



New health work force regulation and the role of professional societies in Vietnam



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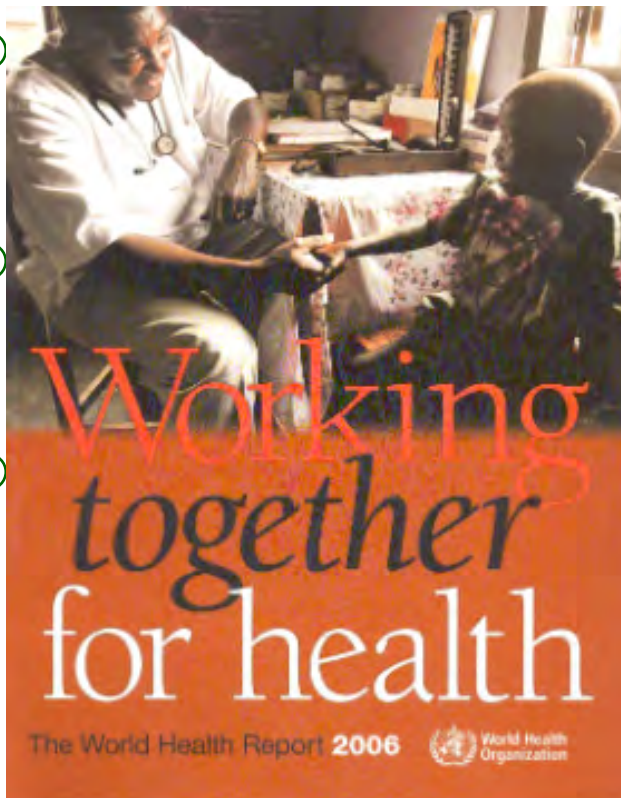


Ha Noi , September 2009

Human Resources in Health Care

- Current global HR crunch
- HR in Viet Nam¹

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- ...ne s
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1. Rapid Health System Assessment: Viet Nam, WHO 2006

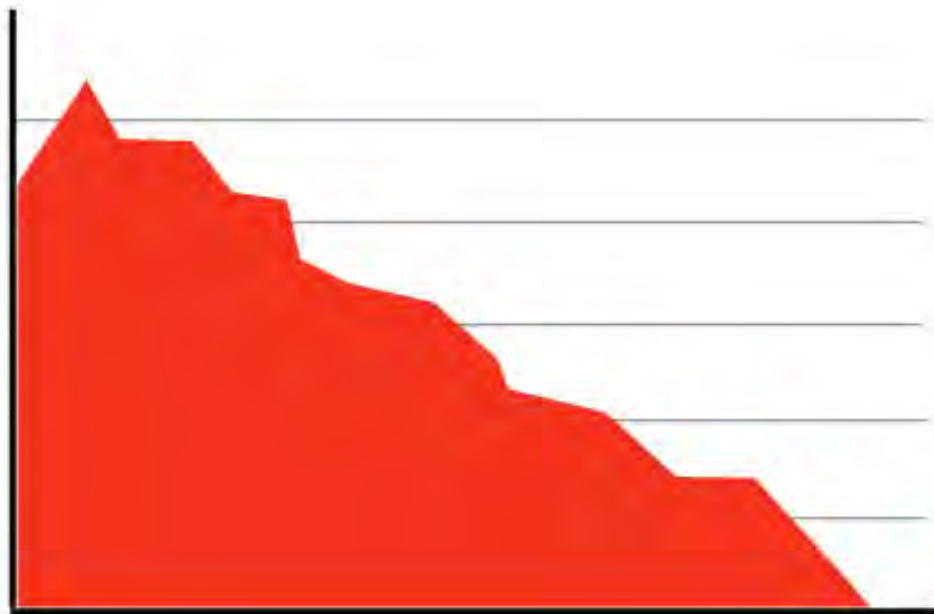
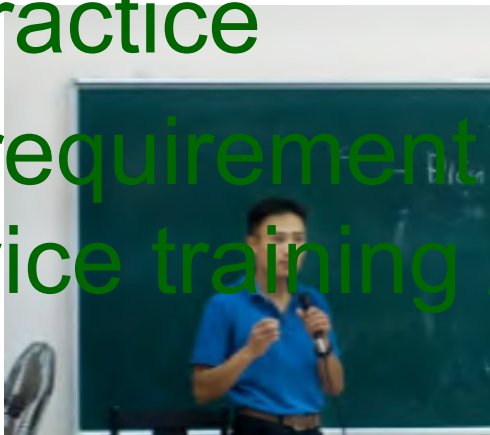
Viet Nam Health System

- Regulation of private sector
 - Rapid growth (60,000+)
 - Registration problems
 - Regulation problems
- WTO obligations
 - Increased need for regulation of with influx of foreign investment
- ASEAN obligations
 - Nursing licenses in June 2009
 - General doctors licenses



Professional Continued Education

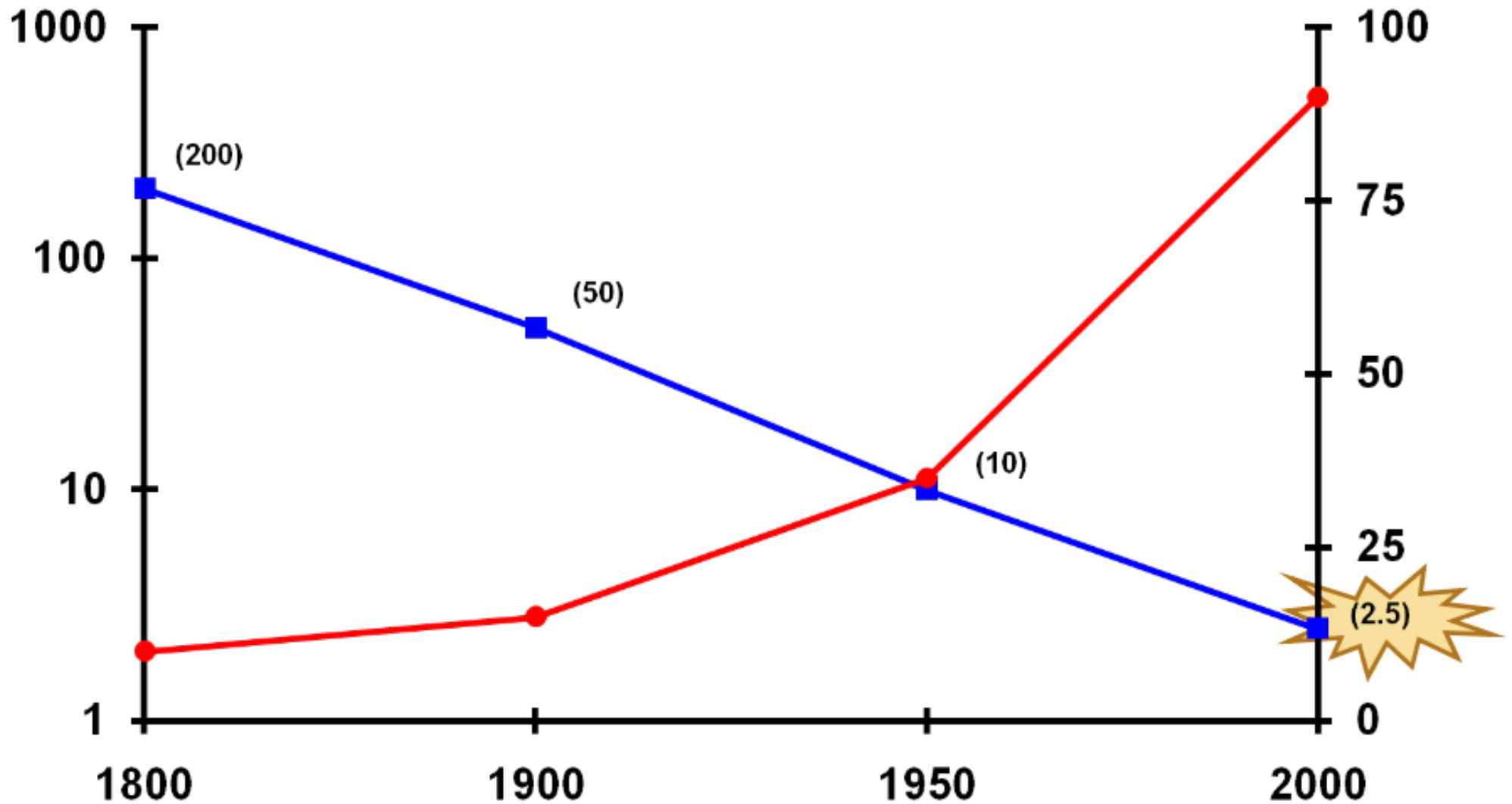
- Graduation only to practice
- No requirement service training
- Likely to lead to decay in quality of services over time



Paul D. Schuchman
Raymond A. Smith

Half Life of Information (years)

Rate of Increase of New Information (%)



CME globally



Division of CME



Professional Continued Education

- No requirements in Viet Nam
- As a consequence national systems of CME are underdeveloped and underfunded



New regulation

- Circular 7 issued by Dept of Science and Training MOH
- Law on Examination and Treatment



Circulaire 7

- Key provisions

- CME required (but not enforced)
- 120 hrs / 5 yrs
- Already approved all pre service training institutes as CME providers
- All others must apply for accreditation
Criteria unknown, but standards development



New regulation

- Circular 7 issued by Dept of Science and Training MOH
- **Law on Examination and Treatment**



Law on Examination and Treatment

- Now under discussion in National Assembly
- Expected to pass November 2009



Law on Examination and Treatment

- Definition of patient rights
- Definition of scope of practice
- Regulation of health professionals (license)
- Regulation of clinics/hospitals (license)
- Making health professionals and clinics (owners, boards) accountable
- Institutes stronger complaints mechanisms

Law on Examination and Treatment

- Issues and renews operating licenses
 - Based on “good standing” and CME
 - Must define CME
 - Must accredit CME providers incl. universities
 - Common standards for public and private practice
- Encourages and investigates complaints from all sources
 - Investigative staff at regional or provincial level
 - May rely on experts to judge medical quality (from societies?)
- Considers discipline

Draft Law articles that affect facilities:

- Article 41. Requirements for issuance of operating license for health care facilities
 - 1.a) The facility meets the national technical standards for health care facilities and is appropriate to each type of operation;
- Article 49: Independent quality recognition system for health care facilities
 - 1a) In-country and international independent organizations are encouraged to engage in the judgment and recognition of quality for each health care facility.

Article 41.

- Private sector and public sector
- Criteria may include:
 - Mandated CME aimed at specific professions, e.g.:
 - Hand washing
 - Diarrhea control
 - Updates on H5N1, H1N1



Article 41

- Opportunity to require quality of care measures at facility level
 - Staffing patterns
 - CQI processes
 - MRSA surveillance systems
 - Laboratory quality control
 - Mandatory reporting
 - Rules for consulting microbiologists
 - Predetermined indicators
 - % post operative infections
 - % inappropriate prescribing

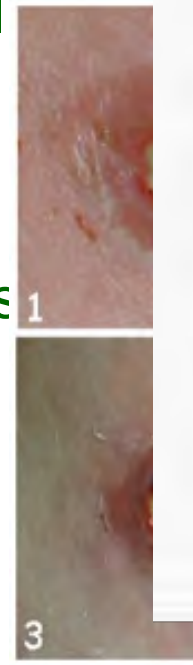


FIGURE 1. Simplified flow chart for a generic surveillance system

Occurrence of health-related event

An infectious, chronic, or zoonotic disease; injury; adverse exposure; risk factor or protective behavior; or other surveillance event associated with public health action

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Article 49

- Opportunity to establish quality recognition systems
 - Seal of approval by professional association
 - Bloodbanks
 - Laboratories
- Opportunity for associations to establish themselves as accrediting agencies
 - *“In-country and international independent organizations are encouraged to engage in the judgment and recognition of quality*



Draft Law articles that affect HR

- Article 18. Conditions to be qualified for practice certificates for Vietnamese nationals
 - Article 24. Medical practice certificates
 - Article 28. Revocation of medical practice certificates

Opportunities Art 18



- Registration of future practitioners
 - Accreditation of health training institutions and their training courses (private/public)?
 - Flexner report

MEDICAL EDUCATION
IN THE
UNITED STATES AND CANADA

A REPORT TO
THE CLINICAL FOUNDATION
FOR THE ADVANCEMENT OF TEACHING
BY
ABRAHAM FLEXNER

WITH AN INTRODUCTION BY
HENRY S. PRITCHETT
PRESIDENT OF THE FOUNDATION

BULLETIN NUMBER FOUR (1910)
(Reproduced in 1960)
(Reproduced in 1972)

487 MADISON AVENUE
NEW YORK CITY 10022

Opportunities Art 18

1. Based on accredited university/MC?

- Standardization of curricula:
 - Develop societies to have role in curricula reform
- Mandate teacher training standards:
 - Advocate for required professional qualifications etc.

2. Based on standard test to be taken by all graduates?

- Advocate for including infectious disease topics in requirements for testing

Opportunities Art 24

- Practice certificate renewed based on certain amount of approved CME?
 - Opportunity to generate some income from providing CME – get certified as CME provider
 - Opportunities to update entire work force on important topics through obligatory CME courses. Advocate for such courses.
 - Examples of Florida, Kentucky, California

Summary

- Important new policies that may allow an expanding role of societies
 - Hospital Licensing
 - Quality systems
 - Increased role of ID specialists
 - Professional Licensing Regulation/standard setting
 - Advocate Medical Education contents
 - Advocating for obligatory CME topics
 - Providing CME
 - Create training capacity
 - Internal SOP and standards
 - Accreditation

Other

- Policy Advocacy:
 - For policies re OTC medication, Veterinary medication,
- Member services
 - Journals
 - Congresses
 - Legal support, insurance (private sector)