



RECOMMENDATIONS FOR ESTABLISHING A HEALTH PROFESSIONAL COUNCIL REPORT IN TIMOR-LESTE

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

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Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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ACRONYMS

DFAT	Department of Foreign Affairs and Trade
INS	National Institute of Health
KLIPSTIL	Klibur Professional Saúde Timor-Leste
LHSS	Local Health System Sustainability Project
MoH	Ministry of Health
NDHR	National Directorate of Human Resources
NGO	Nongovernmental organization
REBAS-TL	Rede ba Saúde Timor-Leste (Timor-Leste Health Network)
TOR	Terms of reference
UNDIL	Universidade de Dili (University of Dili)
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNITAL	Universidade Oriental (Oriental University)
UNPAZ	Universidade da Paz (University of Peace)
UNTAET	United Nations Transitional Administration of East Timor
UNTL	Universidade Nacional de Timor-Leste (National University of Timor-Leste)
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

The Government of Timor-Leste guarantees its citizens fundamental rights to choose their profession freely, as enshrined in Article 50¹ of the Constitution of the Republic of Timor-Leste. To protect the public interest, as stipulated in the same article of the law, professions that provide social services are subject to state oversight to ensure performance meets agreed-upon technical and ethical standards.

Health care workers fall under the category of professionals that are regulated by the state. The parliament law for the National Health System, Law No. 10/2004, of September 24, amended by Law No. 24/2021 of November 19, article 8, establishes the indispensable requirements that govern the performance functions, rights, and duties of health professionals, especially those of a deontological nature. Decree Law No. 13/2012 of March 7, 2022, Health Professional Career or widely known as Special Career Regime for Health Professionals further elaborates the performance requirements, rights, and duties of health professionals.

Despite existing laws that provide guidance on regulating health workers, Timor-Leste does not have an established institution with a mandate to provide oversight of health care professionals. Though there have been several discussions at the Ministry level between the Ministers and health professional associations to establish a council, due to conflicting ideas on governance structure and scope, as well as political transitions, the concept has not come to fruition. Traditionally, and as can be seen in other countries, a health professional council is a common body that could serve this purpose. Although the scope of a health professional council can vary, it can include setting minimum standards for health professionals' education, training, and practice requirements before entering the workforce; maintaining a register of health professionals and regulating their professional conduct; facilitating the requirements for licensing of public and private health facilities; providing accreditation of health services provided by health facilities; and recognizing and approving continuing professional development programs that professionals shall complete to ensure they are up to date on current practices and meet the required standards of practice. Its ultimate objective is to advocate for health care professionals' interest while holding them accountable to meet licensing and regulatory requirements to ensure patients receive quality health care services from competent professionals.

The objective of this report is to 1) provide a situational analysis of the challenges to establishing a health professional council in Timor-Leste, 2) recommend possible solutions, and 3) outline a way forward. The report will describe previous efforts to establish a health professional council, examine the current situation related to the management of health professionals' competency, quality, and ethics; and assess the current roadblocks to establish a semi-autonomous health professional council. Further, the report examines the potential advantages of having a council by describing potential roles and responsibilities it can assume, outlines the steps required to establish one, and recommends a potential governance structure that works for the Timor-Leste context.

¹ Article 50 point 1 of the Constitution of the Democratic Republic of Timor-Leste states, "Every citizen, regardless of gender, has the right and the duty to work and to choose freely his or her profession."

BRIEF HISTORY

Past Efforts to Establish a Health Professional Council

During the United Nations Transitional Administration of East Timor (UNTAET) government in the early 2000s, health professionals in Timor-Leste voluntarily formed a union called Klibur Profissional Saúde Timor-Leste (KLIPSTIL). The Union served as a forum to discuss the education and performance standards for doctors, nurses, midwives, and pharmacies, as well as the establishment of management entity to oversee health professionals in the absence of a professional council and a human resources department within the Ministry of Health (MoH). The Union was involved in the recruitment of new health professionals; negotiated entitlements and fees with the United Nations organizations such as the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), and World Health Organization (WHO) that employed health workers; and maintained a register of health professionals and regulated their professional conduct for one year. By the end of November 2000, midwives officially formed its professional associations, followed by other health cadres such as nurses, pharmacists, and medical doctors, while still being part of KLIPSTIL. By early 2001, KLIPSTIL slowly ceased operations.

As soon as Timor-Leste restored its independence on May 20, 2002, a new government was formed, and a minister of health was appointed. This discussion to establish a health professional council emerged under the leadership of the minister of health in the first government. While the government was in favor of establishing one umbrella entity to cover all health professionals, the existing health professional associations preferred to have different councils for different health cadres. In 2006, the midwives' association initiated the discussion among its members and developed a concept note to establish a professional midwifery council. By 2012, the midwife's association engaged with an advisor to help develop a council for midwives. Their formal application document was submitted to the parliament for approval but was subsequently rejected because the government preferred an umbrella council. Other health cadres were also making efforts to establish their own professional councils. The Nurse Association, for instance, proposed to establish "ordem de enfermeiro" (Nurse Order) in 2013 with the function similar to the nurses' council. The Nurse Order was also rejected for a similar reason as the midwifery council. The government's rationale behind this decision was the small size of the country, the limited number of health professionals, and current situation.

To date, the establishment of the health professional council is a goal yet to be achieved. Moreover, there are no competency standards for health professionals. Consequently, Timor-Leste does not have a regulatory body that oversees health care professionals. Moreover, the absence of standard competencies means that preservice education requirements are not standardized for all cadres, and health workers are not required to complete competency-based exams as a prerequisite to practice or obtain a license, as neither exists. The absence of competency standards also hinders the MoH's ability to measure competency levels and identify areas of improvement for the health professionals in its quest to improve health service delivery.

A description of the current situation of the health professional council is summarized below. *Regulated professions.* Decree Law no. 13/2012, of 7 March, Careers of Health Professionals, and Joint Diploma No. 03/MS/2021, of July 15 list health regulated professions in Timor-Leste. These professions include medical doctors, dentists, nurses, midwives, and 29 allied technicians (see Annex I for a complete list). There is also a law that regulates professional associations, Decree Law No. 4/2022 of March 23, however, there is limited information on laws that regulate health professional associations specifically.

Apart from regulated health professions, Timor-Leste has traditional health practitioners who use traditional methods to diagnose and treat patients. However, traditional practitioners are excluded from the health practitioners' law.

Education and accreditation. Most senior nurses and senior doctors were trained in Indonesia prior to Timor-Leste's independence, while most junior doctors graduated either from universities in Cuba or within the country. Midwives, however, are mostly trained in Timor-Leste, excepting a small number of senior midwives who graduated from Indonesia. Through various bilateral cooperation agreements, other health professionals have graduated from universities including Brazil, Australia, Thailand, and the Philippines.

In-country preservice training relies on the National University of Timor-Leste (UNTL) faculty of medicine, Instituto Ciências de Saúde, Instituto Superior Cristal, Unital Oriental Timor Lorosa'e (UNITAL), Universidade da Paz (UNPAZ), and Universidade de Dili (UNDIL).

Table I. Output from Accredited Health Training Institutions

Institute	Cadres produced	Annual Average Output
UNTL (public)	Specialist doctors (through partnership with Cuba)	10
	General doctors	60
	Nurse	95
	Midwives	80
	Nutritionists	30
	Pharmacy technicians	30
	Biomedical scientists	30
Universidade Oriental de Timor-Lorosa (private)	Nurses	100
	Public health specialists*	10
	Nutritionists	15
	Biomedical scientists	35
Universidade da Paz (private)	Public health specialists*	455
Universidade de Dili (private)	Dental therapists	50
	Nurses	15

Institute	Cadres produced	Annual Average Output
Instituto Superior Cristal (private)	Midwives	15
Instituto Ciências de Saúde	Nurses	45
	Midwives	150
	Nutritionists	24
	Pharmacy technicians	60
TOTAL		1,309

Source: extracted from National Strategic Plan for Human Resources for Health (NSPHRH) (2021).

* Public health specialists typically obtain other qualifications and undertake this course as additional training. Thus, this category does not reflect the total number of public health graduates.

Note that each in-country provider determines their own programs based on instruction from the Ministry of Education. UNTL, for example, developed its own curricula for the Schools of Medicine, Nursing, and Midwifery, and Health Technology in the Faculty of Medicine and Health Sciences. The evaluation and accreditation of these institutions and their programs is done by the National Agency for Academic Evaluation and Accreditation (ANAA-TL, Portuguese acronym). However, there are no professional councils and/or professional associations to oversee curricula, competencies, and licensing of health workers, including doctors, the nursing and midwifery workforce, and allied health professionals.

There also seems to be a lack of any formal mechanism or body to conduct standardized national examinations or a system of licensing based on competencies of individual health staff. Although these in-country preservice trainings provided an annual average output of 1,309 health workers, these providers are not directly linked to accreditation processes, education standards, registration requirements, or ongoing monitoring of practice and labor markets.

Licensing and/or registration requirements. The Cabinet of Licensing and Health Activity Registration serves as the central service of the MoH responsible for licensing pharmaceutical activities, private health units, the exercise of health professions, and issuing the necessary certificates to practice health professions. Its mandate also includes processing the registration of health professionals and maintaining an updated database of all registered health professionals.

As part of its efforts to ensure provision of high-quality services, the government, through the Cabinet of Licensing and Health Activity Registration, initiates various initiatives such as establishing registration rules for health professionals and certification of the health qualification by issuing professional identification cards for practice. Despite this, the registration of health professionals, for instance, is used to enumerate only health professionals enrolled in the national territory and as a mere documentary verification of the academic and professional qualifications of health workers who wish to practice their profession.

The requirement for health professional registration is generic across professions. There are no standards that prescribe certain competencies or required levels of training to be eligible for registration and obtain a license to practice. All graduates of health studies programs can register and obtain a license to practice as long as they can provide a curriculum vitae, legalized academic diploma related to health professions, two national identifications, passport pictures, certificate of university accreditation, copy of their academic transcript legalized by the Ministry of Education, and an internship certificate from the MoH along with a request letter.

Regarding qualifications, there is wide variation in relating to both the standards and quality of training. A minimum certificate of diploma level I (3 years' training) in nurse or midwifery is required to register as a nurse or a midwife. To date, a majority of the midwives are at the level of Diploma Level IV, while nurses are at the level of Diploma Level III. The low-level requirement for nurses and midwives was set in the early 2000s to address the severe health worker shortage post-independence. Other allied technical professions, such as laboratory analyst, radiographer, and biomedical engineers, also require at least a Diploma Level III. The registration requirement for medical doctors is generally higher compared to other professions, requiring at least an undergraduate study in medicine (4–6 years of training) and specialist doctors to have at least a master's degree from approved courses and from an accredited university. The table below shows the number of years of training required for each cadre.

Table 2. Number of Required Training Years

Official Name	English Language Equivalent	Qualification / Training	Observation
Medico Especialista	Medical Specialist	6 levels/Years +3-4 years post-basic	Senior Clinician
Medico Geral	General Doctor	6 levels / year	
Aliados	Allied health professionals	Various/ 3–4 years	Include pharmacy technicians (at level 5), lab technicians, nutritionists, physiotherapist
Parteira	Midwife	Diploma IV (4 years) or Diploma I (1 year)	Diploma I (course already closed) is particularly for those with experience, including nurse/midwife; excludes traditional Birth attendants.
Enfermeiro	Nurse	Diploma IV (4 years)	Includes dental nurses and (occasionally) public health specialists (4 years)
Assistente Enfermeiro	Nurses Aid	Certificate/Less than one year	Minimum training, nurse practitioner, pre-service training for those cadres that no longer exist

Source: Personnel Management Department, NDHR.

The registration process for health professionals serves also as a process for licensing. The existing professional associations such as medical association, nurse association, and midwifery association, do not have the legal obligation and authority to license their peers. Additionally, competency-based exams

to assess whether health workers are fit to practice do not exist. Currently, graduating from an accredited university is sufficient to obtain registration and licensure.

Renewal of license. The Cabinet of Licensing and Health Activity Registration provides a two years' license for local health practitioners and a one year for international health practitioners. The renewal process is simple and requires only to be active practitioners. There are no requirements or mechanisms to demonstrate continuing possession of professional clinical and/or technical competencies and/or to verify whether continuing professional development was undertaken. There is no law that regulates continuing professional development requirement nor how it is monitored and if there are penalties for not completing the requirements. The Cabinet for Health Quality Assurance is in the process of developing competency tests for health professionals; however, due to the lack of competency standards from some cadres, the competency tests will be done only for those cadres that have at least drafted competency standards.

Notifications, complaints and disciplinary processes. The Cabinet of Health Quality Assurance is a central service unit responsible for preparing and ensuring compliance with the clinical protocols and technical manuals, the establishment of codes of ethics for the health professions and assessing the quality of services provided by the health care centers under the National Health Service. The Cabinet's mandate also includes monitoring the accreditation processes of all health care institutions in the country.

However, in practice, disciplinary cases are mostly handled by the National Directorate of Human Resources (NDHR). Complaints of malpractice and/or misconduct of health workers in performing their professional practice are reported to the NDHR and subsequently raised to the Civil Service Commission. Therefore, the way in which complaints and disciplinary matters are dealt with is strongly influenced by the law for civil servants and is not profession-specific.

The Cabinet for Health Quality Assurance is making efforts to ensure health professionals receive copies of their competency standards, codes of conduct, and codes of practice by working with health professional associations. To date, only doctor, midwifery, nurse, and public health associations have drafts for both competency standards and codes of conduct. Legislations on notification for malpractice, process to file for and appeal complaints, and process to undertake disciplinary action are also not in place.

CHALLENGES OF HEALTH PROFESSIONAL COUNCIL ESTABLISHMENT

As noted in previous sections, health professional councils play a foundational role in regulating public and private health care professionals. In Timor-Leste, the government expects the scope for the council to include setting practice and quality standards, managing a register of health professionals, and setting quality assurance standards for education and training. They will also serve as a body that investigates malpractice complaints. Once competency standards are finalized and formally adopted, the government envisages that the health professional council will collaborate with the MoH to improve the quality of health of services by having qualified and competent health professionals. However, there are legal and technical reasons why the health professional council had not previously been established.

Legal Challenges

National Health System Law – Law No. 10/2004, of September 24, amended by Law No. 24/2021 of November 19, as well as Decree Law for health professionals - Decree-Law no. 14/2004 of 1 September, amended by Law No. 13/2011, of March 7, establish the requirements that are indispensable

to the performance of functions and the rights and duties of health professionals, including the right to establish orders or councils. Based on these laws, and considering the current situation in the health sector as described earlier, health professional associations have been advocating for the need to establish health professional councils.

Based on discussions with the director General of Corporate Services, one of the hindrances to formally establishing a council is the absence of additional required legal means. Until early 2022, Timor-Leste did not have laws that dictate the mechanism through which public professional associations can be formed and formally recognized. There is also no formal procedure or law that recognizes the existence of autonomous nonstate entities.

The Professional Associations, Law No. 4/2022 of March 23, provides the legal basis for any profession to establish a council, defines the function and organization of public professional associations, as well as sets the common and transversal rules for the access and exercise of the professions that are regulated by them. This law also helps contribute to increasing the public's confidence in the technical and ethical quality of Timor-Leste's professionals.

Despite the approval of Law for Professional Associations by the National Parliament, the MoH is still not able to pursue the establishment of a health professional council. Early this year, the government submitted and approved the legislative plan for 2022, which does not include laws about the establishment of a health professional council. Additionally, before the establishment of the health professional council, the national parliament needs to approve the second amendment of Health System Law to ensure a legal framework in the health area. The law has been approved in the “generality” discussion and needs to be approved in the “specialty” discussion planned to take place in October 2022.

Upon further analysis of the current laws, the team identified that the current organic law of the MoH does not have a clause related to health professional councils or its relationship with the Ministry's organizational structure. Therefore, an amendment of the Organic Law of the MoH is also required. It is expected that the health professional council will not be part of the organizational structure of the MoH; instead, it will be listed as an autonomous body that serves as an important partner of health professionals, and, thus, the MoH.

Among those laws submitted to the National Parliament in 2022, the MoH prepared and submitted an amendment to the national health system law, introducing a Decree Law for the Exercise of Health Professional, Decree Law for Health Professionals career, and private Health Units that are all linked to health professional council and health professional orders.

Technical Challenges

The establishment of the health professional council also requires resolving technical challenges, mainly related to the capacity of the government and related stakeholders. As per the discussion with the director of cabinet of Health Quality Assurance, one of the prerequisites to establishing a health professional council is the availability of standard competencies from different health professions. In 2015, the government provided grants in the amount of USD40,000 to the doctor, nurse, and midwife health professional associations to support them in developing their competency standards. While the nurse and midwife associations have a final draft of their respective competency standards, the medical doctor association will have developed its first draft planned for validation by the end of 2022.

In early 2021, discussions about health professional council resurfaced and was discussed at Council of Directors meeting in the MoH. The Cabinet of Health Quality Assurance was given the task to lead the

process; however, the Cabinet staff have limited technical capacity to do so. In a recent meeting with USAID’s Health System Sustainability Activity team, the director revealed that the Cabinet relied on the association to start the process. Unfortunately, since the members, including the leadership of the association, are volunteers, it has been challenging to gain the required time commitment and momentum to move the agenda forward. In addition, due to competing policy priorities, the Cabinet for Health Quality Assurance has postponed the initiative to establish a health professional council to 2023.

ROLES OF HEALTH PROFESSIONAL COUNCIL IN REGULATION AND HEALTH SYSTEM STRENGTHENING

There are underlying reasons why the establishment of a health professional council is so crucial. Once established, the health professional council will play a pivotal role in improving and managing health professionals’ competencies and thereby, the quality of health services provided to the community. From the discussions with the professional associations and directors from the MoH, the primary roles envisioned to be assumed by the health professional council are to set standards for professionals’ education, training, and practice; approve and accredit programs that professionals must complete to register and obtain a license to practice; keep a register of professionals who meet the standards; and provide oversight, investigate, and implement disciplinary actions of health professionals to ensure health professionals are compliant with established standards of practice and code of conduct.

Set Standards for Health Professionals’ Education, Training, and Practice

The health professional council, when established, will be the statutory body with the mandate of regulating health professionals, their education and practice, as well as the facilities where they practice. It will also assess and accredit health training institutions in order to improve the quality of preservice and in-service training curricula. The ultimate objective is to ensure that health care workers, training institutions, and health service provision meet standard requirements in order to provide quality health services to the community.

The council will be in charge of setting the minimum standards required to become registered or licensed; prerequisites to enter the profession; requirements to maintain a license to practice (including continuing professional education); standards for training and professional development; and mechanisms for addressing health care providers who breach the standards (e.g., how fitness to practice is assessed and complaints and notifications are managed). These functions, in a limited manner, are currently shared between the Cabinet for Health Quality Assurance and the Cabinet for Licensing and Health Activity Registration, while complaints and notifications are managed by the National Directorate of Human Resources.

Keep a Register of Professionals, Known as “Registrants”

One of the envisaged roles for the health professional council is to maintain a register of health professionals. The register will include the providers’ educational qualifications, scope of practice, continuing professional development training completed, licensing status, a record of complaints, if any, and other details as agreed-upon by the council and MoH. It is recommended for the council to establish an online database with an external-facing website to manage the register and allow practitioners to submit necessary documents for review through the platform. The external-facing website may also be accessible and searchable by the public to ensure their provider is registered and licensed to practice.

The council will also set requirements for periodic license renewals to ensure they have oversight on the providers' continuing competency. The council will do this by managing adherence to competency and clinical practice standards through requiring defined hours of attending relevant and accredited training, attending relevant conferences, providing lectures at training institutions, meeting requirements to practice in specific health programs or locations, and other mechanisms. In addition to demonstrating professional clinical competences and adherence to practice standards, the renewal may require mandatory declarations of fraud or criminal convictions.

Take Actions if Health Professionals Do Not Meet the Standards

Due to the absence of competency standards, there is no system or procedure to assess whether a health practitioner meets set standards. By showing the required documents from the universities, all health graduates are immediately registered and granted a license to practice.

The MoH expects the health professional council to set clear regulations for health professionals who do not meet the standards and serve as a disciplinary council to respond to complaints and investigate grounds for malpractice. The council will have the power to grant or to reject request for license or renewal of license.

In addition to the primary roles described above, the responsibilities of the health professional council may include:

- Prepare, approve, and publish code of ethics for health professionals
- Develop, approve, and order the publication of norms and technical instructions for the exercise of the professions
- Develop, approve, and order the publication of internal regulation and the regulation of the examination for accreditation
- Define the level and verify the academic or professional qualifications of candidates for internship and registration and licensing
- Organize competency tests for accreditation
- Grant the provisional and definitive registrations
- Issue the accreditation card
- Oversee in-service training provided by the National Institute of Health (INS) and other training institutions, including nongovernmental organizations (NGOs)
- Prepare standard for recognition of training and professional development carried out in the INS or abroad

ESTABLISH DISCIPLINARY PROCEDURES AND MEASURES, AND APPOINT THE RESPECTIVE INSTRUCTING BODY

The health professional council will oversee the work of the health professionals within the health sector, in compliance with the National Health Law, other governing laws, and National Health Sector Strategic Plan II to ensure support for the achievement of the MoH's purpose, core values, and strategy. It will work with other institutions, such as the Ministry of Education, preservice training institutions, INS, National Directorate of Human Resources, Cabinet for Health Quality Assurance, and Cabinet for Licensing and Health Activity Registration in setting the standard for competencies for health professionals. It also ensures publications of clinical guidelines and the development of toolkits, policy, and initiatives that aim to improve health service delivery.

The health professional council will be administratively independent, working in close partnership with the government in areas of mutual interest. In its work with the government, it serves as an advisor and will act as a conduit between health professionals and relevant government entities. Initially, funding will be provided by the government through a public grant, but program planning and administration will be managed by the council. Over time, the council can consider alternate funding mechanisms in addition to government sources through fundraising initiatives or member dues.

The structure for the council is yet to be determined and will involve consultations and agreement by government entities, training institutions, and existing professional associations. Currently, based on interviews with key stakeholders, there is consensus that the health professional council will consist of a chair, governing board, commissions for registration, accreditation and licensing, commission for discipline and ethics, and executive officers. Equal representation of all professional groups will be crucial. The envisioned roles for each position are outlined below.

Chair

The chair of the health professional council is responsible for influencing, leading, and coordinating the work of the council. The chair is a full member of the governing board with obligations to attend meetings of both the governing board and the commissions. The candidates for the chair of the council will be elected by the board members. The eligibility requirement to run for the position is active membership in the council. As part of the election process, the incumbent presents their vision and plans for the duration of their tenure and demonstrate their knowledge in relevant issues affecting members of the council, expertise, experience, and interest in/across the health professions; proven ability to inspire, provide guidance and support, and represent the interests of a diverse range of health professionals.

Governing Board

The governing board will play an important role in approving policies for the council, setting a strategic direction; making decisions about the health professional council's vision and mission; and providing strategic governance and oversight of management, finances, and quality. The governing board will also be responsible for establishing ethical standards, values, compliance, and building community relationships. The governing board takes the advisory and recommendations from the commissions and decides on implementing these recommendations.

The membership of the board is expected to be representatives from each health professional association in Timor-Leste to ensure that the interests of all health professionals in Timor-Leste are fairly represented. Other nonvoting members could include representative from the INS, Cabinet of Licensing and Registration of Health Activity, Cabinet of Health Quality Assurance, and the National Directorate of Human Resources.

Executive Officers

The health professional council will employ executive officers to help the council carry out administration and finance functions, subject to the directions of the governing board. Their primary responsibilities are to help with record keeping; reporting; logistics; and ensuring that the council can carry out its functions, such as maintaining an updated register, instituting and managing a complaint submission process, managing deliberations, ensuring that meeting minutes are recorded and distributed, and managing accounting and financial reporting.

Commission for Provider Accreditation and Quality Assurance

To guarantee the quality of a health educational program, the Commission for Provider Accreditation and Quality Assurance under the health professional council will assume the role of establishing systems and procedures for oversight and quality assurance of health education. The Commission for Provider Accreditation and Quality will be responsible for 1) creating the standards according to which the accreditation is provided, and 2) assessing and accrediting health training institutions to improve quality and standards of the health care system. This will ensure that health cadres, institutions, and health service provision meet standard requirements expected of them to provide quality health services to the community.

Commission for Registration and Licensure

The Commission for Registration and Licensure is responsible for processing the registration of health professionals and maintaining an updated database of all health professionals registered in the national territory. Since Timor-Leste currently does not have a clear system or process that defines prescriptive requirements for specific health cadres to register and obtain licensure, the commission will first need to set the parameters for minimum qualifications.

The Commission for Registration and Licensure will ensure clear systems or approaches where individuals are required to demonstrate that they possess competencies required to register and continue to practice. This can be done by instituting required continuing professional development credits that need to be fulfilled within a given period of time to maintain a license to practice. The council will also need to set rules and procedures to handle health workers who do not fulfill set requirements or how to handle their licensing status.

Commission for Discipline

The Commission for Discipline under the health professional council will help develop health professionals' competency standards, codes of conduct, and codes of practice by which all the health professionals have to comply with. To ensure compliance with the standards and code of ethics, the Commission for Discipline will also develop legislation on notification, complaints, and disciplinary processes. The Commission will have the authority to suspend or revoke licenses.

NEXT STEPS

As Timor-Leste works to establish a health professional council, stakeholders have agreed that there will be only one council under which different health professional associations may have their own professional orders. All parties also recognize the importance of establishing a council and the pivotal role the institution will play to help improve health professionals' competency and performance and therefore help improve the service delivery quality. Ultimately, the council will contribute to Timor-Leste's goal of developing and sustaining a high-performing health care system by improving the four dimensions of service delivery—accessibility, accountability, affordability, and reliability.

In order to achieve that goal and to establish the health professional council, there are steps that need to be considered. Based on the interviews with senior directors and professional associations, these major steps involve establishing a preparatory committee to lead the work to establish health professional council, initiating discussion with all the stakeholders and partners, developing a term of reference for the council, and working with the applicable government entities to develop a decree law for the council for implementation.

Establish a Preparatory Committee (Comissão Instaladora)

Based on discussions with the senior directors in the MOH and health professional association representatives, a hindrance to establishing the council is a lack of commitment from relevant staff members. Similarly, previous attempts to use existing health professional associations to set up a council were not successful. Instead, the MoH needs a dedicated committee whose members are liberated from their other daily routines to focus on spearheading the preparatory steps that need to be completed. The preparatory committee (Comissão Instaladora) shall conduct a desk review to identify good practices, explore other countries' health professional councils and how they operate, validate findings with health professional associations, and present their findings and recommendations to senior directors at the MoH to form the basis for the establishment of the health professional council.

Host Discussions with Stakeholders and Partners

In discussions, most respondents advised that the MoH, through the preparatory committee, must convene discussions with all relevant stakeholders in the health sector, such as the INS; Cabinet of Licensing and Registration of Health Activities; Cabinet of Health Quality Assurance; National Directorate of Human Resources; health professional associations; National Directorate of Public Health; Cabinet of Policy, Planning, and Cooperation; universities and institutions that are currently producing health workers; and civil society organizations (REBAS-TL). The discussion and data gathering also needs to involve development partners such as WHO, USAID, Department of Foreign Affairs and Trade (DFAT), UNFPA, UNICEF, and NGOs working in the health sector. The Cabinet for Health Quality Assurance should oversee the discussions and support the preparatory committee as needed.

These discussions will aim to gather input and ideas to envision the scope, function, and structure of the council. Starting with the desk review as reference, the committee should also use discussion forums to help brainstorm the mission, vision, and governance model in detail, taking into account including stakeholder engagement and the council's relationship with other health institutions.

Develop Terms of Reference for Health Professional Council.

Following the series of discussions, the Cabinet of Health Quality Assurance and the preparatory committee shall use the information gathered to develop a Terms of Reference (ToR) for the health professional council. Under the guidance of the Cabinet of Health Quality Assurance, the preparatory committee shares the draft ToR with all the stakeholders and partners involved to get agreement on the draft and recommend the final ToR to the Cabinet of Health Quality Assurance to gain required approvals.

Develop a Decree Law for the Establishment of Health Professional Council.

Once the ToR is developed, discussed, and approved, the preparatory committee, under the guidance of Cabinet for Health Quality Assurance, will coordinate with Legal Support and Litigation Unit from the MoH to develop a decree law for the establishment of a health professional council. The Cabinet for Health Quality Assurance will take the lead to present the drafted decree law to the council of directors in the MoH. After the draft is approved by the council of directors, the MoH will present the proposed decree to the Council of Ministers and then National Parliament. Once it is approved by the National Parliament, the decree needs to be promulgated by president of the Republic to form the legal basis to officially establish the health professional council. With support from the National Directorate of Human Resources, the nomination and recruitment for members and staff to form the health professional council can be commenced.

ANNEX I: LIST OF PROFESSIONS THAT MAKE UP THE CAREER OF ALLIED TECHNICIAN

1. Anesthetist Technician
2. Speech Therapeutic Technician
3. Clinical Nutritionist Technician/Dietitian
4. Hospital Instrument Technician
5. Technician for Hospital Biomedical Engineer
6. Physiotherapist Technician
7. Epidemiologist Technician
8. Psychologist
9. Optometrist Technician
10. Dental Technician
11. Sanitary or Environmental Health Technician
12. Clinical Information Technician or Medical record
13. Electrocardiography Technician
14. Electroencephalography Technician
15. Medical Science Technician
16. Clinical Analysis Technician
17. Biostatistics Technician
18. Electromedical Technician
19. Histopathology Technician
20. Microscopist Technician
21. Ophthalmologist Technician
22. Radiologist Technician
23. Respiratory Therapy Technician
24. Speech Therapy Technician
25. Occupational Therapy Technician
26. Gerontology Technician
27. chiropractic technician
28. Forensic Technician
29. Acupuncture Technician

Note: the list is based on the Joint Diploma No. 03/MS/2021, of July 15.