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Department of Health
OFFICE OF THE SECRETARY

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ADMINISTRATIVE ORDER
No. 10-A s. 1999

SUBJECT : Guidelines in the Implementation of the Residency Training Program for the Provincial and District Hospital Physicians under the Integrated Community Health Services Project (ICHSP)

I. RATIONALE

The Integrated Community Health Services Project (ICHSP), under the Department of Health (DOH), is a response to the changes brought about by the implementation of the Local Government Code in health care delivery system. It has in fact created a beneficial coexistence between the Department and the Local Government Units of the six (6) Project provinces, namely: Apayao, Kalinga, Guimaras, Palawan, South Cotabato and Surigao del Norte.

One of the major components in the integration process of the health care service delivery system in a devolved set-up is the Human Resource Management and Development (HRMD) concerns of the targeted provinces and the counterpart regional and national offices as well. One of the strategies employed by the HRMD component is on continuing professional education in terms of skills development, upgrading and enhancing capabilities on highly specialized disease management, and exploring innovative but effective methodologies from other known models for adoption to ensure efficient and effective delivery of health services to the Filipino people.

In this light, the Integrated Community Health Services Project provides opportunities by supporting Medical residency training programs for hospital-based physicians, particularly, from the provincial and district hospitals. To ensure maximum benefits from these opportunities, a rational and systematic process in the implementation of the Medical Residency Training Program shall be institutionalized.

II. COVERAGE

These guidelines shall cover the following:

1. Resident physicians particularly from the provincial and district hospitals of the targeted six (6) provinces of the project who are eligible for training and development programs.
2. This program covers only local residency training offered by the accredited teaching/training institutions and the specialty societies including sub-specialty training as long as such training is a certified activity of the staff development plan or training plan of the hospitals.

III. GENERAL GUIDELINES

1. A hospital capability survey and training needs assessment, the tools of which shall be developed by the HRMD Team shall be conducted to establish a staff development plan which will include the continuing medical education program of the hospitals concerned. Staff development plan should take into consideration the District Health System to be adopted under this Project.
2. The residency training program must conform with the approved HRD plan of the hospitals submitted by the Local Government Units concerned to the Human Resource Management and Development - Technical Coordination Team (HRMD - TCT). The training program identified by the LGU should accompany possible list of nominee/s for approval, if possible.
3. The Residency training program to be applied for by the province shall be based on the hospital needs assessment.
4. The Residency training program under various disciplines shall be implemented only in accredited teaching/training hospitals/institutions of the government and specialty/society boards. Participation of the specialty society/ies and academic institutions are highly encouraged and solicited to ensure effective and efficient delivery of continuing medical education programs.
5. All applications for the program shall be coursed through the Health Manpower Development and Training Service (HMDTS/HMDTD) which shall be responsible for ascertaining whether Residency Program being applied for is based on the needs assessment and staff development plan of the hospital of origin of the applicant.
6. The approval of the applications shall be based on the prescribed evaluation procedures to be conducted by the respective accredited teaching/training hospital/institution and on the endorsement of the HMDTS/HMDTD.
7. The Residency Training Program of successful applicants shall be effected by the issuance of a Department Order to be prepared by the HMDTS and endorsed by the ICHSP Project Directorate.
8. The awarding of scholarships in the residency training program shall at all times conform with the policy of transparency and accountability.
9. The Project shall be providing stipend and book allowances to the trainees. There shall also be provision for monetary support for a research or thesis proposal. Funds for this purpose may only be accessed upon submission to the HMDTS, copy furnished the PMO, of a research or thesis proposal duly approved and endorsed by the trainee's Thesis Adviser.
10. In case of the need for a replacement, the Doctors to the Barrios Program (DTTB), the Medical Pool and the Dispersal Program shall be used to ensure replacements and deployment to the hospital where the trainee comes from.
11. After completion of training, the physician is required to return to the sending hospital immediately for the payback service per agreement stipulated in the contract.
12. A Memorandum of Agreement shall be issued and signed by the LGU and DOH to describe roles and responsibilities of both parties in the implementation of the Residency Training Program. Likewise, a Contract shall be issued and signed by the LGU and the qualified applicant, stipulating terms and conditions of the scholarship/Residency Training.

IV. PROGRAM MANAGEMENT

A. ROLE OF HMDTS/HMDTD

1. The HMDTS/HMDTD through the HRMD Team shall be responsible for identifying accredited teaching/training institutions, which are willing to accommodate trainee/s in collaboration with the specialty society and/or boards for the training, and development programs of hospital based physicians under the ICHSP.
2. The HMDTS/HMDTD shall facilitate the processing of documents necessary for the admission of trainee/s in the residency training program of the identified teaching/training hospitals which shall include the following:
 - Application form for Hospital Residency Training (available in HMDTS)
 - Information Sheet (available in HMDTS)
 - Training Agreement
 - True Copy of latest appointment
 - Service Record
3. The HMDTS/HMDTD shall facilitate the processing, hiring and deployment of the replacement doctor needed in the hospital.
4. The HMDTS/HMDTD shall monitor and evaluate the scholastic/training performance of the trainee/s, submit report and recommend appropriate action to the Project Directorate, as necessary.

B. ROLE OF THE LOCAL GOVERNMENT UNITS (LGUs)

1. Screen, select and recommend qualified nominee/s to the HMDTS/HMDTD through the PMO/PSU.
2. Provide logistics and financial support as counterpart to the Project which shall include but not limited to the transportation expenses to and from the training institution.
3. Ensure continuous payment of the salary and other benefits of the trainee.
4. Among other things, ensure the continued development and operations of the program by maintaining its autonomy from political interference, especially during changes in provincial leadership.

C. ROLE OF THE CHIEF OF HOSPITALS

1. Assist the HMDTS/HMDTD in the admission procedures.
2. Ensure that the trainee/s are acquiring knowledge and developing skills required by the program.
3. Submit trainee's performance and progress report to the head of concerned agency, copy furnished HMDTS/HMDTD.

D. ROLE OF PROJECT MANAGEMENT OFFICE/PROJECT SUPPORT UNIT

1. Facilitate the release of financial assistance to the trainee/s of the project.
2. Monitor the performance of the trainee/s.
3. Recommend to HMDTS the list of applicants endorsed by the LGUs.

V. PROCEDURES ON SCREENING AND SELECTION

1. The Screening and Selection Committee shall be created at the local level to be composed of the following:
 - Provincial Health Officer - Chairman
 - Chief of Clinics of the Provincial Hospital - Vice-Chairman
 - Provincial Chief, HRMO - Member
 - Provincial DOH Representative - Member
 - Chief, HMDTD of concerned Regional Health Office - Member
2. The Project Support Unit at the provincial level shall serve as the secretariat of the Screening and Selection Committee.
3. The functions of the Committee shall be as follows:
 - a. Screen nominations/applicants based on the general guidelines as contained in this document and additional criteria developed by the LGUs.
 - b. Review, validate and assess documents submitted by the applicants/nominees
 - c. Recommend and endorse nominees/candidates to the Provincial Governor for approval.
4. Criteria and qualifications for selection:
 - a. He/She must be a Filipino citizen
 - b. He/She must be a licensed Medical doctor.
 - c. He/She must be occupying permanent position
 - d. Has rendered at least 2 years of continuous and very satisfactory service for the last 2 rating periods.
 - e. Age Requirement: not more than 30 years old at the time of application
 - f. Training to be undertaken should be relevant to the job (Competency-based)
 - g. He/She must be physically and mentally fit.
5. Procedures for Filing Applications
 - a. Applicant shall submit to the Screening and Selection Committee through the Project Support Unit the following:
 - Letter of Application
 - Birth Certificate
 - Certified photocopy of License
 - Applicant's Information Sheet/Resume (please see attached form)
 - Two (2) Passport sized ID (preferably colored with white background)
 - Service Record
 - Performance Evaluation Result for the last 2 rating periods
 - Medical Certificate from a government institution
 - Endorsement from the Chief of Hospital to undertake a residency training program
 - Certificate of no pending administrative/criminal charges
 - Certificate of Good Moral Character
 - b. The Committee screens and reviews all the required documents submitted by the nominees/applicants based on the agreed criteria.
 - c. The Committee endorses the principal and alternate qualified candidates to the Provincial Health Officer and thereafter to the Provincial Governor for approval.

- d. The Provincial Governor endorses to the HMDTS/HMDTD through the PMO/PSU the selected candidate for the residency training program.

VI. ADMISSION POLICY

1. The nominee/s can be admitted to the program using the following types of entry as embodied in the Administrative Order No. 29 dated May 12, 1994,
To wit:
 - a. **Purposive Entry** - trainees coming from the targeted provinces and endorsed by the local health board (LHB) or Local Government Unit selection and screening committee are admitted to the program. The trainee shall follow the course cycle and training curriculum for a specific training program as approved by the project where he/she is admitted. A contract between the trainee and the LGU shall be executed to ensure return service to the sending local government unit of two years for every year of training. While on training, these physicians shall continue to receive their salary and other benefits from the sending LGU.
 - b. **Straight entry** - 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 AND OTHER BENEFITS FROM THEIR LOCAL GOVERNMENT UNIT. After completion of training, the physician shall serve his sending hospital for two years for every year of training.
 - c. **Interrupted entry** - 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 program 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 three (3) or four (4) year training program is completed. These physicians shall continue to receive their salary from their sending local government unit. After the last year of training, the physician shall serve his sending hospital for at least two (2) years.
2. The nominee/s shall be accepted by the identified teaching/training institutions on probation for six (6) months.
3. The performance of the trainee during the first six (6) months shall be evaluated. A report of which shall be submitted by the teaching/ training institution to HMDTS/HMDTD. This report shall determine whether he/she is recommended to continue the identified training program.

VII. TRAINING PROGRAM/CURRICULUM POLICY

1. The training programs to be offered and supported by the project shall be based on needs, which are embodied in the staff development plan or training plan of the hospitals.
2. It should be consistent and in line with the concept of strengthening district health systems to improve referral systems and enhancing service delivery of devolved hospitals.
3. Applicants coming from the District hospitals are encouraged to avail of training in the field of Family Medicine with additional skills in the identified four (4) major

departments/specialties of hospital service. For the Provincial hospitals, all fields of specialization shall be made available.

4. It encourages utilization of various modes of education intervention such as distance education mode, preceptorial and tutorial, on-site consultants' visit and others.
5. Curriculum should reflect local and regional health needs.
6. Teaching methods should be innovative and utilize problem-based learning methodologies.
7. DOH Teaching & Training hospitals should prioritize and accommodate acceptance of Residency Training Program nominee/s endorsed by appropriate Selection Committees from devolved government hospitals based on criteria, requirements and procedures of the training program.

VIII. FUNDING

1. The program shall cover the following financial assistance and benefits which are chargeable against the ICHSP Funds:

Traveling allowance to and from the training institution	c/o sending agency/LGU
Stipend allowance includes board and lodging, etc.	P 4,000.00/mo.
Book allowance	P 3,000.00/year
Support to research or thesis proposal	P 15,000.00/(maximum)

2. While on training, these physicians shall continue to receive their salary and other benefits from their Local Government Unit.

IX. MONITORING AND EVALUATION

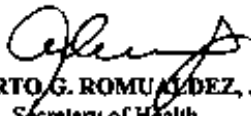
1. The Project Management Office/ Project Support Unit and the HRMD team shall be responsible for periodic monitoring and evaluating of the performance of the trainee/s.
2. The training institution shall be required to submit a progress report on the training performance of the trainees per semester or at the end of the training program to the Head of Agency concerned, copy furnished HMDTS/HMDTD and the PMO/PIU.

X. TRAINING AGREEMENT

1. A duly notarized Training Agreement shall be executed between the trainee, the DOH, and the Local Chief Executive (LCE) stipulating therein the payback services to be rendered to the government which is two (2) years service for every year of training.
2. Trainee/s who failed during the program or resigned from the government service without any valid reason as determined by the Screening and Selection Committee on a case to case basis or failed to comply with the contract, shall:
 - a. Be forfeited of the scholarship to the program
 - b. Refund in full the training cost including remuneration received during the course of training

XI. EFFECTIVITY CLAUSE

These guidelines shall take effect immediately and shall continue to be enforced until such time that the project is terminated.


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Secretary of Health