

The Importance of Competency-Based Health Education in Cambodia: Perspectives for 2025 and Beyond

Commentary

Sokha Yem^{1*}, Monirath Soun¹, Sokunthea Kem¹, Sreypoev Tun¹, Tineke Water², Andrea Burke Ryan¹

¹ Faculty of Nursing and Midwifery, University of Puthisastra, Phnom Penh 12211, University of Puthisastra

² Department of Research, University of Puthisastra, Phnom Penh 12211, Cambodia

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Abstract: Cambodia's ambition to achieve universal health coverage (UHC) by 2035 demands not only expanded access to care but urgent reforms to ensure service quality and workforce competence. Competency-based education (CBE) offers a transformative framework by shifting from content-driven teaching to measurable mastery of skills essential for patient-centered practice. Without accelerating CBE reforms, Cambodia risks falling short of its UHC 2035 goals, leaving critical gaps in workforce readiness and health equity. This commentary highlights opportunities, challenges, and policy considerations for embedding CBE across health professional education in Cambodia. Drawing on local institutional experiences and linking reforms directly to the UHC roadmap, it argues that ensuring consistent implementation—rather than proposing new frameworks—is the most pressing priority. The analysis offers a timely and distinctive contribution to advancing Cambodia's health education reforms and securing a competent workforce for the next decade.

The Evolution and Principles of Competency-Based Education

Competency-based education (CBE) is not a new idea. Still, it has gained significant popularity over the last 20 years as healthcare systems strive to bridge the gap between what people learn in school and what they do in their jobs. CBE, an outcome-based, student-centered methodology, emphasizes the amalgamation of comprehensive knowledge and skill proficiency within clinical settings to meet the changing demands of healthcare delivery (Gruppen, Mangrulkar, & Kolars, 2012).

The World Bank assisted the Cambodian Ministry of Health (MoH) in implementing changes to pre-service health education in 2018, under the Strengthening Pre-Service Education System for Health Professionals Project. The World Bank played a crucial role in these reforms, as it provided technical expertise and financial support. The goal of these changes was to ensure that the skills of graduates align with both national health priorities and international standards by standardizing the curriculum across all health training programs.

In Cambodia, CBE has been implemented through the use of Objective Structured Clinical Examinations (OSCEs), simulation-based training, and structured skills assessments, rather than traditional lectures. As students go through clinical placements, competency checks are becoming increasingly prevalent. These checklists ensure that students demonstrate they have acquired essential skills, including infection control, caring for mothers and babies, and effective communication with patients, before they graduate.

*Corresponding author: Sokha Yem, ysokha@puthisastra.edu.kh

Due to its flexibility, CBE is especially well-suited for low- and middle-income countries such as Cambodia, where programs can integrate local cultural frameworks and health priorities into their curriculum development. This adaptability reassures the audience about the feasibility of CBE in Cambodia. CBE is significant because it encourages responsiveness in health education at every level, from community health worker training to university programs and national policy, providing tailored learning opportunities for individuals with varying literacy levels.

Opportunities and Complexities in Implementation

Successful integration of competency-based education (CBE) depends on establishing a shared understanding of “competency” and achieving coherence across regulation, educational delivery, and professional practice (McMullen et al., 2022). This alignment is particularly complex in Cambodia, where coordination between diverse stakeholders—including regulators, professional bodies, educators, and health service providers—remains a work in progress.

One notable challenge has been ensuring alignment between the Ministry of Health (MoH), the Ministry of Education, Youth and Sport (MoEYS), and the Ministry of Labor and Vocational Training (MoLVT). For example, while the MoH has emphasized competency standards in clinical training, some nursing and midwifery schools under the MoEYS continue to rely heavily on content-driven curricula. This misalignment has resulted in uneven implementation of competency standards across institutions, with public and private universities moving at different paces. In some cases, clinical training sites in Phnom Penh have adopted competency checklists, while provincial institutions still depend on traditional knowledge-based evaluations. Such fragmentation risks creating a two-tiered system in which graduates demonstrate varying levels of preparedness for clinical practice.

CBE is often positioned as a tool for integrating pre-service, in-service, and interprofessional education. However, without robust systems for coordination and accountability, it risks reinforcing silos rather than fostering collaboration. Cambodia’s transitional approach to CBE—introducing reforms gradually rather than as radical overhauls—allows for flexibility and alignment with existing curriculum structures. This cautious strategy could potentially delay more profound cultural shifts in teaching and learning practices, as well as postpone tangible improvements in workforce competence. However, the potential of CBE to foster collaboration should encourage the audience about its impact on the health system.

Strengthening CBE for Workforce and Health System Goals

Competency-based education (CBE) emphasizes student-centered learning, promoting critical thinking, professional accountability, and mastery of practical skills, thereby boosting student engagement and readiness for practice. In Cambodia, several pilot projects have shown the advantages of aligning education with competency frameworks. For example, partnerships between the University of Puthisastra and leading hospitals in Phnom Penh, including Khmer-Soviet Friendship Hospital and Calmette Hospital, have introduced competency-based clinical rotations. These collaborations ensure that students are evaluated not only on theoretical knowledge but also on their ability to perform essential skills in real patient care environments. The benefits of CBE for students include enhanced confidence, workplace preparedness, and professional satisfaction, which are vital for workforce retention and delivering quality care. For the healthcare system, CBE ensures a competent workforce that can deliver high-quality, patient-centered services, thereby advancing Cambodia's progress toward UHC.

Competency frameworks also provide a foundation for lifelong learning, supporting continuing professional development and alignment with ASEAN Mutual Recognition Arrangements and international standards (American Association of Colleges of Nursing [AACN], 2021; ASEAN Joint Coordinating Committee for Healthcare [AJCCH], 2025; Accreditation Council for Graduate Medical Education [ACGME], 2025). For Cambodia, this alignment enhances the regional and global mobility of health professionals while ensuring consistent standards of practice. More importantly, CBE directly supports the nation's Universal Health Coverage (UHC) 2035 goals by producing a workforce that is not only larger in number but also demonstrably competent in delivering high-quality, patient-centered services. By equipping graduates with the skills to address maternal health, infectious disease control, and chronic disease management, CBE strengthens the health system's capacity to provide equitable and effective care, thereby advancing Cambodia's progress toward UHC.

Implementation Challenges

The shift to competency-based education (CBE) requires substantial investment in faculty development, particularly in authentic assessment, direct observation, and structured feedback (Edgar et al., 2025; Jarrett et al., 2024). Moving from “assessment of learning” to “assessment for learning” represents a fundamental change in educational practice. However, changes in teaching and assessment methods alone are insufficient; they must be embedded within comprehensive curricular reforms that reflect CBE principles.

In Cambodia, several practical barriers hinder effective implementation. Faculty shortages remain a critical challenge: many educators were themselves trained under traditional content-based models and lack expertise in competency-driven assessment methods such as OSCEs and workplace-based evaluations. Limited funding for professional development further restricts opportunities to build this capacity. Recent Ministry of Health consultations (2024) also highlighted concerns that many provincial training institutions lack access to simulation labs or standardized assessment tools, resulting in uneven preparation among graduates compared to those in urban universities.

Resource constraints add further complexity. Access to reliable e-learning platforms and structured clinical assessments is uneven, particularly in rural and under-resourced areas. Disparities between the public and private sectors mirror broader health system inequalities: private universities in Phnom Penh have begun to invest in simulation centers, while many public institutions remain underfunded. These gaps complicate efforts to establish a cohesive national CBE strategy (Boyer & Bucklew, 2019; Palermo et al., 2022).

Resistance to change among both faculty and students also poses challenges. Educators accustomed to lecture-based teaching may be hesitant to adopt competency-focused models that require greater engagement and individualized feedback. Students, meanwhile, often prioritize passing exams over developing practical competencies, reflecting entrenched cultural expectations within the education system. Without addressing these systemic and cultural barriers, the transformative potential of CBE risks being undermined.

Recommendations

To support Cambodia's development in achieving universal health coverage (UHC) and strengthen the quality of health professional education, the focus should now shift from proposing new frameworks to ensuring consistent implementation of strategies already endorsed by the government. Both the Ministry of Health (MoH) and the Ministry of Education, Youth, and Sport (MoEYS) have outlined

commitments to competency-based education (CBE) through initiatives such as the Education Strategic Plan 2019–2023, the Higher Education Vision 2030, and the National TVET Policy 2017–2025 (MoEYS, 2014; MoEYS, 2019; RGC MoLVT, 2017). The critical task ahead is translating these commitments into practice across all health training institutions.

This requires sustained investment in faculty development, particularly in assessment skills such as OSCEs, structured feedback, and workplace-based evaluations (Lockyer et al., 2017; Imanipour et al., 2022). Priority should be given to rural and public institutions to reduce disparities with better-resourced private universities. Similarly, expanding access to simulation labs and digital learning platforms will help ensure that the implementation is equitable and inclusive.

Strengthening partnerships between universities, clinical sites, and professional councils is also essential to align theory with practice and foster interprofessional learning. Ongoing monitoring and evaluation mechanisms should be embedded to track competency acquisition and ensure that learning outcomes translate into workforce preparedness. Linking these measures explicitly to Cambodia's UHC roadmap (Sorn, 2025) will reinforce the central argument: that a competent, practice-ready health workforce is indispensable for achieving UHC goals.

Ultimately, the success of CBE in Cambodia depends not on re-proposing strategies but on building the institutional capacity, cross-ministry coordination, and accountability systems necessary to implement them effectively.

Conclusion

Competency-based education (CBE) represents a decisive pathway to improving health professional training and strengthening Cambodia's health system. Yet, without urgent and sustained action, fragmented implementation and resource disparities threaten to undermine its potential. The immediate priority is not to design new strategies but to ensure that endorsed frameworks—such as the Education Strategic Plan, Higher Education Vision 2030, and the National TVET Policy—are fully implemented across institutions. National leadership, cross-ministry coordination, and faculty development must be matched with equitable investment in public and rural universities. By embedding robust monitoring mechanisms and linking competency outcomes explicitly to the UHC 2035 roadmap, Cambodia can secure a practice-ready workforce capable of delivering equitable, high-quality care. The next decade is critical: decisive implementation of CBE will determine whether Cambodia achieves its universal health coverage ambitions or risks leaving systemic gaps unaddressed.

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Conflicts of Interest

There are no conflicts of interest to report in the writing of this commentary. All authors confirm that they have no financial or personal relationships that could inappropriately influence or bias the content of this work.

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