



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 12, 1994

ADMINISTRATIVE ORDER
No. 29, s. 1994

**Subject: MEDICAL HUMAN RESOURCE DEVELOPMENT AND PLACEMENT
PROGRAM (MHRDPP) IN THE DEPARTMENT OF HEALTH.**

I. Policy Goal: The Development of medical human resources must correspond to the actual needs of the nation and the policies it upholds.

II. Objectives:

1. To provide the country with adequate, competent, ethical, compassionate, and specialty board certified medical practitioners who will render quality medical care to patients
2. To ensure equitable distribution of competent and specialty board certified medical practitioners. In the country, particularly in underserved areas.
3. To upgrade and institutionalize on continuing basis the following:
 - 3.1 Residency training programs in order to produce competent and specialty board certified medical practitioners; and
 - 3.2 Continuing medical education for government physicians.
4. To provide opportunities to assimilate and utilize graduates of residency training program in the DOH and local government units (LGU) health facilities.
5. To establish a standard for medical practice, in coordination with the different specialty societies and boards.
6. To strengthen linkages with local health boards (LHBs), NGOs and private institutions for optimum delivery of health care.

III. Organization:

1. Organizational Structure:



2. The Medical Human Resource Development and Placement Program (MHRDPP) of the Department shall be headed by the Undersecretary of Health for Health Facilities, Standards and Regulations
3. A national program director shall be appointed by the Undersecretary of Health for Health Facilities, Standards and Regulations to:
 - 3.1 Implement the MHRDPP;

3.2 monitor and conduct, program evaluation

3.3 submit an annual report on the program

3.4 sit as member of the MMTEC and serve as secretary of the JMAC; and,

3.5 perform other activities necessary to carry out the objectives of the program.

4. A secretariat from Health Manpower Development and Training Service shall be appointed to assist the program director.

5. Medical Manpower Training and Education Committee (MMTEC) shall act as Advisory Council. It shall be composed of selected training officers, chiefs of hospitals and medical consultants from both private and government teaching/training hospitals. It shall formulate and recommend the following:

5.1 policies and guideline relevant to the residency training program:

5.1.1 Recruitment and selection systems and standards;

5.1.2 Performance evaluation of residents

5.1.3 Upgrading of residency programs to the standard set

5.1.4 Improvement of residency training curriculum responsive to local situations

5.2 policies and guideline to address the concern for continuing education and career development, e.g. in-service training, post-residency fellowship and research opportunities

5.3 The competency and expertise requirements for DOH physicians at different levels

5.4 alternatives and incentives for attracting and retaining physicians in DOH

6. Joint Medical Accreditation Council ((JMAC), shall be crated to establish a single standard for medical practice in the various discipline. It shall ascertain a realistic Filipino oriented standard of medical practice, responsive to the local situation. It shall be composed of presidents and chairmen of specialty societies and boards with the program director as its Secretary.

Regional Medical Human Resource Development and Placement Committee shall be established in each region, headed by a regional program coordinator delegated by the Regional Health Director. It shall be composed of five (5) members selected from any or all of the following: training officer of the teaching/training hospital, representative of local chapter of the different specialty societies, and, representative from the major departments of the teaching/training hospital. It shall carry out the objective of the program within the region. It shall assist the national program director in the discharge of his functions. The regional committee shall submit an annual report on the program to the national program director.

8. All designated teaching/training hospitals must have a Chief, Training Officer, who reports to the Chief of Hospital or Medical Center Chief with the following functions:

8.1 Manages and/or coordinates all human resource development and training activities in the hospital.

8.2 Acts as training officer of the hospital with supervising function over the training coordinators of the medical, nursing and administrative services. He may also be the training coordinator of any of the above-mentioned services on concurrent capacity.

8.3 Coordinates research activities in the hospital.

IV. Medical Training Program:

1. The residency training program under Presidential Decree 1424 amending Republic Act 1243 otherwise known as Hospital Residency Law shall still stand with the following guidelines:

1.1 General Requirements:

1.1.1 The residency training program under various disciplines are to be conducted only in accredited teaching/training hospitals.

1.1.2 The residency training program must be accredited by the respective specialty society and/or boards'

1.1.3 All designated teaching/training hospitals except specialty, special and research hospitals must have, at least, accredited residency training programs in internal medicine, obstetrics-gynecology, pediatrics, and general surgery. Otherwise, after a reasonable time, the hospital will be reverted to a service hospital.

1.2 Applicants to Residency Training Programs:

1.2.1 must be Filipino citizens

1.2.2 Medical Licensure: underboard medical graduates may apply for residency positions provided that, if accepted, they must have the necessary license to practice medicine at the start of the residency program

1.2.3 Screening Process: All applicants shall undergo the screening process (examination, interview) developed and administered by the hospital.

1.3 Types of Entry to the Residency Training Program:

1.3.1 PURPOSIVE ENTRY – applicants coming from underserved provinces and endorsed by the local health board (LHB) are admitted to the program filling 50% of the available salaried items in the hospital. It shall be the responsibility of the LHB to secure/provide items for these physicians after completion of their training. A contract shall be signed by the applicant upon entry to serve his province.

1.3.2 NON-PURPOSIVE ENTRY – applicants are admitted to the program after applying directly to the teaching/training hospital, filling the other 50% of the available items in the same hospital. After completion of the training, they may practice in their areas of preference.

1.3.3 STRAIGHT ENTRY (3 or 4 years) – applicants are permanent government physicians endorsed by their chiefs of hospitals, heads of LGUs whenever applicable, and regional health directors to undergo training in any accredited residency training program of a teaching/training hospital for straight 3 or 4 years. WHILE ON TRAINING, THESE PHYSICIANS SHALL CONTINUE TO RECEIVE THEIR SALARY FROM THEIR SENDING HOSPITAL/AGENCY. After completion of training, the physician shall serve his sending hospital for two years for every year of training.

1.3.4 INTERRUPTED TRAINING (modular) – applicants are permanent government hospital physicians endorsed by their chiefs of hospitals, heads of LGUs whenever applicable, and regional health director to undergo interrupted residency training in any accredited teaching/training hospital. The physician attends the course for one year and returns to his sending agency the next year; the cycle is repeated until the 3 or 4 years training program is completed. These physicians shall continue to receive their salary from their sending hospital/agency. After the last year of training, the physician shall serve his sending hospital for at least two years.

1.3.5 SPONSORED ENTRY – those admitted into the program according to the selection process of the hospital, with external source of funds for salaries and other allowances. After completion of training, the physician shall serve any area specified jointly by the sponsoring institution and the DOH.

1.4 Final Selection and Appointment

1.4.1 Final selection of applicants will be decided by the teaching/training hospital taking into consideration the recommendations submitted by the National Program Director and/or the Regional Medical Human Resource Development and Placement Committee.

1.4.2 In case the purposive entry positions cannot be filled up completely due to lack of applicants, the next ranking applicant from the non-purposive entry shall be considered an vice-versa.

1.4.3 The effectivity of all appointments for residents in training shall be for a year and shall start on the first of January or July.

1.4.4 renewal of appointments shall be extended only to those who have successfully complied with the requirements of the previous year.

1.5 Residency Rotations:

1.5.1 Affiliation Trainings (6 months or less) –Resident Physicians of accredited training programs of teaching/training hospitals may be sent to train in an accredited training program of another teaching/training hospital within or outside their residency training program,. Request for such training can be coursed through HMDTS. A memorandum of Agreement (MOA) shall be signed between the two hospitals if one of them is a non-DOH hospital. A copy of this MOA shall be submitted to the national program director.

1.5.2 Exchange residency training – exchange of residents/consultants between accredited residency training programs of teaching/ training hospitals within and outside the Department of Health is established thereby exposing the resident physicians to the two hospitals. The objective of this program is for the two hospitals to complement their residency training program in terms of consultants, medical cases and facilities. A MOA shall be signed between the two hospitals and a copy shall be submitted to the national program director. The MOA shall include responsibilities of both hospitals and trainees.

1.6 Performance Evaluation – the residency program must have a standard performance evaluation system. Below par performance is sufficient cause for termination of training or non-reappointment.

2. Special programs:

2.1 In service training in any of the 4 major specialties, namely internal medicine, obstetrics-gynecology, pediatrics and general surgery, the trainee from provincial or district hospital shall be trained on the recognition and management of immediate medical problems. This is part of a career pathway for permanent government physicians.

2.2 Four (4) months upgrading clinical skills training program for Rural Health Physicians (RHPs). The RHPs spend a month in each of the four major specialties, namely, internal medicine, obstetrics-gynecology, pediatrics and general surgery. This shall be part of a career pathway or permanent government physicians.

2.3 Remedial/supplementary courses in the various disciplines shall be developed based on the needs of DOH physicians, who desire to take certifying examinations of the specialty boards. This shall be in consultation with the concerned specialty society.

2.4 Subspecialty training for medical specialists with permanent positions in teaching/training hospitals shall be encouraged.

2.5 Career Development Courses/continuing education programs for medical specialists in the teaching/training hospitals shall be identified and developed.

V. Administrative Concerns:

1. Resident Physicians and Medical Specialists on training in any of the programs under Special Programs (Section IV item 2) shall be entitled to:

1.1 Salaries, allowances and other expenses which shall be drawn from the funds of the sending hospital/agency, subject to the usual accounting and auditing procedures;

1.2 Training allowance, per diems and transportation expenses when applicable, in accordance to COA regulations.

2. the teaching/training hospital shall recommend to the sending hospital the renewal of appointments of resident physicians admitted to the residency training program through straight entry or the interrupted entry, based on performance evaluation.

3. Government physicians on residency training through the straight entry and interrupted entry, and those training in any of the programs under the Special Programs (Section IV item 2) shall:

3.1 not be recalled without written consent by the receiving hospital otherwise, such sending hospitals shall lose their opportunity to send their medical staff for training. Administrative control shall be with receiving hospital.

3.2 sent back to his sending agency in case of poor performance

VI. Post-residency service:

1. Purposive entry:

1.1 After completion of training, graduates shall comply with the contract they signed at the start of training to render service in underserved areas for at least two years, whether in government service or not.

1.2 The resident trainees admitted into the Program are allowed to undergo fellowship/subspecialty training only after they have rendered service in underserved areas for at least two years after completion of training.

2. Non-purposive Entry and sponsored entry

2.1 Resident physicians admitted shall serve the Department of Health after completion of their training in any of the following methods, to be administered by the Hospital Operations and Management Service (HOMS):

2.1.1 Six (6) months post-residency service in a hospital that requires their services. Only a limited number can be accommodated depending on availability of funds.

2.1.2 Post-residency community service, guidelines of which shall be formulated by HOMS, shall be served for an aggregate of five hundred hours (500) which must be complied within a year after training. This may be in the form of the following activities:

2.1.2.1 Outreach missions

2.1.2.2 Participating in continuing medical education – e.g. giving lectures

2.1.2.3 Serving underserved areas

3. Straight entry:

After the completion of training, the physician shall serve his sending hospital for at least two

years.

VII. Certification

1. prerequisites for issuance of certificate of residency training from the teaching/training hospital are as follows:

1.1 Satisfactory completion of residency training program signed by Department Chairman and his training officer.

1.2 Completed clearance from the hospital of all accountabilities.

2. Prerequisites for issuance of Certificate of residency training from the Department of Health:

2.1 Certificate of residency training from teaching/training hospital

2.2 Satisfactory compliance of post-residency service signed by National Program Director or Regional Program Coordinator.

2.3 Certification from specialty board that graduate resident has taken the certifying examinations.

3. The certificate of the Residency Training from the teaching/training hospital shall be signed by the department Chairman, Hospital Training Officer and Chief of Hospital.

4. The certificate of the Residency Training from the Department of Health shall be signed by the Chief of Hospital, National Program Director of the MHRDPP and the Secretary of Health.

VIII. Penalty Clause

1. Residents who resign from the residency training program without valid reason shall reimburse the amount spent for their training except those terminated for cause or not reappointed.

2. Residents who willfully refuse to undergo or fail to render post-residency service shall:

2.1 reimburse the amount spent for their training

2.2 not be awarded the certificate of residency training from the hospital and Department of Health;

2.3 be reported to the specialty society concerned for breach of contract and recommending non-issuance of certificate of fellowship;

2.4 be barred from holding any government position

2.5 be banned from leaving the country, further, hold order departure shall be issued against him/her after an administrative, civil or criminal action had been instituted against said violators for non-compliance of the provisions herein. Civil service commission and the Department of Foreign affairs shall be notified.

IX. Special Provisions

1. A contract between the chief of teaching/training hospital and the applicant for residency training stipulating therein the terms of contract shall be signed before the appointment can be processed.

2. Resident physicians in accredited specialty training program are prohibited from transferring to another accredited specialty program in any DOH teaching/training hospital

3. Applicants who have finished an accredited residency training in one specialty are prohibited from being appointed to another specialty residency training in any DOH hospital. This does not apply to subspecialty training.

This Order is effective upon the date of signing and all other orders inconsistent with this order are hereby repealed/rescinded.

Juan M. Flavier, M.D., M.P.H.
Secretary of Health