

SIXTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Third Regular Session)

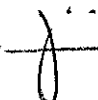


Senate
Office of the Secretary

15 JUL 29 P4 36

SENATE

S.B. No. 2878

RECEIVED BY: 

Introduced by Senator **SONNY ANGARA**

AN ACT
TO ENHANCE AND SUSTAIN THE UNIVERSAL HEALTH CARE (UHC) BY
ESTABLISHING A MEDICAL RESIDENCY EXPANSION TRAINING PROGRAM,
APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

EXPLANATORY NOTE

Residency trainings for physicians are geared primarily towards specialty training and provide opportunities for the participants to learn, do research and acquire teaching knowledge and even administrative skills. The University of the Philippines (UP) Philippine General Hospital (PGH) has been successful in serving as a training and health service center of high standard for new doctors. However, the institution only caters to a select group of trainees, thus, the lack of training opportunities for other aspiring resident physicians still persists.

Two decades ago, the Department of Health (DOH) implemented the "Doctors to the Barrios" Program which provides health services to the people in the rural areas of the country. However, due to lack of medical facilities and unattractive compensation package, there are still areas where no doctors are available at present.

This bill, therefore, seeks to strengthen the delivery of primary, as well as preventive health care to more Filipinos in poor and remote barangays nationwide, as well as residency training and job opportunities for new medical doctors, with the end in view of producing competent medical specialists who are willing to serve their fellow citizens. Under the proposed measure, a systematic approach to medical training similar to the existing programs of the DOH shall be adopted. Like the "Doctors to the Barrios" program of the DOH, the proposed bill seeks to establish a Medical Residency Expansion Training Program where new medical doctors from different medical institutions shall be deployed in the DOH indicative hospitals covering catchment areas nationwide. A Medical Residency Training Board (MRTB) shall be created to facilitate the effective implementation of this proposed measure.

It is believed that the proposed measure will address the following perennial problems and concerns of the government and new doctors as well:

- a) the lack of primary care doctors and specialists outside Metro Manila who ordinary Filipinos basically need;
- b) the lack of training opportunities for doctors wanting to specialize; and,
- c) the lack of job opportunities for doctors which usually results in a "brain drain" or migration to foreign countries.

Thus, with a continuous supply of primary care and medical specialists to remote areas of our country, the delivery of government hospital service will greatly improve.

In view of the foregoing, early passage of this proposed measure is earnestly requested.




SENATOR SONNY ANGARA

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

1 **SECTION 1. Short Title.** – This Act shall be known as the “Enhanced and Sustained
2 Universal Health Care Act of 2015” or the “ENSURE Health Act”.

3 **SEC. 2. Declaration of Policy.** – It is hereby declared the policy of the State to protect
4 and promote the right to health of the people and instill health consciousness among them.
5 Towards this end, there is a need to enhance and sustain the Universal Health Care (UHC) by
6 establishing a medical training and service program wherein new medical doctors from different
7 medical institutions shall be deployed nationwide to provide health services while undergoing
8 residency training.

9 **SEC. 3. The Medical Residency Expansion Training Program.** – To ensure a
10 continuing supply of trained medical specialists, including primary care specialists, in the
11 countryside and provide training and work opportunities for new physicians, a Medical
12 Residency Expansion Training Program, hereinafter referred to as the “Program” is hereby
13 established.

14 **SEC. 4. Creation of Residency Positions.** – To effectively implement the UHC Program
15 of the government and improve the quality and efficiency of the health service providers, there
16 shall be created nine hundred (900) residency positions per year for three (3) consecutive years,

1 until it reaches a total of 2,700 when the program is fully implemented. The positions shall be
 2 non-tenured and temporary plantilla positions in forty (40) large referral hospitals in the various
 3 Local Government Units (LGUs).

4 **SEC. 5. Admission Requirements to the Program.** – Subject to the guidelines and
 5 standards as may be provided by the Board, graduates of Philippine medical institutions who had
 6 passed the Philippine Physicians Licensure Examination and who are physically and mentally fit
 7 may apply to the Program.

8 **SEC. 6. The Contract.** – Upon admission to the Program, the trainee shall sign a three-
 9 year training and service contract. The contract shall, among others, mandate the trainee who has
 10 completed the three-year training under the Program to render one (1) year service for every year
 11 of training or a total of three (3) years in any government hospital of his/her choice. Subject to
 12 existing law, a trainee who shall fail to complete or finish the three-year training or shall fail to
 13 render the three (3) years required services, shall reimburse in favor of the government the total
 14 cost of training and salaries and benefits received during the said training.

15 **SEC. 7. Incentives for Enrolment to the Program.** - Qualified applicants to the
 16 Program shall each receive an annual salary of Six Hundred Thousand Pesos (P600,000) and,
 17 upon completion of the Residency Training, they shall be allowed to practice in Department of
 18 Health (DOH) hospitals nationwide.

19 **SEC. 8. Referral Hospitals for Residency Trainees.** – Qualified resident trainees shall
 20 be deployed to the following indicative hospitals with its corresponding catchment areas:

Indicative Hospitals	Catchment Area
Ilocos Regional Medical Center	Ilocos and Pangasinan
Region 1 Medical Center (MC)	Pangasinan
Cagayan Valley MC	Cagayan and Northern Isabela
Veteran's Regional MC	Southern Isabela and Nueva Vizcaya
Bataan General Hospital	Bataan and Zambales
Jose Lingad Memorial MC	Pampanga and Tarlac
Paulino Garcia Memorial MC	Nueva Ecija and Aurora
Batangas Regional	Batangas
Laguna Provincial	Laguna
Cavite Provincial	Cavite
Quezon Provincial	Quezon
Ospital ng Palawan	Palawan, Mindoro provinces, Romblon, Marinduque

Bicol Medical Center	Camarines Norte and Camarines Sur
Bicol Regional Hospital	Albay, Sorsogon and Masbate, Catanduanes
West Visayas MC	Panay provinces
Corazon Locsin Memorial MC	Negros Occidental
Negros Oriental Provincial	Negros Oriental
Vicente Sotto MC	Cebu
Gallares Memorial MC	Bohol and Siquijor
Eastern Visayas Regional Hospital	Leyte provinces and Eastern Samar
Samar Provincial Hospital	Northern and Western Samar
Zamboanga MC	Zamboanga City, Zamboanga del Sur, Tawi Tawi, Sulu and Basilan
Zamboanga del Norte Provincial Hospital	Zamboanga del Norte, Zamboanga Sibugay
Bukidnon Hospital System	Bukidnon
Northern Mindanao MC	Misamis provinces, Camiguin
Cotabato Medical MC	Cotabato provinces
CARAGA Regional Hospital	Agusan provinces
Davao Regional Hospital	Davao del Norte, Compostela Valley, Davao Oriental
Davao Medical Center	Davao City and Davao del Sur
Adela Serra Ty Memorial Medical Center	Surigao provinces
Amai Pakpak Memorial Medical	Lanao provinces
Baguio Medical Center	Cordillera provinces
Las Pinas	NCR
Amang Rodriguez	NCR
Rizal Medical	NCR
Quirino	NCR
4 NCR LGU Hospitals	NCR

1 **SEC. 9. Distribution of Resident Trainees to Hospitals and LGUs.** – Out of the total
2 number of resident trainees, forty percent (40%) of which shall serve as primary care doctors,
3 who shall be equally assigned in the hospitals and in the municipalities on rotation basis; the
4 remaining sixty percent (60%) shall be distributed to indicative hospital departments of surgery,
5 internal medicine, obstetrics and gynecology, pediatrics, anesthesia, orthopedics, and other
6 specialties such as cardiology, ENT and ophthalmology. The distribution of residents to the said
7 specialties shall be adjusted every three (3) years based on DOH’s survey of needs.

8 **SEC. 10. Creation of a Medical Residency Training Board (MRTB).** – To ensure the
9 quality of medical residency training as prescribed in the Program, there shall be created a
10 Medical Residency Training Board herein after referred to as the “Board”.

11 **SEC. 11. Powers and Functions of the Board.** – The Board shall have the following
12 powers and functions:

- 1 a) Formulate policies and set guidelines and standards for the effective
2 implementation of the Program;
- 3 b) Evaluate the performance of the medical resident trainees and determine whether
4 they have satisfactorily completed the training;
- 5 c) Coordinate with the medical associations and societies on various special fields of
6 specialization to provide the necessary assistance to the Program;
- 7 d) Develop and ensure implementation of policies that will provide competitive
8 compensation and benefits for medical residents;
- 9 e) Provide a database of medical resident trainees and medical providers enrolled in
10 the Program;
- 11 f) Monitor the progress of the Medical Residency Program and prescribe remedial
12 measures to address any training deficiencies;
- 13 g) Provide mechanisms that shall promote the equitable distribution of medical
14 resident trainees to the various parts of the country; and,
- 15 h) Provide such other related functions as may be necessary to carry out its
16 responsibilities.

17 **SEC. 12. Composition of the Board.** - The Board shall be headed by the Secretary of
18 the Department of Health, as Chairperson, and the Assistant Secretary of DOH, as Vice
19 Chairperson, and representatives each from the following government agencies and related
20 medical specialty Boards, as members:

- 21 a) Professional Regulations Commission (PRC);
- 22 b) Civil Service Commission (CSC);
- 23 c) Department of Interior and Local Government (DILG);
- 24 d) Philippine Medical Association (PMA) - Specialty Divisions and Specialty
25 Societies; and,
- 26 e) Philippine Hospital Association (PHA).

1 **SEC. 13. Appropriations.** - For the initial implementation of this Act, there is hereby
2 authorized to be created a fund to be derived from the budget of the DOH, not otherwise
3 appropriated. Thereafter, said fund shall be included in the Annual Budget of the DOH.

4 **SEC. 14. Implementing Rules and Regulations.** – The DOH, in coordination with the
5 CSC, PRC, DILG and the PMA, shall formulate the necessary rules and regulations to
6 effectively implement the provisions of this Act within sixty (60) days from the effectivity of this
7 Act.

8 **SEC. 15. Separability Clause.** – If any provision of this Act, or any part thereof be
9 declared invalid or unconstitutional, the remaining provisions not affected thereby shall continue
10 in full force and effect.

11 **SEC. 16. Repealing Clause.** - All laws, presidential decrees, proclamations, executive
12 orders, rules and regulations or parts thereof inconsistent with the provisions of this Act are
13 hereby repealed, modified or amended accordingly.

14 **SEC. 17. Effectivity.** – This Act shall take effect after fifteen (15) days following its
15 complete publication in at least two (2) newspapers of general circulation.

16 **Approved,**