

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. **5160**

Introduced by **Hon. GABRIEL LUIS R. QUISUMBING**

EXPLANATORY NOTE

The decreasing enrollment of students in the field of medicine in the Philippines has been showing an alarming trend. Add to that the recent phenomenon of doctors forgoing their medical education and training in order to pursue nursing abroad, and what we have is a country faced with a crisis in health service provision. Some government and private hospitals were reportedly filling up their medical resident vacancies by hiring foreign doctors. In a survey done by the Department of Health (DOH), among its retained training and teaching hospitals, 12% of plantilla positions for medical residents remain unfilled. It is feared that with Filipinos opting for out-of-residency training, there will no longer be Filipino medical specialists in the future.

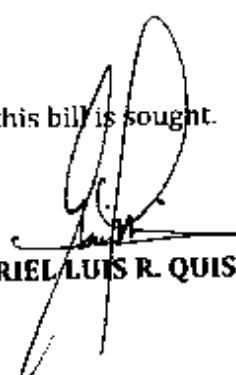
Filipino doctors shift to nursing and work abroad just so they could earn larger amounts as compared to what they would earn as doctors in our country. Aside from a measly monthly salary of P19, 168.00 as a Medical Officer III in government hospitals, doctors are said to be living in inhumane conditions. Resident doctors are the main workforces in hospitals and as such, they are sometimes on duty for three, straight days, during which meals and sleep are missed. Surely, these dismal conditions make raising a family and living decently a very difficult endeavor for Filipino doctors in the country.

Changes must be made so that a potential health crisis may be averted. This bill seeks to upgrade the salary and benefits of doctors while upgrading the quality of their training as well.

These could be made by the creation of an agency attached to the Department of Health that would oversee and standardize the accreditation of specialties and sub-specialties, a task currently being performed by specialty societies. The agency shall also look after the welfare of medical residents and shall enforce the provisions of this bill, which seek to provide them a more decent salary and more humane living conditions for medical residents.

This bill seeks to make our Filipino medical residents stay in the country in order for them to continue looking after the health of Filipinos. Through this bill, it is hoped that our country will produce competent medical specialists who are willing to stay in the country and serve their fellow citizens.

In view of the foregoing, the immediate passage of this bill is sought.


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**AN ACT TO PROMOTE AND STRENGTHEN THE MEDICAL RESIDENCY TRAINING
PROGRAMS IN THE PHILIPPINES**

*Be it enacted by the House of Representatives and the Senate of the Philippines in Congress
assembled:*

SECTION 1. Short Title. This Act shall be known as the **"Medical Residency Act of
2011."**

SECTION 2. Declaration of Policy. It is the declared policy of the State to protect and
promote the right to health of the people and instill health consciousness to effectively
carry out the health programs and projects of the government essential to the growth
and health of the people. Pursuant to such State policy, the quality of medical residency
training in the Philippines might be uplifted and at the same time protect the rights of
medical residents to a decent compensation and benefits including the provision of
humane working conditions.

SECTION 3. Definition of Terms and Abbreviations. The terms and abbreviation
used in this Act are as follows:

- a. DOH- Department of Health
- b. DOLE- Department of Labor and Employment
- c. Foreign graduates of Medicine- a graduate of Doctor of Medicine who earned
his/her degree abroad or a non-citizen of the Philippines who earned his/her
degree in Philippine medical schools.
- d. Medical Residency Training-Training undergone by licensed physicians in
accredited hospitals before they can practice their specialty.
- e. Medical Residents- pertain to physicians undergoing medical residency training
in any field of specialization.
- f. PMAC-Philippine Medical Accreditation Council
- g. PRC- Professional Regulations Commission
- h. Specialties/ Subspecialties-specialty pertains to field of medicines such as
surgery, internal medicine, obstetrics and gynecology, pediatrics, general
medicine and other medical fields. Subspecialty pertains to highly specialized
fields of medicine.

SECTION 4. Creation of the Philippine Medical Accreditation Council (PMAC).
There shall be established an attached agency to the Department of Health to be called
the Philippine Medical Accreditation Council (PMAC) which shall ensure the quality of
medical residency training for all specialties and subspecialties of medical residents.
PMAC will ensure that policies will be enforced to provide better compensation and
benefits and promote humane working conditions of medical residents. PMAC will also

ensure that medical residency training of doctors will be responsive to the current health service needs of the Philippine population.

SECTION 5. Roles and Functions of the PMAC. The roles and functions of PMAC shall include but will not be limited to the following:

- a. set the standards of medical residency training for all specialties and subspecialties.
- b. ensure that the standards set for medical residency training are at par with international standards such as the World Federation for Medical Education (WFME);
- c. accredit all medical residency training programs for all specialty and subspecialty;
- d. assess and create a data base of doctors who have started the residency training program and monitor/ ensure that they have satisfactorily completed the training in either government and private hospitals;
- e. issue certificate to doctors who have satisfactorily completed the residency program;
- f. screen foreign graduates of medicine who will undergo residency training in the Philippines and assess the equivalence of their basic medical education to the standard curriculum prescribed in Philippine schools of medicines;
- g. develop and ensure implementation of policies that will provide better compensation and benefits and humane working conditions for medical residents;
- h. receive and act on complaints of medical residents as well as complaints of patients against medical residents;
- i. ensure that the medical residency training will be responsive to the health service need of the population;
- j. maintain a registry or data base of medical residents and accredited residency training programs;
- k. monitor and evaluate residency training programs regularly, and prescribe remedial measures to deficient training programs; and
- l. provide mechanisms that will promote equitable distribution of medical specialists into the various parts of the country.

SECTION 6. Organizational Structure. There shall be a Governing Council in the PMAC which shall be composed of representatives from the Professional Regulation Commission (PRC), the Department of Labor and Employment (DOLE), specialty societies, hospital associations and medical residents as members and the Secretary of Health as Chairperson. Under the Governing council the following Committees and Secretariat shall be created to assist the PMAC in carrying out its roles and functions.

- a. Committee on Accreditation-It shall be composed of representatives from the different specialty and subspecialty societies. It shall be responsible for accrediting residency training and development of standards for approval of the Council;
- b. Committee on Training and Certification. It shall be composed of training officers or their equivalent in both private and government hospitals. It shall determine the satisfactory completion of a medical resident and shall issue the certificate of completion of appropriate specialty or subspecialty medical residency training;
- c. Committee on Policies, Standards and Ethics. It shall be composed of representatives from the committee on Accreditation and committee on Training and Certification, DOLE, PRC, and medical residents. . This committee shall formulate standards of medical residency training programs, policies on

- compensation/ benefits and working conditions of medical residents and other policies related to the scope of practice of medical residency. It shall act on complaints of medical residents and patients and submit recommendations to the Council for approval. It would also screen foreign graduates of medicine who would like to undergo medical residency training in the Philippines;
- d. Secretariat. The DOH shall provide a Secretariat for the PMAC, which shall be composed of technical and administrative staff. The Secretariat shall coordinate the activities of the different committees and provide administrative support for the effective and efficient coordination of the programs, projects and activities among the different committees of the PMAC.

SECTION 7. Accreditation of Medical Residency Training Programs. Medical residency training programs shall only be conducted in accredited teaching and training hospitals. The PMAC is the only recognized organization that shall be given the full authority to accredit residency-training programs. Upon approval of the Implementing Rules and Regulations of this Act, a period of one year shall be given to allow time for the transfer of accreditation from the different specialty and subspecialty societies to the Committee on Accreditation of the PMAC.

SECTION 8. Training Curriculum of Medical Residency Training Programs. The Training officers of their equivalent Medical Residency Program shall prepare training curriculum that shall meet the standards set by the Committee on Policies, Standards and Ethics of the PMAC. The training curriculum shall be at par with international standards and shall be responsive to the health service needs of the population. The Committee on Policies, Standards and Ethics shall be given one year from the time of its creation to prepare the standards of medical residency training programs, which will be uniform for all specialties and subspecialties.

SECTION 9. Qualifications of Applicants to Medical Residency Training Programs. The following shall be the minimum qualifications of applicants to medical residency training programs:

- a. a passing score in the licensure examination for physicians
- b. no previous criminal or administrative record
- c. clearance by the PMAC for foreign graduates of Medicine.

PMAC may set other qualifications that it may deem necessary.

SECTION 10. General Conditions for the Medical Residency Training of Foreign Medical Graduates. The following general conditions shall be applied to foreign medical graduates of medicine undergoing medical residency training in the Philippines.

- a. Accredited residency training programs shall be allowed to accept foreign medical graduates in cases wherein no Filipino physicians are applying for the same vacancy. Filipino physicians shall be given first priority in filling up vacancy for medical residents.
- b. Foreign graduates of medicine shall secure clearance from PMA prior to application to any accredited residency training program;
- c. Foreign medical graduates shall undergo basic language course in Filipino/or the dialect that is used in the locality where the accredited institution is located before commencing his/her medical residency. Certificate of proficiency in Filipino and the dialect of the locality shall be obtained by the foreign graduate of medicine from a CHED- accredited state university or tertiary education institution located in the locality where foreign graduate of medicine wishes to undergo residency training before PMA may issue a clearance to the foreign graduate of medicine. For accredited institutions located in areas wherein

Filipino is the language used by the majority, proficiency in a dialect shall no longer be required.

- d. Foreign graduates of medicine shall be required to undergo a seminar on Philippine history, culture and government as well as the Philippine health care delivery system prior to the commencement of his/her residency.

SECTION 11. Salary and other benefits. The minimum base pay of all medical residents in government hospitals shall not be lower than salary grade 21 as per Joint Resolution 4 modifying the compensation and classification system for civilian personnel. They shall be entitled to overtime pay and night differentials pay for services rendered beyond the eight (8) hours or hours of duty at night. Hazard pay shall be given as stipulated in Republic Act 7305 otherwise known as Magna Carta for Health Workers for medical residents of public or private hospitals.

SECTION 12. Working conditions of Medical Residents. The following working conditions of medical residents shall be observed by all accredited institutions.

- a. No medical resident shall be allowed to go on duty for more than 16 hours straight except in extraordinary cases to be determined by the hospital administrator.
- b. Medical residents shall be entitled to one day off from hospital duty every week, or after a 16 hour continuous duty;
- c. Medical residents shall be given standard quarters in the hospital where he/she can stay during his duty.
- d. Medical residents should be given administrative support by the Human Resource Department of the hospital especially in following up forms or regular documents necessary in getting pay slips or other related documents for submission and upkeep of the Human Resource Department of the training institution.
- e. Medical residents shall perform only functions that are related to his/her residency training. Superiors are forbidden from ordering errands that are not related to the training of the medical resident or demeaning to a medical residents dignity as a person. The PMAP shall receive and investigate complaints of this nature from medical residents.
- f. Medical residents are also entitled to enough time for personal break, meals and observing hygiene during hour of duty.
- g. Since medical residents are considered to be on training they shall be supervised by their superiors at all time especially when performing critical procedures to patients. In case of Junior residents, the senior residents or consultants shall always be available for supervision and assistance and in the case of senior residents, his/her consultant.
- h. Medical residents shall be treated equally. No medical resident shall be discriminated because of his/her gender.
- i. Medical residents should always wear their proper uniform white gown with nameplate for proper identification.

SECTION 13. Professional Conduct of Medical Residents. The Medical resident even though they are on training shall observe the following professional conduct at all times;

- a. The medical resident shall always uphold the dignity, privacy and rights of his/her patients.
- b. Medical resident shall always perform his/her functions with utmost diligence especially those related to care of patients so as not inflict any harm on the patient.
- c. Since medical residents are on training, they shall not receive any form of payment from patients.

- d. Medical residents shall not engage in the following:
 - accepting commission from laboratories, diagnostic facilities, pharmacies for referring patients to these facilities.
 - getting excess and unused medicines, drugs and other materials from patients without their permission.
 - selling medicines, drugs and other materials to patients or their relatives.
 - selling free samples of drugs or other medicines; and
 - Receiving money or any form of incentives from any pharmaceutical company for prescribing their brand of drugs, medications and other materials.
- e. Medical residents should treat their patients with utmost respect.
- f. Medical residents should observe the Generics Act of 1988 and Quality Medicine Act of 2008.
- g. Medical residents shall render full time service to the hospital where he/she is employed. As such, he/she shall not engage in any part-time job outside of the hospital.

SECTION 14. Responsibilities of Accredited Training Institutions. The following are the responsibilities of the accredited institutions:

- a. The accredited training institutions shall observe all the provisions of Section 11, which pertains to the working conditions of the medical residents.
- b. In relation to the preceding provision, training officers or their equivalent together with the medical residents shall prepare a schedule of their duty at the start of the year to ensure the provisions of Section 11 shall be observed at all times. Periodic evaluation of competencies gained shall be conducted per year level;
- c. The accredited training institutions shall submit the names of their medical residents, their level, and other relevant information related to their medical residency training program to the PMAC for the proposed registry or database;
- d. The accredited institution shall provide the necessary logistics, equipment and other medical supplies.

SECTION 15. Handling of Complaints. Anybody can file a complaint against medical residents and or accredited training institutions to the PMAC. The Committee on Policies, Standards and Ethics shall handle the complaint and if deemed necessary, shall conduct an investigation. It shall come up with a report and recommendations to the Chairperson of the PMAC within thirty (30) working days upon receipt of the complaint. The Chairperson shall issue the final decision regarding the filed complaint.

SECTION 16. Violations. Any accredited training institutions and or their medical residents that have been found violating any provisions of this Act shall have the following penalties:
1st offense- reprimand
2nd offense- suspension with duration depending on the gravity of the offense but not exceeding six (6) months
3rd offense- revocation of the training institution. In the case of medical residents, he/she shall not be given certificate of completion of residency training by the PMAC and shall be removed from the residency training program.

SECTION 17. Appeal. Both parties, complainant and respondents may appeal to the Secretary of Health within fifteen (15) working days upon receipt of the copy of the decision. The absence of any appeal within the specified period shall render the decision as final and executory.

SECTION 18. Creation of Plantilla Position. There shall be created plantilla positions in the DOH needed for the implementation of the purposes of this Act.

SECTION 19. Budget Appropriations. The Department of Health shall submit to Congress the necessary budgetary estimates to implement the provisions of this Act and every year allocate a portion of their annual budget for the support of this Act.

SECTION 20. Implementing Rule and Regulations. The DOH together with DOLE and PRC shall draft the implementing rules and regulations of this ACT within a year after the effectivity hereof.

SECTION 21. Separability Clause. If any provision or part hereof, is held invalid or unconstitutional, the remainder of the law or provisions and otherwise affected shall remain valid and subsisting.

SECTION 22. Repealing Clause. Any law, presidential decree or issuance, executive order, administrative order, rule or regulation contrary to or inconsistent with, the provisions of this Act is hereby repealed, modified or amended accordingly.

SECTION 23. Effectivity Clause. This Act shall take effect fifteen (15) days after its publication an at least two (2) newspapers of general circulation.

Approved.