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SENATE

S.B. No. 3057

Introduced by Senator Loren Legarda

EXPLANATORY NOTE

The decreasing enrolment in medicine in the Philippines has been showing an alarming trend. Add to that the recent phenomenon of doctors discarding their education and training in medicine in order to pursue nursing and the country is faced with a health crisis. Some government and private hospitals were reportedly filling up their vacancies of medical residents 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 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 work abroad and earn salaries many times bigger than they would earn as doctors in the 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 workforce in hospitals and as such, they are sometimes on duty for three straight days, during which meals and sleep are missed. Surely, these conditions make raising a family and living decently an uphill climb 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 subspecialties, 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 retain medical residents in the country to help look 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 fellow Filipinos.

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

A stylized, handwritten signature in black ink, consisting of several overlapping, sweeping lines that form a cursive shape.

LOREN LEGARDA

SENATE

S.B. No. 3057

RECORDED

Introduced by Senator Loren Legarda

**AN ACT TO MANAGE MEDICAL RESIDENCY TRAINING PROGRAMS IN
THE PHILIPPINES**

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

SECTION 1. *Short Title.* This Act shall be known as the "Medical Residency Act
of 2009".

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
among them. Pursuant to such State policy, the quality of medical residency
training in the Philippines and at the same time protect the rights of medical
residents such that they are given due compensation and benefits and provided
with humane working conditions.

SECTION 3. *Definition of Terms and Abbreviations.* The terms and
abbreviations 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- 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 fields of medicine such as
surgery, internal medicine, obstetrics and gynecology, pediatrics, family
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 of 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, and which shall provide 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.

Section 5. Roles and Functions of the PMAC. The PMAC's roles and functions shall include but 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 medical residency training programs for all specialty and subspecialty;
- 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 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 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 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 subspecialty 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 which shall 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. Training 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 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 and or administrative record
- c. clearance by the PMAC for foreign graduates of medicine.

The 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 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 the first priority in filling up vacancy for medical residents.
- b. Foreign graduates of medicine shall secure clearance from PMAC prior to application to any accredited residency training program;
- c. Foreign medical graduates 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 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 the foreign graduate in medicine wishes to undergo residency training before the PMAC 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 medical residency.

Section 11. *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 24 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.
- c. Medical residents shall be given standard quarters in the hospital where he/she can stay during his/her tour of duty.
- d. 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.
- e. Medical residents are also entitled to enough time for personal break, meals, and observing hygiene during a tour of duty.
- f. 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.
- g. Medical residents shall be treated equality. No medical resident shall be discriminated because of his/her gender.

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 differential pay for services rendered beyond eight (8) hours or hours of duty a night. Hazard pay shall be given as stipulated in Republic Act No. 7305, otherwise known as "", 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:
 - 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 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, co-workers 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, equipments 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 accreditation 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 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 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 shall be increased to provide the funds needed for the creation and maintenance of PMAC. The funds for the upgrading of salary of medical residents on the other hand shall 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 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 the provision not otherwise affected shall remain valid and subsisting.

Section 22. *Repealing Clause.* Any law, presidential decree or issuance, executive order, letter of instruction, 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 in at least two (2) newspapers of general circulation.

Approved,