



# **FIRST NATIONAL CONSULTATIVE MEETING ON HUMAN RESOURCES FOR HEALTH OBSERVATORY**

**May 21, 2007 Venue: Radisson SAS Hotel**

*Jointly sponsored by*

**The Ministry of Health, Sultanate of Oman and  
The World Health Organization, EMRO**

## **REPORT OF THE MEETING**

This report reflects the views of the participants and resource personnel made in their individual capacities, and do not in any way commit the Ministry of Health, World Health Organization, other Ministries and organizations.

**Directorate General of Planning  
Ministry of Health  
Sultanate of Oman**

**25 July 2007**

## Preface

HRD is a key strategy for achieving self-reliance in human resources for health and sustainable health services development. In line with this conviction, the Ministry of Health and all health care providers under the Government have evolved HR policies over the years. The Ministry of Health has scrupulously pursued evidence-based policy-making as its main instrument for formulating its health and human resources development plans. The recent initiative of WHO-EMRO to develop regional human resources for health observatory, as an add-on to the regional health systems observatory, provides an excellent opportunity to all stakeholders of the health sector in Oman to benefit from regional experience sharing in this field.

In view of the Ministry's desire to achieve substantial evidence-based policy development for HRH, in partnership with all HRH stakeholders and WHO, the Ministry of Health consented to the WHO proposal to set up a National HRH Observatory in Oman. Towards this goal, the Ministry organized the first national consultative meeting on HRH Observatory on 21<sup>st</sup> may 2007. The overall objective of the consultation was to begin a mutually beneficial dialogue among all stakeholders for setting up a national human resources for health observatory in Oman.

The consultative meeting was attended by over 30 representatives of the Ministry of Health, other Ministries, SQU, WHO, professional bodies and the private sector. The meeting succeeded in exposing the participants to the concept of HRH Observatory and its objectives, and in developing a commitment to shaping the National HRH Observatory in Oman. The participants also completed a preliminary assessment of the current status of HRH information, and came up with significant recommendations to guide the next steps in the establishment of the National HRH Observatory and its future activities. This report on the meeting presents the objectives, process, proceedings and the final recommendations of the meeting. The Ministry of Health and the WHO regional office are considering its recommendations to take the next steps in operationalizing the National HRH Observatory. All HRH stakeholders in Oman are also expected to pursue the recommendations presented in this report.

I wish to thank HE Dr. Ali bin Mohammed bin Moosa, the Minister of Health, for his inspiring support and active interest in the pursuit of perfection in the human resources system. We are grateful to HE Mohammed bin Hassan bin Ali, Under-Secretary for Planning Affairs, HE. Dr. Ahmed bin A.K.L - Ghassany, Under-Secretary for Health Affairs, HE Saif Al-Rawahy, Under-Secretary for Administration & Finance Affairs, and HE Dr. Ali Jaffer Mohammed, Health Advisor (supervising DGHA) for their wise counsel and encouragement. The meeting was conducted as a part of the MoH-WHO Joint Biennium for 2005-2007, and was financially supported by WHO. We wish to thank WHO-EMRO for the funding support and HE Dr Jihane Tawilah (WHO Representative, Oman) for her generous cooperation and support.

On behalf of the facilitators of the meeting, I wish to extend our cordial thanks to Mr. Saif Mohammed Al-Nabhani (Director General of Planning) who took keen interest in organizing the event, and personally supervising all the arrangements for the meeting.

The consultation benefited enormously from the active participation of all the participants. I wish to extend our cordial thanks to all the participating Ministries, SQU and other agencies and the private sector for their whole-hearted cooperation in making the meeting a grand success.

***Prof. Basu Ghosh***

Advisor, Human Resources Planning, MoH-HQ and

*Program Coordinator*

*The First National Consultative Meeting on HRH Observatory*

Muscat,  
25 July 2007

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## **I INTRODUCTION**

The First National Consultative Meeting on Human Resources for Health Observatory was conducted at the Radisson SAS Hotel on May 21, 2007. It was organized under the auspices of the WHO Eastern Mediterranean Regional Office and the Ministry of Health as a part of the Joint MoH-WHO initiative to set up a National HRH Observatory in Oman.

### **Background**

This meeting is a sequel to the Regional Meeting of the WHO Eastern Mediterranean Region on the same theme, which was hosted by the Ministry of Health in Muscat on 16-18 December, 2006. During that meeting, Oman was selected as one of the five countries where national Human Resources for Health (HRH) observatory may be established in the region. The other four countries selected are: Saudi Arabia, Qatar, Bahrain and Sudan. When fully established in Oman, the National Human Resources for Health (HRH) Observatory is expected to support and promote evidence-based HRH policy-making. It will strengthen the knowledge base and use of information in strategic decision-making on human resources. The Ministry of Health (MoH) plans to facilitate the establishment of a National HRH Observatory. The Observatory will help to develop national capacity for evaluation and monitoring of HRH situation and trends, generate information and evidence for the formulation of HRH development policies, strategies and plans. It will also provide a forum for partnership, sharing of experience and advocacy in HRH development, facilitate informed decision-making relating to human resources in the health system, and contribute accurate information to the Regional HRH Observatory of WHO-EMRO. The first national consultative meeting on this new initiative is expected to pave the way towards setting up of the National Observatory for Human Resources for Health. It is expected to strengthen collaboration between the Ministry of Health and all stakeholders for further development of human resources to support health system development.

### **Objectives**

The objective of this first national consultative meeting was to begin a mutually beneficial dialogue among all HRH stakeholders for setting up national human resources for health

observatory in Oman. The specific objectives of the meeting were (i) to discuss the objectives and scope of the National HRH Observatory, and (ii) to secure commitment to collaborate on the establishment of the Observatory. This meeting intended to focus on information relating to various components of human resources development rather than specific issues pertaining to human resources in health. It was hoped that by the end of the meeting, the participants would be able to achieve clarity about the HRH Observatory concept, and develop conviction and motivation to participate in right earnest to realize the benefits of the new initiative. The participants were expected to collaborate through intensive group work and help undertake a situation analysis of the status of quantitative and qualitative information availability relating to HRD with special focus on HR policies and policy development.

## **II PARTICIPATION**

The participants of the meeting were drawn from a variety of organizations with stakes in the area of HRH development. These included apart from the Ministry of Health, the Sultan Qaboos University and College of Medicine, the Oman Medical Specialty Board (OMSB), other health services providers under the Government (such as ROP and Armed Forces), health services providers and educational institutions in the private sector including PDO, and various Ministries such as the Ministry of Manpower as well as professional associations / councils /societies and international agencies such as WHO. [See Annex 1 for the list of participants of the meeting]

## **III THE PROGRAM OF THE MEETING**

The one-day national consultation was intended to be in the nature of an inter-active meeting among HRH stakeholders. The program of the meeting consisted of three distinct components: lectures followed by a plenary or discussion session, group discussion and presentation session, and finally a recommendations & concluding session. The first two presentations were to introduce the participants to the concept and scope of HRH observatory. The next two presentations were to discuss HR quantitative and qualitative information availability and needs. The plenary session was to be followed by a well-structured group discussion aimed at assessing the current information situation in Oman in relation to the national HRH observatory.

Selected reference material of WHO, some relevant publications available on the Internet, policy documents and policy analysis of the Ministry of Health and other Ministries etc. were made available to the participants. The reference materials included the time schedule of the meeting and guidelines for group work. It also presented a brief note giving an account of the steps completed and planned for setting up Oman's National HRH Observatory. Another article extracted from WHO Oman's country website, presented in a nutshell, the proceedings of the first EMRO inter-country meeting on HRH Observatory held in Muscat. Several articles were included to brief the participants about the pioneering work in this area by PAHO and the subsequent AFRO initiative. Examples of explicit policy documents and of policy analysis respectively from the world health scene and medical education were also included. The participants were encouraged to use the volume as reference materials for their group work and subsequent reading. [See Annex 2 for the list of documents included in the reference material].

Discussions were to be spearheaded by presentations by the lead speakers for the meeting, on the concept and scope of HRH observatory, the international experience with this new initiative, and related aspects such as HRH information availability and need. [See Annex 3: Time Schedule for the First Consultative Meeting].

The participants were required to discuss, in intensive group work sessions, certain topics related to HRH information. [See Annex 4: Guidelines for Group Work and Annex 5: Group Composition]. The groups were urged to discuss the topics thoroughly and make recommendations for discussion in the plenary sessions.

#### **IV SUMMARY OF THE PROCEEDINGS**

The meeting was inaugurated by HE Mohammed bin Hassan bin Ali, Undersecretary for Planning Affairs. In his inaugural speech, His Excellency the Undersecretary expressed the hope that this first consultative meeting would promote national experience sharing in this area. He noted that Oman had achieved satisfactory progress in building the health care infrastructure, and in expanding the educational opportunities for health professionals. The Ministry of Health, said HE the Undersecretary, emphasized human resources development as the key to sustainable development. He acknowledged the vital importance of appropriate information on human resources for health (functioning under MoH, other Ministries / public bodies and in the private sector) in order to support policy-makers and analysts in the development of HRH systems in Oman. The national HRH observatory would, according to him, support the policymakers and planners to learn quickly about successful approaches to HRD and all its components viz. planning, production (education and continuous professional development) and management. HE the Undersecretary welcomed the WHO initiative to develop a regional and national observatory on HRH, and expressed the hope that the observatory would go a long way in filling a vital gap in our information, and would be of great help in improving our national human resource development systems.

In her address to the participants of the consultative meeting, HE Dr Jihane Tawilah (WHO Representative, Oman) highlighted the increasing focus on HRD as a building block of the health system at the global, regional and national levels. She referred to the emerging challenges of the shortage of different categories of human resources; mal-distribution in skills mix and in geographic areas; difficult and expensive pre-service education, production and retention. She lamented the ineffective management and development of the health workforce due to poor planning, poor coordination, migration and other problems. HE Dr. Jihane outlined the salient importance of evidence for policy-making and the monitoring of progress in HRD and strengthening health systems. She stressed the need for evidence-based policy-making in the context of Oman's increasing self-reliance in HRH. In this context, she lauded Oman's effort to build the knowledge base essential for guiding, accelerating and improving action. To conclude, HE Dr. Jihane reiterated the immense potentials of the national observatory on HRH in improving quality of data; formulating and defining country profiles; producing relevant analysis and research; engaging with policy-makers; sharing and dissemination; networking; and contributing to HRD capacity building.

Prof. Basu Ghosh, the Program Coordinator, spoke about the program. He stressed on the importance of all participants taking an active part in the plenary session and in the well-structured group discussions aimed at assessing the current information situation in Oman in relation to the national HRH observatory.

### The Presentations

The first keynote address entitled ‘HRH Observatory: Concept, Context and Scope’ was delivered by Prof. Basu Ghosh, HR Advisor, MoH. He began his speech by defining the term ‘Observatory’ and then explaining how this concept is applied to the field of HRH development. In the present context, HRH Observatory is simply defined to be ‘a collaborative initiative and partnership between WHO Regional Office and key national health care stakeholders designed to improve human resources development through promoting and facilitating evidence-based policy-making’. The National HRH Observatory may not have an exclusive building or even a physical form. It may just be a dynamic document sitting in several networked computers of collaborating partners or a Website. At this initial phase of the development of the observatory, it is necessary to create a dynamic document containing quantitative and qualitative information on HRH and put it on the WHO/ EMRO Website on Regional HRH Observatory, which is an integral part of the WHO Regional Health Systems Observatory. Prof. Ghosh elucidated how evidence-based HRH policy-making, planning and production may address tricky questions such as: what sort of physician do we need in PHC settings, how many physicians are needed in different health care settings, difficulties in procurement / recruitment, how to improve physician productivity and their job satisfaction or the image of nurses etc. The speaker highlighted the role of the National HRH Observatory in convening and mobilizing the relevant stakeholders, identifying sources of information and ensuring further analysis, promoting production / utilization of the needed information and knowledge for analysing problems, and dissemination of information on HRH in the Sultanate and beyond. He said that the National HRH Observatory, when fully functional, would become a forum for all stakeholders to identify HRH problems, priority interventions, management and implementation issues. It will provide a common platform for setting standards, targets, planning, training, recruitment, deployment and development. The observatory will eventually become a national HRH research laboratory and a clearinghouse for HRH information. Last but not the least, said the

speaker, the National Observatory will contribute to increased advocacy for HRH development.

The second lecture on the topic 'Review of International Experience' by Mr. Saif Al Nabhani, Director General of Planning, MoH dealt extensively with the pioneering PAHO initiative for setting up the Human Resources for Health Observatory and the recent African experience. Mr. Saif discussed evidences on regional mal-distribution in terms of population per professional and skill mix in 13 EMR countries. In this context, he observed that many countries in the region lacked required data for HRH decision making. He stressed on the value of such information because of the increasing HRH shortages and international mobility in the changing economic scenario. The speaker emphasized the usefulness of benchmarking and learning from other countries' experiences. He recalled that in this background, the PAHO organized the Summit of the Americas in 1995. Charged with the responsibility to monitor health sector reforms in the Region, PAHO recognized that HRH was a key component of health sector reforms. In line with the PAHO decision, Chile launched its Health Workforce Observatory in 1999 with a view to raising awareness of the importance of human resources issues, monitoring the impact and implications of Health Sector Reforms on human resources, promoting the production / utilization of information and knowledge for analysing problems, defining priorities and identifying effective HRH interventions, promoting the sharing of experiences and networking between countries on HRH policies. The speaker referred to various organizational models tried out across PAHO region, all of which involved networking with multiple HRH stakeholders. The speaker then went on to discuss the African experience with the HRH Observatory initiated in July 2005. Faced with critical shortage of health workforce, poor statistics, weak capacity at various levels on most aspects, the lack of evidence-based knowledge and policy-making, the African Observatories set similar objectives like PAHO, but such observatories in this continent needed to tackle more serious HRH problems than in PAHO countries. Ethiopia launched its observatory in 2006. Such initiatives are at various stages of implementation in Ghana, Tanzania, Mozambique, South Africa, Zambia and Uganda. In conclusion, Mr. Saif observed that although there were some differences in the characteristics of various regional initiatives, all acknowledged the roles of various stakeholders and tried to promote participation, with the laudable aim of experience sharing and enhancing evidence-based policy-making and HRH development.

In his talk on ‘HRH Information Availability and Needs (Quantitative Aspects)’, Dr. Medhat K. ElSayed, Expert (Health Information & Epidemiology), MoH discussed the current HRH information situation in Oman. To begin with, Dr. Medhat explained the salient features of the health system in Oman and the MoH-maintained Health Information System (MoH-HIS), which supports it. He explained in detail the organizational arrangements in terms of the manpower support to MoH-HIS and the system itself (data collection procedure, consolidation / analysis and dissemination of information). The speaker elaborated on the wide coverage of HRH information under MoH-HIS. He referred to the early initiative of MoH to evolve, with the help of a WHO Consultant, a classification of job titles (to 16 main categories) suitable for its own use, and the recent WHO-led initiative to map various categories. He felt, however, that it was necessary now to review the Classification of Job Titles again, keeping in mind the regional / international classification of occupations such as the International Standard Classification of Occupations 88 (ISCO-88) or the Standard Arab Gulf Directory for Occupational Classification and Specification. This will facilitate standardization of data and make these comparable with other international information. Dr. Medhat enumerated the multiple sources of HRH data viz. the Human Resources Database (based on 496 job titles relevant to MoH) and maintained by the Ministry of Finance and the Ministry of Civil Services, the Human Resources Management System (HRMS) centrally maintained by MoH. He highlighted the merits and demerits of both databases / systems. The speaker then went on to discuss the way human resources data (pertaining to MoH, private sector and other government health care providers) are captured by the MoH-HIS. Dr. Medhat finally presented a HR situation analysis for Oman (based on selected manpower indicators generated by MoH-HIS and demonstrated how Omanization status has improved and manpower-population ratios have grown across regions and over time.

In the following lecture, Prof. Basu Ghosh dealt with the topic ‘HRH Information Availability & Gaps: Qualitative Aspects.’ He started by defining ‘qualitative information’ in the HR context as ‘less quantifiable information pertaining to the HRD process (i.e. HR Planning, HR production and HR utilization)’. In order to highlight the kinds of qualitative information needed as part of the national HRH observatory, the speaker then defined the term ‘policy’, which governs the HRD processes. The essence of this definition is that policies are ‘broad guidelines for managerial action.’ Policies may be explicit or implicit. Some examples of explicit policies are: Oman Labor Law, Oman Civil Service Law, MoH Guidelines for Human Resources Development (Issued by HE the Minister) etc. Information

on availability of HR policies or lack of it, including the policy statements, constitutes part of the qualitative information required by the national HRH observatory. The speaker then introduced the concept of ‘policy analysis.’ This type of analysis represents a ‘systematic review / evaluation of existing policy’ based on pre-evaluation of alternative means of achieving social and public policy goals. The steps in policy analysis are: evaluation of the effectiveness of current policy, examination of the outcomes of evaluation, consideration of other options based on evidence, and reformulation of policies. The speaker cited several local and international examples of policy analysis and said that information on availability of HR policy analysis or lack of it including the policy analyses / review documents constitute part of the qualitative information required by the national HRH observatory. Prof. Ghosh reiterated the value of evidence-based policy-making. He urged a situation analysis of qualitative information availability on HRH. Such information will help policy-makers to assess performance of existing (own or external) policies and decide on internal / external policy reforms.

### The Plenary Session

The presentations summarized above were then opened up for discussion. During the interactive question and answer sessions, the following issues, raised by the delegates, were discussed:

- ❖ The organizational identity of the National HRH Observatory (MoH entity or an independent body?)
- ❖ The role of the National Steering Committee and its authority.
- ❖ The difficulty to tackle situations arising from shoddy implementation of explicit policies (when too many exceptions to the policy are allowed).
- ❖ The difficulty to give explicit considerations in human resources planning to factors such as maternity / sick leave and educational leave.
- ❖ The need to make staff appraisal more meaningful (by introducing organization / job specific formats), to hold exit interviews, and to make uniform licensing policies.
- ❖ The difficulty to retain employees in the face of strong international and regional migration tendencies.

During the discussions on the above and related issues, the following points were observed. The National HRH observatory may be a MoH-initiated entity, but a National Steering Committee consisting of MoH staff and representatives from various stakeholders should manage it. The National Steering Committee could not supplant, but could only supplement, the roles of other statutory bodies in HRH policy-making, information generation & consolidation, and policy analysis. The main task of the National HRH Observatory Steering Committee should be to promote evidence-based HRH policy making.

The delegates agreed that it was not desirable to implement explicit policies with frequent deviations or exceptions, although forums may be available for the aggrieved people to take it up with appellate bodies. Such instances call for in-depth policy analysis or review in order to evolve policy reforms / modifications which remove existing gaps in policies. This may help in ensuring transparency in policy implementation. Deviations in policy implementation necessitated by resource constraints should be explained by those implementing policies, so that such constraints are minimized by the concerned entities. For instance, human resources planning exercises may take into consideration factors such as maternity & sick leave and educational leave, but resource constraints may stand in the way of implementing it. The participants were of the view that continuing professional education of employees was essential, meaningful staff appraisal systems were a must, exit interviews were necessary and uniform licensing policies must be evolved and scrupulously implemented.

### **Group Discussion**

The participants were grouped into 5 groups representing various types of stakeholders. Each group was given a specific topic to discuss for about 2 hours and then to present their report at a plenary session. The participants then met for their group work as per the guidelines given to them.

The groups discussed the topics thoroughly and arrived at certain findings and recommendations for action. Based on all the groups' reports, a situation analysis and recommendations are presented in the next two sections.

## V SITUATION ANALYSIS AT A GLANCE

The situation analysis on the availability of HRH information and evidence pertaining to various stakeholder groups is presented below.

### **Employment & Information Stakeholders**

This group consists of representatives of Ministries other than MoH and departments of MoH who are directly concerned with employment of HRH or generation of information on it.

Quantitative information on HRH is generally available in the organizations included in this group. But, this information is incomplete or with insufficient details, and not always updated (such as academic qualifications). Although the situation across the Ministries varies, lack of a standardized database (including categorization of staff) poses serious problems in consolidation and analysis of the information available. Confidentiality of some HRH information is yet another hindrance to evidence-based policymaking and planning.

HRH policy information available to these organizations from external sources (internal for some) includes the country's national 5-year development plan as well as guidelines of international agencies such as WHO and UNICEF. Internal policy documents available are: HRD policy, national strategic plan, regional and *wilayat* plans, Oman Labor Law, health information policy etc. The gray areas include information on the functioning of the incentive system for HRH, feedback on HRH performance appraisal system and job descriptions for certain categories.

HRH policy analysis information available to the organizations in this group comprises mainly the statistical reports and research/study reports. Recruitment policy, promotion policy and Omanization policy are believed to be under review. The areas in which a policy analysis is called for include: education & training policy, HRH distribution policy and incentives policy.

## **Education Stakeholders**

This group consists of representatives of educational bodies such as university and medical specialty board, private medical college etc. and departments of MoH who are directly concerned with supervision / coordination of HRH production.

Relevant quantitative information on HRH is believed to be generally available. But, this information is considered deficient in terms of needs analysis, category-wise details and staff qualifications.

HRH policy information available to the educational bodies comprise mainly the reports of international academic boards / councils. These institutions draw upon internal policy documents such as academic bylaws of OMSB and SQU, MoH CPE and Accreditation policies, MoH and MoCS training and scholarship policies etc. The gray areas include evidence on outcome analysis, policy information on career path and postgraduate training.

HRH policy review is now being undertaken, according to this group, in the areas of scholarship bylaws of MoHE, training and scholarship bylaws of MoCS and SQU bylaws. The group perceives the need for policy analysis in the aspects such as academic status of clinical staff and employee compensation schemes (pay scales).

## **Health Care Providers: MoH and Private Sector**

This group includes MoH representatives responsible for overall supervision of service provision under MoH and private sector.

Information sources include MoH-HRMS registry and Oman Nursing & Midwifery Council registry. The group perceives the need for an integrated registry, finds the information incomplete and incoherent and not up-to-date (e.g. educational qualifications). It also finds the database relating to the private sector HRH rather unstructured and static. It feels the need for information on staff deployment and re-deployment as well as staff promotions.

HRH policy information available to this group from external sources includes the Royal Decrees, MoCS rules & regulations, Oman Labor Law as well as the information published by relevant international agencies such as WHO and ICN. Internal policy documents consist

of MoH policy instruments for CPE accreditation, medical and nursing ethics, job descriptions, Oman Medical Licensing, patient complaints management etc. The aspects on which adequate policy information are lacking comprise the following: information on the functioning of overtime allowance policy and in-service promotion, employment formalities, re-licensure policy relating to MoH staff, MoCS policies in English and performance appraisal linked to incentive/reward system.

HRH policy analysis information includes staff uniforms and dress code, professional ethics for nurses and midwives etc. The group is aware of ongoing review of training needs in specific areas. Recruitment policy, promotion policy and Omanization policy are believed to be under review. The areas for which policy analysis is perceived necessary are: staff scheduling and overtime policy, career structure and retention policy.

### **Health Care Providers: Government other than MoH**

This group consists of representatives of security and defense organizations, joint sector oil companies etc. providing health services to their own employees.

Quantitative information on HRH is generally available in the organizations mainly for internal use. The information available lacks uniformity. Manpower indicators are not available.

HRH policy information available to these agencies from external sources include Oman Labor Law and policies / guidelines issued by parent organizations or nodal Ministries. Internal policy documents are available on HR policy / system. Policy guidelines specifically for health professionals are usually not available.

Policy analysis information is available in some of the agencies on disciplinary measures and occupational health / health safety etc., but the situation varies widely. Organization structure, role and function, medical insurance and medical leave are being reviewed in some of the agencies. The areas in which a policy analysis is felt necessary by an agency include: staff allowances and staff promotion.

## **Professional Associations / Councils**

This group consists of representatives of professional associations / councils, most of whom are also serving employees of some Ministries / institutions.

Information on the members is generally available in the associations / councils except in the ones more recently established. But, this information is scanty in regard to academic qualifications, specialty, job titles, experience, CME etc.

The newly formed associations / councils draw upon documents pertaining to professional ethics, standards etc. from other associations (e.g. ONMC) formed earlier. They also use similar information available from MoH, international agencies such as GMC and World Federation of Physiotherapy etc. The gray areas include information on career structure, professional standards, job descriptions, CME guidelines, implementation of recommendations from CME activities, licensing of practices etc.

Policy analysis information available to the associations/councils consists mainly of the reports or proceeds of workshops, conferences and CME activities. Staffing norms, constitution of the association/council and CE policy are under review.

[See Annex 6 for a summary of group reports]

## **VI CONSOLIDATED RECOMMENDATIONS**

The consultation urged the Ministry of Health to set up the National HRH Observatory and appoint a National Steering Committee with representation from various stakeholders.

Recommendations based on the plenary sessions and the group reports are summarized below.

### **Ministry of Health / National HRH Observatory**

1. Convene regular meetings of the steering committee / task forces.
2. Closely monitor and evaluate HRD policy.
3. Regularly disseminate HRH policy evaluation information to various stakeholders.
4. Constitute necessary HRD task forces.
5. Ensure that available HRH policies and statistics are disseminated to the policymakers all over the health sector.
6. Ensure that recommendations generated by National HRH Observatory are disseminated to concerned Ministries / agencies /institutions.

### **Ministry of Health / All Stakeholders**

7. Adopt evidence-based decision-making.
8. Actively support National HRH Observatory through contributing HRH information and evidences.
9. Formulate explicit policies concerning health professions.
10. Facilitate the formation of a health professional council for licensing of medical and other allied health professionals.
11. Involve different associations/ councils and private health providers in policy making and planning as much as possible.
12. Review and standardize recruitment policies.
13. Develop job descriptions and professional standards for all categories.
14. Create mechanisms for motivational incentives.
15. Review current staff appraisal for improvement in collaboration with concerned Ministries / institutions.
16. Formulate policies for HRH functioning in hazardous work environments.

## Annex 1

### First National Consultative Meeting on HRH Observatory

**Monday May 21, 2007**

**Venue: Radisson SAS Hotel**

#### List of Participants

Sr. No.	Name of the Organization	Name of Participant	Designation
1	Ministry of Manpower	Mr. Khamis Al Muneiri	Director, Academic Affairs
2	Ministry of Higher Education	Mr. Saleh Said Al Mutawa	
3	Ministry of National Economy	Dr. Hafedh Al Hinai*	
4	Ministry of Civil Service	Mr. Said Salim Al Harthy*	Director, Human Resources
5	World Health Organization	HE Dr. Jihane Tawilah	WR Oman
6	World Health Organization	Ms. Ruth Mabry	Technical Officer
7	Sultan Qaboos University	Dr. Abdul Bassat Al Hamadi	Advisor
8	Oman Medical Specialty Board (OMSB)	Prof. Naila Al Lamki	
9	Oman Medical College	Dr. Saleh Al Khusaibi	Dean, Sohar Campus
10	Royal Oman Police Medical Services	Mr. Majid Said Al Shabibi	Section Head, Human Resources
11	Petroleum Development Oman	Mr. Mahmood Shambey Noor Mohammed Al Balushi	Head of Medical Administration
12	Petroleum Development Oman	Mr. Salim Abdulla Yahya Al Kindi	Head of Nursing Section
13	Al Amal Medical Center	Dr. Kareem V. Sundar	Medical Administration
14	Oman Medical Association	Dr. Rashid Al Abri	HoD Quality Management
15	Oman Nursing & Midwifery Council	Ms. Sharifa Al Jabry	
16	Oman Nursing & Midwifery Council	Mr. Majid Rashid Al Maqbali	Section Head Planning
17	Oman Physiotherapy & Rehabilitation Association	Mr. Saif Al Riyami	
18	Oman Biomedical Scientists Society	Mr. Salim Al Hashmi	
19	Oman Association of Radiographers	Ms. Hasnaa Abdullah Saif Al-Musalhi	
20	DGHS Muscat, MoH	Dr. Qamra Said Khamis Al Sariri	Director of Planning & Training, DGHS, Muscat
21	Directorate of Private Health Establishments, MoH	Dr. Abdullah Al Jimhi	Director
22	Directorate of Hospital Affairs, DGHA, MoH	Dr. Hamed Al Adawi	Head of Section
23	Directorate of Hospital Affairs, DGHA, MoH	Dr. Irfan Farooq	Advisor, Hospital Administration

## Annex 1

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Monday May 21, 2007

Venue: Radisson SAS Hotel

#### List of Participants

Sr. No.	Name of the Organization	Name of Participant	Designation
24	DGET, MoH	Mr. Mohammed Said Al-Afifi	Director General of Education & Training
25	DGET, MoH	Ms. Laila Moosa Al Zidjali	Actg. Director of Training & Scholarship, DGET
26	Directorate General of Planning, MoH	Prof. Basu Ghosh	Advisor, Human Resources
27	Directorate General of Planning, MoH	Mr. Saif Mohammed Al Nabhani	Director General of Planning
28	Directorate General of Planning, MoH	Dr. Murtadha Moosa Jaffer	Director of Planning
29	Directorate General of Planning, MoH	Dr. Medhat Kamal El Sayed	Expert, Health Information & Epidemiology
30	Directorate General of Planning, MoH	Mr. Salah Nasser Al Muzahami	Director of Health Information & Statistics
31	Directorate General of Planning, MoH	Mr. Cruz George	Manpower Planning Specialist
32	Directorate of International Relations, MoH	Ms. Hiba Moosa	Director of International Relations
33	Royal Army of Oman	Major. Ahmed Ali Al Mashani	Major
34	Directorate of Personnel, MoH	Mr. Mahmood Al Hadrami	Section Head
35	DGET, MoH	Dr. Hamdi Ismail	OMSB coordinator

\* Did not attend

## **Annex 2**

### **List of Documents Included in the Reference Materials**

- 1 Preparatory Steps Completed and Proposed
- 2 WHO Inter-Country Workshop on HRH Observatory
- 3 The Experience of the Latin America and Caribbean Observatory of HRH
- 4 Pan American Health Organization: Observatory of HRH
- 5 Better Intelligence for HRH: A Regional HRH Observatory: Africa
- 6 Oman Labor Law
- 7 Guidelines for Human Resources Development: Issued by HE the Minister of Health, Oman
- 8 Policy Statement on Continuing Professional Education
- 9 The World Health Report 2006 on Working Together for Health
- 10 Policy Analysis in Medical Education: A Structured Approach

## Ministry of Health, Sultanate of Oman

**FIRST NATIONAL CONSULTATIVE MEETING ON  
HUMAN RESOURCES FOR HEALTH (HRH) OBSERVATORY  
Monday May 21, 2007 Venue: Radisson SAS Hotel**

**Time Schedule**

Session / Time	Program / Topic for Discussion	Lead Speaker
8.30 AM	<b>REGISTRATION</b>	
9.00 AM	<b>Inauguration</b>	
	Recitation of Holy Quran Welcome by Saif M. Al -Nabhani, Director General of Planning ( MoH) Inaugural Address by HE Mohammed bin Hassan bin Ali, Undersecretary for Planning Affairs, MoH Address by Dr Jihane Tawilah, WHO Representative, Oman About the Program by Prof. Basu Ghosh , Advisor, HR (MoH)	
9.30 AM- 9.50 AM	Tea Break	
9.50 AM- 10.00 AM	INTRODUCTIONS	
10.00 AM- 10.20 AM	HRH Observatory – Meaning, Context and Scope	Prof. Basu Ghosh
10.20 AM- 10.40 AM	HRH Observatory – Review of International Experience	Mr. Saif M. Al Nabhani
10.40 AM- 11.00 AM	HRH Information Availability and Needs (Quantitative Aspects)	Dr. Medhat K. ElSayed, Expert (Health Information & Epidemiology), MoH
11.00 AM- 11.20 AM	HRH Information Availability and Needs (Qualitative Aspects)	Prof. Basu Ghosh
11.20 AM- 11.40 AM	<b>Plenary Session</b>	
11.40 AM- 12.00 Noon	Tea Break	
12.00 Noon- 1.00 PM	Group Discussion with Focus on Steps to bridge HRH Information Gaps for the National HRH Observatory	
1.00 PM – 2.00 PM	<b>Group Presentations</b>	
2.00 PM- 2.15 PM	<b>Recommendations</b>	
2.15 PM- 2.30 PM	<b>Concluding Session</b> (Chair: Mr. Saif M. Al Nabhani)	
2.30 PM	LUNCH	

Program Coordinator: Prof. Basu Ghosh

Facilitators: Dr. Murtadha Moosa Jaffer, Director of Planning (MoH)  
Mr. Cruz George, Manpower Planning Specialist (MoH)

## **Annex 4**

### **Ministry of Health**

#### **FIRST NATIONAL CONSULTATIVE MEETING ON HUMAN RESOURCES FOR HEALTH (HRH) OBSERVATORY**

**Monday May 21, 2007    Venue: Radisson SAS Hotel**

Group Discussion: 12.00 Noon- 1.30 PM    Group Presentations: 1.30 PM – 2.00 PM

#### **Guidelines for Group Work**

The objective of your work in the next 90 minutes is to identify the steps needed to fill HRH information gaps for the National HRH Observatory.

Please appoint a Chairperson and a Rapporteur for your Group.

#### Tasks

- 1a. Assess the current status of quantitative HRH information availability in your organization.
- 1b. Identify gaps in quantitative information, which need to be filled.
- 2a. List the externally produced policy documents available for your reference and guidance.
- 2b. List the HRH policy documents produced by your organization.
- 2c. Identify the gray areas (i.e. the aspects of HRH development lacking explicit policies).
- 3a. List available documents in your organization, which are not policy guidelines but reflect a policy analysis or review of an existing policy.
- 3b. List policy aspects, which are currently under review or analysis.
- 3c. Do you feel the need for close review of any policy components in your organization? If so, please list these aspects.
4. Prepare a 5-minute presentation listing your group's conclusions and recommendations.
5. Make a presentation during the presentation session.
6. Submit a written report based on your group's work.

## Annex 5

### Ministry of Health, Sultanate of Oman

#### FIRST NATIONAL CONSULTATIVE MEETING ON HUMAN RESOURCES FOR HEALTH (HRH) OBSERVATORY

Monday May 21, 2007 Venue: Radisson SAS Hotel

#### Group Composition

##### Group A: Financing, Socio-economic Policy, Employment & Information

Dr: Medhat Kamal El Sayed  
Dr: Hamdi Ismail  
Dr: Qamra Said Khamis Al Sariri  
Mr. Khamis Al Muneiri

##### Group B: Education

Mr. Saleh Said Al Mutawah  
Dr. Abdul Bassat Al Hamadi  
Dr. Saleh Al Khusaibi  
Prof. Naila Al Lamki  
Ms. Laila Moosa Al Zidjali  
Mr. George Cruz

##### Group C: Health Care Providers MoH & Private Sector

Dr. Hamed Al-Adawi  
Dr. Irfan Farooq  
Dr. Abdulla Al-Jimhi  
Dr. Kareem Sunder  
Mr. Majid Al-Maqbali

##### Group D: Health Care Providers other than MoH & Private Sector

Mr. Majid Said Al Shabibi  
Mr. Mahmood Shambey Moh'd Al Balushi  
Mr. Salim Abdullah Yahya Al Kindi  
Mr. Salah Nasser Al Muzahami  
Mr. Saif Mohammed Al Nabhani  
Major Ahmed Ali Al Mashani  
Ms. Hibba Moosa.

##### Group E: Professional Associations

Ms. Sharifa Al Jabry  
Mr. Saif Al Riyami  
Mr. Salim Al Hashmi  
Ms. Hasnaa Abdulla Saif Al Musalhi  
Dr. Murtadha Moosa Jaffer  
Dr. Rashid Al Abri

## Annex 6

### Summary of Group Reports

Issue	Indicator	STAKEHOLDERS				
		Employment & Information	Education	HC Providers MoH & Private Sector	HC Providers Government Except MoH	Professional Associations
<b>Quantitative information</b>	Current Availability	HRH information generally available	HRH information generally available	MOH-HRMS Registry (Medical and ONMC)	Available for internal use mostly on annual basis (situation varies)	Members' data generally available  Situation varies
	Perceived Deficiency	Not detailed  Nor comprehensive  Not updated e.g. educational qualifications  Standardized HRH database lacking  Communication with other health sector providers  Confidentiality	Needs Analysis  Categories & sub-categories  Qualifications of current staff	Need to integrate registry sources to avoid confusion  Incomplete Incoherent  Not updated. (e.g. qualifications/ competency)  Private sector physician database static, unstructured  Deployment & movement of staff  Promotion	Lack of uniformity  Manpower indicators	Data not disseminated  Data on qualifications, job titles, gender, organizations, experience, specialty, CME records, voluntary disclosure not available
<b>HRH Policy</b>	External Documents Availability	National 5- Year Plan (MoNE)  OMSB training manual  WHO guidelines  UNICEF guidelines	Reports and publications of educational bodies/boards such as ACGME USA, RCPS Canada, KIMS, GCC	Royal Decree  MOCS Rules and Regulations  Oman Labor Law  Other international sources /websites e.g. WHO, ICN.	Oman labor law  Policies and procedures set by relevant nodal institutions	Oman Nursing and Midwifery Council (ONMC): Code of conduct, Standard of education, and Standard of practice  OMA: Medical code of practice  MoH and GMC (UK) Code of Ethics  World federation of physiotherapy / Arab Chapter

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Issue	Indicator	STAKEHOLDERS				
		Employment & Information	Education	HC Providers MoH & Private Sector	HC Providers Government Except MoH	Professional Associations
HRH Policy (Contd.)	Internal Documents Availability	HRD policy Strategic 5 yr plan Regional) 5 yr plan Wilayats 5 yr plan Oman labor law Health info. policy	Academic Bylaws & Administrative Bylaws (OMSB)  Training and Scholarships Policy (MOH)  CE Policy of MOH  SQU Bylaws  Scholarships bylaws of MoHE  Accreditation Policy of CE in MOH  Civil Services Bylaws for Training and Scholarships	CPE Accreditation,  Medical and Nursing ethics document  JDs  OML documents  In-service promotion document  National registry for doctors, re-licensing of private sector health workers  Patient Complaints Management document	HR system / HR policy documents	Oman Nursing and Midwife Council document on Career Structure  Guidelines and educational leaflets
	Gray Area	Policy implementation of incentives for HR  Feedback on performance appraisal reports  Job descriptions for certain categories	Outcome analysis  Career Path  PG Training	Policy implementation e.g. OT, in-service promotion  Employment formalities & specific timeframe  Re-licensure policy for MoH employees  Civil Service policies in English  Performance appraisal linked to incentive/ reward system	Specific HR policy for health professionals lacking in some organizations	Career structure Professional standards Job description CME guidelines  Follow-up and monitoring of recommendations from the CME activities  Licensing of practice  (except nursing)

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Issue	Indicator	STAKEHOLDERS				
		Employment & Information	Education	HC Providers MoH & Private Sector	HC Providers Government Except MoH	Professional Associations
<b>HRH Policy Analysis</b>	Policy Analysis Documents Availability	Annual statistical reports Monthly statistical reports Research / Study reports		Staff Uniforms and Dress Code  Professional Ethics for Nurses & Midwives	ROP: Disciplinary procedure  PDO: Emergency response, occupational health policy, health safety environment policy.	Recommendations of seminars, workshops and conferences and CME.
	Policy Aspects under Review	Recruitment Policy  Promotion Policy  Omanization Policy	Scholarships bylaws of MoHE  Civil Services Bylaws for Training and Scholarships  SQU Bylaws	Training in specific areas	ROP: Organizational structure for hospital, roles and responsibilities  PDO: Medical leaves, medical insurance	The constitution  Staffing norms  CME
	Perceived Need for Policy Analysis	Educ. & Training policy  HRH Distribution Policy (Service wise, Specialty and Number wise)  Incentives Policy	Academic status of clinical staff  Pay scales	Staff Schedules and Overtime policy  Career structure for HC professionals  Retention	ROP: Staff allowances  ROP: Staff promotions	None

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	<b>STAKEHOLDERS</b>				
	<b>Employment &amp; Information</b>	<b>Education</b>	<b>HC Providers MoH &amp; Private Sector</b>	<b>HC Providers Government Except MoH</b>	<b>Professional Associations</b>
<b>Key Recommendations</b>	<p>Form taskforce for HRD represented by all Stakeholders.</p> <p>Closely monitor and evaluate policy.</p> <p>Disseminate policy evaluation information to stakeholders.</p>	<p>Hold regular meetings of Stakeholders.</p> <p>Share policies &amp; statistics.</p> <p>Provide clear guidelines on accreditation of Educational Institutions.</p>	<p>Implement HRH Observatory.</p> <p>Implement the recommendations.</p>	<p>None.</p>	<p>MoH: Have explicit policies concerning health professions.</p> <p>MoH: Involve different associations/societies and private health providers in policy making and planning.</p> <p>MoH: Form health professional council for licensing of medical and other allied health professionals.</p> <p>MoH: Review and standardize recruitment policies.</p> <p>MoH: Construct job description, authority matrix and professional standards.</p> <p>MoH: Create mechanisms for motivational incentives.</p> <p>MoH: Create policies for hazardous work environments.</p> <p>MoH: Adopt evidenced based decision making.</p> <p>MoH: Review current staff appraisal for improvement in collaboration with MoCS.</p> <p>MoH: Have better cooperation with various professional associations.</p>