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Foreword

I am pleased to present the first ever Cambodian Midwives Handbook for use by midwives in The Kingdom of Cambodia. Through the registration of all midwives the Council is committed to ensuring high professional standards in order to protect the public and reduce maternal, newborn and infant mortality rates.

This handbook describes the ‘Code of Ethics’ for midwives, information about the Council and other references. The Council recognises that there will need to be a transition period for current midwives to receive further training and development in order to fully meet the standards.

In the future the Council will be responsible for setting the standards for pre and post service education and training based on the International Confederation of Midwives (ICM) Global standards for midwifery education which will strengthen the competence of midwives in Cambodia.

Although primarily for midwives this handbook may also be of use to other health professionals who work closely with midwives and need to understand their role and code of ethics and to the general public in particular women of child bearing age who also need to be aware of the code of ethics for midwives.

On behalf of the Council, I would like to take this opportunity to express my deepest gratitude to the Royal Government of Cambodia for the wise leadership of Samdech Akka Moha Sena Padei Techo HUN SEN for fully supporting and motivating all midwives and to the Minister of Health for his full operational support of the Council as well as the United Nations Population Fund (UNFPA) for its financial support in producing this handbook.

The Council firmly believes that this handbook will help all midwives to practice with responsibility, integrity and commitment to continuously improve their professional development and update their skills to the highest level possible.

Phnom Penh, Date:

President Cambodian Midwives Council

Signature & Stamp

ING Rada
Definition of a Midwife

A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the Core Competency Framework for Midwives in the Kingdom of Cambodia; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.

A primary midwife is a person who, having been regularly admitted to a midwifery educational programme, has successfully completed a prescribed course of study, at least one year in length, in midwifery and has acquired the requisite qualifications to be registered to practice midwifery as a primary midwife.

A secondary midwife is a person who, having been regularly admitted to a midwifery educational programme, has successfully completed a prescribed course of study, of at least 3 years in length, in midwifery, or a graduate/postgraduate course of study in nursing and continued to study for 1 year in midwifery, and has acquired the requisite qualifications to be registered to practise midwifery.

A bachelor midwife is a person who, having been regularly admitted to a midwifery educational programme of at least 4 years, has successfully completed a prescribed bachelor level course of study, in midwifery and has acquired the requisite qualifications to be registered to practice midwifery.
ROYAL DECREE

ON

ESTABLISHMENT OF CAMBODIAN MIDWIVES COUNCIL

Having seen the Constitution of the Kingdom of Cambodia
Having seen the Royal Decree No. NS/RKT/0704/124 dated 15 July 2004, on the Appointment of the Royal Government of Cambodia
Having seen the Reach Krom No. 02 NS/94 dated 20 July 1994 promulgating the Law on the Organization and Functioning of the Council of Ministers.
Having seen the Reach Krom No. NS/RKT/0196/06 dated 24 January 1996 promulgating the Law on the Establishment of the Ministry of Health
Having seen the Reach Krom No. NS/RKT/1100/10 dated 3 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 Provisions

Article 1.

Establish a Midwives Council for the purpose of gathering all qualified midwives who perform as medical professional and para-medical professionals in the Kingdom of Cambodia.
The term “Midwife” mentioned in this Royal Decree is referred to a legal person holding a midwife degree 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 Accreditation Committee of Cambodia (ACC).

All midwives performing as medical professional and Para-medical professional shall register with the Midwives Council.

The Ministry has a separate policy for the Traditional Birth Attendant.

CHAPTER II

Mission of the Midwives Council

Article 2.

The Midwives Council shall monitor and ensure implementation of principles of morality, righteousness, fairness and loyalty necessary for effectively performing as the medical professional and Para-medical professional.

The Midwives Council shall observe performance of its members regarding the respect of professional obligations and other regulations stipulated in the Code of Ethics for Midwives.

The Midwives Council shall preserve honour and dignity of the medical professional and Para-medical professional.

The Midwives Council shall perform its duties through Provincial Midwives Council (PMC), Regional Midwives Council (RMC), and National Midwives Council (NMC).

Section 1

Moral Function

Article 3.

The Midwives Council is responsible for developing the Code of Ethics for Midwives and ensuring midwives fulfil their social and economic functions to improve outcomes for their patients.

The Midwives Council shall observe all midwifery practice and compliance of the Code of Ethics.

The Midwives Council is an autonomous organization and responsible for handling all financial aspects ensuring professional dignity, interest and morality.
Section 2

Administration Function

Article 4.
Division of power shall follow the regulation of the Midwives Council. The Midwives Council shall maintain and update regularly the list of midwives who have legally registered and fulfilled the required ethics.

Registering with the Midwives Council renders a person to be able to provide midwifery services.

The Midwives Council is the only professional organization charged with observing performance of midwifery medical professional and Para-medical professionals.

Section 3

Judicial Decision Function

Article 5.
Any complaint of professional misconduct made against a midwife shall not be an obstacle for filing complaint to the court.

Section 4

Counselling Function

Article 6.
The Midwives Council shall be requested to provide counselling advice on drafting midwifery law or other midwifery related regulations/guidelines.

Section 5

Mutual Assistance Function

Article 7.
Mutual assistance is important for the midwives and their families. The mutual assistance scheme shall be as follows:

- The Midwives Council shall reserve budget to be used as emergency response budget whenever necessary to help the grieved families of the midwives in emergency.
- The Midwives Council shall establish a separate Committee for the above purpose composing of one membership from Cambodian Midwives Association.
- The Committee shall make budget available every year which could draw partially from the membership budgets paid by midwives to the Midwives Council.

CHAPTER III

Organizational Structure

Section 1

Provincial/Municipal Midwives Council (PMC)

Article 8.

PMC’s shall be established within each province and municipality in the Kingdom of Cambodia. Any provinces/municipalities which has less than 20 midwives shall integrate into the nearest province/municipality in order to form up a Provincial Midwives Council.

Article 9.

PMC’s shall have 9 permanent members and nine alternative members in the case that the number of midwives does not exceed 100 persons. The number of members could increase up to 11, 15, 19 or 21 should the number of midwives registered exceed 100, 500, 1,000 or 2,000 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 re election. The Council shall elect a President and its officers once every two years when one third of the Council members have been changed. It must clearly state in the Council’s internal rule who, when and how officials are changed. The office of the PMC shall compose of one President, one Vice President, one Secretary General, one Finance Officer and five other members.

Article 11.

PMC’s shall undertake all duties within the framework of their own provinces/municipalities and under supervision of the National Midwives Council regarding the general responsibility stipulated in the Article 2 of this Royal Decree.PMC has full power to decide on those who are entitled to register and fulfil the conditions set out in the Article 3 of Chapter I, Article 6 of Chapter II of the Law on Management of private medical professional, Para-medical, and auxiliary medical professionals.

PMC’s shall not discriminate against its members based on their beliefs, religion, political affiliation, social status, resources or any other situations.
Article 12.

PMC has no power to impose any disciplinary measure on any midwife under its supervision, when there is complaint made about a midwife the PMC shall further submit this complaint to the Regional Midwives Council and clearly specify the nature and reason for the complaint.

Article 13.

The President shall represent PMC in all civil activities.

Article 14.

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

Article 15.

Midwives in all provinces/municipalities shall register with the PMC in their respective area. Only midwives holding a midwifery degree/qualification issued by the Ministry of Health or degree/qualification issued by education institution recognized by the Accreditation Committee of Cambodia and who have fulfilled the legal and code of Ethics for Midwives are allowed to register. The registration can only be made in the province/municipality where the midwives practice.

Article 16.

PMC’s shall decide on the entitlement to registration no later than 3 months, starting from the day they received sufficient required documents from the applicant. One week after approving registration, the PMC shall inform the applicant in writing. Should any PMC reject any applicant, a clear reason for the rejection in writing shall be provided to the applicant.

Following acceptance to be registered, the PMC shall, no later than two weeks, inform related provincial/municipality authority, provincial/Municipal Prosecutor, and National Midwives Council.

Article 17.

After their names are registered with the Midwives Council, midwives are able to serve as medical professional and Para-medical professionals in the province/municipality where they were registered. If a midwife wants to move her professional business outside that province where her name is registered, she shall inform her current PMC of the move and re-apply to the PMC covering of their new place of work.
Article 18.

PMC’s shall accept a registration objection/rejection made by the National Midwives Council, Cambodian Midwives Association, Minister of Health, Director of Provincial/Municipality Health Department, Prosecutor or any registered midwife and shall thereafter prepare a report to the National Midwives Council.

Section 2

Regional Midwives Council (RMC)

Article 19.

The geographical location for the RMC’s are 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

Region 3: the regional office shall cover Takeo, Kampot, Koh Kong, Sihanoukville and Kep and be located in Kampot

Region 4: the regional office shall cover Stung Treng, Ratanakiri, Mondulkiri, Kratie and Preah Vihear and be located in Stung Treng.

Regional 5: the regional office shall cover Kampong Cham, Kampong Thom, Prey Veng and Svay Rieng and be located in Kampong Cham.

Article 20.

RMC’s play the role as Primary Professional Disciplinary Councils and have nine permanent members and nine alternative members who are elected amongst the region. Each RMC shall nominate at least one representative and one alternative and the remaining seats shall be given to the provinces/municipalities depending on number of registered midwives.

The elected members of each RMC shall serve for a period of six years. Members who have already completed their term of office could also stand for re-election. RMC’s shall select a President and other official members one every two years when one third of the Council members have changed. The alternative members shall back up the permanent members during their absence whatever the reason.

RMC has one President, one Vice President; one Secretary General, one Finance Officer and five other members.
Article 21.

President of either the PMC and RMC and the Secretary General of these two Councils cannot hold duplicate positions.

Article 22.

The following persons can attend the meetings of RMC’s in capacity as Vice Chair and counsellor:

- Representative of the Minister of Health
- Director of Provincial/Municipal Health Department where the RMC is located
- Legal Advisor assigned by Provincial/Municipal Court of the area
- A labour midwife when assigned by the Minister of Labour and Vocational Training
- Principal of Regional Training Centre

Article 23.

In their capacity, RMC’s shall perform duties within the disciplinary framework only. RMC’s are the place to receive complaints about the performance of a midwife made by Minister of Health, Director of Provincial/Municipality Health Department, Provincial/Municipal Authority, Provincial/Municipal Prosecutor, or another registered midwife. The RMC’s shall review and decide within six months at the latest following receipt of a complaint or the NMC will send this complaint to a different RMC for review and a decision.

Article 24.

Midwives, who are serving in public services and already registered with the PMC, can defend the complaint in front of the RMC with assistance from the Ministry of Health, Director Provincial/Municipal Health or Provincial/Municipal Prosecutor.

Article 25

Disciplinary action should be taken 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 to the disciplinary meeting/hearing within 3 times of invitation without valid reason, the RMC will apply Point 4 of the Article 27 of this Royal Decree.

Article 26.

RMC’s shall maintain all records of disciplinary meetings/hearings. RMC’s shall prepare comprehensive reports for every case with approval and signature from all members of the meetings/hearings, including the signature of the accused midwife.
Article 27.

With participation from the Disciplinary Unit of the NMC, RMC’s can impose the following disciplinary measures:

1. Give warning
2. Issue a reprimand letter and record in the accused midwife’s personal file
3. Impose professional suspension for a period of not more than 3 years or permanently of certain or whole parts of medical professional and Para-medical professional recognized by the Government.
4. Remove the midwife’s name from the Midwives Council’s register.

Those midwives whose names have been removed from the register are not longer allowed to re-register in other places. Should the last measure be used, the decision shall be disseminated to all PMCs and NMC. RMC’s have 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 to her RMC. If this request is rejected following thorough assessment, the midwife could re-submit her request one year later.

A midwife who has had imposed upon her a permanent disciplinary measure on all or any part of medical professional and Para-medical profession, there will not be any granting of amnesty even if so requested.

Article 29.

The implementation of midwifery disciplinary measures by the Council will not conflict with any administrative or judicial measures.

Section 3

National Midwives Council (NMC)

Article 30.

NMC 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 Department Director
- Two representatives from Phnom Penh who are selected through votes among its members and the elected person shall be appointed by the Phnom Penh Municipal Health Department Director.
- Five representatives from central institution who are selected through votes among its members and the elected person shall be appointed by the Minister of Health.
- One representative from Technical School of Medical Care who would be appointed by the Rector of the University.

**Article 31.**

Following each reshuffling of 1/3 of staff, NMC shall select new officers to fill in one every two years and select a chairperson and staff for a period of two years.

The office of the NMC shall compose of one President, two Vice Presidents, one Secretary General, one Deputy Secretary General, one Financier, and one Deputy Financier. The outgoing NMC president and members can stand for re-election.

**Article 32.**

NMC shall have two other people to assist them with advice – one represents the Minister of Health and another represents the Minister of Labour and Vocational Training.

**Article 33.**

NMC shall have Disciplinary Unit comprising of 7 members led by a Chair selected out of the above 7 members. Disciplinary members shall be selected through votes among NMC members.

The duties of the Disciplinary Unit are stipulated in Article 23 and 27 of this Royal Decree.

**Article 34.**

Following the reshuffling of 1/3 of its officers, NMC shall reselect the Disciplinary Unit members.

**Article 35.**

NMC shall perform its duties in accordance with Article 2 of this Royal Decree.

NMC shall observe the compliance with Midwife Professional Duties and other principles as defined in the Code of Ethics for Midwives by all Council members.

NMC shall cooperate with PMC in resolving any complex issues related to professional performance of midwives.

NMC shall perform the above duties through its specialized units and other committees and review all issues and plans proposed by the Minister of Health or other relevant institutions.
Article 36.

NMC shall define an agreed amount of membership contribution which midwife members are required to pay upon registration and annual registration/membership fee thereafter.

NMC shall also define the amount of the contribution each PMC is required to pay to NMC and RMC, and the amount each PMC needs to keep for general operation expenditures. Paying the registration/membership contribution is a compulsory duty for all midwife members.

NMC shall control all assets of CMC and is allowed to establish or support any VANNAKAM in the interests of the midwifery profession including other emergency works.

NMC shall monitor the management of PMC’s and RMC’s. PMC’s shall report first to NMC and then send courtesy copies to their RMC regarding the formation of its organizational structures as well as other arrangements of those units.

Article 37.

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

CHAPTER IV

Inter Provisions

Article 38.

In the first mandate, NMC members shall be selected and endorsed by Minister of Health to ensure effective process.

During the first 6 years of the first mandate, PMC and RMC officers shall be selected from internal colleagues and recognized by NMC.

Article 39.

Minister of Health shall establish a transitional working group in order to develop the process of establishing CMC.

CHAPTER V

Final Provisions

Article 40.

Any provisions contrary to the 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 the Royal Decree from the date signed hereunder.

Phnom Penh, September 18, 2006

On behalf of and through the order of the Royal Highest

Acting Head of State

Signature

CHEA SIM
Royal Government of Cambodia

No. 24 ANK.BK

SUB-DECREE
ON
THE CODE OF ETHICS FOR MIDWIVES

Royal Government of Cambodia

- Having seen the Constitution of the Kingdom of Cambodia
- Having seen the Royal Decree No. NS/RKT/0704/124 dated 15 July 2004, on the Appointment of the Royal Government of Cambodia
- Having seen the Reach Kram No. NS/RKT/0196/06 dated 24 January 1996 promulgating the Law on the Establishment of the Ministry of Health
- Having seen the Reach Kram No. CS/RKM/1197/06 dated 12 November 1997 promulgating the Law on Abortion
- Having seen the Reach Kram No. NS/RKT/1100/10 dated 3 November 2000 promulgating the Law on the Management of Private Medical Professional, Para-Clinic Professional and Medical Assistance Professional
- Having seen the Royal Decree No. NS/RKT/0906/389 dated 18 September 2006 on the Establishment of the Cambodian Midwives Council
- Having seen the Sub-decree No. 67 ANK/BK dated 22 October 1997 on the Organization and Functioning of the Ministry of Health
- Having seen Sub-decree No. 94 ANK/BK dated 11 September 2002 on the Procedure and Conditions for the Authorization of Foreign Medical, Para-Clinic, Medical Assistance Professional to Practice in the Kingdom of Cambodia
- Having seen the Approval of the Council of Ministers Meeting on 04 January 2013

**HEREBY DECIDED**

**CHAPTER I:**

**General Provisions**

**Article 1._**

The goal of the Sub-decree is to uphold Midwives’ ethics, values, integrity, effectiveness, and discipline in midwifery practice in particular obtaining the public’s trust.

**Article 2._**

The objective of the Sub-decree is to define the professional midwifery code of ethics in the Kingdom of Cambodia.

**Article 3._**

The Sub-decree governs all midwives who have received permission from the Ministry of Health to practice midwifery.

**Article 4._**

The terminologies in the Sub-decree are:

“Midwife” is referred to a legal person holding a Midwifery Degree 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 Accreditation Committee of Cambodia (ACC).

“Midwifery practice” is referred to giving the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility includes family planning, contraception, safe abortion as well as care for the newborn and the infant.

“Midwifery establishments” is referred to location where midwife practice such as referral hospital, obstetric clinic, health centre, clinic, private nursing room which received permission from the competent authorities.
CHAPTER II

General Duties and Responsibilities of a Midwife

Article 5.

To fulfil/achieve its duties and responsibilities, A Midwife shall:

1. Be a responsible and accountable professional and work in partnership with women their partners, families, and representatives.
2. Function in accordance with law, regulation/provision, national guidelines and protocols regulating midwifery practice.
3. Maintain her professional independence in all circumstances.
4. Be involved in relevant effective policy and strategy development and collaboration in midwifery practice to promote maternal and child health.
5. Provide safe and effective midwifery care with morality, good behaviour, friendly and correct words/information, and care/attention.
6. Act to enhance regular professional development of self through continuing education, research and receiving new information.
7. Develop midwifery profession through contributing to improving national protocols, guidelines, and other related provisions/regulations.
8. Respect the life, body, honour and dignity of patients while providing midwifery services
9. Be responsible for professional confidentiality as prescribed by law and relevant provisions for maintaining the privacy, honour and dignity of patients.
10. Respect the rights of a patient in choosing any midwife and shall facilitate a patient in choosing a midwife of her choice.
11. Provide midwifery services to a patient without discrimination based on race, colour, language, belief, religion, political affiliation, origin, social status, resource, or other status.
12. Advocating to protect the rights of women, families and communities in relation to maternity care, including the right to carry out the pregnancy.

Article 6.

A midwife shall distribute medicine based on a prescription and in accordance with national guidelines of the Ministry of Health.

Article 7.

A midwife shall stay with a woman, who is pre-delivery, delivering, has recently delivered, and/or an infant. In the case of mother and/or an infant in immediate danger, a midwife shall provide emergency obstetric, neonatal care or provide primary life saving treatment and refer to midwifery service or other appropriate services as soon as possible.
Article 8._

A midwife who is requested by the competent authorities to examine or counsel a suspect, an accused, a detainee or a convicted person on midwifery care related issues shall notify the competent authority about her healthcare status.

Article 9._

To fulfil/achieve its duties and responsibilities, A Midwife shall not:

1. Work in any affairs or institutions which may humiliate or degrade the honour or dignity of the midwifery profession.
2. Use her authority for obtaining a contract, privilege, rights, or interests from a patient.
3. Act in conflict of interest with hospitals, clinics or other midwifery establishments in regards to the referral of patients for commissions or fees.
4. Perform midwifery practice in a public places except in emergency.
5. Issue a midwifery certificate and other letter of certification concerning midwifery practice.
6. Overcharge or provide false information concerning her services and fees.
7. Use a pseudonym in midwifery practice.
8. Advertise midwifery services without permission from the Ministry of Health.
9. Reveal a patient’s identity for publication or scientific purposes except when the patient gives her consent.
10. Prescribe or sell medicines.
11. Provide midwifery services or offer midwifery counseling outside her field of expertise or responsibility except in the case of an emergency.

Article 10._

A midwife who holds any electoral mandates or formal positions shall not use her position to attract patients.

CHAPTER III

Relationship between Midwife and Woman or Patient

Article 11._

In the event that a patient, her husband, parents, guardian or the legal representative of the patient refuses the treatment or healthcare administered by the midwife, the midwife shall respect their choice and explain to them the consequences of such a refusal.
Article 12.
A midwife shall provide information about the health condition of a patient to her husband, partner, family or her legal representative only with the patient’s consent.

Article 13.
A midwife may refuse to provide midwifery services to any patients based on professional or personal reasons except in the case of an emergency. If services are refused the midwife shall refer the patient to alternative services.

Article 14.
A midwife who examines a minor or a person under general guardianship shall notify his or her parents, general guardian or a legal representative and shall seek consent from them before providing midwifery services.

In life threatening conditions, a midwife shall provide necessary services with the presence and agreement from colleagues when unable to make contact with the appropriate legal guardians.

A midwife may also consider the comments and requests made by a minor and a person under general guardianship.

Article 15.
A midwife shall offer special protection for a minor, if she or he is not being well treated, or if her or his interests or rights in health are not well protected. In such case, a midwife shall notify the competent authority as soon as possible.

Article 16.
A midwife or a midwifery establishment shall advertise the fees for midwifery examination, consultation, care, treatment, and other midwifery services.

A midwife may inform the patient about the fees quotes and other necessary costs before providing midwifery service, except in the case of an emergency.

Article 17.
In case of an accident in a public place, a midwife shall not abandon the patients, infants and/or children unless there is an appropriate order by a competent authority.

Article 18.
A midwife shall not interfere in personal issues or invade the personal privacy of her patients except when relating to midwifery practice.
CHAPTER IV
Relationship between Midwife and Colleagues and other Medical Professionals

Article 19._
A midwife shall maintain good working relationships with her colleagues and other medical professionals by encouraging and supporting each other in the interests of professional healthcare and wellbeing in the community and workplace.

Article 20._
A midwife shall carry out any midwifery duty with collaboration or seek advice or ask for assistance from other midwives or medical professionals except in the case where it is contradictory to the midwifery profession.

Article 21._
A midwife who provides midwifery services to a patient who has previously been attended by another midwife shall comply as follows:

- A midwife may be invited to replace another midwife who is not available or able to provide midwifery services with the consent from the patient.

- A midwife may communicate with a midwife who previously provided midwifery services to the patient for comments or advice before providing services.

- A midwife shall withdraw herself from the replacement when the first midwife returns to practice and provide necessary information for sustainable care.

Article 22._
A midwife shall supervise and be responsible for the internship of midwifery trainees who are practicing in her work place.

Article 23._
A midwife shall not establish any groups or networking in order to discriminate against other colleagues.

Article 24._
A midwife shall not act in a way which adversely affects the midwifery profession or dignity of midwives.
CHAPTER V

Midwifery Practice

Article 25._

A midwife may print personal identification and information which includes:

1. Full name, qualification, midwifery registration number with Cambodian Midwives Council, address of the midwifery establishment, phone number, fax number, e-mail address, website, consultation opening times.
2. Names and all above details for all midwives if practicing as a group

Article 26._

A midwife or midwifery establishment shall publicize information as follows:

1. Full name, midwifery registration number with Cambodian Midwives Council, address of the midwifery establishment, phone number, fax number, e-mail address, and website.
2. Full names and registration numbers with Cambodian Midwives Council of all midwives employed in the establishment
3. Table of services and prices

Article 27._

A midwife shall be allowed to practice in a private institution as a private midwife. If a midwife works in the public and private sectors, her private work shall not adversely affect her public work.

Article 28._

A midwife who treats a patient shall not be a member of a disciplinary committee for the same case.

A midwife who works at the same midwifery establishment or is a relative up to 3rd level or a close connection to any person involved in the disciplinary case being reviewed shall not be a member of the disciplinary committee for that case.

Article 29._

A midwife who is a member of a disciplinary committee shall be professionally independent and competent to express her opinions concerning her analysis and findings of the reviewed case.

A midwife (A midwifery reviewer) shall not be biased in providing her arguments or conclusions concerning the reviewed case.
Article 30._
A midwifery reviewer shall not interfere in the treatment or healthcare plan of the attending midwife except as the law or provisions state otherwise.

Article 31._
A midwifery reviewer shall strictly respect professional confidentiality. Reports or documents containing identification of the patient or attending midwife shall not be disclosed to irrelevant institutions or the public.

CHAPTER VI
Other Provisions

Article 32._
At the time of registration, a midwife shall declare before the Provincial Midwives Council that she has understood the Sub-decree on the Code of Ethics for Midwives and confirms in writing on the official registration document to follow the Code of Ethics.

Article 33._
A false statement submitted to the Provincial Midwives Council by a midwife shall be subject to disciplinary action.

Article 34._
A midwife who changes or gives up her midwifery professional practice shall notify the Provincial Midwives Council. Provincial Midwives Council acknowledges and reports changes to the National Midwives Council.

Article 35._
Each level of the Midwives Council shall make its decisions in implementing the Sub-decree on Code of Ethics for Midwives based on clear reasons.

Article 36._
In case of any appeal against a decision of the Regional Midwives Council, The appeal shall be made within 2 months of the date that the decision was given. The request to appeal must be submitted in writing to the National Midwives Council by the complainant or midwife.
CHAPTER VII

Final Provisions

Article 37._

All provisions contrary to this Sub-decree shall be hereby repealed.

Article 38._

The Minister of the Council of Ministers, the Minister of Ministry of Economics and Finance, the Minister of the Ministry of Health, the Minister of the Ministry of Women Affairs, all Ministers, Secretary of State’s of relevant ministries and institutions shall be responsible to applying this Sub-decree from the date of signature.

Phnom Penh, 18 January 2013

Prime Minister

Signature & Stamp

Samdech Akka Maha Sena Padei Techo HUN SEN

Places of Reception

- Ministry of the Royal Palace
- General Secretariat of the Constitutional Council
- General Secretariat of the Senate
- General Secretariat of the National Assembly
- General Secretariat of the Royal Government
- Cabinet of the Prime Minister
- Cabinets of H.E. Deputy Prime Ministers
- As indicated in Article 38 of this Sub-decree
- Official Gazette
- Chronological File
## Frequently Asked Questions (FAQs) about Cambodian Midwives Council

<table>
<thead>
<tr>
<th>No.</th>
<th>Questions</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What is the Cambodian Midwives Council (the Council)?</td>
<td>The Council is an autonomous organization which was established by the Royal Decree on Establishment of the Council in 2006 its aim is providing safety for the public and upholding the midwifery profession.</td>
</tr>
<tr>
<td>2</td>
<td>What is the role of the Council in contributing to reductions in maternal and newborn mortality rates?</td>
<td>Role of the Council is to provide safety for the public through: i) Registering every midwife: to ensure they are properly qualified, and have good health and conduct and are fit to use the title of midwife, ii) To re-register every midwife: and ensure that they keep their knowledge and skills updated through Continuing Professional Development (CPD), iii) Setting standards for Clinical practice for example the ‘Core competency framework for midwives’ and a Code of Ethics for Midwives, and set standards for pre and post service training, and iv) Dealing with disciplinary and complaints about midwives if they breech the practice standards and/or ethics.</td>
</tr>
<tr>
<td>3</td>
<td>Why is it compulsory for midwives to register with the Council?</td>
<td>It is the law and is stipulated in the Royal Decree article 4; every midwife shall register with the Council if they wish to practice in midwifery or working in the health administration.</td>
</tr>
<tr>
<td>4</td>
<td>What is the benefit to the midwife for being registered with the Council?</td>
<td>She will become legal professional midwife in Cambodia and will be able to demonstrate that she meets the standards set by the Council.</td>
</tr>
<tr>
<td>5</td>
<td>Does the retiring midwife have to register with the Council?</td>
<td>No, if they do not continue to practice in midwifery or working in the health administration.</td>
</tr>
<tr>
<td>6</td>
<td>How does the Council help a midwife when a complaint is made their practice or behaviour?</td>
<td>When the Regional Midwives Council (RMC) is aware of the case or receives a complaint against a midwife the RMC will conduct a thorough and fair investigation into the circumstances about the case and make a judgment about whether the midwife breached the standards set by the Council. The Royal decree authorizes the Council to make decisions and recommendations which will help the midwife to improve her practice and behavior. However in very serious cases if the midwife is found to violate the code of ethics the RMC will apply article 27 of the Royal Decree. A report about the investigation will be sent to the relevant authorities which could include Employers; Ministry of Health; and in very serious cases the Provincial Court or Police.</td>
</tr>
<tr>
<td>7</td>
<td>Why do midwives have to pay 5USD a year to register and re-register with the Council?</td>
<td>The role of the Council is to protect the public from those midwives who do not meet the Council’s standards. The government is responsible for providing safe midwifery services to the public in particular women and babies. The responsibility for monitoring standards of midwifery practice and behaviour has been delegated to the Council through the Royal Decree. In the Royal Decree, the Council</td>
</tr>
</tbody>
</table>
### Question 1
Where do midwives register with the Council?

Midwives register with the Provincial Midwives Council where they are working.

### Question 2
What are the requirements to register with the Council?

- Completion of the Council’s application form
- A midwifery degree and certificate
- Be in good mental and physical health
- Pay one time 5USD for registering fees and 5 USD annual fees

### Question 3
What does a midwife do if she wishes to change her working province?

The midwife should register with their new province and inform her old Provincial Midwives Council about her relocation.

### Question 4
When did the Provincial midwives Councils start collecting the annual fees?

PMC’s started collecting annual fees from January 2012

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**About the Cambodian Midwives Council**

The Cambodian Midwives Council (CMC) is an autonomous organisation which was established by the Royal Decree No. NS/RKT/0906/389 on 18 September 2006.

**Vision**

To ensure midwives deliver high quality effective health care consistently for the mothers and their newborn through a national policy and to international standards of midwifery practice

**Mission**

To formulate and implement regulations and to monitor midwives practice through registration, setting standards for education and practice and dealing with malpractice in order to promote high standards of midwifery care.

**Goal**

To protect the health and safety of mothers and their newborn and further reduce maternal and infant mortality.

**Core Values**

1. Respect for individual human rights and in particular sexual and 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 continuous professional development
Guiding Principles

The Council reiterates the commitments of the Ministry of Health to provide quality midwifery care which is:-

1. **Safe.** Women and their newborn do not suffer undue harm from the treatment and from the manner it is given
2. **Effective.** Any form of care will be evidence based and follow national guidelines
3. **Patient-centered** Midwives are 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 maximum benefit for women and their newborn
6. **Equitable** Midwifery services are accessible to all who need it
7. **Shift from blame to improvement** The Council will recognize problem areas as “opportunities for improvement” through their complaints and other regulatory functions
**The National and Regional Midwives Councils Complaints, Investigation and Hearing Process**

The diagram below shows a summary of the process the Council follows when it receives a complaint about the competence and or suitability of a midwife who is registered with the Council.

1. **Case received by national or regional midwife review complaints and hearing committee**
2. **A lead investigator appointed and investigation carried out**
3. **Midwife being investigated will be given details of the complaint and has 40 days to respond**
4. **All midwives entitled to have a hearing before the midwife review complaints and hearing committee panel**
5. **Decision by the panel sent to complainant and the midwife**
6. **The midwife accepts decision and sanction**
7. **The investigated midwife / complainant has the right to appeal the panel decision within 2 months from date of panel’s written decision**
8. **Appeal heard by National Midwives Council Disciplinary Unit**
9. **Hearing takes place and decision by disciplinary unit panel made all parties informed**

The case is closed if no case to answer.
Structure of Cambodian Midwives Council

Structure of National Midwives Council (NMC)

- Executive Committee
  - Secretariat with Registrar
  - Education & Training Unit
  - Registration Unit
  - Disciplinary Unit
  - Finance & Audit Unit

Education & Training Unit:
- Set standards pre and post service training
- Establish and update ‘Core Competency Framework for Midwives’
- Monitor standards

Registration Unit:
- Keep central registration database
- Process registration applications from foreign midwives

Disciplinary Unit:
- Develop complaints and disciplinary procedures
- Hear appeals
- Provide advice to RMC’s

Finance & Audit Unit:
- Develop policies for financial management
- Develop annual operational plan and budget for the council
- Audit the financial management of RMC/PMC
Structure of Regional Midwives Council (RMC)

President

Disciplinary Unit
- Receives complaints
- Conducts investigations
- Holds disciplinary hearings and makes decisions
- Provides reports on disciplinary cases

Education Unit
- Supports local education/training institutions in implementing Council’s competency standards
- Keep members informed of CMC regulation and standards policy

Finance Unit
- Prepare and provide RMC financial and program summary report for the NMC

Structure of Provincial Midwives Council (PMC)

President

Registration/ Re-registration Unit
- Set up register & collect fees
- Verify qualifications
- Communicate with midwives
- Pass on complaints/fitness to Practice issue to RMC

Education Unit
- Keep member informed of CMC regulation and standards policy
- Support a continuous quality improvement process

Finance Unit
- Prepare and provide PMC financial and program summary report for the NMC and RMC
Bibliography

1. Cambodian Midwives Council Strategic Plan 2010-2015
2. Cambodian Midwives Council Internal Rule 2012
3. International Confederation of Midwives (ICM) Global Standards for Midwifery Regulation 2011
4. ICM Global Standards for Midwifery Education 2010
5. ICM Essential Competencies for Basic Midwifery Practice 2010
6. WHO Strengthening Midwifery Toolkit 2003

Further Information

Cambodian Midwives Council

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# 151-153, Kampuchea Krom Blvd., Phnom Penh, Cambodia
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Tel: (855) 23 990 383
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E-mail: info.cmccambodia@gmail.com
Website: www.cmidwivesc.org

Regional Midwives Council

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Provincial Midwives Council

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</tbody>
</table>
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