

TWENTIETH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



HOUSE OF REPRESENTATIVES

HOUSE BILL No. 254

Introduced by REPRESENTATIVES LANI MERCADO-REVILLA,
BRYAN B. REVILLA AND RAMON JOLO REVILLA III

AN ACT
CREATING THE PHILIPPINE MEDICAL ACCREDITATION COUNCIL (PMAC)
TO MANAGE MEDICAL RESIDENCY TRAINING PROGRAMS IN THE
PHILIPPINES, AMENDING FOR THIS PURPOSE REPUBLIC ACT NO. 1243

EXPLANATORY NOTE

This bill seeks to rationalize the Philippine medical residency training program in the country, and address the poor working conditions and safeguard the welfare of our medical residents by the establishment of the Philippine Medical Accreditation Council (PMAC), as an attached agency of the Department of Health. This is to ensure the quality of medical residency training for all specialties and sub-specialties of medical residents. It aims to ensure that the training of our country's doctors is responsive to the current health service need of the population. The standardization of the training curriculum for the Medical Residency Programs, to be at par with international standards, is also being sought.

The bill also aims to guarantee the salary and other benefits of residents who choose to work in government hospitals. Guidelines for the professional conduct of medical residents are also set in this bill to ensure that they maintain professionalism in their service and do so with dignity. Patients are also assured of their rights, with a provision on the handling of complaints against medical residents and penalties thereof.

Enhancing the Program and standardizing the working conditions of our medical residents will help strengthen the health workforce in the country through more entrants in the medical residency training program and to produce more competent medical specialists with the heart to serve and save the lives of the Filipino people.

The approval of this bill is earnestly sought.


REP. LANI MERCADO-REVILLA
Representative
2nd District of Cavite



REP. RAMON JOLO REVILLA III
Representative
1st District of Cavite



REP. BRYAN B. REVILLA
Representative
AGIMAT Partylist

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

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

SECTION 2. *Declaration of Policy.* — It is declared policy of the State to protect and promote the right to health of the people and instill health consciousness among them. In pursuit of such policy, the quality of medical residency training in the Philippines, and at the same time the protection of the rights of medical residents must be upheld, such that they are given due compensation and benefits as well as provided with humane working conditions.

SECTION 3. *Definition of Terms and Abbreviations.* — The terms and abbreviations as used in this Act are as follows.

- a. DOH — Department of Health
- b. DOLE — Department of Labor and Employment
- c. Foreign graduate 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 — a 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/Sub-specialties — specialty pertains to fields of medicine such as surgery, internal medicine, obstetrics and gynecology, pediatrics, family medicine and other medical fields. Sub-specialty pertains to highly specialized fields of medicine.

SECTION 4. *Creation of the Philippine Medical Accreditation Council (PMAC).* —

There shall be established an attached agency of the Department of Health, to be known as the Philippine Medical Accreditation Council (PMAC), which shall ensure the quality of medical residency training for all specialties and sub-specialties of medical residents, and which shall create policies that will promote humane working conditions and better compensation of medical residents. The PMAC is also tasked to ensure that medical residency training of doctors will always be responsive to the current health service needs of the Philippine population, and to accredit medical residency training programs and designate medical training hospitals, amending for this purpose Section 4 of Republic Act No. 1243.

SECTION 5. *Roles and Functions of the PMAC.* — The PMAC's roles and functions shall include but not 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 medical residency training programs for all specialty and subspecialties;
- d. Assess whether doctors who have undergone residency training have satisfactorily completed the training;
- e. Issue certificate to doctors who have satisfactorily completed the residency training in either government and private hospitals;

- 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 always be responsive to the health service needs of the population;
- j. Maintain a registry or database 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 specialties 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 each from the Professional Regulations Commission (PRC), Department of Labor and Employment (DOLE), specialty societies, hospital association and medical residents as members, and the Secretary of the Department of Health as the 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 sub-specialty societies. It shall be responsible for accrediting residency training and developing 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 whether doctors have satisfactorily completed residency training and shall issue certificate of completion of training, if appropriate.

- 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 program, policies on compensation/benefits and working conditions of medical residents and other policies related to the scope and practice of medical residency. It shall handle complaints of medical residents and patients and submit recommendations to the Council for approval and action regarding complaints filed. It shall also screen foreign graduates of medicine who would like to undergo residency training in the Philippines.
- d. **Secretariat** — The DOH shall provide a Secretariat for the PMAC to be composed of both technical and administrative staff. The Secretariat shall coordinate the activities of the different committees and provide technical and administrative support in the efficient and effective coordination of 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. Curriculum of Medical Residency Training Programs. — The Training Officers, or their equivalent, shall prepare a training curriculum that shall meet the standards to be 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 (1) year from the time of its creation to prepare the standards of medical residency training programs, which will be uniform for all specialties and sub-specialties.

SECTION 9. *Qualifications of Applicants to medical Residency Training Programs.*

— The following shall be minimum qualifications of applicants to medical residency training programs:

- a. A passing score in the licensure examination for physicians;
- b. No previous criminal and/or administrative record; and
- c. Clearance by the PMAC for foreign graduates of medicine.

The PMAC may set such other qualifications as it may deem fit.

SECTION 10. *General Conditions for the Medical Residency Training of Physicians who are Foreign Medical Graduates.* — The following general conditions shall be applied to physicians who are graduates of foreign medical schools who intends to undergo 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 the first priority in filling up vacancy for medical residents;
- b. Physicians who are graduates of Foreign medical schools shall secure clearance from PMAC as part of the requirements for application to any accredited residency training program in the Philippines;
- c. Foreign physicians who are graduates of foreign medical schools shall undergo basic language course in Filipino, and/or the dialect that is used in the locality where the accredited institution is located, before commencing his/her medical residency. A certificate of proficiency in Filipino, and/or the dialect of the locality, shall be obtained by the foreign physician from a CHED-accredited state university or tertiary education institution located in the locality where the foreign physician intends to undergo residency training, before the PMAC may issue a clearance to him/her.
- d. The foreign physician applying for residency in the Philippines 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 medical residency.
- e. The foreign physician applying for residency in the Philippines who has complied with all the herein requirements for such residency training applied for shall be issued PMAC Clearance and Temporary Training Permit, which is equivalent to, and in lieu of, the TTT being issued by the PRC under existing laws and regulations.

SECTION 11. *Working Conditions of Medical Residents.* — The following working conditions of medical residents shall be observed by all accredited institutions: No medical resident shall be allowed to go on duty for more than 24 hours straight, except in extraordinary cases to be determined by the hospital administrator;

- a. Medical residents shall be entitled to one day off from hospital duty every week;
- b. Medical residents shall be given standard quarters in the hospital where he/she can stay during his/her tour of duty;
- c. 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 medical residents, or are demeaning to a medical resident's dignity as a person. The PMAP shall receive and investigate complaints of this nature from medical residents;
- d. Medical residents are also entitled to enough time for personal break, meals, and observing hygiene during a tour of duty;
- e. Since medical residents are considered to be on training, they shall be supervised by their superior at all times, especially when performing critical procedures to patients. In case of junior residents, the senior resident or consultant shall always be available for supervision and assistance, and in the case of senior residents, his/her consultants.
- f. Medical residents shall be treated equally. No medical resident shall be discriminated upon because of his/her gender, race, and ethnicity.

SECTION 12. *Salary and Other Benefits.* — The minimum base pay of all medical residents in government hospitals shall not be lower than Salary Grade 22. They shall be entitled to overtime pay and night shift differential pay for services rendered beyond eight (8) hours, and hours of duty beyond 10:00 pm to 6:00 a.m. Hazard pay shall be given as stipulated in Republic Act No. 7305, otherwise known as "The Magna Carta for Health Workers", for residents of public or private hospitals.

SECTION 13. *Professional Conduct of Medical Residents.* — The medical residents, even though they are on training, shall observe the following professional conduct at all times:

- a. Medical residents shall always uphold the dignity, privacy and rights of his/her patient;

- b. Medical residents shall always perform his/her functions with utmost diligence especially those related to care of patients so as not to inflict any harm on the patient;
- c. Since medical residents are still on training, they shall not receive any form of payment from their patient;
- d. Medical residents shall not engage in unacceptable practices such as, but not limited, to the following:
 - a. Accepting commission from laboratories, diagnostic facilities, pharmacies for referring patients to these facilities;
 - b. Obtaining excess and unused medicines, drugs, and other materials from patients or the supply source, without proper permission;
 - c. Selling medicines, drugs, and other materials to patients or their relatives;
 - d. Selling free samples of drugs or other medicines; and
 - e. Receiving money or any form of incentive from any pharmaceutical company for prescribing their brand of drugs, medicines, and other materials.
- e. Medical residents shall always treat his/her superiors, subordinates, coworkers and patient's relatives with utmost respect;
- f. Medical residents shall observe the Generics Act of 1988 and Cheaper and Quality Medicines 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 the hospital.

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

- a. The accredited training institutions shall observe all the provisions of Section 11, which pertain to the working conditions of 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 that the provisions of Section 11 (a) 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, specialty, and other relevant information related to their medical residency training program to the PMAC for the proposed registry or database;
- d. The accredited training institutions shall provide the necessary logistics, equipment, and other medical supplies.

SECTION 15. *Handling of Complaints.* — An aggrieved party can file a complaint against medical residents, and/or against an accredited training institution, 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 a decision or resolution of the complaint within the period as may be provided in the implementing rules.

SECTION 16. *Violations.* — Any accredited training institution, and/or their medical residents, found to have violated any of the provisions of this Act shall be meted with the following penalties:

First Offense — reprimand;

Second Offense — suspension with duration depending on the gravity of the offense, but not exceeding six (6) months:

Third Offense — revocation of the accreditation of the training institutions. In the case of medical residents, he/she shall not be given a 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 respondent, 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 Positions.* — There shall be created plantilla positions in the DOH as needed, for the implementation of the purposes of this Act.

SECTION 19. *Budget Appropriations.* — The budget needed for the creation of the PMAC shall be chargeable to the funds of the DOH. As such, the budget allocated for the Department as per the General Appropriations Act shall be increased thereafter, to provide for the funds needed in the creation and maintenance of PMAC. The funds for the upgrading of salary of medical residents, on the other hand, shall thereafter be included in the General Appropriations Act.

SECTION 20. *Implementing Rules and Regulations.* — The DOH, together with DOLE and PRC, shall draft the implementing rules and regulations of this Act within one (1) year after the effectivity of this Act.

SECTION 21. *Separability Clause.* — Should any provision herein be declared unconstitutional, the same shall not affect the validity of the other provisions of this Act.

SECTION 22. *Repealing Clause.* — All laws, decrees, orders, rules, and regulations or other issuances or parts inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SECTION 23. *Effectivity Clause.* — This Act shall take effect within fifteen (15) days after publication in the *Official Gazette*, or in one (1) newspaper of general circulation in the Philippines.

Approved,