# Summary Evaluation

<table>
<tr><td colspan="3">１． Outline of the Project</td></tr>
<tr><td colspan="2">Country：Cambodia</td><td>Project title：Project for Human Resource Development of Co-medicals in the Kingdom of Cambodia</td></tr>
<tr><td colspan="2">Issue/Sector：Human Resource Development</td><td>Cooperation Scheme: Technical Cooperation Project</td></tr>
<tr><td colspan="2">Division in Charge：Department of Human Resource Development, Ministry of Health.</td><td>Total Cost: 490million US$</td></tr>
<tr><td rowspan="4">Period of Cooperation</td><td>（R/D）：<br>15 September, 2003~<br>14 September , 2008</td><td>Partner Organization：Technical School for Medical Care (TSMC), Human Resource Development Dept.(HRDD), Regional Training Centre(RTC)</td></tr>
<tr><td>（Extension）：</td><td>Supporting organization in Japan：St. Mary’s Hospital, International Medical Center of Japan， etc</td></tr>
<tr><td>（F/U）：</td><td rowspan="2">Related Cooperation：<br>(Technical Cooperation) Project on Promotion of Medical Equipment Management System, Project for Improving Maternal and Child Health Service in Rural Areas</td></tr>
<tr><td>（E/N）（Grant Aid）</td></tr>
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1-1 Background of the Project

Cambodia has been suffering from severe shortage of human resources after 20 years of internal conflicts and political turmoil since 1970s. Health services in the country have been hampered its improvement due to the problem of human resources in terms of quality and quantity, as a consequence, health indicators are far behind comparing with ones in the neighboring countries.

The project for human resource development of co-medicals was requested by the Royal Government of Kingdom of Cambodia with the aim of improving the pre-service trainings for co-medicals in Technical School for Medical Care (TSMC) and the four Regional Training Centers (RTCs). The project was launched on 15 September, 2003 to implement for five years. The purpose of the Project is “TSMC and four RTCs are able to provide appropriate education of State Registered Nurses (SRNs), Laboratory Technologists(RTs), Physiotherapists (PTs) and Radiological Technologists(RTs) based on the national co-medical education standard”.

1-2 Project Overview

The direct beneficiaries of the Project are the teachers and staff in TSMC and four RTCs. The indirect beneficiaries of the Project are students in the four courses and also patients who utilize health services in the health service institutions.

(1) Overall Goral

Public and private co-medical schools are able to produce graduates who are capable to perform as qualified co-medicals (SRN, LT, RT, and PT) and the MoH employment status improved.

(2) Project Purpose

TSMC and four RTCs are able to provide appropriate education of SRN, LT, PT and RT based on the national co-medical standard

(3) Outputs

Output 1: "School Approval Criteria (SAC)" and "Guidelines for Accrediting School (GASs)" for SRN, LT, PT and RT courses are developed and executed.

Output 2: Curricula and syllabi for LT, RT and PT are developed/revised or suggested according to the SAC and GASs, and approved by the MoH as standards for the country.

Output 3: Educational materials for LT, RT and PT courses are developed/revised/suggested according to revised/developed curricula and syllabi.

Output 4: Scores of post test are higher than scores of pre-test at each training of trainers.

Output 5: The activities of planning committee are monitored with the check list for school management at the TSMC

Output 6: The Project Activities (Output 1-5) are monitored and received by JCC, PCC and the Project Implementers

(4) Inputs

Japanese Side：

| | | | |
|---|---|---|---|
| Long-term Expert | 6 | Provision of Equipment | 107 million yen |
| Short-term Expert | 26 | Local Cost | 66 million yen |
| Trainees received | 13 | Others | |

Cambodian Side：

| | | |
|---|---|---|
| Counterparts | 40 | Purchasing Equipment |
| Land and Facilities: | Office | Local Cost : 1,590 US$ (for X-Ray 4 months training course) and other maintenance costs for 2 project offices |

2. Evaluation Team

| | | | |
|---|---|---|---|
| Members of Evaluation Team | （Japanese side） | | |
| | 1. Dr. Hirotsugu Aiga | Senior Advisor, Human Development Dept., JICA | |
| | 2. Mr. Keiichi Takemoto | Director, Health Human Resources Division, Human Development Dept., JICA | |
| | 3. Dr. Hidechika Akashi | Senior Technical Officer, Expert Service Division, Bureau of International Cooperation, International Medical Centre | |
| | 4. Prof. Yasushi Uchiyama | Professor, Dept., of Physical Therapy, Faculty of Medicine, Nagoya University | |
| | 5. Ms. Nobuko Takaoka | Director, Division of Nurse Personnel Development, International Cooperation Dept., St. Mary's Hospital | |
| | 6. Mr. Kimio Abe | Staff, Health Human Resource Division, Human Development Dept., JICA | |
| | 7. Ms. Akiko Okitsu | Chief Researcher, TAC International Inc. | |
| | （Cambodian side） | | |
| | 1. H.E. Prof. Eng Huot | Secretary of State, Ministry of Health | |
| | 2. Ms. Keat Phoung | Director, Human Resource Development Department, Ministry of Health | |
| Period of evaluation | 26 May, 2008~ 12 June, 2008 | | Type of Evaluation :Final Evaluation |

3. Results of Evaluation

3-1 Achievement of the Project

3-1-1 Achievement of Outputs

Output1 : "SAC" and "GASs" for SRN, LT, PT and RT courses are developed and executed.

The indicator for output 1 was "School Approval Criteria" has been approved by the MoH as Anukret and "Guidelines for Accrediting School" was approved by the MoH as Prakas. It was confirmed that this indicator was fully achieved. The SAC, thereby, was executed by the Government of Cambodia as Anukret (sub-decree) and the GASs of each co-medical field were executed by the Joint Prakas (Ministerial Ordinance) between the MoH and the Ministry of Education, Youth and Sports (MoEY&S).

Output 2 : Curricula and syllabi for LT, RT and PT are developed/revised or suggested according to the SAC and GASs, and approved by the MoH as standards for the country.

The indicator for output 2 was "Curricula and syllabi are developed/revised and approved by the MoH as standards for the country." It was confirmed that curricula for LT, PT and RT were developed and approved by Joint Prakas between the MoH and the MoEY&S as the national standards. However, development of syllabi for the three courses had not been fully completed at the time of evaluation.

As for SRN, development of curricula and syllabi was supported financially by Health Sector Support Program (HSSP). Japanese side provided reference books for curriculum development and sent HRDD staff, school directors and teachers to the counterpart training program in Japan and third-country training programs in Malaysia for the purpose of ensuring opportunities to learn the nursing education practice in foreign countries. However, this activity was dropped from PDM1.

Output 3 : Educational materials for LT, RT and PT courses are developed/revised/suggested according to revised/developed curricula and syllabi.

One of the indicators for output 3 was "Curriculum guidelines (teacher's teaching manuals) for LT, RT and PT courses are developed". The results of the interview with the Cambodian counterparts revealed that development of curriculum guidelines was in progress but had not yet been completed, due to time constraints and the delay in the approval process of national standard curricula.

ILT course: At the time of evaluation, the Working Groups (WG) was attempting to complete the first year curriculum guidelines according to the deadline set by the Project.

PT course: At the time of evaluation, the first year curriculum guidelines were in the process of development and its progress was behind that of LT course.

RT course: As for the first- and second-year curriculum guidelines, the work had been almost completed at the time of the evaluation. As for the third-year curriculum guidelines, the work had not been completed for some subjects.

The other indicator of output 3 is "provided books by the Project were fully utilized to making curriculum guidelines". Reference books were provided to each course at TSMC and four RTCs according to the PO. The number of reference books provided was 366 for SRN course, 63 for LT course, 45 for RT course, 50 for PT course, and 33 for others. It was confirmed that reference books provided by the Project were fully being utilized for the development of curricula guidelines.

Some teaching materials on key subjects (e.g. lesson plans, handouts) were produced in Khmer and were further officially endorsed. Moreover, RT course, in cooperation with other development partners, produced a textbook for the four-month X-ray training course. A part of the textbook could be used as a textbook for the RT course.

Output 4: Capacity of SRN, LT, RT and PT teachers are upgraded.

The indicator for output 4 was "Scores of post test are higher than scores of pre-test at each training of trainers". It was confirmed that the results of post-tests of trainings indicated higher than that of pre-tests in all the four courses.

SRN course: Some teachers stated, during the interviews, that the numbers of training programs and training areas were not sufficient and that trainings needs should have been examined more carefully.

PT course: The teachers expressed, during the interviews, usefulness of the trainings. However, they perceived that the numbers of training programs and training areas were not sufficient.

RT course: According to the secondary data, the increase in scores between pre-test sand post-tests was confirmed in a series of X-ray training courses: i.e. (i) four-month course attended by 100 participants; and (ii) in-country training course attended by 13 participants.

The other indicator is "Teachers who attended the training courses become more confident in their teaching activities". The results of self-evaluation tests indicated that the majority of trainees perceived greater confidence in teaching activities after the participation in training programs.

Output 5: School management of the TSMC is improved.

The indicator for output 5 was "The activities of planning committee are monitored with the check list for school management at the TSMC". It was confirmed that the activities of planning committee were adequately monitored at the TSMC, by using the checklist for school management.

Output 6: The Project Activities (Output 1-5) are monitored and received by JCC, PCC and the Project implementers.

There were two indicators for output 6. One was "Annual JCC and quarterly PCC meetings conducted regularly". The other was "Project progress report is developed and disseminated to JCC and PCC members for project management".

It was confirmed that JCC and PCC meetings were called in a regular basis to discuss the project progress. The reports of JCC and PCC meetings were prepared and distributed to the participants.

3-1-2 Prospect of Achieving the Project Purpose

It was confirmed that the Project was making a good progress according to the PO towards the achievement of the project purpose. It should be particularly noted that development and approval of the SAC and GASs was the greatest achievement of the Project for quality control and enhancement of co-medical pre-service educations. Regarding the indicator "Educations in TSMC and 4 RTCs are implemented according to educational plan based on developed or revised curricula and syllabi", the evaluation mission confirmed that education at TSMC and four RTCs were being properly delivered, according to the annual class schedules in line with the new standard curricula.

The level of achievements of the project purpose, especially whether or not appropriate education is provided in training schools in the country could not be precisely evaluated as a three-year course had not been yet completed at the time of the evaluation. It was, however, confirmed that there were a number of indications that project purpose had been achieved to certain extent. Although complete implementation of the new standard curricula remained as a challenge, the project purpose could be achieved by enforcing the standard requirements of the sub-decree of SAC.

It is important to note that the RT course at TSMC was newly established in Cambodia by the Project. This accomplishment was a crucial achievement and significantly contributed to setting a foundation for pre-service educations for RT and improvement of RT services in Cambodia.

3-1-3 Prospect of Achieving the Overall Goal

The achievement of the overall goal "Public and private co-medical schools are able to produce graduates who are capable to perform as qualified co-medicals (SRN, LT, RT, and PT) and the MoH employment status improved" was measured by using three indicators. Regarding the indicator 1 "Public and private co-medical schools follow the regulations which established by output 1", there was a positive prospect that both public and private co-medical schools would follow the regulation issued as a sub-decree. However, the enforcement of sub-decree in private sector remain as a challenge for the MoH.

Regarding to the indicator 2 " Passing rate of the first trial of graduation examination (of SRN) for public and private co-medical schools are increased", the average passing rate of the first trial of the Exit Examinations at five institutions increased from 36% in 2003 to 74% in 2007. LT, RT, and PT courses were expected to follow the model of the process of the Exit Examinations at SRN course

Regarding to the Indicator 3 "Employment of graduates is increased" could not be precisely measured due to the time constrains of the mission and difficulty to access the data. Using the data obtained, it was confirmed that there were an adequate number of vacancy posts at the public institutions available for TSMC and RTCs new graduates in 2006, 2007 and 2008.

However a challenge remained in the allocation of human resources in rural areas. A great discrepancy in the deployment of co-medicals between urban and rural areas still existed. The shortage of the secondary nurses and midwives in rural area remained as serious concerns of the MoH.

3-2 Summary of Evaluation Results

(1) Relevance

The relevance of the Project was graded as high; as it is (i) The Project was in line with the national policy to strengthen the pre-service education system for co-medicals. Needs for increase in quality of human resources were identified as an issue. The SAC and GASs, to which the Project significantly contributed, serves as the critical basis for increasing the quality of medical and co-medical education in the country. (ii) The direction of the Project was consistent with the JICA's Country Assistance Strategy for Cambodia, which addressed the importance of strengthening the health sector with emphasis on improving the quality and quantity of human resource in the country. (iii) The Project was strikingly in line with the current global initiatives to address human resource crisis in the health sector. Cambodia is one of the typical countries suffering from critical shortage of health workers. The Project is aimed at proactively addressing the issues and is, thereby, expected to serve as a good practice and exemplary case

for other countries in the crisis.

On the other hand, the relevance of planning is a question. The Project was planned to cover from the level of policy/regulation development to the level of institutional and capacity development in co-medical training institutions, different geographical areas of interventions and four courses (SRN, LT, RT, and PT) for production of qualified human resources for health care systems. Due to this complexity and diversity of the project design, the implementation of activities was not completed as planned, due to limited inputs and timeframe. It resulted in some delays in achieving the project purpose.

(2) Effectiveness

It was rather premature to evaluate the achievement of the Project before the completion of a three-year course based on the new standard curricula. Nevertheless, it was confirmed that the project purpose was being achieved to a certain extent by measuring proxy indicators.

One of significant achievements of the Project was to develop the SAC and GASs and get them approved. On the other hand, enforcement of the new standard curricula remains as a challenge for the MoH. The relevant stakeholders need to make concerted efforts to fulfill the standard requirements of the SAC and GASs.

In order to ensure more tangible achievement of the project purpose, the evaluation mission confirmed that the output or activities to support smooth implementation of SAC and GASs should had been clearly stipulated in PDM2.

(3) Efficiency

Overall, efficiency of the Project was evaluated as high; as it is (i) output 1 was achieved successfully and output 2 would be achieved by the end of the project implementation period. (ii) It was difficult to measure the achievement of output 3 and output 4, due to lack of proper indicators. Although activities were implemented as planned, limited resources and time constrained the level of achievements of output 3 and output 4. (iii) The output 5 was accelerated by UHS management on TSMC. (iv) Output 6 was successfully achieved.

Overall, the inputs from Japanese and Cambodian sides were as in a timely manner as planned. The equipment and training programs provided highly contributed to the improvement of quality of pre-service educations. Originally planned amounts of inputs , however, were inadequate to fully achieve outputs

(4) Impact

Overall, the impact of the Project was expected as high since the overall goal has a fair prospect to be achieved in the near future, if following activities are carried out. The SAC needs to be implemented by the relevant agencies and set of indicators need to be installed to measure the progress of the implementation. New standard curricula have been implemented and needs to be reviewed in 2010.

It is a challenge for HRDD to monitor the implementation of SAC in training institutions in the private sector

Secondly, in the process of developing SAC and GASs in the Project, the MoH in collaboration with UHS extended its efforts to make SAC and GASs also in medical, dental, pharmaceutical and midwifery

fields, and GASs in midwifery field. The MoH made tremendous efforts to complete them. These should be noted as remarkable positive impacts and achievements which subsequently enabled the Government to set a series of basic regulations and standards for pre-service educations in health sector.

Thirdly, the Project made efforts to involve relevant stakeholders (e.g. the MoEY&S) in the process of developing the SAC and GASs. This participatory approach encouraged the stakeholders to make their commitment to implementing the regulations and standard curricula. This should be also accounted as a positive impact of the Project activities.

Fourthly, development of the SAC fostered the recognition on requirements to meet the standards among medical and co-medical training institutions. It motivated the training institutions to tap available resources not only from the Government and development partners. Introduction of syllabi led TSMC to replicate it to other academic areas of UHS. These are accounted as an indirect impact as well.

No specific negative impact of the Project was identified.

(5) Sustainability

Overall, sustainability of the Project was evaluated as high. The followings are positive indications of sustainability in relation to (i) policy and regulations, (ii) organization and financial capacity, and (iii) technical capacity.

Policy and Regulations

- The SAC was launched as a sub-decree, which ensures the enforcement of the standard regulation of the Government. Therefore, the sustainability was judged as high. The MoH was making efforts to increase the compliance of the output 1. Quality Assurance Program (QAP) was one of such efforts to ensure the implementation of SAC by the MoH.

Organization and Financial Capacity

- The HRDD is responsible for development of a master plan for training health professionals, monitoring and coordinating training activities, and liaising with other relevant agencies. Through the project implementation, the capacity of the HRDD in planning, coordinating and liaising were definitely strengthened.
- The National Health Development Plan 2011-2015, the National Policies and Strategies for Human Resources for Health 2006-2010, and the HSSP 2 would give a clear direction and means for production of quality human resources in the country.
- The SAC could attract development partners to investing to in the area of human resources development, since it clearly defines the conditions and criteria for how to improve the capacity and quality of medical and co-medical training institutions and educations for health professionals.
- At the time of the evaluation, HRDD was planning to secure budget for revising curricula in its Annual Operation Plan (AOP). There was a ministerial ordinance in the GASs which specifies the requirement of allocating 15% of hospital budget to clinical practice.

Technical Capacity

- HRDD would ensure continuing education (CE) opportunities among teachers of co-medical training

institutions, by involving them in the existing training-of-trainer courses (e.g. national disease control programs, MCH program).

・The currently working teachers without adequate clinical experiences would be sent to health facilities for clinical practice to fulfill the requirement of three years clinical experiences. It is a mandatory assignment described in the QAP and SAC for improvement of the quality of teaching skills.

The following are negative indications of sustainability in relation to technical capacity.

・Establishment of RT course at TSMC provided the foundation of capacity development in the area of RT. However, the current number of full-time teachers was minimal, at the time of the evaluation. Therefore, the sustainability of the course was regarded as a concern. Some measures were taken to ensure job security for RT new graduates in the Complementary Package of Activities (CPA) guidelines by the MoH. However, there is no guarantee to ensure the employment of RT new graduates. This situation jeopardizes the sustainability of the course and the interests of students to be RTs.

3-3 Factors that Promoted Realization of Effects

(1) Factors concerning improvement of the quality of students

The Project was involved in the efforts to strengthen the quality and fairness of the undertaking of the Entrance and Exit Examinations at TSMC and RTCs, though it had not been planned as one of the project activities. These efforts contributed to improving the quality of students, the moral for examinations and the implementation of the curricula.

(2) Factors concerning collaborative assistance with a grant aid, and other projects

Renovation and construction of TSMC buildings and equipment provision were undertaken through grant aid from the Government of Japan. This contributed greatly to setting a fundamental environment to promote the quality of education at TSMC.

The Project had some collaborative works with other projects in Cambodia being implemented by JICA and other development partners. E.g. there was collaboration with JICA Medical Equipment Maintenance and Management Project (MEDEM) in conducting a medical equipments maintenance training course. The Project adopted some educational materials for LT which were developed by a Japanese Overseas Cooperation Volunteer (JOCV) in Cambodia. Another promoting factor for the Project was that the RT expert organized a good professional network in the field of radiological technology in the country, which was established in his previous assignment to the JICA Maternal and Child Health (MCH) Project. In addition, GTZ conducted preceptor training programs for hospital staff, where the information and experiences gained by the Project were shared.

(3) Factors concerning implementation process (Monitoring of the project)

The Project was supposed to conduct a situation analysis to identify existing issues in the field of HRDD and to develop a detailed plan for the implementation of activities. However, the situation analysis was not conducted. As a result, the Project could not detail out its activities and identify strategies to effectively and efficiently implement activities. Two consultation missions were dispatched from Japan in November 2004 and May 2005. They contributed to improving managerial capacity of the Project, by revising and adjusting the scope of the Project.

(4) Factors concerning strong ownership and commitment of the counterparts

HRDD showed its strong commitment to the Project. Cambodian's positive and responsive attitude was much appreciated. It significantly contributed to vigorous implementation of the Project. Also, especially formulation of SAC and GASs, Cambodian counterparts considered the activities as their duty rather than project specific activities, that means that the Project took a right approach for growing commitment and ownership among counterparts during the Project period.

(5) Factors concerning transferring the supervisory responsibility for TSMC from the MoH to UHS

After the transfer of supervisory responsibility for TSMC from the MoH to University of Health Science (UHS) came into effect, the new rector of UHS took a strong leadership in improvement of the school management. This organizational change resulted in creation of the different interests and institutional settings between UHS and the MoH/HRDD. It force the Project to make additional efforts and time to coordinate and harmonize them.

3-4 Factors that Impeded Realization of Effects

(6) Factors concerning project design and planning

The Project was planned to cover from the level of policy/regulation development to the level of institutional and capacity development in co-medical training institutions, different geographical areas of interventions and four courses (SRN, LT, RT, and PT) for production of qualified human resources for health care systems. Due to this complexity and diversity of the project design, the implementation of activities was not completed as planned, due to limited inputs and timeframe. It resulted in some delays in achieving the project purpose.

(7) Factors concerning the improvement of quality of teachers

Limited resources and time constrained the implementation of activities for Output 3 and Output 4. Despite the efforts made by the Project, attempts to set appropriate indicators to measure quality improvement failed at the beginning of the Project. This made it difficult for the Project to place sufficient emphasis on the activities to ensure quality of pre-service education. In the area of capacity development of teachers, their different educational background and learning skills constrained sometimes the effectiveness of trainings

Some Japanese experts had difficulties in conducting assessments at the initial stage of the Project. It hampered the consequent short-term experts in undertaking their activities in their assignment period. Some training was not satisfactory in limited period of time, due to their unfamiliarity to the health status, social and cultural settings in Cambodia in addition to language barriers.

Transferring the knowledge and skills were not necessarily efficiently conducted since some medical and technological terms had no standard Khmer translations.

(8) Factors concerning the implementation process

The Project was launched without its PO. During the first two years, the terms used in the PDM0 were not clearly defined. As a result, the project activities were extended according to the needs. For this reason, the limited inputs to the Project were diluted to cover the whole activities. The Project could not monitor activities, due to lack of monitoring tools such as the PO.

Communication among Japanese experts had been inadequate at the initial stage, though it significantly improved in the latter part of the Project.

The Project organized a technical advisory committee in Japan which had a mandate to provide the Project with the technical advice and backstopping. The communication mechanism between the advisory committee and the Project was not clearly identified at the initial stage of the Project. Thus, the Project could not fully enjoy their technical supports at the initial stage. Though communication mechanism improved through involving JICA HQ, the capacity was still not fully utilized.

3-5 Conclusion

Overall, the Project has been successfully implemented. Development and approval of the SAC and GASs significantly contributed to establishing the regulatory frameworks for pre-service education of health professionals. This definitely serves as one of the essential foundations for ensuring adequate human resources for health in Cambodia. A number of positive impacts of the Project were identified. For instance, the MoH spontaneously applied the application of the SAC and GASs to other professional groups (i.e. medical, dental, and pharmaceutical, and midwifery fields). It should be noted that operation of RT course needs to be carefully monitored, as the first batch of students have not yet graduated from the course.

3-6 Lessons learned

The Project addresses simultaneously two challenging issues on human resources for health in parallel, i.e. pre-service education delivery and its systems. This wide and ambitious scope of the Project subsequently led its design to be revised and adjusted twice during the five-year implementation period. Admittedly, this created confusion in the implementation of the Project, to a certain extent. Therefore, it is recommended that a project selectively address specific issues, by carefully assessing capacity of available inputs from both Japanese side and recipient country side and by prioritizing necessary interventions.

It is often assumed that those trained as trainers are expected to and actually will further transfer what they have learned to their colleagues, once they are back at their duty stations. However, it is rather rare that they practice it, due to financial, temporal, and behavioral barriers. Therefore, it is recommended that follow-up measures be included as project activities, e.g. budget for training programs at duty stations, coaching and mentoring, and monitoring and supervision.

3-7 General recommendations

3-7-1 Recommendations on Ministry of Health

The MoH/HRDD is advised to make continuous efforts to: (i) disseminate the SAC and GASs to other stakeholders such as hospitals and development partners; (ii) enforce the SAC and GASs on all the public and private training institutions; (iii) assist TSMC and RTCs to meet the standard requirements of the SAC and GASs; and (iv) monitor and supervise them on a regular basis.

The MoH/ HRDD is advised to complete the development and approval process of syllabi and curricula guidelines for LT, RT, and PT courses. It is suggested that they be carefully developed by taking gradual steps in view of the progress of each course.

It is recommended that production, recruitment, and deployment of human resources for health be undertaken through close collaboration and coordination between HRDD and PD. This is because human resources development plan should be underpinned by human resources deployment plan. It will help ensure access to health professionals and their services regardless of where people live. A particular

attention should be paid to needs for PD's policy commitment to taking measures necessary for preventing health professionals from migrating: (i) from rural to urban areas; and (ii) from public to private sectors. Note that it is essential to secure, on a sustainable basis, the posts at governmental health facilities for the new graduates from RT course.

In SRN course, the Exit Examinations have been implemented in closer collaboration between TSMC, RTCs and the MoH/HRDD. This is an exemplary practice to ensure technical soundness and fairness of the Exit Examinations. Therefore, it is suggested that the MoH/HRDD be proactively involved in planning and implementing the Exit Examinations for LT, RT, and PT courses.

Taking into account the difficulties teachers (particularly, part-timer) are currently encountering, it is recommended that the MoH/HRDD make rigorous efforts to ensure more teacher-friendly working conditions: i.e. (i) increasing teaching fees; and (ii) enhancing understandings of hospital managers responsible for releasing their staff to TSMC and RTCs as part-time teachers. This is particularly crucial among the teachers in RT course, since it is vulnerable to suffering from lack of teachers.

3-7-2 Recommendations on TSMC/UHS and RTCs

It is recommended that TSMC/UHS and RTCs ensure an appropriate educational environment which meets the requirement of the SAC and GASs. Therefore, they should plan for and/or secure the operation budget for each course (e.g. equipments, consumables, other indirect costs) so as to disburse the budget in a timely manner. It should be particularly noted that TSMC/UHS is advised to employ fulltime teacher(s) and prepare the budget plan for RT course, in order for its sustainable operation.

3-7-3 Recommendations on JICA

Since RT course was newly established at TSMC in 2006, the first batch of students will graduate in 2009. Therefore, it is desirable that JICA will provide a continuous assistance in operation of RT course until 2009, if requested.

It is recommended that a post-project evaluation be conducted in order to assess the further development and impact of the Project.

3-8 Course-specific recommendations

3-8-1 Recommendations on SRN Course

The passing rate of clinical skills part of the Exit Examinations is lower than that of theory part. Therefore, it is recommended that teaching clinical-skills-related subjects be strengthened and that enough opportunities of classroom-practice be provided to students, to improve the passing rate of clinical skills parts.

The subjects in the previous curricula were classified according to type of medical fields. However, the subjects in the new standard curricula (Standard Curricula) are currently classified according to the stages of human life cycle. For more effective implementation of the new standard curricula, it is recommended that teachers be developed so as to be specialized in newly classified subjects.

The questions of Exit Examinations need to be revised so that they could be in line with the new standard curricula (Standard Curricula) before the Examination for students studied under the new standard curricula takes place.

3-8-2 Recommendations on PT Course

It is recommended that a network among PTs be strengthened. It will enable them to ensure continuing

education and view exchange opportunities. The network should attempt to capture all the PTs regardless of type of duty stations: i.e. (i) health facilities and social welfare facilities; and (ii) public facilities and private facilities.