

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

OFFICE OF THE CLERK  
SENATE  
1913

SENATE

S.B. No. 1395

---

Introduced by Senator Loren Legarda

---

**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 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.

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.

  
**LOREN LEGARDA**  
Senator

OFFICE OF THE CLERK  
11 JUL 13 10 05

SENATE  
S.B. No. 1395

---

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:*

1           **SECTION 1. Short Title.** This Act shall be known as the “**Medical Residency**  
2 **Act of 2010**”.

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 consciousness  
6 among them. In pursuit of such policy, the quality of medical residency training in  
7 the Philippines and at the same time the protection of the rights of medical residents  
8 must be upheld such that they are given due compensation and benefits as well as  
9 provided with humane working conditions.

10  
11           **SECTION 3. Definition of Terms and Abbreviations.** The terms and  
12 abbreviations as used in this Act are as follows:

- 13  
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 earned  
17 his/her degree abroad or a non-citizen of the Philippines who earned his/her  
18 degree in Philippine medical schools.  
19           d. Medical residency training - training undergone by licensed physicians in  
20 accredited hospitals before they can practice their specialty.  
21           e. Medical residents - pertain to physicians undergoing medical residency  
22 training in any field of specialization.

- 23 f. PMAC - Philippine Medical Accreditation Council
- 24 g. PRC- Professional Regulations Commission
- 25 h. Specialties/Sub-specialties - specialty pertains to fields of medicine such as
- 26 surgery, internal medicine, obstetrics and gynecology, pediatrics, family
- 27 medicine and other medical fields. Sub-specialty pertains to highly
- 28 specialized fields of medicine.

29

30 **SECTION 4. *Creation of the Philippine Medical Accreditation Council***

31 **(PMAC).** There shall be established an attached agency of the Department of Health

32 to be called the Philippine Medical Accreditation Council (PMAC), which shall

33 ensure the quality of medical residency training for all specialties and sub-specialties

34 of medical residents, and which shall provide policies that will promote humane

35 working conditions and better compensation of medical residents. The PMAC is also

36 tasked to ensure that medical residency training of doctors will always be

37 responsive to the current health service needs of the Philippine population.

38

39 **Section 5. *Roles and Functions of the PMAC.*** The PMAC's roles and

40 functions shall include but not be limited to the following:

- 41 a. Set the standards of medical residency training for all specialties and sub-
- 42 specialties;
- 43 b. Ensure that the standards set for medical residency training are at par with
- 44 international standards, such as the World Federation for Medical Education
- 45 (WFME);
- 46 c. Accredit medical residency training programs for all specialty and sub-
- 47 specialties;
- 48 d. Assess whether doctors who have undergone residency training have
- 49 satisfactorily completed the training;
- 50 e. Issue certificate to doctors who have satisfactorily completed the residency
- 51 training in either government and private hospitals;
- 52 f. Screen foreign graduates of medicine who will undergo residency training in
- 53 the Philippines and assess the equivalence of their basic medical education to
- 54 the standard curriculum prescribed in Philippine schools of medicines;
- 55 g. Develop and ensure implementation of policies that will provide better
- 56 compensation and benefits and humane working conditions for medical
- 57 residents;

- 58 h. Receive and act on complaints of medical residents as well as complaints of  
59 patients against medical residents;
- 60 i. Ensure that medical residency training will always be responsive to the  
61 health service needs of the population;
- 62 j. Maintain a registry or database of medical residents and accredited residency  
63 training programs,
- 64 k. Monitor and evaluate residency training programs regularly; and prescribe  
65 remedial measures to deficient training programs; and
- 66 l. Provide mechanisms that will promote equitable distribution of medical  
67 specialists into the various parts of the country.
- 68

69 **Section 6. Organizational Structure.** There shall be a Governing Council in  
70 the PMAC, which shall be composed of representatives each from the Professional  
71 Regulations Commission (PRC), Department of Labor and Employment (DOLE),  
72 specialty societies, hospital association and medical residents as members and the  
73 Secretary of the Department of Health as the Chairperson. Under the Governing  
74 Council, the following Committees and Secretariat shall be created to assist the  
75 PMAC in carrying out its roles and functions:

76

- 77 a. Committee on Accreditation - It shall be composed of representatives from  
78 the different specialty and sub-specialty societies. It shall be responsible for  
79 accrediting residency training and developing standards for approval of the  
80 Council.
- 81 b. Committee on Training and Certification - It shall be composed of training  
82 officers or their equivalent in both private and government hospitals. It shall  
83 determine whether doctors have satisfactorily completed residency training  
84 and shall issue certificate of completion of training, if appropriate.
- 85 c. Committee on Policies, Standards and Ethics - It shall be composed of  
86 representatives from the Committee on Accreditation and Committee on  
87 Training and Certification, DOLE, PRC and medical residents. This  
88 Committee shall formulate standards of medical residency training program,  
89 policies on compensation/benefits and working conditions of medical  
90 residents and other policies related to the scope and practice of medical  
91 residency. It shall handle complaints of medical residents and patients and  
92 submit recommendations to the Council for approval and action regarding

93 complaints filed. It shall also screen foreign graduates of medicine who  
94 would like to undergo residency training in the Philippines.

95 d. Secretariat - The DOH shall provide a Secretariat for the PMAC to be  
96 composed of both technical and administrative staff. The Secretariat shall  
97 coordinate the activities of the different committees and provide technical  
98 and administrative support in the efficient and effective coordination of  
99 programs, projects and activities among the different committees of the  
100 PMAC.

101

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

109

110 **Section 8. Training Curriculum of Medical Residency Training Programs.**  
111 The Training Officers or their equivalent shall prepare a training curriculum that  
112 shall meet the standards to be set by the Committee on Policies, Standards and  
113 Ethics of the PMAC. The training curriculum shall be at par with international  
114 standards and shall be responsive to the health service needs of the population. The  
115 Committee on Policies, Standards and Ethics shall be given one (1) year from the  
116 time of its creation to prepare the standards of medical residency training programs,  
117 which will be uniform for all specialties and sub-specialties.

118

119 **Section 9. Qualifications of Applicants to Medical Residency Training**  
120 **Programs.** The following shall be the minimum qualifications of applicants to  
121 medical residency training programs:

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

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

126

127           **Section 10. *General Conditions for the Medical Residency Training of Foreign***  
128 ***Medical Graduates.*** The following general conditions shall be applied to foreign  
129 graduates of medicine undergoing medical residency training in the Philippines:  
130

- 131       a. Accredited residency training programs shall be allowed to accept foreign  
132       medical graduates in cases wherein no Filipino physicians are applying for  
133       the same vacancy. Filipino physicians shall be given the first priority in filling  
134       up vacancy for medical residents.
- 135       b. Foreign graduates of medicine shall secure clearance from PMAC prior to  
136       application to any accredited residency training program;
- 137       c. Foreign medical graduates shall undergo basic language course in Filipino  
138       and/or the dialect that is used in the locality where the accredited institution  
139       is located before commencing his/her medical residency. A certificate of  
140       proficiency in Filipino and the dialect of the locality shall be obtained by the  
141       foreign graduate of medicine from a CHED-accredited state university or  
142       tertiary education institution located in the locality where the foreign  
143       graduate in medicine wishes to undergo residency training before the PMAC  
144       may issue a clearance to the foreign graduate of medicine. For accredited  
145       institutions located in areas wherein Filipino is the language used by the  
146       majority, proficiency in a dialect shall no longer be required.
- 147       d. Foreign graduates of medicine shall be required to undergo a seminar on  
148       Philippine history, culture and government as well as the Philippine health  
149       care delivery system prior to the commencement of his/her medical  
150       residency.

151  
152           **Section 11. *Working Conditions of Medical Residents.*** The following  
153 working conditions of medical residents shall be observed by all accredited  
154 institutions:

- 155       a. No medical resident shall be allowed to go on duty for more than 24 hours  
156       straight, except in extraordinary cases to be determined by the hospital  
157       administrator.
- 158       b. Medical residents shall be entitled to one day off from hospital duty every  
159       week.
- 160       c. Medical residents shall be given standard quarters in the hospital where  
161       he/she can stay during his/her tour of duty.

- 162 d. Medical residents shall perform only functions that are related to his/her  
163 residency training. Superiors are forbidden from ordering errands that are  
164 not related to the training of medical residents or are demeaning to a medical  
165 resident's dignity as a person. The PMAP shall receive and investigate  
166 complaints of this nature from medical residents.
- 167 e. Medical residents are also entitled to enough time for personal break, meals,  
168 and observing hygiene during a tour of duty.
- 169 f. Since medical residents are considered to be on training, they shall be  
170 supervised by their superior at all times especially when performing critical  
171 procedures to patients. In case of junior residents, the senior resident or  
172 consultant shall always be available for supervision and assistance and in the  
173 case of senior residents, his/her consultants.
- 174 g. Medical residents shall be treated equality. No medical resident shall be  
175 discriminated because of his/her gender, race, and ethnicity.

176

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

183

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

- 187 a. Medical residents shall always uphold the dignity, privacy and rights of  
188 his/her patient.
- 189 b. Medical residents shall always perform his/her functions with utmost  
190 diligence especially those related to care of patients so as not to inflict any  
191 harm on the patient.
- 192 c. Since medical residents are still on training, they shall not receive any form of  
193 payment from their patient.
- 194 d. Medical residents shall not engage in unacceptable practices such as, but not  
195 limited, to the following:
- 196 i) Accepting commission from laboratories, diagnostic facilities, pharmacies  
197 for referring patients to these facilities;

- 198 ii) Obtaining excess and unused medicines, drugs and other materials from  
199 patients or the supply source, without proper permission;  
200 iii) Selling medicines, drugs and other materials to patients or their relatives;  
201 iv) Selling free samples of drugs or other medicines; and  
202 v) Receiving money or any form of incentive from any pharmaceutical  
203 company for prescribing their brand of drugs, medicines and other  
204 materials.
- 205 e. Medical residents shall always treat his/her superiors, subordinates, co-  
206 workers and patient's relatives with utmost respect.
- 207 f. Medical residents shall observe the Generics Act of 1988 and Cheaper and  
208 Quality Medicines Act of 2008.
- 209 g. Medical residents shall render full time service to the hospital where he/she  
210 is employed. As such, he/she shall not engage in any part-time job outside  
211 the hospital.

212

213 **Section 14. Responsibilities of Accredited Training Institutions.** The  
214 following are the responsibilities of the accredited training institutions:

- 215 a. The accredited training institutions shall observe all the provisions of Section  
216 11, which pertain to the working conditions of medical residents.
- 217 b. In relation to the preceding provision, training officers or their equivalent  
218 together with the medical residents shall prepare a schedule of their duty at  
219 the start of the year to ensure that the provisions of Section 11.a shall be  
220 observed at all times. Periodic evaluation of competencies gained shall be  
221 conducted per year level.
- 222 c. The accredited training institutions shall submit the names of their medical  
223 residents, their level, specialty and other relevant information related to their  
224 medical residency training program to the PMAC for the proposed registry or  
225 database.
- 226 d. The accredited training institutions shall provide the necessary logistics,  
227 equipments and other medical supplies.

228

229 **Section 15. Handling of Complaints.** An aggrieved party can file a complaint  
230 against medical residents and or accredited training institutions to the PMAC. The  
231 Committee on Policies, Standards and Ethics shall handle the complaint and if  
232 deemed necessary, shall conduct an investigation. It shall come up with a report and  
233 recommendations to the Chairperson of the PMAC within thirty (30) working days



234 upon receipt of the complaint. The Chairperson shall issue the final decision  
235 regarding the filed complaint.

236

237 **Section 16. *Violations.*** Any accredited training institutions and or their  
238 medical residents that have been found violating any provisions of this Act shall  
239 have the following penalties:

240

241 First Offense- reprimand;

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

244 Third Offense- revocation of the accreditation of the training institution. In  
245 the case of medical residents, he/she shall not be given certificate of  
246 completion of residency training by the PMAC and shall be removed from  
247 the residency training program.

248

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

253

254 **Section 18. *Creation of Plantilla Positions.*** There shall be created plantilla  
255 positions in the DOH needed for the implementation of the purposes of this Act.

256

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

263

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

267

268           **Section 21. *Separability Clause.*** If any provision or part hereof, is held  
269   invalid or unconstitutional, the remainder of the law or the provision not otherwise  
270   affected shall remain valid and subsisting.

271

272           **Section 22. *Repealing Clause.*** Any law, presidential decree or issuance,  
273   executive order, letter of instruction, administrative order, rule or regulation  
274   contrary to or inconsistent with, the provisions of this Act is hereby repealed,  
275   modified or amended accordingly.

276

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

279

280           Approved,