


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



16 JUL 19 10:17

SENATE

S.B. No. 425

RECEIVED BY: 

Introduced by **SENATOR LOREN LEGARDA**

AN ACT TO MANAGE MEDICAL RESIDENCY TRAINING PROGRAMS IN THE PHILIPPINES

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 foregoing 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 in 2011 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.

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 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.

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.


LOREN LEGARDA
Senator

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

1 **SECTION 1. Short Title.** This Act shall be known as the "Medical
2 Residency Act."
3

4 **SECTION 2. Declaration of Policy.** It is the declared policy of the State to
5 protect and promote the right to health of the people and instill health
6 consciousness among them. In pursuit of such policy, the quality of medical
7 residency training in the Philippines and at the same time the protection of
8 the rights of medical residents must be upheld such that they are given due
9 compensation and benefits as well as provided with humane working
10 conditions.
11

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

- 14 a. DOH - Department of Health
15 b. DOLE - Department of Labor and Employment
16 c. Foreign graduate of medicine - a graduate of Doctor of Medicine who
17 earned his/her degree abroad or a non-citizen of the Philippines who
18 earned his/her degree in Philippine medical schools.
19 d. Medical residency training - training undergone by licensed
20 physicians in accredited hospitals before they can practice their
21 specialty.
22 e. Medical residents - pertain to physicians undergoing medical
23 residency training in any field of specialization.
24 f. PMAC - Philippine Medical Accreditation Council
25 g. PRC- Professional Regulations Commission
26 h. Specialties/Sub-specialties - specialty pertains to fields of medicine
27 such as surgery, internal medicine, obstetrics and gynecology,
28 pediatrics, family medicine and other medical fields. Sub-specialty
29 pertains to highly specialized fields of medicine.
30

31 **SECTION 4. Creation of the Philippine Medical Accreditation Council**
32 **(PMAC).** There shall be an established attached agency of the Department of
33 Health to be called the Philippine Medical Accreditation Council (PMAC),
34 which shall ensure the quality of medical residency training for all
35 specialties and sub-specialties of medical residents, and which shall provide
36 policies that will promote humane working conditions and better

1 compensation of medical residents. The PMAC is also tasked to ensure that
2 medical residency training of doctors will always be responsive to the
3 current health service needs of the Philippine population.
4

5 **Section 5. Roles and Functions of the PMAC.** The PMAC's roles and
6 functions shall include but not be limited to the following:
7

- 8 a. Set the standards of medical residency training for all specialties and
9 sub-specialties;
- 10 b. Ensure that the standards set for medical residency training are at
11 par with international standards, such as the World Federation for
12 Medical Education (WFME);
- 13 c. Accredite medical residency training programs for all specialty and
14 sub-specialties;
- 15 d. Assess whether doctors who have undergone residency training have
16 satisfactorily completed the training;
- 17 e. Issue certificate to doctors who have satisfactorily completed the
18 residency training in either government and private hospitals;
- 19 f. Screen foreign graduates of medicine who will undergo residency
20 training in the Philippines and assess the equivalence of their basic
21 medical education to the standard curriculum prescribed in
22 Philippine schools of medicines;
- 23 g. Develop and ensure implementation of policies that will provide better
24 compensation and benefits and humane working conditions for
25 medical residents;
- 26 h. Receive and act on complaints of medical residents as well as
27 complaints of patients against medical residents;
- 28 i. Ensure that medical residency training will always be responsive to
29 the health service needs of the population;
- 30 j. Maintain a registry or database of medical residents and accredited
31 residency training programs;
- 32 k. Monitor and evaluate residency training programs regularly, and
33 prescribe remedial measures to deficient training programs; and
- 34 l. Provide mechanisms that will promote equitable distribution of
35 medical specialists into the various parts of the country.
36

37 **Section 6. Organizational Structure.** There shall be a Governing Council
38 in the PMAC, which shall be composed of representatives each from the
39 Professional Regulations Commission (PRC), Department of Labor and
40 Employment (DOLE), specialty societies, hospital association and medical
41 residents as members, and the Secretary of the Department of Health as the
42 Chairperson. Under the Governing Council, the following Committees and
43 Secretariat shall be created to assist the PMAC in carrying out its roles and
44 functions:

- 45 a. Committee on Accreditation - It shall be composed of representatives
46 from the different specialty and sub-specialty societies. It shall be
47 responsible for accrediting residency training and developing
48 standards for approval of the Council.
- 49 b. Committee on Training and Certification - It shall be composed of
50 training officers or their equivalent in both private and government
51 hospitals. It shall determine whether doctors have satisfactorily
52 completed residency training and shall issue certificate of completion
53 of training, if appropriate.
- 54 c. Committee on Policies, Standards and Ethics - It shall be composed of
55 representatives from the Committee on Accreditation and Committee
56 on Training and Certification, DOLE, PRC, and medical residents.

1 This Committee shall formulate standards of medical residency
2 training program, policies on compensation/benefits and working
3 conditions of medical residents and other policies related to the scope
4 and practice of medical residency. It shall handle complaints of
5 medical residents and patients and submit recommendations to the
6 Council for approval and action regarding complaints filed. It shall
7 also screen foreign graduates of medicine who would like to undergo
8 residency training in the Philippines.

- 9 d. Secretariat - The DOH shall provide a Secretariat for the PMAC to be
10 composed of both technical and administrative staff. The Secretariat
11 shall coordinate the activities of the different committees and provide
12 technical and administrative support in the efficient and effective
13 coordination of programs, projects, and activities among the different
14 committees of the PMAC.

15
16 **Section 7. Accreditation of Medical Residency Training Programs.**

17 Medical residency training programs shall only be conducted in accredited
18 teaching and training hospitals. The PMAC is the only recognized
19 organization that shall be given the full authority to accredit residency
20 training programs. Upon approval of the Implementing Rules and
21 Regulations of this Act, a period of one year shall be given to allow time for
22 the transfer of accreditation from the different specialty and sub-specialty
23 societies to the Committee on Accreditation of the PMAC.

24
25 **Section 8. Training Curriculum of Medical Residency Training**

26 **Programs.** The Training Officers or their equivalent shall prepare a training
27 curriculum that shall meet the standards to be set by the Committee on
28 Policies, Standards and Ethics of the PMAC. The training curriculum shall
29 be at par with international standards and shall be responsive to the health
30 service needs of the population. The Committee on Policies, Standards and
31 Ethics shall be given one (1) year from the time of its creation to prepare the
32 standards of medical residency training programs, which will be uniform for
33 all specialties and sub-specialties.

34
35 **Section 9. Qualifications of Applicants to Medical Residency Training**

36 **Programs.** The following shall be the minimum qualifications of applicants
37 to medical residency training programs:

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

41 The PMAC may set other qualifications that it may deem necessary.

42
43 **Section 10. General Conditions for the Medical Residency Training of**

44 **Foreign Medical Graduates.** The following general conditions shall be
45 applied to foreign graduates of medicine undergoing medical residency
46 training in the Philippines:

- 47
48 a. Accredited residency training programs shall be allowed to accept
49 foreign medical graduates in cases wherein no Filipino physicians are
50 applying for the same vacancy. Filipino physicians shall be given the
51 first priority in filling up vacancy for medical residents.
52 b. Foreign graduates of medicine shall secure clearance from PMAC prior
53 to application to any accredited residency training program;
54 c. Foreign medical graduates shall undergo basic language course in
55 Filipino and/or the dialect that is used in the locality where the
56 accredited institution is located before commencing his/her medical

1 residency. A certificate of proficiency in Filipino and/or the dialect of
2 the locality shall be obtained by the foreign graduate of medicine from
3 a CHED-accredited state university or tertiary education institution
4 located in the locality where the foreign graduate in medicine wishes
5 to undergo residency training before the PMAC may issue a clearance
6 to the foreign graduate of medicine. For accredited institutions located
7 in areas wherein Filipino is the language used by the majority,
8 proficiency in a dialect shall no longer be required.

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

13
14 **Section 11. Working Conditions of Medical Residents.** The following
15 working conditions of medical residents shall be observed by all accredited
16 institutions:

- 17 a. No medical resident shall be allowed to go on duty for more than 24
18 hours straight, except in extraordinary cases to be determined by the
19 hospital administrator.
20 b. Medical residents shall be entitled to one day off from hospital duty
21 every week.
22 c. Medical residents shall be given standard quarters in the hospital
23 where he/she can stay during his/her tour of duty.
24 d. Medical residents shall perform only functions that are related to
25 his/her residency training. Superiors are forbidden from ordering
26 errands that are not related to the training of medical residents or are
27 demeaning to a medical resident's dignity as a person. The PMAP
28 shall receive and investigate complaints of this nature from medical
29 residents.
30 e. Medical residents are also entitled to enough time for personal break,
31 meals, and observing hygiene during a tour of duty.
32 f. Since medical residents are considered to be on training, they shall be
33 supervised by their superior at all times especially when performing
34 critical procedures to patients. In case of junior residents, the senior
35 resident or consultant shall always be available for supervision and
36 assistance; and in the case of senior residents, his/her consultants.
37 g. Medical residents shall be treated equally. No medical resident shall
38 be discriminated because of his/her gender, race, and ethnicity.

39
40 **Section 12. Salary and Other Benefits.** The minimum base pay of all
41 medical residents in government hospitals shall not be lower than Salary
42 Grade 22. They shall be entitled to overtime pay and night differential pay
43 for services rendered beyond eight (8) hours or hours of duty beyond 10:00
44 p.m. to 6:00 a.m. Hazard pay shall be given as stipulated in Republic Act
45 No. 7305, otherwise known as "The Magna Carta for Health Workers", for
46 residents of public or private hospitals.

47
48 **Section 13. Professional Conduct of Medical Residents.** The medical
49 residents, even though they are on training, shall observe the following
50 professional conduct at all times:

- 51 a. Medical residents shall always uphold the dignity, privacy and rights
52 of his/her patient.
53 b. Medical residents shall always perform his/her functions with utmost
54 diligence especially those related to care of patients so as not to inflict
55 any harm on the patient.

- 1 c. Since medical residents are still on training, they shall not receive any
2 form of payment from their patient.
- 3 d. Medical residents shall not engage in unacceptable practices such as,
4 but not limited, to the following:
- 5 i) Accepting commission from laboratories, diagnostic facilities,
6 pharmacies for referring patients to these facilities;
- 7 ii) Obtaining excess and unused medicines, drugs, and other
8 materials from patients or the supply source, without proper
9 permission;
- 10 iii) Selling medicines, drugs, and other materials to patients or their
11 relatives;
- 12 iv) Selling free samples of drugs or other medicines; and
- 13 v) Receiving money or any form of incentive from any pharmaceutical
14 company for prescribing their brand of drugs, medicines, and other
15 materials.
- 16 e. Medical residents shall always treat his/her superiors, subordinates,
17 co-workers and patient's relatives with utmost respect.
- 18 f. Medical residents shall observe the Generics Act of 1988 and Cheaper
19 and Quality Medicines Act of 2008.
- 20 g. Medical residents shall render full time service to the hospital where
21 he/she is employed. As such, he/she shall not engage in any part-
22 time job outside the hospital.

23
24 **Section 14. Responsibilities of Accredited Training Institutions.** The
25 following are the responsibilities of the accredited training institutions:

- 26
27 a. The accredited training institutions shall observe all the provisions of
28 Section 11, which pertain to the working conditions of medical
29 residents.
- 30 b. In relation to the preceding provision, training officers or their
31 equivalent together with the medical residents shall prepare a
32 schedule of their duty at the start of the year to ensure that the
33 provisions of Section 11.a shall be observed at all times. Periodic
34 evaluation of competencies gained shall be conducted per year level.
- 35 c. The accredited training institutions shall submit the names of their
36 medical residents, their level, specialty, and other relevant
37 information related to their medical residency training program to the
38 PMAC for the proposed registry or database.
- 39 d. The accredited training institutions shall provide the necessary
40 logistics, equipment, and other medical supplies.

41
42 **Section 15. Handling of Complaints.** An aggrieved party can file a
43 complaint against medical residents and or accredited training institutions
44 to the PMAC. The Committee on Policies Standards and Ethics shall handle
45 the complaint; and if deemed necessary, shall conduct an investigation. It
46 shall come up with a report and recommendations to the Chairperson of the
47 PMAC within thirty (30) working days upon receipt of the complaint. The
48 Chairperson shall issue the final decision regarding the filed complaint.

49
50 **Section 16. Violations.** Any accredited training institutions and/or their
51 medical residents that have been found violating any provisions of this Act
52 shall have the following penalties:

53 First Offense - reprimand;

54 Second Offense - suspension with duration depending on the gravity
55 of the offense but not exceeding six (6) months;

1 Third Offense - revocation of the accreditation of the training
2 institution. In the case of medical residents, he/she shall not be
3 given certificate of completion of residency training by the PMAC
4 and shall be removed from the residency training program.
5

6 **Section 17. Appeal.** Both parties, complainant and respondent, may
7 appeal to the Secretary of Health within fifteen (15) working days upon
8 receipt of the copy of the decision. The absence of any appeal within the
9 specified period shall render the decision as final and executory.
10

11 **Section 18. Creation of Plantilla Positions.** There shall be created
12 plantilla positions in the DOH needed for the implementation of the
13 purposes of this Act.
14

15 **Section 19. Budget Appropriations.** The budget needed for the creation of
16 the PMAC shall be chargeable to the funds of the DOH. As such, the budget
17 allocated for the Department as per the General Appropriations Act shall be
18 increased thereafter to provide the funds needed for the creation and
19 maintenance of PMAC. The funds for the upgrading of salary of medical
20 residents, on the other hand, shall thereafter be included in the General
21 Appropriations Act.
22

23 **Section 20. Implementing Rules and Regulations.** The DOH together
24 with DOLE and PRC shall draft the implementing rules and regulations of
25 this Act within one (1) year after the effectivity of this Act.
26

27 **Section 21. Separability Clause.** If any provision or part hereof is held
28 invalid or unconstitutional, the remainder of the law or the provisions not
29 otherwise affected shall remain valid and subsisting.
30

31 **Section 22. Repealing Clause.** Any law, presidential decree or issuance,
32 executive order, letter of instruction, administrative order, rule or regulation
33 contrary to or inconsistent with, the provisions of this Act is hereby
34 repealed, modified or amended accordingly.
35

36 **Section 23. Effectivity Clause.** This Act shall take effect fifteen (15) days
37 after its publication in at least two (2) newspapers of general circulation.
38

39 Approved,