with sound proposal for financial support
18. Negotiations with development partners in health for financial support
19. Membership fees collected
20. Sound financial management system developed
21. Yearly external auditing in place

The registrar of the council will be responsible for management of the fund. However, the committee will decide on matters related to policy regarding financial matters.

5.0 Goal, Results and Key Activities for Strategic Plan 2010 - 2015

Goal 1: To establish the Councils

1.1 To establish the Cambodian Midwives Council

Results	Key Activities	Responsible	2010	2011	2012	2013	2014	2015	Inputs	Indicator
CMC Fully Operational	1. Constitute Executive Committee at the center to develop guidelines and regulation for election of central, RMC & PMC	CMC							CMC Executive Committee to begin discussions and meetings	Executive committee constituted and begun functioning
	2. Establish technical working group for CMC (member from other councils, key MoH departments , NGOs & midwives)	CMC							Discussions with responsible MoH policy makers	TWG established
	3. Seek necessary support from the Ministry of Health/stakeholders to initiate CMC functioning	CMC							MoH & donor support	Registrar & office for RMC &PMC
	4. Establish all essential committees	CMC							Human resource	All essential committee established
	5. Develop strategy and guideline for election of CMC, RMC, & PMC	CMC							Executive committee to develop guidelines in consultation with other councils	Strategic and guideline for the election developed
	6. Recruit full time staff for the CMC	CMC							Government & donor support	One full time staff support
	7. Recruit Registrar for the CMC	CMC							Pay & allowance	Registrar recruited
	8. Recruit support staff as approved by Council	CMC							UNFPA	Support staff recruited

	9. Capacity building of the Office secretariat:	CMC/ VBNK							UNFPA	Training conducted
	➢ Office Management ➢ proposal and report writing ➢ Work Planning, ➢ Result Based Management ➢ Maintaining registry									Office management guideline in place
										Required training imparted
	10. Develop financial management system and train office bearers viz. work sheet, balance sheet, income and expenditure statement, auditing etc.	VBNK CMC							Tech. & Financial support	Financial management guide in place
	11.Develop staff Policy, office operation guidelines and regulations and train	VBNK CMC							Tech. and financial support	Guidelines and regulations in place
	12.Quarterly Council Meetings									Council Meetings initiated
	13. Seek office order from Ministry of Health for support of the RMC and PMC by the PHD	CMC								Office order in place
	14.Develop website for CM	CMC							Donor support	Website developed
	15. Develop CMC Database of midwives	CMC							Donor support	Database developed
	16. Conduct workshop on code of ethics of midwives	CMC							Donor support	No of workshop/ participants
	17. Conduct workshop on the competency of midwives	CMC							Donor support	No of workshop/ participants
	18. Participate in the workshop on strengthening midwifery	CMC							ICM, WHO, UNFPA	No. of midwives who attended workshop
	19. Conduct workshop on strengthening midwifery (WHO 9 modules strengthening midwifery toolkits 2007) for the	CMC							Donor support	No. of workshops and participants

	5 CMC region									
CMC members fully trained and able to perform their functions	1. Develop a comprehensive training program for CMC based on needs assessment (Leadership, negotiation roles and responsibilities, project management etc.)	CMC VBNK							Donor support	No. of CMC members trained
	2. Build capacity of younger members to take up positions in the council in the future	CMC								Younger CMC members inducted
All stakeholders have better understanding of CMC and its functions	1. Hold dissemination and advocacy meeting with different departments within MoH and PHDs, and health developing partners.	CMC							Donor support	No. of advocacy meetings
	2. Issue *Prakas*/directive about the Council and its functions for support from PHDs	CMC								*Prakash*
	3. Use all channels of communications for advocacy of CMC: benefits, requirement, difference between CMA and CMC .	CMC							Cost for communication (Donor support)	No. of meetings
	4. Initiate Quarterly CMC bulletin for advocacy and professional development	CMC							Cost of printing X3000 copies donor support	CMC Bulletin in circulation/Health Messenger

1.2. To establish the Regional Midwives Council

Results	Key Activities	Respon sible	2010	2011	2012	2013	2014	2015	Input	Indicator
	1 Constitute a committee of midwives in the RTC to establish RMC in each region and to implement the guideline and regulation for region and province	CMC							Directive from the CMC president to province members and RTC midwives	Committee established
	2 Hold elections for RMC,	CMC &							Financial support	Elections held and

Regional Midwifery Councils established	constitute RMC council and necessary Committee in five regions	RTC committee								five RMC with council established
	3. Develop functions, procedures, guidelines, office and financial management norms for RMC	CMC RMC PMC							Tech. support	PMC &RMC procedure and guidelines in place
	4. Impart financial & office management training RMC members	RMC							Donor support	RMC members trained
	5. Hold quarterly council meetings	RMC								No of meetings held
	6. Constitute Complaints and Disciplinary committee and familiarize with roles and procedures	CMC RMC							Technical support	Disciplinary Committee in place
	7. Initiate a complaints mechanism in all institutions employing midwives	RMC							*Prakash* to organizations to initiate the mechanism	Complaint mechanism in place
	8. Participate in developing disciplinary guideline	RMC								Disciplinary guideline in place
	9. Enhance Capacity of RMC for competency assessment	CMC							Financial support	RMC trained
	10. RMC initiate competency assessment	RMC							Tech support	Competency assessment routinely performed
	11. Transfer information on issue of practicing certificate to CMC every quarter of year for data entry in the CMC data base	PMC RMC							PMC president responsible	CMC has required information of MW who have received competency based certificate to practice

1.3 To establish the Provincial Midwives Council

Result	Key Activities	Responsible	2010	2011	2012	2013	2014	2015	Input	Indicator
	1. Call for elections following directions from CMC and Constitute PMC	Provincial CMC representative							Financial support	No. of PMC council
	2. Establish PMC offices in a phased manner (2 to 3 Province a year establishing in all provinces by 2015)	Provincial CMC representative							No. of PMC established	No. of PMC established
Provincial Midwifery Councils established	3. Disseminate functions, procedures, guidelines, office and financial management norms for PMC	CMC RMC PMC							Material support	Procedure & Guidelines for PMC in Place
	4. Initiate quarterly council meetings	PMC								Quarterly PMC meeting held
	5. Constitute registration committee	PMC							CMC directives	Registration committee in place in every PMC
	6. Familiarize registration committee members in the process of registration	RMC PMC							Tech. support	Familiarized committee members
	7. Initiate Registration by 2012	PMC							Donor support	Routine registration
	8. Initiate re-registration every year by 2013	PMC							Donor support	Re-registration process in place
	9. Transfer registration information to RMC and CMC every quarter of year for data entry in the CMC data base	PMC RMC								CMC has required information of MW who have received are registered and re-registered.

	10. Enhance capacity of PMC members	CMC							Donor support	Capacity program

Goal 2: To Register all Midwives

2.1. To establish pre-requisites for registration

Result	Key Activities	Responsible	2010	2011	2012	2013	2014	2015	Input	Indicator
All pre-requisites for registration established and registration of all midwives initiated	1. Set standards of education/ experience of midwives for registration: a. national b. foreign	CMC							Tech. support	Registration standards & guidelines in place
	2. Develop guidelines for PMC for registration	CMC							Donor support	Registration guideline in place
	3. Train PMC committee on registration	CMC							Train 24X5 members on registration	PMC members trained
	4. Propose registration and re-registration fees following consultations	CMC							Stakeholder consultation	Fee package in place
	5. Develop registration application format	CMC							Material support	Application in place
	6. Initiate process of registration and re-registration	PMC							Technical/Financial support	Number of registered midwives

2.2 To establish standard of pre-service education

Result	Key Activities	Resnsible	2010	2011	2012	2013	2014	2015	Input	Indicator
Adopt and recommend	1. Involve and recommend standards for midwifery teachers/trainers	CMC/ BQA/ HRD							Review	Minimum educational standards

minimum standards of midwifery education										set and recommended
	2. Involve and recommend measures of long term mentoring/training of teachers in midwifery institutions in the region	MoH							Financial support	Dialogue initiated with concerned units
	3. Involve and recommend standard of midwifery curriculum , training institution and clinical practice sites etc. that commensurate with scope of midwifery practice	HRD/ BBE CMC							Tech support	CMC involved in Midwifery curriculum development
	4. Involve in process of exit exam of midwifery students								Donor support	Common external exit examination in place
	5. Advocate English and Computer literacy and integrate into the midwifery training curriculum	CMC							Donor support	English and basic computer course in place

2.3. To establish in-service standards

Result	Key Activities	Respon sible	2010	2011	2012	2013	2014	2015	Input	Indicator
Scope of midwifery practice defined	1. Define scope of practice of midwifery	CMC/HSD							Tech. support	Scope of practice developed
	2. Disseminate scope of practice to all midwives for compliance	CMC							Financial support	Every midwife know their scope of practice
Standards of work environment	1. Involve in defining basic standards of work environment for midwives at all levels of healthcare facilities with other relevant departments and	CMC/QA/ Hospital Dept.							Technical support	Standard of work environment in place

defined	disseminate for compliance by health facility and organizations									
Strategy for continuing education CME developed and implemented	1. Recommend innovative plan of standardized continuing midwifery education that addresses quality of care with linkages to issue of certificate to practice.(CME Guideline)	CMC/HSD /NRHP							Technical / Donor support	CME strategy in place
	2. Recommend re-training of midwives in relation to changing scope of practice	CMC/HSD							Technical/ donor support	Periodic recommendations by CMC
	3. Approve continuing education programs for credit	CMC							CMC has CME plan	Programs in place
	4. Support Development of handbook for midwifery practice	CMC							Donor support	Handbook for midwifery practice in place

Goal 3: Issue Certificate of competence for Practice (Practicing Certificate)

Result	**Activity**	**Responsible**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Input**	**Indicator**
Competency assessment for practice in place	1. Define Competence Standards for different category of midwives and disseminate for compliance.	CMC QA CMA							Technical and donor support	Competence standards in place
	2. Define criteria to issue Practicing Certificate for midwives on clinical practice	CMC / CMA/ QA							CMC decision	Criteria set
	3. Develop self and supervisor assessment tools of competency for midwives and disseminate	CMC							Technical support	Tools in place
	4. Nominate and train supervisors of RTC/PMC on assessment of competency for issue of practicing certificate	CMC/ RMC							Technical & material support	RTC competent for competency assessment
	5. Design and print competency based Practicing Certificate	CMC							Material support	Practicing certificates

										in place
	6. Issue competency based practicing certificate to every practicing midwife with initial registration	CMC							Material support	Certificates issued
Competency based Practicing Certificate reissued every three years	7. Re-issue competency based practicing certificate every 3 years by 2015 following competency assessment and fulfillment of other criteria	CMC							Material support	No of midwives working with competency certificate

Goal 4. Accreditation of Midwifery Courses/Institutions

Result	Activity	Responsible	2010	2011	2012	2013	2014	2015	Input	Indicator
Develop capacity for accreditation of Midwifery courses in Cambodia to support the ACC	1. Study accreditation process in mentor council in the region	CMC							Travel to mentor council in the region	No. of members underwent study tour
	2. Involve in development of standards of performance, protocol and facilities for accreditations of midwifery courses	CMC							Tech. support	Accreditation standards in place
	3. Build capacity for accreditations of courses and prepare supervisors	CMC							Training/ on the job training	No. of CMC members underwent training
	4. Participate in assessment of midwifery courses in all teaching institutions and recommend to the council and national accreditation body (ACC) for accreditation	CMC	2014							No. of survey/courses reviewed

Accreditation capacity of new courses	1. Involve in reviewing course content, adequacy of teachers and facilities for any new program in midwifery practice and recommend for approval or disapproval for accreditation to the ACC	CMC/BBE							Technical support	Guidelines in place
Goal 5: To establish Complaint and Disciplinary Committee										
Result	**Key Activities**	**Respon sible**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**Input**	**Indicator**
RMCs prepared fully for Disciplinary Actions	1. Develop & disseminate code of conduct for midwives	CMC							Tech. & donor support	Code of conduct in place
	2. Develop & disseminate code of Ethics for midwives	CMC							Tech. & donor support	Code of ethics in place
	3. Develop and disseminate midwifery regulations	CMC							Donor support	Regulation in place
	4. Develop guidelines and procedures of investigation and hearing of case for the RMC	CMC							Tech. support	List of RMC Disciplinary committee
	5. Familiarize RMC complaint and disciplinary committee on disciplinary procedures, midwifery act, and midwifery regulation, code of conduct & code of ethics etc.	CMC							Training support of 30 members Donor support	No. of Orientation of Disciplinary committee
	6. Receive. assess and take appropriate actions on complaints against individual midwives	RMC								No. of complaints received every year
	7. Build capacity to advise the court on professional matter whenever required	CMC/ RMC								No. of advisory consultations provided

Goal 6. Partnership and networking

Result	Key Activities	Responsible	2010	2011	2012	2013	2014	2015	Input	Indicator
Sound partnership with RGoC and Development Partners established	1. Strengthen collaboration with RGoC and solicit all necessary support	CMC							Proactive approach by CMC	No. of meetings with RGoC
	2. Strengthen links with ICM, WHO, UNFPA, UNICEF	CMC							Routine communication with donors	Improved linkages for support
	3. Identify health development partners, advocate and negotiate for financial and technical support (Project based)	CMC							Tech. support	List actively supporting development partners
	4. Identify mentor Midwifery council in the region	CMC							Communicate with other councils	List of mentor inst.
	5. Initiate exchange program with willing mentor partner councils in the region	CMC							Donor support	No. of exchange programs

Goal 7. Financial Sustainability

Result	Key Activity	Responsible	2010	2011	2012	2013	2014	2015	Input	Indicator
Financial sustainability gained by CMC	1. Financial committee to develop a financial sustainability plan in consultation with stakeholders and health development partners	CMC							Tech. support	Financial sustainability plan in place
	2. Establish sound financial management system	CMC							Tech. support	Financial management system in place
	3. Approach Minister of health for financial support	CMC								Minister approached for financial support

	4. Identify and approach willing sources like Pharmaceutical and other companies for supporting CME or any other activity of the CMC	CMC							Proactive approach	No. of companies approached
	5. Identify and approach Philanthropist organization	CMC							Proactively seek support	No. of organization giving support
	6. Initiate special projects for resource generation	CMC/ Donors							Tech. support	No. of projects
	7. Establish a system of external auditing every year	CMC							Auditing personal	Year end external auditing in place

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24. *Guidelines for CME* Bhutan Medical and Health Council 2009
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7.0 Annexure

7.1 Terms of Reference

Terms of Reference
(International Consultant)
Support for Development of the Strategic Plan 2010 - 2015
for Camodian Midwives' Council (CMC)

Duty Station: The office of CMC in the Ministry of Health
Main Counterpart: Mrs. Ing Rada, President of the CMC
Contractual Reporting: UNFPA Representative
Proposed working period: 26 October – 25 December 2009

1. Background

The Cambodian Midwives Council (CMC) is a health profession regulatory authority which was established in September 2006 with following tasks (translation from Khmer):

- registration of all midwives, update databank of all midwives in the country;
- develop midwives' Code of Ethics and monitor implementation of the principles of morality; judicial, counseling, mutual assistance function;
- set up an organizational structure: national, regional, provincial, municipal committees.

On 27 November 2007, a Temporary Working Group (Interim Committee) for establishing a national, regional and provincial/municipal council for midwives was formed with 7 members.

In January 2008, a national seminar took place on dissemination of the Royal Decree of the establishment of the nursing council and midwives council. In 2009, 30 members for the national committee were selected. The list was proposed to the Council of Ministers on 8 June 2009 and waits for approval.

Currently, UNFPA is supporting CMC for implementation of planned activities in 2009-2010 and through technical assistance as following:

(1) institutional development and capacity building which will be carried out by a national organization;
(2) strategic planning;
(3) development of the midwifery regulation framework.

At this point, UNFPA is seeking support from one international consultant to assist area 2 of the above mentioned support to CMC.

2. Reporting Arrangements

For contractual purposes, the consultant will be responsible to the UNFPA representative, but will liaise directly with the CMC and work closely with the UNFPA Reproductive Health Team, specifically the UNFPA Midwifery Specialist.

3. Tasks

On a day to day basis, the consultant will be based in the CMC office, and work closely with the President and staff of the council.

The consultant will also work with relevant government staff, partners and stakeholders.

The consultant will also work with the consultants from the organization supporting the CMC for capacity building and institutional development and with the team of international consultant and national legal expert who are drafting the Midwifery Practice Act and the Administrative Procedures Act. Ideally the 3 consultancies will take place during the same period.

Specific tasks will include the following:

- Support CMC to develop a step by step process and timeframe for developing the Strategic Plan 2010 – 2015;
- Review the Mission/Vision/Tasks, work plans, organization structure and other related documents of the CMC;

- Analyze lessons learned and best practices from international regulating authorities and midwifery councils in other countries, especially in the ASEAN and WP/SEAR region, and develop options for consideration by CMC ;
- Facilitate strategic planning and visioning sessions with CMC staff and provide regional/international best practice options for consideration;
- Support CMC to draft a Strategic Plan based on best practices and strategic planning session;
- Support CMC to solicit stakeholder inputs;
- Support CMC to revise and finalize Strategic Plan based on stakeholder inputs;
- Explore possibilities for long-term mentoring with a midwifery council in a neighbouring country, preferably an ASEAN/WPSEAR country.

4. Expected Outputs

- Brief work plan;
- Draft CMC Strategic Plan;
- Final CMC Strategic Plan based on stakeholder feedback.

***5.* Timing**

The international consultant will provide inputs between 26 October and 25 December 2009. The total duration of the assignment is not expected to exceed 30 working days. The final report shall be submitted to the CMC and UNFPA by 25 December 2009.

6. Requirements

- Advanced Degree in health, management, health human resource management or related field;
- Knowledge and expertise of the role and functions of nursing/midwifery councils;
- Previous work experience in the areas of strategic planning for organizations such as a midwifery council, highly desirable;
- Excellent English language skills (verbal and written), including the ability to simply articulate plans and progress;
- Availability for full duration of assignment.

7.2 Persons contacted

Persons contacted and schedule of Activities

26th November 2009 to 11 February 2010

Date	Time	Activity- Where	Person contacted
26th Nov	AM	Meeting with Under Secretary of State responsible for Reproductive Health and Midwives Council of Cambodia and CMC committee members Discussion of work plan MoH CMC/CMA Office	H.E.Than Vouch Chheng Mrs. Ing Rada Mrs. Ou Saroeun Mrs. Phai Sidoen Mrs.Chhay Sveng Cheaath Mrs. Pen Kimni Mrs. Tha Chanthou
	PM	Discussion with other consultants, administrative work and finalization of work plan, UNFPA Office	Jan Duke, Kong Sam Onn, Krist'l D'haene Pros Nguon
27th Nov	AM	Meeting with Head and Dy. Head Bureau of Nursing and Midwifery and Child care Unit, MoH	Mr. Koh Solep Mrs. Hem Navy
	PM	Meeting with Dy. Director, In charge of Bureau of Quality Assurance & Head of Bureau of Quality Assurance, MoH	Dr. Sok Po Dr. Chon Sinoun
28th Nov	AM/PM	Review of Literature, Bassac Office	
29th Nov	AM/PM	Review of Literature, Bassac Office	
30th Nov	AM	Meeting with Dy. Head, Bureau of registration and Certification, MoH	MA. Ing Sok Ny
	PM	Review of Literature, Bassac Office	
1st Dec	AM	Meeting with GTZ Health Systems Advisor and HRD Advisor, EPOS, NIPH	Dr. Yath Yathy Dr. Lim Huy
	PM	Meeting with Under Secretary of State and President Cambodian Medical Council, MoH	Prof. SEA Huong
2nd Dec	AM	Meeting with URC Sr. Technical Advisor, MNCH& Nutrition Team Leader, MNCH & Nutrition Dy. Team Leader Meeting with WHO HR Advisor, URC Office	Dr. Frances Daily Dr. Jerker Liljestrand Dr. Mary Mohan Ms. Ann Robins
	PM	President and Vice President Cambodian Nursing Council, MoH	Mr. Sareth Mr. Virya Roy
3rd Dec	AM	Work in UNFPA	
	PM	Work in UNFPA	
4th Dec	AM	Work in UNFPA	
	PM	Meeting with Dy. Director HRD and Head Bureau of Registration and Certification, MoH	Dr. Phom Sam Song Mr. Veng Chhay MA Chou Sung
5th Dec		Review of Literature	
6th Dec		Review of Literature	
7th Dec	AM	Review of Literature	
	PM	Meeting with Head, Bureau of Continuing Education, MOH	Dr. Sam Sina
8th Dec	AM	Meeting with Secretary General Association of ObGyn	Prof. Seang Thearith
	PM	Meeting with Secretary of State, Law Drafting MoH	H.E Eng Huot
9th Dec	AM	Meeting with other consultants, UNFPA	Dr. Jane Duke

			Dr. Kong Sam Onn VBNK Kristel D'haene
	PM	Meeting with other consultants, UNFPA	Dr.Jane Duke Dr.Kong Sam Onn VBNK Kristel D'haene
10th Dec	AM	Meeting with Resident representative, UNFPA	Alice Levisey
	PM	Meeting with Under Secretary of State, MoH and Vice-President Cambodian Medical Association	Prof. Dr. Thir Kruy
11th Dec	AM	Meeting with Dy. Director, Dept. of Administration Meeting with Head, Bureau of Administration and Legal Meeting with Meeting Dy. Director, NMCHC	Mr. Hok Khiev Dr. Prak Vanny Dr. Keth Ly Sotha
	PM	Meeting with Director, NMCHC	Prof Koum Kanal
12th Dec	AM/PM	Work on Draft Strategy Plan	
13th Dec	AM/PM	Work on Draft Strategy Plan	
14th Dec	AM	Meeting with Vice director, department of drugs and food, president of pharmacist association.	Ph Chroeng Sokhan
	PM	Work on Draft Strategy Plan	
16th Dec	AM	Meeting with Under Secretary of State, Honor President of Pharmacist Association of Cambodia.	Ph. Yim Yann
	PM	Work on Draft Strategy Plan	
17th Dec	AM	Meeting with Secretary of State, ASEAN affairs, basic training, administration and personnel	Dr. Te Kuyseang,
	PM	Meeting with Secretary of State, law drafting and policies	Dr. Ung Phyrum,
18th Dec	AM	Work on the document	
19th Dec	AM/PM	Work on the document	
20th Dec	AM/PM	Draft strategy	
21st Dec	AM	Meeting with CMC Members, CMC Office	Ing Rada Koh Solip
22nd De		Work on the draft document	
21st Jan		Incorporate comments and prepare document for workshop	
22nd Jan		Incorporate comments to prepare document for workshop	
25th Jan		Meeting at the UNFPA to finalize the workshop	
26th Jan		Workshop on regulatory frame work and Strategic Plan 2010-2015	CMC members, stakeholders
27th Jan		Workshop on regulatory frame work and Strategic Plan 2010-2015	CMC Members, Stakeholders
28th Jan		Incorporate comments in the document	
29th Jan		Incorporate comments in the document and finalize the document	
1st Feb		Incorporate all comments / finalize the document	
2nd Feb		Finalize the document	UNFPA
11th Feb		Present document to UNFPA and clear administrative norms	UNFPA

7.3 Royal Decree on Establishment of Cambodian Midwife Council

KINGDOM OF CAMBODIA, NATION RELIGION KING

The Royal Government of Cambodia

ឧសភត ០៩០៦ ៣៨៩ **Royal Decree**

– Having seen the Constitutions of the Royal Kingdom of Cambodia
– Having seen the Royal Decree NS/RKT/0704/124 dated 15 July 2004 on the appointment of the Government of the Kingdom of Cambodia
– Having seen the Reach Krom No 02/NS/94 dated 20 July 1994 promulgating the law on the establishment of the Office of the Council of Ministers
– Having seen the Reach Krom No NS/RKM/0196/06 dated 24 January 1996 promulgating the law on the establishment of the Ministry of Health
– Having seen the Reach Krom No NS/RKM/1100/10 dated 30 November 2000 promulgating the law on the management of private medical professional, para-clinic professional, and medical assistance professional
– Having seen the Reach Krom CS/RKM/1179/05 dated 06 November 1997 promulgating the General Statutes for the Military of the Royal Military Police
– Having seen the request letter from the Samdech Prime Minister of Cambodia which was agreed upon by the full session of the Council of Ministers dated 18 August 2006.

We, the King, release the following order

Chapter I

General Provision
Article 1
Establish a Midwife Committee for the purpose of gathering all qualified midwives who perform medical professional and para-clinic professional in the Kingdom of Cambodia.

The term "Midwife" mentioned in this Royal Decree is referred to a legal person holding a Midwife Certificate issued by the Ministry of Health of the Royal Government of Cambodia or issued by any educational institution whose quality of education is recognized by the Quality Education Committee of Cambodia.

All Midwives performing medical professional and para-clinic professional must register with the Midwife Council.

The Ministry has a separate policy for the traditional midwives.

Chapter II

Mission of the Midwife Committee
Article 2
The Midwife Committee shall monitor and ensure implementation of principles of morality, righteousness, fairness and loyalty necessary for effectively performing the medical professional and para-clinic professional.
The Midwife Committee shall observe performance of its members regarding the respect of professional obligation and other regulations stipulated in the Midwife Code of Ethic.
The Midwife Committee shall preserve honour and dignity of medical professional and para-clinic professional.
The Midwife Committee shall perform its duties under guidance of Regional Council for the Midwife Committee (RCMC) and National Council for the Midwife Committee (NCMC).

Section I

Moral Function
Article 3
The Midwife Committee is responsible for developing Midwife Code of Ethic by following necessary point of profession in holding economic and social techniques to leading to improving the patients.

The Midwife Committee shall observe all work performances and compliance of the Codes of Ethic.
The Midwife Committee is an autonomous organization and responsible for handling all financial aspects and ensure the professional dignity, interest and morality.

Section II

Administrative Function
Article 4

Division of power shall follow the regulations of the Midwife Committee. The Midwife Committee shall maintain and update regularly the list of midwives who has legally registered and fulfilled the required moralities.

Registering with the Midwife Committee renders a person to be able to provide midwifery services.

The Midwife Committee is the only professional organization charged with observing the performance of medical professional and para-clinic professional.

Section III

Judicial Decision Function
Article 5
Any complaint made against professional misconduct by midwife shall not be an obstacle for filing complaint to the court.

Section IV

Counseling Function
Article 6

The Midwife Committee shall be requested to provide counseling on Midwifery Draft Law or other guidelines.

Section V

Mutual Assistance Function
Article 7

Mutual assistance is important for the midwives and their families. The mutual assistance scheme shall be as follows:

– The Midwife Committee shall reserve budget to be used as emergency response budget whenever necessary to help the grieved families of the midwives in emergency.
– The Midwife Committee shall establish a separate Committee for the above purpose composing of one membership from CMA.
– This Committee shall make budget available every year which could draw partially from the membership funds paid by the midwives to the Midwife Committee.

Chapter III

Organizational Structure

Section I

Provincial/Municipal Midwife Committee Council (PMCC)
Article 8
PMCC shall be established within each province and municipality in the Kingdom of Cambodia. Any province/municipality which has less than 20 midwives shall integrate into the nearest province/municipality in order to form up a Midwife Council Committee.
Article 9
PMCC shall have nine permanent staff and nine alternative staff in the case that the number of midwife does not exceed 100 persons. The number of staff could increase up to 11, 15, 19 or 21 should the number of midwife registered exceeds 100, 500, 1000 or 2000 respectively.
Article 10

The PMC members shall be elected by all registered midwives for a period of six years. Members who have already completed their term could also stand for election. The Council shall elect a President and its office once every two years when one third of the council members have been changed. There must clearly state in the internal regulation regarding the indefinable number of change. The office of the PMCC shall compose of one President, one Vice President, one Secretary General, one Financial Officer and five other members.

Article 11

PMCC shall undertake its duties within the framework of its own province/municipality and under supervision of the National Midwife Committee regarding the general responsibilities stipulated in the Article 2 of his Royal Decree. PMCC has full power to register in the list of the Midwife Committee any midwife who has fulfilled the conditions set out in the Article 3 of Chapter I, Article 6 of Chapter 2 of the Law on the Management of private medical professional and para-clinic professional.

PMCC shall not discriminate its members based on their belief, religion, political trend, social status, resources and other situations.

Article 12

PMC has no power to impose any disciplinary measure on any midwife under its supervision when there is complaint. PMC shall further submit this complaint to the Regional Midwife Committee Council by clearly specifying the reason of the complaint.

Article 13

The President shall represent PMCC in all civil activities.

Article 14

The meeting of the PMCC shall not be organized openly. The President has the power to make final decision when the votes/voices are equal. Director of the Provincial/Municipal Health Department could be invited to join the meeting for advisory voice only. PMCC could invite legal advisor to attend the meeting as well.

Article 15

Midwives in all provinces/municipalities shall register in the list the PMCC of their respective area. Only midwives holding Midwife Certificate issued by the Ministry of Health or Certificate issued by education institution recognized by the Quality Education Committee and has fulfilled the legal and code of ethic are allowed to register. The registration could only be made in the province/municipality where the midwife runs their professional career.

Article 16

PMCC shall decide on the registration no later than 3 months, starting from the day they received sufficient required documents from the applicant. One week after approval, PMCC shall inform in writing to the applying midwife. Should PMCC reject any application, a clear reason in writing shall be provided to the applicant. Any accepted midwife to be registered, PMCC shall, no later than two weeks, inform related provincial/municipal authority, Provincial/Municipal Prosecutor, and National Midwife Council.

Article 17

Following their name registered with the Midwife Committee, midwives are able to serve as medical professional and para-clinic professional in the province/municipality where they were registered. In case that the midwife want to move their professional business outside the area their names were registered, those midwives shall inform the current council and need to re-apply to the new council of their new place.

Article 18

PMCC shall accept rejection made by the National Midwife Council, CMA, Minister of Health, Director of Provincial/Municipal Health Department, or any registered midwife and thereafter prepare a report to the National Midwife Council.

Section II

Regional Midwife Committee Council (RMCC)

Article 19

The geographical location for the RMCC is divided as follows:

Region #1: The regional office shall cover Phnom Penh, Kandal, Kampong Speu, Kampong Chhnang and be located in Phnom Penh.

Region #2: The regional office shall cover Pursat, Battambang, Banteay Meanchey, Siem Reap, Odor Meanchey, Pailin and be located in Battambang.

Regional #3: The regional office shall cover Takeo, Kampot, Koh Kong, Sihanoukville and Kep and be located in Kampot.
Regional #4: The regional office shall cover Stung Treng, Ratanakiri, Mondul Kiri, Kratie and Preah Vihear and be located in Stung Treng.
Regional #5: The regional office shall cover Kampong Cham, Prey Veng and Svay Rieng and be located in Kampong Cham.

Article 20

RMCC plays the role as Primary Professional Disciplinary Council and has nine permanent members and nine alternative members who are elected amongst the region. Each RMCC shall nominate at least one representative and one alternative and the remaining seats shall be given to provinces/municipalities depending on number of registered midwives.

The elected members of the RMCC shall serve for a period of six years. Members who have already completed their term could also stand for the election. RMCC shall select a President and other members for the office once every two years when one third of the council members have been changed. The alternative members shall back up the permanent members during their absence with whatever reason it may be. RMCC has one President, one Vice President, one Secretary General, one Financial Officer and five other members.

Article 21

President of the PMCC and RMCC and the Secretary General of these two councils could not hold duplicated positions.

Article 22

The following person could attend the meeting of RMCC in capacity as Vice-chair and counselors:

– Representative of the Minister of Health
– Director of Provincial/Municipal Health Department where the RMC is located
– Legal Advisor assigned by the Provincial/Municipal Court of the area
– **A labor midwife** when assigned by the Minister of Labor and Vocational Training
– Principal of Regional Secondary School of Health

Article 23

In their capacity, RMCC shall perform its duties within the disciplinary framework only. RMCC could be the place to receive complaint made by Minister of Health, Director of Provincial/Municipal Health Department, Provincial/Municipal Authority, Provincial/Municipal Prosecutor, or the registered midwife themselves. RMCC shall review and decide within six months the latest following receipt of the above complaint or NMC would send this complaint to a different RMC.

Article 24

Midwives who are serving public services and already registered with the PMCC, could defend the complaint in front of the RMCC only through the Minister of Health, Director of Provincial/Municipal Health Department or Provincial/Municipal Prosecutor.

Article 25

Disciplinary action should be made in the presence of the accused midwife. The accused midwife is allowed to use defender, be it a midwife or a lawyer in the Kingdom of Cambodia. If the accused midwife does not show up within 3 times of invitation without valid reason, RMCC will apply Point 4 of the Article 27 of the Royal Decree.

Article 26

RMCC shall maintain all records of disciplinary meetings. RMC shall prepare a comprehensive report with approval and signature from all members of the meetings, including those of the accused midwife.

Article 27:

With participation from the Disciplinary Unit of the NMC, RMCC could impose the following disciplinary measures:

1. Give warning
2. Issue a reprimand letter and record in personal file
3. Impose professional suspension for a period of not more than 3 years or permanently of certain or whole part of medical professional and para-clinic professional recognized by the Government.
4. Remove from the list of midwife council

Those midwives whose names have been removed from the list are no longer allowed to re-register in other places. Should the last measure be used, the decision shall be disseminated to all PMC and NMC. RMC is to make the above decision based on a solid reason.

Article 28

After completing the minimum period of 3 years professional suspension, the imposed midwife could be granted amnesty upon submitting request. Once this request is rejected following thorough assessment, the midwife could re-submit request the following year.Midwife who has been imposed with permanent disciplinary measure on any part or overall part of medical professional and para-clinic profession, there would not be granting of amnesty if so requested.

Article 29

The implementation of midwife disciplinary measures would not conflict with the administrative or judicial measures.

Section III

National Midwife Committee Council

Article 30

NMCC members shall be selected through votes for a period of 6 years as indicated below:

– One representative from each province/municipality who is selected through votes among PMC members and the elected representative shall be appointed by the Provincial/Municipal Health Director.

– Two representatives from Phnom Penh who are selected through votes among its members and the elected persons shall be appointed by the Phnom Penh Municipal Health Director.

– Five representatives from central institution who are selected through votes among its members and the elected persons shall be appointed by the Minister of Health.

– One representative from Technical Medical Care University who would be appointed by the Rector of the University.

Article 31

Following each reshuffling of 1/3 of staff, NMC shall select new staff to fill in once every two years and select chairperson and staff for a period of two years. The office of the NMCC shall compose of: 01 Chairperson; 02 Vice Chairpersons; 01 Secretary General; 01 Deputy Secretary General; 01 Financial Officer; and 01 Financial Assistant. The outgoing Chairperson or other members could also stand for the election.

Article 32

NMCC shall be assisted, with a counseling voice, by 02 Midwife Assistants who are representatives of Minister of Health and Minister of Labor and Vocational Training respectively.

Article 33

NMCC shall has a Disciplinary Unit comprising of 07 staff and led by a Chairperson who is elected out of the above 07 staff. The Disciplinary Staff shall be selected through votes among the members of the NMCC. The duties of the Disciplinary Unit are defined in Article 23 and Article 27 of this Royal Decree.

Article 34

Following the reshuffling of 1/3 of its staff, NMCC shall select new Disciplinary staff.

Article 35

NMCC shall perform its duties in accordance with the Article 2 of this Royal Decree. NMC shall observe the compliance with Midwife Professional Duties and other principles as defined in the Midwife code of ethic by all members of the midwife councils. NMCC shall cooperate with the Provincial Midwife Council in resolving any complex issues related to professional performance of midwives. NMCC shall perform the above duties through its specialized units and other committees and study the plans proposed by the Minister of Health or other relevant institutions.

Article 36

NMCC shall define an agreed amount of membership contribution which all members are required to pay upon registration and every year. NMCC shall also define the amount of contribution the PMC required to pay to it and the RMCC and the amount it needs to keep for general operation expenditures. Paying the membership contribution is a compulsory duty to all midwives. **NMCC shall control all assets of all Midwife Committee and is allowed to establish or support any VANNAKAM in the interest of midwife professionalism including other emergency works.**

NMCC shall monitor the management of PMC and RMCC. The PMC shall first of all report to the NMCC with courtesy copy to the RMCC regarding the establishment of its organizational structure as well as other arrangements.

Article 37

NMCC shall establish a committee to handle all financial and internal audit affairs. Members of this committee shall be selected by NMCC amongst members external to the counseling and disciplinary unit. At the end of year, this committee shall prepare an evaluation report and submit to the NMCC.

Chapter IV

Inter Provision

Article 38

In the first mandate, members of the NMCC shall be selected and endorsed by Minister of Health to ensure effective process. In the first six years of the first mandate, staff of the PMC and RMCC shall be selected from internal colleagues and who are recognized by the NMCC.

Article 39:

The Minister of Health shall establish a temporary working group in order to develop the processes leading to the establishment of the Cambodian midwife council.

Chapter V

Final Provision

Article 40

Any provisions contrary to this Royal Decree shall be deemed null and void.

Article 41

The Samdech Prime Minister of the Royal Government of Cambodia shall be responsible for effectively implementing this Royal Decree from the date signed hereunder.

Phnom Penh, 18 September 2006
On behalf of and through the order of the Royal Highest
Acting Head of State
Chea Sim

Informal translation

7.4 *Prakash* on recognition of membership of the CMC

Kingdom of Cambodia
Nation Religion King

Ministry of Health

PRAKAS
on
Recognition of the membership of
Cambodian Midwives Council
Minister of Health

(Hierarchy Process of recognition)

Hereby decides

Article 1: recognize 32 board members of CMC with below names:

1. Ms. Ing Rada, Representative, Central office
2. Ms. Ou Saroeun, Representative, Central office
3. Ms. Koh Sileap, Representative, Central office
4. Ms. Hem Navy, Representative, Central office
5. Ms. Pen Kimny, Representative, Central office
6. Ms. Real Nary, Representative, Central office
7. Ms. Phai Sidoeun, Representative, Central office
8. Ms. Tong Kimbi, Board Representative, Phnom Penh
9. Ms. Danh Hombopha, Board Representative, TSMC
10. Ms. Men Chanthol, Board Representative, Kandal
11. Ms. Ouk Samean, Board Representative, Kompong Speu
12. Ms. Prak Som Onn, Board Representative, Kompong Chhnang
13. Ms. Suon Chanleak, Board Representative, Batambang
14. Ms. Tann Malini, Board Representative, Pursat
15. Ms. Yin Sunry, Board Representative, Banteay Meanchey
16. Ms. Nop Lavy, Board Representative, Siem Reap
17. Ms. Hun Sochantha, Board Representative, Oddor Meanchey
18. Ms. Douch Sameoun, Board Representative, Pailin
19. Ms. Por Ravy, Board Representative, Kompot
20. Ms. Long Keo Rachana, Board Representative, Takeo
21. Ms. Long Rachana, Board Representative, Koh Kong
22. Ms. Seoun Livan, Board Representative, Preah Sihanouk
23. Ms. Kuy Somaly, Board Representative, Kep
24. Ms. Thorng Som, Board Representative, Steung Treng
25. Ms. Uong Sokhorn, Board Representative, Rattanakiri
26. Ms. Soam Chanthol, Board Representative, Mondulkiri

27. Ms. Long Marady, Board Representative, Kratie
28. Ms. Ngin Sony, Board Representative, Preah Vihear
29. Miss. Heng Rivan, Board Representative, Kompong Cham
30. Ms. Srey Chintha, Board Representative, Kompong Thom
31. Ms. Thoang Somaly, Board Representative, Prey Veng
32. Ms. Kong Bunna, Board Representative, Svay Rieng

Article 2: acknowledges the CMC board office 7 members:

1. Ms. Ing Rada, President
2. Ms. Ou Saroeun, Vice president
3. Ms. Koh Sileap, Vice president
4. Ms. Hem Navy, Secretary General
5. Ms. Pen Kimny, Deputy Secretary General
6. Ms. Riel Nary, Accountant
7. Ms. Phai Sideoun, Vice-Accountant

Article 3: acknowledges 2-assistant:

1. Ms. Lim Maly, Representative of MoH
2. Ms. Ke Therakmony, Representative of Ministry of Labor & Vocational Training

Article 4: acknowledges board and CMC office members and assistants with 6-year mandate and re-staffing after the mandate.

Article 5: Ministry of Health's cabinet, Directorate General of Administration and Finance, Directorate General of Health Technique, Ministry of Health's Secretariat, all Departments and bureau in the central (national), provincial, district, and CMC members written in the article 1, article 2, and article 3 shall implement the PRAKAS effective the signed date.

Phnom Penh, 16 November 2009

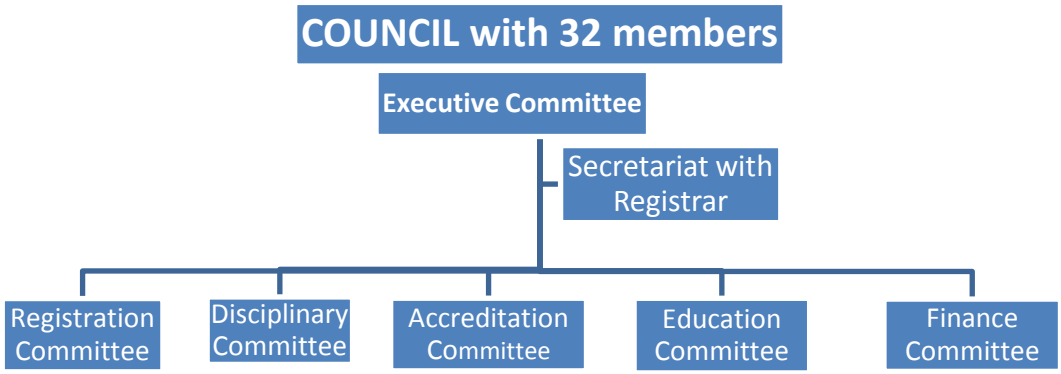
Signature & Seal

H.E. Dr. Mam Bunheng

cc:
-Council of Ministers
-Secretary General of Royal Government of Cambodia
-All Ministries & Departments
-As written in article 5 "for implementation"
-Archives

7.5 Organization and functioning of the Cambodian Midwives Council (CMC)

Organogram of the Cambodian Midwives Council



The Cambodian Midwifery Council, consisting of consisting of 32 elected midwives, is an independent, not for profit organisation. The Council has the following functions:

1. To develop and approve an annual work plan for the Council
2. To develop and approve an annual budget:
3. To receive and consider applications for registration:
4. To authorise the registration of midwives:
5. To maintain the Register of Midwives:
6. If it thinks fit, to adopt conditions subject to which all practising certificates, or the practising certificates of all registered midwives of a particular description, must be issued:
7. To consider applications for practising certificates
8. In consultation with providers of midwifery education and training and bodies that set standards for midwifery education and training to promote and set standards for such education and training
9. To recognise educational qualifications
10. To adopt competency standards for each scope of midwifery practice and review the competence of midwives:
11. In collaboration with other professional midwifery organisations, to develop a professional Midwifery Code of Ethics
12. To establish and maintain a code of conduct for registered midwives:
13. To promote the establishment by departments of State, and other bodies and organisations that employ midwives, of accessible and efficient procedures for making, considering, and determining complaints relating to midwives they employ:
14. To consider the cases of registered midwives who may be unable to perform adequately the functions required to practise midwifery satisfactorily:
15. To appoint a registrar, who is not a member of the Council;
16. To establish an executive committee and such other committees it considers necessary to carry out the duties and functions of the Council;
17. To develop and maintain appropriate linkages with relevant NGOs who may proved support for the financial sustainability of the council
18. To perform within a culture of recognising "problem areas" as opportunities for improvement and avoid a culture of blame
19. Any other functions conferred or imposed on it Royal decree or any other enactment.

The council will have power to make rules and regulations to carry out its purpose.

Election and term of office of Council Members

- Council members are elected/appointed to the council:
- Election/appointment to the council is done as follows:
  - One representative from each province/municipality who is selected through vote among its members and the elected representative shall be appointed by the Provincial/ Municipal Health Director.
  - Two representatives from Phnom Penh who are elected among its members and the elected persons shall be appointed by the Phnom Penh Municipal Health Director.
  - Five representatives from Central Institution who are selected through vote among its members and the selected person shall be appointed by the Minister of Health.
  - One representative from Technical Medical Care University who would be appointed by the rector of the University.
- Council members are elected and nominated to the council for a period of six years. One third of council members retire every two years. The council will decide and develop a calendar of retirement and re-elections of committee members for provinces to the council and the central institutions.
- The Council shall be assisted by 2 assistants who are midwives and are representatives of the Minister of Health and the Minister of Labour and Vocational Training respectively
- The council will elect President, Vice-Presidents, Secretary General, Deputy Secretary General, Financial officer and a financial assistant for a two year term which are ex- officio positions.
- Where possible, any Council member wishing to resign from his/her post must give at least one month's notice and will be released from the Council when he/she has been replaced.
- Any Council member deemed to be acting contrary to the interests of the organisation, may be removed from the Council by a vote of no-confidence passed by the Council. A 2/3 majority vote by all the voting members of the Council is required to remove a member from the Council.
- If a Council member is absent from three consecutive Council meetings without a written valid reason, the member will automatically be considered to have resigned.

Meetings of the Council:

- The council shall meet at least twice a year and shall observe such rules of procedure in regard to the transactions of business at its meetings as may be prescribed.
- The president may convene a meeting of the council at such time as she/he deems fit, if in her/his opinion any business of an urgent nature is to be transacted.
- The date and agenda of meetings shall be notified to Council members no less than fifteen days before a meeting except in those meetings of emergency nature
- A meeting can be conducted only if three fourth of the members are present. In case otherwise, the meeting will be postponed to next convenient date.
- Members who cannot attend a Council meeting may submit a written vote in absentia
- Decisions on issues will be made by a majority vote and all decisions shall be recorded in the minutes of the Council meetings. Votes shall be secret on personnel matters and open in all other cases. Each voting member shall have one vote. In the case of an even number of votes, the President shall have the deciding vote.

Council Meeting records

- A full record shall be kept of all Council meetings. Records of Council meetings shall include the agenda, the decisions taken by the Executive Committee, the results of secret votes in figures, the results of open votes by name, announcements of any conflicts of

interests and statements of members protesting decisions of the Council. Such protests shall be explained in writing by the protesting member.

- The registrar will act as secretary to the Council and will be responsible making necessary records.
- Minutes of meetings shall be distributed to all Council members. These minutes shall be signed by the President/ Chair of the meeting and shall be approved at the next Council meeting.

The council will elect a president, two vice presidents, a Secretary General, a Deputy Secretary General a financial officer and a deputy financial officer to form the executive committee which will be chaired by the president.

The executive committee will be supported by a representative from the Ministry of Health, a representative of the Ministry of Labor and Vocational Training, the Registrar and the CMC secretariat.

The Executive Committee

- The Executive Committee is constituted by the seven office bearers of council.
- The executive will meet as regularly as required, to ensure the functions of Council are carried out
- The Executive Committee guides the overall strategies and directions of the programmes undertaken by the CMC.
- The Executive Committee oversees the governance policies and procedures of the CMC
- The Executive Committee endeavors to make the CMC an effective, efficient and credible council.
- The Executive Committee is accountable to the CMC.
- The Executive Committee assists the secretariat to develop and maintain partnerships with potential and actual donors.
- Executive Committee members chair the Council committees..
- The Executive Committee oversees the proper utilization, management, accounting and auditing of assets, income and expenditures of the CMC.
- The Executive Committee directs all other business which is legal and deemed necessary for the activities of the CMC.

Election and term of Executive Committee

- Every two years there will be an election of members to the executive committee following the election to the council.
- Executive Committee members are elected for a two-year term of office after which they may be elected for a further two-year term. Members who have served on the Executive Committee for four consecutive years may not be re-elected to sit on the Executive Committee.
- Where possible, any Executive Committee member or officer wishing to resign from his/her post must give at least one month's notice and will be released from the Executive Committee when he/she has been replaced.
- Any Executive Committee member deemed to be acting contrary to the interests of the organisation, may be removed from the Executive Committee by a vote of no-confidence passed by the Executive Committee at a Executive Committee meeting. A 2/3 majority

vote by all the voting members of the Executive Committee is required to remove a member from the Executive Committee

- If an Executive Committee member is absent from three consecutive Executive Committee meetings without a written valid reason, the member will automatically be considered to have resigned from the Executive Committee.
- In the event of an early vacancy, the Executive Committee will hold elections to select a new member to complete the duration of the original term.

Executive Committee Meetings

- The Executive Committee shall meet not less than four times a year, every three months
- Additional extra-ordinary meetings may be called by the President or through the President upon written request of at least three other Executive Committee members
- The date and agenda of meetings shall be notified to Executive Committee members no less than five days before a meeting
- Executive Committee meeting shall be considered valid only when a quorum of 50% plus one of the voting members is present unless otherwise specified. A 2/3 majority vote in a meeting of all the voting members of the Executive Committee is required for actions related approval of the annual budget. Voting members who cannot attend a Executive Committee meeting may submit a written vote in absentia
- Decisions on issues will be made by a majority vote and all decisions shall be recorded in the minutes of the Executive Committee meetings. Votes shall be secret on personnel matters and open in all other cases. Each voting member shall have one vote. In the case of an even number of votes, the President shall have the deciding vote.
- If an Executive Committee member has a potential conflict of interest, the member shall state the conflict and may be requested to abstain from voting on the particular issue. If the President has a potential conflict of interest in the issue discussed, the Vice-President will chair the meeting.

Executive Committee records

- A full record shall be kept of all Executive Committee meetings. Minutes of Executive Committee meeting shall include the agenda, the decisions taken by the Executive Committee, the results of secret votes in figures, the results of open votes by name, announcements of any conflicts of interests and statements of members protesting decisions of the Executive Committee. Such protests shall be explained in writing by the protesting member.
- The registrar will act as secretary to the executive Committee and will be responsible making necessary records.
- Minutes of meetings shall be distributed to all Council members. These minutes shall be signed by the President/ Chair of the meeting and shall be approved at the next Executive Committee meeting.

Registrar

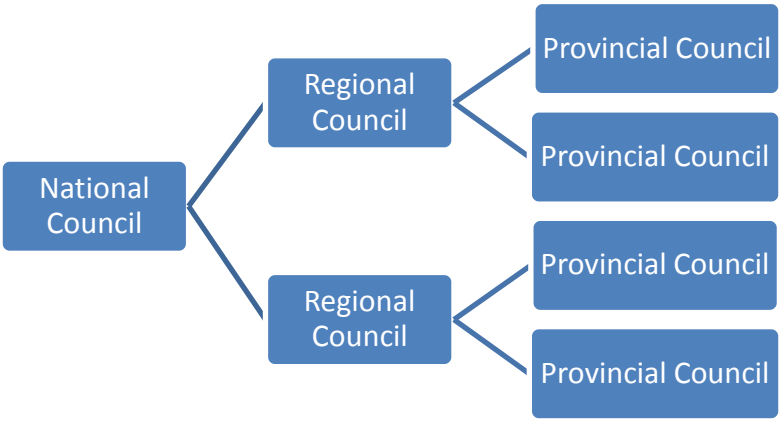
The Registrar is a permanent employee of the Council. The registrar will be responsible to the president through the vice president and the chairs of Council Committees.

The Registrar is responsible for employing and/or supervising the staff of the secretariat who may include deputy registrar, program assistant office manager etc.

Lines of communication

Any executive order or official communication passed by the Council, or the Executive Committee will be communicated by via the Secretariat to the five Regional Midwifery Councils. These regional councils will further communicate to the Provincial councils. Similarly, the provincial councils will communicate back to the Regional councils which will get back to the CMC in reverse order. Copies of all communications will be maintained by the Secretariat.

Organizational flow and line of communication of the Cambodian Midwives Council



In case a Provincial council needs to communicate directly to the CMC, it will give a courtesy copy of the communiqué to the regional council. Copies of all communications will be held by the Secretariat.

Committees of the Cambodian Midwives Council

The Council shall create committees as deemed necessary to carry out specific and specified functions including but not limited to Registration, Education, Accreditation, Finance, Complaints and Disciplinary.

A committee will comprise of a minimum of five members. One member of the Executive Committee will chair each committee.

In the first instance the council will establish the following committees:

1. Registration committee
2. Education Committee
3. Accreditation committee
4. Complaints and Disciplinary Committee
5. Finance Committee

Any other committee deemed necessary by the council will be set up and terms of reference agreed by Council as and when need arises.

The outcome of the deliberations of committees will be forwarded to the executive committee which will further put it up to the council for ratification.

All minutes of committees will be maintained by the secretariat.

Registration committee

Functions of the registration committee include:

1. To develop policies required by Council for the registration of midwives
2. To develop criteria for the registration of midwives
3. To determine the scopes of midwifery practice for registration
4. To develop procedures to recognize overseas midwifery degrees/ midwifery training courses for registration in consultation with the education committee
5. To develop guidelines and procedures for the registration process
6. To assess applications for registration and make recommendations to Council
7. To develop criteria for practicing certificates;
8. Establish a mechanism of issuing Certificate to Practice to all practicing midwives in the country

Education Committee

Functions of the education committee include:

1. To develop policies required by Council in respect of midwifery pre-service education
2. To make recommendations on curriculum guidelines and implementation requirements so that minimum standards are maintained in pre service education
3. To recommend minimum requirement for the employment of midwifery teachers for different courses
4. To develop policy on the continuing professional education requirements for midwives – in consultation with the registration Committee
5. To make recommendations for entrance requirements for entry into midwifery courses
6. Recommend a strategy for competency assessment of midwives
7. To ensure that new developments within midwifery practice are incorporated into midwifery training curricula.

Accreditation Committee

Functions of the accreditation committee include:

1. To develop policies required by Council in respect to the accreditation of midwifery courses and training institutions.
2. To assess, monitor and evaluate new midwifery programmes proposed by midwifery training schools / institutions for the Council's consideration
3. To coordinate inspections to existing midwifery training schools and institutions applying for accreditation as midwifery training schools to ensure that the standard of midwifery education and training facilities comply with the requirements prescribed by the Council
4. To make recommendations on accreditation of all midwifery courses or training institutions to the Council for submission to the Accreditation Committee of Cambodia

Complaints and Disciplinary Committee

Functions of the complaints and disciplinary committee include:

1. To develop policies required by Council in respect to the complaints and disciplinary functions of Council.
2. Develop a code of conduct for midwives
3. In collaboration with other midwifery professional bodies to develop a code of ethics for midwives

4. Develop and implement a system of managing complaints, including investigation, conciliation and use of expert witnesses.
5. Provide written summaries of cases and outcomes for education purposes for dissemination to all midwives

Finance Committee

Functions of the finance committee include:

1. To develop policies for the management of the financial resources of council
2. Develop annual operational plan and budget for Council.
3. Indentify external funding sources and seek their financial support for the Cambodian Midwives Council
4. Develop financial management policy guidelines for the CMC
5. To set minimum fee package for registration and practising certificates.

Regional Midwives Councils

- Regional Midwifery Councils will be established in the five regions of the country in accordance with the Royal Decree and following executive orders from the CM Council.
- Elections to the post of RMC council will be done by the midwives working in the region, co-ordinated by the CMC members from provinces within the region.
- The council shall approve the establishment of all five regional councils simultaneously.
- Each regional council shall consist of a minimum of nine committee members.
- Each regional midwifery council shall be entitled to elect sub-committee, which will

  be responsible for conducting specific affairs of the RMC.
- The primary function of RMC:
  - are setting complaints and disciplinary committee and
  - enhancing capacity of the RTCs/TSMC for competency assessment of midwives.
- The RMC will perform any other activity deemed necessary and fit by the CMC at any time.
- The RMC shall follow rules and policies as stated in the regulations of the council and as developed by the CMC.
- The regional councils will follow financial model and regulations as established by the CMC.

Provincial Midwives Councils

- The CMC shall approve the establishment of all twenty four councils.
- The Provincial Board member (provincial representative) will be issued an executive order to initiate establishment of provincial council.
- Provincial Midwifery Councils will be established in all 24 provinces of the country.
- Offices of the PMC will be established in a phased manner, establishing 3 to 4 offices each year

  under a region. However, a virtual office will be set in all provinces by 2011 and which begin

  functioning. Necessary support from the PHD and MHD will be availed in establishing such offices.
- Each provincial council shall consist of a minimum of nine committee members.

- Provincial midwifery council shall be entitled to elect their own committee, which will be responsible for conducting the affairs of the PMC.
- Primary functions of PMC are ensuring registration and re-registration of all midwives working in the province in public, private and NGO sector.
- The PMC will assist the RMC complaints and disciplinary panel in investigating cases in the province whenever required.
- The PMC shall hold the responsibility of registering all midwives in the province and ensuring that all midwives practice with a certificate to practice.
- The PMC will perform any other activity deemed necessary and fit by the CMC and RMC at any time.
- The PMC shall follow rules and policies as stated in the regulations of the council and as developed by the CMC.
- The provincial councils will follow financial model and regulations as established the CMC.

7.6 Functions of Cambodian Midwives Council Secretariat

The Secretariat is primarily responsible to develop and manage the CMC as an autonomous Regulatory body upholding the mission of the CMC. The central office will endeavour to strengthening midwifery as a profession through sound policy and planning, management, setting scope, standards, accreditation, competency assessment and registration. The CMC will attempt to protect the interest of clients as well as midwives alike. The CMC secretariat will raise fund, implementing regulatory measures, develop proper finance and accounting, community and member relations, program implementation, developing database.

Policy & Planning

- Identify strategic areas for the CMC and facilitate development of strategic plan through participatory and collaborative process
- Collect and analyze registration data and present results to the executive Committee
- Recommend strategic options periodically
- Develop work plan budget for Executive Committee consideration.
- Implement the work plan
- Contribute to relevant policy formulation

Overall Management

- Managing the overall functioning of CMC in accordance with the CMC's established policies
- Ensuring and monitoring the implementation of CMC programs.
- Supervising Regional and Provincial Councils
- Ensuring effective management of Regional and Provincial councils
- Facilitating communications between the Executive Committee and donors
- Facilitating teamwork, mutual support and sharing of lessons amongst central and peripheral councils

Management of Executive Committee

- Facilitate Executive Committee to establish a process for selecting Executive Committee members
- Identify and recommend qualified candidates to the Executive Committee
- Identify leadership development needs and provide the necessary support
- Meet regularly with the President to develop meeting agendas and other activities
- Provide necessary support for all Executive Committee activities
- Provide administrative support to the different technical committees
- Provide support in evaluating performance of the technical committees
- Provide technical support for evaluating Executive Committee performance

Presentation and Fundraising

- Represent the CMC at national and international forums
- Ensure good relations and policy and program coordination between the CMC Central Office and key stakeholders
- Develop budget that identify the financial resources necessary for implementing programs that serve to accomplish CMCs mission

- Develop mechanism to help Executive Committee raise funds.
- Identify funding sources and prepare request for the Executive Committee.
- Implement the collection of membership fee.
- Implement the collection of registration fee.

Program Implementation Functions

- Oversee selection of central committees
- Oversee selection of regional and provincial council members and committees
- Plan and oversee smooth delivery of program activities of regional and provincial councils
- Initiate a Council Newsletter
- Assist the president in getting nomination of council members for other councils (RMC and PMC) for the first term.
- Assist the president in developing calendar for three level of council

Database Functions

- Oversee development of CMC database
- Oversee maintenance of CMC database of midwife profiles
- Oversee maintenance of data of re-registration
- Maintain data on issue of practicing certificate
- Maintenance of current statistics to information policy and planning
- Collect and analyze registration data

Finance & Accounting

- Agree and recommend financial summary format for Executive Committee approval
- Provide accurate financial and programmatic information to the Executive Committee
- Alert Executive Committee to any financial concerns that could put the CMC at risk
- Prepare change or corrective actions when directed by the Executive Committee.
- Ensure disbursements of funds to regional and provincial councils on a timely basis
- Assess the capacity of regional and provincial councils to manage funds and maintain appropriate controls.
- Advise regional and provincial councils in matters related to financial management
- Review financial reports and requests received from regional and provincial councils
- Manage the CMC's administrative systems including
  - Personnel,
  - Procurement,
  - Logistics, and
  - General office maintenance functions.
- Prepare financial reports for the donors in accordance with each agency's requirements.
- Liaise with and assist the auditors in annual auditing
- Maintain a registry of CMC's properties
- Maintain CMC's bank account
- Participate in annual auditing

7.7 Roles, Responsibilities & Functions of CMC Executive Committee

Council approves budget and policies and makes major policy decisions.

Executive Committee prepares issues, drafts policy statements, clarifies policy, makes recommendations to Council, and makes decisions regarding more routine business.

The Executive Committee of the CMC consist of the President, Secretary General, Deputy Secretary General, two Vice-presidents, Accountant and Assistant Accountant and two additional nominees members. However, the council may consider additional members if felt necessary.

The purpose of the Executive Committee is to oversee implementation of the Council's work plan as developed by the Council. The Committee shall be provided with decision-making authority only on topics and issues that have been discussed at full Council meetings and that meet the Council's recommended actions as outlined in the Strategic Plan.

Policy & Planning Functions

- Constitute committee for the council.
- Identify strategic areas and develop strategic plan
- Recommend policy to the council
- Define process and develop a schedule for completing the plan
- Review recommendations of committees and facilitate wider dissemination and discussion in the council
- Approve work plan and budget that reflect strategic decisions
- Monitoring and evaluations periodically

Administrative

- Hire Registrar
- Hire other support staff members
- Adopt office management system
- Advocate appropriate policies and programs
- Maintain a cordial relationship with RMCs and PMCs
- Represent the CMC at national and international forums

Public and Member Relations

- Confirm that the interests of the Membership and the Public are being met
- Articulate the CMCs missions, goals and programs to the public
- Articulate scope, standards, competency, registration to its members

Quality Outcomes Functions

- Develop and recommend policies that emphasize the importance of quality
- Review procedural guidelines and other documents developed by various committees and facilitate discussion in the council for its ratification
- Support continuous quality improvement efforts

- Facilitate accreditation of midwifery courses
- Recommend standards/criteria for issuing certificate for practice
- Monitor and evaluate the operation of the secretariat

Management of Executive Committee

- Establish criteria for selecting new Executive Committee members with skills and experience appropriate to the CMC's needs.
- Identify Executive Committee members with strong leadership qualities and diverse background and skills
- Develop meeting agendas and conduct Executive Committee meetings
- Develop committees for specific and important tasks (technical)
- Select committee members with specific background for specific task
- Solicit use of outside expertise whenever required
- Evaluate committees work performance and deadlines
- Evaluate Executive Committee performance periodically

Partnership

- Identify potential partners
- Review strategy of approach to each partner developed by the finance and partnership committee
- Solicit support from partners
- Approach other philanthropist organizations and Pharmaceutical companies

Fundraising

- Identify financial resources
- Solicit financial contributions through donations, grants and contracts
- Develop and adopt sound financial management system

Financial Oversight

- Approve financial proposals
- Analyze financial information about program activities
- Make recommendations for improvement
- Regular Auditing

7.8 Roles, Responsibilities & Functions of Regional Midwives Council

The Regional Midwives Council is responsible for supporting CMC and its members in accordance with the mission of the CMC. Effort will be made to strengthening midwifery as a profession, through policy and planning, management, presentation and continuing education and proper finance and accounting. The RMC will strive towards ensuring safe and quality midwifery services to its clients and ensure safety to its providers.

Policy & Planning

- Contribute to and participate in the strategic planning process
- Recommend strategic options
- Develop Regional work plan and budget for Central secretariat approval.
- Implement the Regional work plan

Management

- Manage the overall functioning of the RMC in accordance with the CMC's established policies
- Support implementation of CMC programs.
- Facilitate communications with the Central Office staff and donors
- Facilitate teamwork, mutual support and sharing of lessons amongst membership

Presentation

- Represent CMC at province, regional and national forum
- Ensure good relations and policy and program coordination among RMC, CMC and key stakeholders
- Provide Central office with information on member needs
- Develop budget that identify financial resources necessary for implementing regional activities that serve to accomplish CMC's mission
- Develop mechanism to help the secretariat and Executive Committee raise funds.
- Identify funding sources and prepare request to the Central office

Disciplinary Committee

- Establish a complaints and disciplinary committee. Take support of a local advocate
- Establish a system of recording and lodging breach of conduct and complaints of any form by all establishments that employ midwives to the complaints and disciplinary committee or to the registrar.
- Understand guidelines on the process and procedures of hearing case
- Follow the principle of "complaints of minor nature" being "opportunity for improvement"
- Report to CMC of all cases handled every year

Competency assessment

- Develop and support CMC in setting minimum criteria for competency assessment for issue of practice certificate
- Develop capacity of RTCs and TSMC for competency assessment
- Issue certificate to practice upon fulfillment of criteria to midwives
- Compile and transfer information to CMC every six months for database

Financial Oversight

- Recommend format for RMC financial and program summary reports for the Central Office approval
- Provide accurate RMC financial and programmatic information to the Central Office
- Alert Central office of any concerns that could put the CMC at risk
- Prepare change or corrective actions when necessary or when directed by the Central Office.

Program Implementation

- Plan and oversee the smooth delivery of program activities of the RMCs
- Ensure identification, documentation and sharing of lessons learnt to broaden the impact of the CMC's work.

Member Relations

- Keep CMC members informed of CMC regulations, scope of practice, standards, competency, complaints and disciplinary panel etc.
- Keep organizations that employ midwives informed of scope of midwifery practice, minimum standards in midwifery practice and minimum standards of environment for practice
- Keep teaching institutions informed of competency based teaching and learning and required minimum competency standards of midwives on completion of pre-service training
- Involve training institutions in as many RMC activities as possible that motivates them to adopt changes towards competency based teaching

Quality Outcomes

- Support a continuous quality improvement process
- Support the implementation of accredited CME courses
- Implement standards/criteria for training in the RTCs and TSMC and in workplace
- Recommend innovative supervision and quality improvement mechanisms to the CMC for discussion and possible implementation

7.9 Roles, Responsibilities & Functions of Provincial Midwives of Council

The Provincial Midwives Council is responsible for supporting CMC and its members in accordance with the mission of the CMC. Effort will be directed toward strengthening midwifery as a profession, through policy and planning, management, presentation and continuing education, proper finance and accounting. The PMC will strive towards registering all midwives residing and working in Cambodia.

Policy & Planning

- Contribute to and participate in the strategic planning process
- Recommend strategic options
- Develop Provincial work plan and budget for secretariat approval.
- Implement Provincial work plan

Management

- Manage the overall functioning of the PMC in accordance with the CMC's established policies
- Support implementation of CMC programs.
- Facilitate communications with the Central Office staff and donors
- Facilitate teamwork, mutual support and sharing of lessons amongst membership

Presentation

- Represent CMC at province, regional and national forum
- Ensure good relations and policy and program coordination among RMC, CMC and key stakeholders
- Provide Regional and Central office with information on member needs

Registration

- Develop and support CMC in setting minimum criteria for registration of midwives
- Establish a committee at the province that validate midwifery trainings and recommends for registration
- Issue registration certificate upon fulfillment of criteria
- Ensure 100% registration of midwives in each province
- Ensure 100% re-registration every year
- Compile and transfer information to CMC every six months for database

Financial Oversight

- Recommend format for RMC financial and program summary reports for the Central Office approval
- Provide accurate financial and programmatic information to the Central Office
- Alert Central office of any concerns that could put the CMC at risk

- Prepare change or corrective action when necessary or when directed by the Central Office
- Ensure a sound financial management system that takes into account transparency, accountability and yearly auditing

Program Implementation

- Plan and oversee smooth delivery of program activities of the PMCs
- Ensure the identification, documentation and sharing of lessons learnt to broaden the impact of the CMC's work.

Member Relations

- Keep members informed of CMC regulations, scope of practice, standards, competency, complaints and disciplinary panel etc.
- Keep organizations that employ midwives informed of scope of midwifery practice, minimum standards in midwifery practice and minimum standards of environment for practice
- Keep teaching institutions informed of competency based teaching and learning and required minimum competency standards of midwives on completion of pre-service training
- Involve training institutions in as many RMC activities as possible that motivates them to adopt changes towards competency based teaching

Quality Outcomes

- Support a continuous quality improvement process
- Support the implementation of accredited CME courses
- Support implementation of standards/criteria for training in the RTCs and TSMC and in workplace

7.10 Role and responsibilities of the President of Cambodian Midwives Council

Key Roles and Responsibilities of the President

- To provide leadership to the Council, ensuring proper governance of the CMC
- To be an ambassador for the Council at national, Regional and international level

Leadership

- Inspire confidence among members of the Council, staff, registrants and the public
- Ensure that the Council sets the mission, vision and strategy for the CMC as appropriate and as set in the Royal decree
- Lead the Council in setting the strategic direction of the Council
- Develop members of Council in their role as council and Committee members
- Work in partnership with the Registrar in carrying out Council decisions

Governance

- Ensure that Council monitors the performance of the CMC in line with regulatory and legal compliance requirements
- Ensure a satisfactory financial regime
- Ensure effective audit controls (internal and external)
- Ensure an effective scheme of delegation to Committees and Registrar
- Oversee the performance of the Council and its members and ensure appropriate development opportunities are in place

Communication

- Work in partnership with the Registrar to establish excellent communication with key stakeholders
- Focus on long term strategic developments and communicate effectively with the Council on issues of prime importance to the CMC
- Develop strong partnership working with other councils
- Act as effective Chair of the Council meetings ensuring balance in debate and prompt dispatch of business
- Ensure an annual programme of Council and Committee meetings with agendas appropriate to the business of the Council
- Ensure that the views of stakeholders are considered and that Council decisions are in the best long term interests of regulation and the Council
- Ensure that all matters of importance in setting and functioning of the council are prioritized

Working with the Registrar

- Ensure that there are transparent processes in place for recruitment, evaluation, remuneration and development of the Registrar and other office staff
- Ensure that Council focuses on governance rather than management
- Work closely with the Registrar, oversee the performance of the Registrar and ensure that the Registrar provides effective communication between the Council and staff of the CMC

Act as Ambassador

- Act as ambassador for the CMC at national, Regional and International level, representing the Council with key stakeholders

7.11 Roles and responsibilities of the Secretary General of CMC

The Secretary General of the CMC is a member of the CMC Executive Committee.

The principal specific duties of this Secretary-General are partnership and external relations.

Linkages

- Maintaining a close and cordial relationship with the Ministry of Health , Royal Government of Cambodia
- Maintaining partnership and relationship with partner and donor organizations
- Maintaining linkages with Philanthropist organizations
- Maintaining linkages with other councils in the region
- Maintaining linkages with other national councils

Oversight function

- Oversight of partnership and external relations
- Oversight of publication policies and contracts
- Oversight of the sponsored membership scheme and other charitable activities

Other Functions

- Accountability within the executive for the operation of the permanent office including appointment of the registrar and oversight of staff and other office matters
- Publicity and spokes person
- The Secretary General calls for all meetings of the council as agreed by the president and the executive committee
- The Secretary General organizes any kind of national or international conferences that the Council wishes
- The Deputy Secretary General assists the Secretary General in all matters and responsibilities the secretary general undertakes
- The Deputy Secretary General represents the secretary general in case the latter is unable to do so

7.12 Roles and responsibilities of Vice-President of CMC

The CMC elects two vice presidents. The vice presidents assist the president in all matters related to the council. One of the vice presidents assists the president in financial, partnership and disciplinary matters and the other assists the president in matters related to registration, education and accreditation.

Vice President –Finance, Partnership and Discipline

The CMC Vice President – Finance, and Discipline is a member of the Executive committee. The principal specific duties of this Vice President are

- Work closely with the registrar, on all issues oversee the performance of the Registrar and ensure that the Registrar provides effective communication between the Council and staff of the CMC
- To maintain a critical overview of CMC finances (income stream, planned budget and actual expenditure) along with Accountant and vice accountant and communicate with, Registrar, Auditors and President as appropriate
- To develop financial sustainability plan for the CMC
- To develop financial management system for PMC and RMC and familiarize the RMC and PMC on its implementation
- To promote alternative income streams for the Council – from corporate sponsorship and membership, from endowment agreements, from advertising, and from other potential sources
- The vice president will work closely with accountant and vice-accountant on matters related to finance
- To develop guidelines and establish complaints and disciplinary committee in all the regional councils and to set the panel in motion
- To ensure that all facilities that employ midwives have a mechanism of bringing misconducts to the notice of the panel
- To ensure functioning complaints and disciplinary committee in each regional office

Vice President – Registration, Education and Accreditation

The Vice President – Registration, Education and Accreditation is a member of the CMC Executive Committee. The principal specific duties of this Vice President are:

- To maintain a critical overview of the activities of the CMC Committees with a view to promoting their work within the Council through the Regional and Provincial Councils and with external agencies
- To establish education standards (national and foreign) for registration, guidelines for PMC for registration, temporary registration guidelines, set minimum fee package, identify and familiarize PMC members to enhance capacity for registration
- To adopt standards of pre-service training, scope of practice, standard of practice, standard of work environment etc. and liaise with concerned agencies that these are implemented
- To undertake action to increase competency assessment and issue of certificate to practice
- Develop a plan of continuing professional development (CME) for midwives and recommend effective measures to initiate CME
- Develop plan to enhance capacity of the CMC in accreditation of midwifery courses and implement
- Involve RTCs and TSMC in most regional council activities to inform and encourage them to take up competency based teaching

7.13 Roles and responsibilities of President of Regional Midwives Council

Key Roles and Responsibilities of the President

- To provide leadership to the Regional Midwives Council
- To be an ambassador for the Council at national and regional level

1. Leadership

- Inspire confidence among members of the Council, staff, registrants and the public
- Ensure that the RMC sets strategy for the RMC as appropriate and as set in the Royal decree
- Lead the RMC in setting the strategic direction of the Council
- Develop members of Council in their role as council and Committee members

2. Governance

- Monitor performance of the RMC in line with regulatory and legal compliance requirements
- Ensure a satisfactory financial system
- Ensure effective internal and external audit controls
- Ensure an effective scheme of delegation to Committees
- Oversee the performance of the RMC and its members and ensure appropriate development opportunities are in place

3. Communication

- Work in partnership with the RMC members and establish excellent communication with key stakeholders
- Act as effective Chair of the RMC meetings ensuring balance in debate and prompt dispatch of business
- Ensure an annual programme of RMC and Committee meetings with agendas appropriate to the business of the Council
- Ensure that the views of stakeholders are considered and that Council decisions are in the best long term interests of regulation and the Council
- Ensure that there are transparent processes in place for recruitment, evaluation, remuneration and development of office staff

4. Setting up complaints and disciplinary committee

- Ensure that complaint and disciplinary committee are existent and functioning
- Ensure members are adequately updated on functioning of the committee

5.. Prepare RMC for capacity for competency assessment

- Engage Regional Training centers and TSMC in developing capacity for assessment of competency of midwives
- Issue certificate of practice to deserving midwives
- Keep necessary records and transmit such records to the CMC every three months

7.14 Roles and responsibilities of President Provincial Midwives Council

Key Roles and Responsibilities of the President

- To provide leadership to the Provincial Midwives Council
- To be an ambassador for the PMC at national, regional and provincial level

1. Leadership

- Inspire confidence among members of the PMC, staff, registrants and the public
- Lead the Council in setting the strategic direction of the Council
- Develop members of Council in their role as council and Committee members

2. Governance

- PMC to monitor and evaluate the performance of its activities to ensure that the works are done in line with regulatory and legal compliance requirements
- Ensure effective internal and external audit controls
- Oversee the performance of the Council and its members and ensure appropriate development opportunities are in place

3. Communication

- Work in partnership with the council members and establish excellent communication with key stakeholders
- Focus on long term strategic developments and communicate effectively with the Council on issues of prime importance to the CMC
- Act as effective Chair of the Provincial Council meetings ensuring balance in debate and prompt dispatch of business
- Ensure an annual programme of Council and Committee meetings with agendas appropriate to the business of the Council
- Ensure that the views of stakeholders are considered and that Council decisions are in the best long term interests of regulation and the Council
- Ensure that all matters of importance in setting and functioning of the council are prioritized

4. Registration of midwives

- Develop all necessary capacity within the PMC to be able to register all midwives in the province
- Develop sound information management system
- Transfer all data every three months to the CMC for data entry in the data base

5. Other issues

- Encourage registrants to follow minimum standards of practice
- Remind institutions to provide minimum standard of work environment
- Encourage training institutions to take up competency based teaching

7.15 Roles and responsibilities of the Registrar of CMC

The Registrar is responsible to develop and manage the CMC as a Regulatory body and support the mission of the CMC. The Registrar shall represent the CMC nationally and internationally to share, learn and participate in efforts directed toward strengthening the regulatory role of the council.
The registrar reports to the Executive Committee. The Registrar is also the Chief Executive Officer (CEO) of the Council. S/he is responsible for carrying out the executive functions of the Council. While the Council formulates overall strategy and policy, the Registrar is responsible for the day-to-day decisions and management.

Policy issues and plans

- Participate in strategic plan development for the CMC through a participatory and collaborative process with the staff, membership, Executive Committee and donors.
- Ensures that the development of work plans and budgets are in line with the CMC's mission and objectives.
- Review CMC policies and propose amendments to the Executive Committee as necessary.
- Evaluate effectiveness and relevance of CMC's programmes and report to the council.
- Inform and seek endorsement from the Executive Committee in matters of significant importance that relate to programmes, finance and administration.

Management of CMC

- Oversee management and functioning of the organisation in accordance with the CMC's policies and procedures.
- Manage the CMC's administrative system including personnel, procurement, logistics, and general office maintenance functions.
- Implementation of CMC work plans and activities.
- Manage and supervise CMC staff.
- Collaborate closely with national and international advisors to ensure the most effective use of their expertise.
- Through a participatory process, propose and implement plans for staff and membership development.
- Ensure quality and timely reporting of committee and financial activities to the Executive Committee and donors.
- Participate as a non-voting member of the Executive Committee and act as a secretary to the Executive Committee.
- Monitor and evaluate CMC programs
- Facilitate communications between the Executive Committee, staff and donors.
- Facilitate teamwork, mutual support and sharing of lessons amongst staff, regional and provincial councils.
- Ensure effective functioning of regional and provincial councils

Fund generation and representation

- Advocate appropriate policies and programmes related to midwifery to a wider platform of audience and institutions including the government.
- Ensure good relations and policy and program coordination between the CMC offices and stakeholders
- Develop and propose strategies to the executive committee for leveraging and soliciting financial resources for the CMC.
- Represent the CMC at national and international forums.

Financial management

- The registrar shall be responsible for day to day financial management of the CMC till such time an finance assistant is recruited by the council
- Assist accountant and assistant accountant financial policies and systems for consideration by the President and the Executive Committee, including appropriate internal control systems, mechanisms for providing and receiving funds from regional and provincial offices, appropriate financial reporting systems and appropriate contracting systems.
- Manage the CMC's finance and accounting systems ensuring proper implementation of the CMC's accounting and internal control procedures and ensuring adherence to Cambodian laws and standards.
- Prepare fund requests to donors as required.
- Ensure disbursements of funds to regional and provincial offices on a timely basis.
- Prepare financial reports including reports to donors as necessary.
- Liaise with and assist the CMC's auditors.
- Be responsible for all regular financial matters of the CMC
- Be able to present the budget to the council meeting once a year.

Support the Regional and Provincial Office

- Assess the capacity of RMC and PMC to manage funds and maintain appropriate controls.
- Oversee proper auditing of regional and provincial office where required.
- Advise the Programme team on technical support needs of membership branches related to financial management, financial and administrative systems, and recruitment and training of finance and accounting staff.
- Assist in delivery and/or supervision of technical support to membership branches in the areas of financial and administrative management as required.
- Review financial reports and requests received from membership branches; assist the Programme team in preparation of draft responses; and advise the President on follow-up actions.

Program Implementation

- Oversee smooth delivery of program activities in the regional and provincial offices.
- Oversee the quality and relevance CMC activities in the regional and provincial areas.
- Assist Regional and Provincial offices in any matter related to the CMC program activity.
- Be a linkage between the peripheral offices and the CMC

Others

- Undertake other duties as required by the President or the executive committee.

7.16 Roles and responsibilities of the Committees of CMC

Committees are constituted to achieve specific purpose within a specified time period. Terms of reference is drawn for the committee for guidance for the specific purpose. The committee is supported by the secretariat and outcome discussed with the executive board before it is put up to the council for consideration for adoption.

Specific Responsibilities of Committee Chair:

- Select and recruit committee members according to the required expertise
- Chair regular committee meetings
- Ensure deadlines are met
- Ensure that all committee responsibilities are fulfilled
- Maintain a list of Council members and contact information
- Coordinate with other members within and outside the council as needed
- Discuss the outcome with the executive committee members
- Present the outcome to the council for adoption

Specific Responsibilities Committee Member:

- Participate in the deliberations required by the committee to resolve issues and develop deliverables as anticipated
- Provide support to the Chair for Regular Meetings
- Provide optimum expertise to the committee for strong outcome
- Be neutral in decision making and not be influenced due to political or other affiliations
- Plan and implement networking opportunities at regular meetings in coordination with Program Committee

Role of Webmaster

A web master will be recruited to assist the council in maintaining the website, uploading files in the website and managing the database. The webmaster will work in collaboration with the registrar.

Responsibilities

- Report to and receive instructions from Registrar.
- Provide information to and communicate with the membership and public-at-large via the CMC website.
- Transform electronic files into a format for the web.
- Maintain and update information on the website.
- Maintain the midwives database.
- Be primary access person to the server space/web host and domain name for security and consistency purposes, and therefore, the only person to control server permissions, email accounts, and any other web host/server responsibilities

7.17 Roles and responsibilities of Executive Committee member of CMC

The Executive Committee Member contributes to proper governance of the Cambodian Midwives Council (CMC) and guides the CMC in establishing a strategy and policy objectives through participation in the CMCs Executive Committee meetings. The Executive Committee Member serves on the Executive Committee on a voluntary basis for a fixed term as specified in the Constitution of the CMC.

Some qualities of Executive Committee member/council member

Following are some desired quality requirements of CMC executive committee member. The committee member must be able to represent the midwives of the country.

- Must be a registered Midwife
- Must be able to represent the midwives of Cambodia
- Must be honest and have a good reputation
- Must be committed to the mission of the CMC
- Be available to carry out the responsibilities of Council
- Have a broad range of skills and experience including some or all of the following:
  - knowledge of midwifery and midwifery issues;
  - knowledge of gender issues;
  - experience in education;
  - experience in networking and partnership building
  - experience with working with the media;
  - experience in organizational development;
  - experience in financial management;
  - experience in fundraising.

Strategic Planning

- To take part in formulating and regularly reviewing the strategic directions of the CMC;
- To approve the annual work plan and budget;
- To contribute specific skills and interests and support the CMC in furthering its program where required;
- To support the organization in fundraising activities;

Policy and Procedures

- To ensure that the policy and practices of the CMC are in keeping with its aims;
- To ensure that the CMC functions within the Cambodian legal and financial requirement;
- To review and amend policies and procedures as required;
- To maintain good relations with staff and council members;
- To attend meetings of the Executive Committee and contribute actively in activities of the Executive Committee;
- To work as committee member/chair of important CMC committees
- To reflect the Executive Committee's policies and concerns on its committees as required.

Other

- To fulfill other assignments as may be required from time to time by the Executive Committee.

7.18 Roles and responsibilities of Program Assistant of Cambodian Midwives Council

Overall Responsibilities

The Program Assistant is primarily responsible for providing program and secretarial support to the CMC and for administrative tasks associated with the CMC's activities.

The Program Assistant must have good secretarial, administrative and computer skills. The Program Assistant must have good communication skills and be willing and able to work as part of a team. S/he must be committed to addressing midwifery issues in Cambodia and in assisting the CMC in achieving its goals.

Responsibilities

- Prepare correspondence and documents of the CMC as required.
- Develop and maintain a filing system for all of the CMC's records and documents.
- Receive visitors and in-coming phone calls and direct them to the appropriate persons.
- Arrange meetings and maintain a schedule for the Registrar and visiting consultants as requested.
- Provide secretarial support for recruitment.
- Provide secretarial support to the committees.
- Provide secretarial support to the executive board.
- Assist the CMC to ensure strategic plan and regulatory framework are implemented.
- To provide translation of documents in Khmer as and when needed.
- To liaise with other health and development partners in fund raising and other issues.
- Manage and maintain records of stationary and other supplies of the CMC.
- Keep an inventory of the CMC's assets.
- Make travel and accommodation arrangements for staff as necessary.
- Ensure proper use and day to day maintenance of office equipment.
- Maintain leave records for all staff.
- Translate documents as necessary
- Ensure the provision of logistic support for workshops, meetings and technical support visits.
- Where necessary, provide secretarial and administrative advice and support to membership branches from the CMC office.

7.19 Employment schedule of CMC Office bearers

	2010	2011	2012	2013	2014	2015	Comments
Phase 1							
Registrar							CMC
Office Assistant							CMC
Webmaster							CMC
Accountant							CMC
Phase 2							
Office Secretary							RMC/PMC

7.20 International Definition of the Midwife និយមន័យឆ្លប

Adopted from the International Confederation of Midwives' (ICM) Definition of the Midwife, 2005 and translated into Khmer by the Cambodian Midwives Association during workshop in Sihanoukville on 28 December 2009

ឆ្លបគឺជាបុគ្គលដែលបានចុះឈ្មោះចូលក្នុងការសិក្សាកម្មវិធីឆ្លប និងត្រូវបានទទួលទទួលស្គាល់ចាំ បាច់នៅក្នុង ប្រទេស ដែលខ្លួនអនុវត្តន៍ បានបញ្ចប់ដោយជោគជ័យនូវការសិក្សាតាមកម្មវិធីផ្នែកឆ្លប ហើយបាន បំពេញតាម តំរូវការរបស់វគ្គមាន គុណសម្បត្តិដើម្បីចុះឈ្មោះរីទទួលសិទ្ធិអនុញ្ញាតិស្របច្បាប់ដើម្បីប្រកបវិជ្ជាជីវៈឆ្លបហើយត្រូវបាន អនុញ្ញាតិឱ្យអនុវត្ត ការងារជាឆ្លប។

ឆ្លបត្រូវបានទទួលស្គាល់ជាអ្នកប្រកបវិជ្ជាជីវៈដែលមានការទទួលខុសត្រូវ និង មានគណនេយ្យភាពដែល ធ្វើការ ជាដៃគូជាមួយស្ត្រីដើម្បីផ្តល់នូវការគាំទ្រ ការថែទាំ និង ដំបូន្មានចាំបាច់ក្នុងអំឡុងពេលមានគភ៌ ពេលសម្រាលកូន និង ក្រោយពេល សម្រាលកូន ដើម្បីធ្វើការសម្រាលកូនដោយទទួលខុសត្រូវដោយខ្លួនឯង និងដើម្បីផ្តល់ ការថែទាំដល់ ទារក និងកុមារ។ ការថែទាំនេះរួមបញ្ចូលវិធានការទប់ស្កាត់ លើកកំពស់ការសម្រាលកូនធម្មតា ការរកឃើញផល វិបាករបស់ ម្តាយនិងទារក ការទទួលបាននូវការថែទាំវេជ្ជសាស្ត្រ ី ជំនួយសមស្របផ្សេងៗទៀត និងការអនុវត្តវិធានការបន្ទាន់ ផ្សេងៗទៀត។

ឆ្លបមានកិច្ចការសំខាន់ក្នុងការអប់រំនិងពិគ្រោះយោបល់សុខភាពមិនមែនសម្រាប់តែស្ត្រីប៉ុណ្ណោះទេថែមទាំង សម្រាប់គ្រួសារនិងសហគមន៍ផងដែរ។ ការងារនេះគួររួមបញ្ចូលការអប់រំអំពីការថែទាំមុនពេលសម្រាល និងការ ត្រៀម រៀបចំ ដើម្បីធ្វើជាឪពុកម្តាយរបស់ទារកហើយអាចនឹងបញ្ចូលនូវបញ្ហាសុខភាពរបស់ម្តាយ សុខភាពផ្លូវភេទ ី បន្តពូជ និង ការថែទាំទារក។

ឆ្លបអាចប្រកបវិជ្ជាជីវៈនៅគ្រប់ទីកន្លែងបានដូចជានៅផ្ទះ សហគមន៍ មន្ទីពេទ្យ គ្លីនិក ី មណ្ឌលសុខភាព។

ICM Definition of the Midwife

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practice in any setting including the home, community, hospitals, clinics or health units.

Adopted by the International Confederation of Midwives' Council meeting, 19th July 2005, Brisbane, Australia Supersedes the ICM "Definition of the Midwife" 1972 and its amendments of 1990.

7.21 Standard for pre-service midwifery curriculum

Standard for Pre-service Midwifery Curriculum

The international standard for pre-service midwifery curricula {a} recognised by all countries in the region where there are currently examples of good midwifery practice include;

1) A minimum of 18 months midwifery content
2) Theory and practice should be integrated
3) Ratio of theory to practice, 40% theory to 60% practice
4) Teaching content and practices, should be based, as far as practicable, on up to date, sound scientific evidence, relevant for the country of practice
5) Students required to undertake, a minimum of 20 births, many do much more, an average of 40 is recognized by experts in the field as best
6) Clinical, hands-on experience supervised by a midwife who is already expert and competent in midwifery, who can act as a mentor
7) The optimal Teacher:Student Ratio (TSR) for clinical courses such as midwifery is 1:10 (1 specialist midwife teacher to 10 midwifery students)
8) All teachers should be experts in their field and have undertaken advanced studies in the specialised subject they will teach *(for midwife teachers this is midwifery, but is acknowledged that other experts will contribute to midwifery programmes)*
9) Teaching and learning should be based on modern theories of adult learning
10) The curricula should confirm to professional ethical codes, including international code of ethics for midwives [b}, and have a significant public health basis (for ease of reference the Midwives Code of Ethics is available in Annex 5)
11) Finally, successful completion of the course should lead to the legal right to practice midwifery as an autonomous practitioner {c}.

{a}WHO ICM Strengthening Midwifery Toolkit

{b}ICM, International Code of Ethics for Midwives. Intentional Confederation of Midwives (ICM). The Netherlands. 1999. Accessed on ICM web site @ www.interntionalmidwives.org

{c} Autonomous practice, is defined as - where the practitioner is responsible for all their own actions, the decisions they make and care provided.

7.22 Checklist for regulatory functions for midwives, WHO-ICM

WHO/ICM Strengthening midwifery toolkit 2, 2003

Achieving Change In Midwifery Legislation And Regulation for Safe Midwifery Care

Stage	Question	Yes	No	Action Required
1. Establishing goals and principles	Is the purpose of midwifery practice in the national context established?			
	Is there consensus on categories of health provider permitted to practise the art and science of midwifery in the national context?			
	Is the purpose for regulation and licensing of midwifery and those permitted to practise midwifery explicit and clear?			
	Is there a national definition (agreed by all stakeholders) of a midwife? Is the definition clear and sufficient to enable title protection?			
	Are the role and responsibilities of a midwife explicit and have they been agreed by all stakeholders?			
	Are the competencies required for safe midwifery practice explicit and do they ensure the health practitioners providing midwifery care are able to fulfil their role and responsibilities as agreed nationally?			
	Do the competencies fit the *ICM Essential Competencies for Midwifery Practice* and the WHO/ICM/FIGO list of competencies for a skilled attendant for pregnancy and childbirth?			
	Does the scope of practice for this practitioner meet the national priorities for safe midwifery care?			
2. Legal constraints and barriers	Do the national policies and laws related to drugs and medicines (including prescribing, administration and safety) permit the midwife to administer essential drugs to women or newborn, including giving life-saving drugs for management of a complication in pregnancy, childbirth and/or postnatal period?			
	Do the national policies and laws permit midwives (and others practising midwifery) to carry out all the necessary care and services			

	required to fulfil their role and responsibilities ?			
	Do the national policies and laws permit midwives and others practising midwifery carry out all the necessary evidence-based life-saving procedures for safe pregnancy, childbirth and postnatal and neonatal care?			
3. Strategies for developing effective legislation and regulation	Is there a national task-force/committee or high-level forum established for revising and/or drafting regulation and licensing for midwifery?			
	Does the national task-force/committee ensure representation from all stakeholders, including women, consumers and the general public?			
	And are there mechanisms to ensure that the voices of women as users or potential users of midwifery services are heard during development of the regulations?			
	Are there national evidence-based standards for midwifery? And mechanisms for auditing and reviewing these standards?			
4 Achieving the change	Is there a process for national public consultation and consensus building on the regulation and licensing governing midwifery practice, and is this widely known and time frames adequate to ensure all stakeholders can participate?			
	Are there clear time-lines set and agreed for approval of new regulation and licensing for midwifery?			
	Are the roles and responsibilities of all stakeholders clear for achieving the revision/development of new midwifery regulation and licensing, including implementation of the new regulations when finally approved?			
	Have all resources required for achieving change, including financial and human resources, been clearly identified?			
5. Monitoring and evaluation	Have clear indicators been established for monitoring implementation of the new regulations and licensing mechanisms?			
	Is it clear who is responsible for monitoring compliance with new regulations ?			

7.23 Eight Steps for Regulatory Reform for Midwifery

1. **Political awareness and activism**

2. **Knowing government process**

3. **Setting goal and plan of action**

4. **Establishing a position on midwifery issues,** especially the purpose and goal of midwifery and principles of midwifery care

5. **Gathering data to support positions, goals, purpose etc**

6. **Involving all relevant stakeholders in action plan development and implementation**

7. **Formulation of coalitions, for action and lobbying** - coalitions with other relevant health care professions and particularly with women's groups and others concerned with maternal and newborn health, social development and poverty alleviation, is vital.

8. **Feedback to members**,- it is important to ensure that all who may be affected by the new regulation and licensing rules and mechanisms are kept fully informed of progress and have opportunity to offer their feedback.

WHO/ICM strengthening midwifery toolkit 2, 2003. Adapted from Africa and Madden Styles 1993

7.24 Checklist of regulatory functions for midwives

Adapted to midwives from : Understanding Medical Regulations. A guide to good practice, Elinor Thompson, 2005
http://www.hlspinstitute.org/projects/?mode=type&id=18652

Function	Is this done? Yes/no/partial	Who does it? Responsible versus delivery	Where is it done? Local /regional/national
A. Standards setting/definition **A1. Professional behaviour standards** Good midwife – ethical code/professional values **A2. Competency standards** Clinical/professional knowledge, skills & abilities: competencies **A3. Performance standards** Performance standards: ability to apply knowledge & skills **A4. Educational process standards** a) Pre-entry standards for midwifery school b) Midwifery school curriculum standards c) Midwifery school teaching quality d) Post-graduate education curriculum standards e) Post-graduate education teaching/ training quality f) CME 'curriculum'/ content standards g) CME quality of process standards			

Function	Is this done? Yes/no/partial	Who does it? Responsible versus delivery	Where is it done? Local /regional/national
B. Monitoring/evaluation activity (against above standards) **B1. Primary assessment of individual** professionalism, knowledge, competence and performance. Certification for qualification **B2. Verification of knowledge, competence** and performance certificates **B3. On-going assessment of knowledge, competence and performance** Recertification or revalidation of competency and performance Adherence to contractual agreements **B4. Investigation of complaint of professional misconduct,** for presumed: Breach of ethical/professional code Insufficient competency Inadequate/inappropriate performance Ill-health, personal issue System failure – local System failure – regional/national Combined reasons			

Function	Is this done? Yes/no/partial	Who does it? Responsible versus delivery	Where is it done? Local /regional/national
B5. Investigation of complaint of poor professional performance, for presumed: Breach of ethical/professional code Insufficient competency Inadequate/inappropriate performance Ill-health, personal issue System failure – local System failure – regional/national Combined reasons **B6. Assessment of educational processes /curricula** primary midwife secondary midwife bachelor of midwifery masters in midwifery Continuing medical education			
Function	**Is this done? Yes/no/partial**	**Who does it? Responsible versus delivery**	**Where is it done? Local /regional/national**
C. Regulatory intervention (once monitoring activity completed) **C1. Satisfactory primary competency & performance** Registration and/or licensing **C2. Satisfactory on-going competency & performance** Re-licensing and recertification			

C3. Sanction decision for misconduct or poor performance. In cases of: Breach of ethical/professional code Insufficient competency Inadequate/inappropriate performance Ill-health, personal issue System failure – local System failure – regional/national Combined reasons			
C4. Sanction application Warning Remediation – education, medical treatment, limited or supervised practice. Temporary removal of license/from register. Permanent removal of license/ from register			
C5. Satisfactory educational intervention/ process. Accreditation of course or institution			

8. List of participants at Workshop on CMC Strategic Plan 2010-2015 on 27 January 2010, Imperial Gardens Hotel

	Name and Agency	Designation
	Ministry of Health	
1.	H.E. Mrs. Than Vouch Chheng	Under Secretary of State, MoH
2.	Dr. Prak Vanny	Head, Bureau of Administration and Law
3.	Mrs. Koh Sileap	Head, Bureau of Nursing and Midwifery
4.	Mrs. Hem Navy	Deputy Head, Bureau of Nursing and Midwifery
	Council & Assocation	
5.	Mrs. Ing Rada	President, CMC
6.	Mrs. Ou Saroen	Vice President, CMC
7.	Mrs. Phay Sidoen	Member, CMC
8.	Mrs. Pen Kimny	Member, CMC
	Health Development Partners	
9.	Dr. Lim Huy	EPOS/GTZ
10.	Dr. Cheang Khannitha	MCH Officer, WHO
11.	Mrs. Ann Robins	Human Resources for Health, Advisor, WHO
12.	Mrs. Ieng Nary	MCH and Training Coordinator, JICA
13.	Ms. Mey Nary	Midwife, RACHA
14.	Ms. Chim Vorthanakthida	Midwifery student, IU
	UNFPA	
15.	Krist'l D'haene	International Specialist Midwifery, UNFPA
16.	Pros Nguon	Assistant to International Specialist Midwifery
17.	Sochea Sam	RH Program Associate, UNFPA
18.	Muong Sopha	Maternal Health Program Associate, UNFPA
19.	Ung Polin	Midwifery Associate, UNFPA
	UNFPA Consultants	
20.	Dr. Jan Duke	Regulation Framework Consultant
21.	Dr. Bhakta Raj Giri	Strategic Plan Consultant
	VBNK	
22.	Noreth Sim	VBNK
23.	Sam Ouern	VBNK
	Others	
24.	Chan Chhoun	Translator