

**IMPLEMENTING RULES AND REGULATIONS OF R.A. NO. 11509
PURSUANT TO SECTION 21 OF REPUBLIC ACT NO. 11509 ("AN ACT
ESTABLISHING A MEDICAL SCHOLARSHIP AND RETURN SERVICE
PROGRAM FOR DESERVING STUDENTS, AND APPROPRIATING FUNDS
THEREFOR'), THE FOLLOWING RULES AND REGULATIONS ARE
HEREBY PROMULGATED FOR THE IMPLEMENTATION OF THE
"DOKTOR PARA SA BAYAN ACT"**

Section 1. Title and Objectives.

These rules and regulations shall be known as the Implementing Rules and Regulations (IRR) of Republic Act No. 11509, otherwise known as the "*Doktor Para sa Bayan*", hereinafter referred to as "*the Act*."

These rules and regulations seek to establish a medical scholarship and return service program that will help deserving medical students pursue medical education and training in the field of health and medicine. These medical students shall render services in government public health offices or government hospitals in their hometown or in any underserved municipality in any province, as part of their integration into the public health and medical service system.

This shall ensure the availability of doctors who will provide quality basic, promotive, preventive and curative health care services in every municipality in the country, especially the underserved, remote, economically underdeveloped, distressed, conflict-afflicted, and geographically disadvantaged areas.

Section 2. Declaration of Policy.

It is hereby the declared policy of the State to protect and promote the right to health of the people through the formulation and implementation of policies and strategies for the appropriate generation, recruitment, retraining, regulation, retention, and reassessment of the health workforce making it more attuned to the needs of the population.

It is also the declared policy of the State to promote social justice by expanding access to quality education and creating opportunities for underprivileged individuals.

Section 3. Definition of Terms. As used in this IRR, the following terms are defined:

- a) *Deserving Students* - are those who passed the selection criteria for application to the scholarship program and who are willing to undertake the mandatory return service, preferably but not limited to the following:
 - i. Those residing in a municipality without government physicians;
 - ii. Those residing in geographically isolated and disadvantaged areas (GIDA) or from the top twenty (20) percent) provinces and/or municipalities as identified by the PSA, calamity-prone and conflict areas;
 - iii. Those belonging to the ethnic group or indigenous population/communities as certified by respective local

- government units and the National Commission on Indigenous Peoples (NCIP)
- iv. Those dependents of Community health volunteers;
 - v. Those residing in low income class municipalities with high poverty incidence; and
 - vi. Those whose combined annual family income of less than Php 450,000.00
- b) *Mandatory Return Service (MSRS)* - refers to at least one-year service obligation for every scholarship year availed, to be served in government public health office, government hospital, or any accredited government health facility preferably in the scholar's hometown or any municipality in their province or in any underserved municipality closest to the scholar's hometown, as determined by the Department of Health (DOH) as a priority area, in consultation with Local Government Units (LGUs).
- c) *Geographically Isolated Disadvantaged Areas (GIDA)* - refers to the barangays that are specifically disadvantaged due to presence of both physical and socio-economic factors.
- d) *Other School Fees* - other school fees refer to the fees charged by State Universities and Colleges (SUCs) and Partner Private Higher Education Institutions which cover other necessary costs supportive of instruction, including the following:
- i. library fees;
 - ii. computer fees;
 - iii. laboratory fees;
 - iv. school id fees;
 - v. athletic fees;
 - vi. admission fees;
 - vii. development fees;
 - viii. guidance fees;
 - ix. handbook fees;
 - x. entrance fees;
 - xi. registration fees;
 - xii. medical and dental fees;
 - xiii. cultural fees; and
 - xiv. other similar or related fees
- e) *Partner Private Higher Education Institution (PHEI)* - refers to an institution of higher learning offering a Doctor of Medicine program designated by CHED, in consultation with DOH, to implement MSRS program in regions where there are no SUCs offering a medical program
- f) *Medical Internship / Post-Graduate Internship (PGI) or "Internship"* - refers to the fifth (5th) year of basic medical education or its equivalent program and a phase of the professional education of the physician in order to further hone academic and technical proficiency in medicine
- g) *Primary Care* - refers to the initial contact, accessible, continuous, comprehensive, and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary;

- h) *Primary Care Physician* - a licensed physician capable of delivering primary care services, as defined by the DOH, able to lead a primary care team and manage a primary care facility.
- i) *Underserved or Priority Area* - a municipality can be considered “underserved” based on the following criteria:
 - i. Difficulty in access to health services due to geographic location and socio-economic classification of the area (GIDA, with indigenous cultural communities, national priority areas for poverty reduction and peace-building efforts);
 - ii. Critical gaps in current HRH *vis-a-vis* approved staffing standards for hospitals and recommended HRH for municipal health offices/rural health units/barangay health stations;
 - iii. Unmet needs for specialized care or services as mandated by law and as part of the Philippine hospital development plan; and,
 - iv. Persistent failure of hospital or health facility to acquire licensing or accreditation due to lack of needed HRH
- j) *Summer Immersion Program (SIP) / Community Health Orientation* - refers to the exposure of incoming 2nd year and 3rd year medical scholars in select primary care facilities that will orient them on public health and the Philippine health system.
- k) *State Universities and Colleges (SUCs)* - refers to any public institution of higher learning subsidized by the government that was created by an act of the Congress of the Philippines. For purposes of this Act, this term shall refer to SUCs authorized by CHED to offer medical programs through the appropriate government permit.

Section 4. Establishment of the Medical Scholarship and Return Service (MSRS) Program.

There shall be formulated and implemented an MSRS Program embodying the following principles:

- a) Establishment of a medical scholarship and return service program for deserving medical students in the field of medicine;
- b) Expanded access to quality education and opportunities for underprivileged individuals;
- c) Determination of the scheme for return service and monitoring and evaluation of both the programs and scholars; and
- d) Promotion and assurance of equitable distribution of HRH through competitive compensation, benefit packages and good working conditions.

The Medical Scholarship and Return Service (MSRS) Program shall be established for deserving students in state universities and colleges (SUCs) or in partner private higher education institutions (PHEIs); *Provided*, that the Commission on Higher Education (CHED) may designate more than one (1) partner higher education institutions (PHEIs) in the region, including regions where there are existing SUCs offering the Doctor of Medicine program as deemed necessary, and upon consultation with the Department of Health (DOH).

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In all cases, qualified applicants from municipalities without government physicians shall be prioritized in the allocation of scholarship slots to ensure the assignment of at least one (1) doctor for every municipality in the country.

Before call of application for scholarship, the commission, in consultation with the Department of Health, shall annually identify municipalities without government physicians and ensure allocation of scholarship slots.

Section 5. Criteria for the Selection of Partner Private HEIs for the MSRS Program.

All SUCs authorized to offer a Doctor of Medicine program shall be engaged in the MSRS program. In areas where there are no State Universities and Colleges, private HEIs offering medicine program shall be engaged for the MSRS program, and if necessary, upon consultation with DOH in regions where there are existing SUCs, the following are the criteria for the selection of partner private HEIs:

- a) Government authority from the Commission on Higher Education (CHED) to offer the Doctor of Medicine program;
- b) For HEIs with graduates for at least three years, with performance of at least 65% overall institutional passing percentage in the licensure examination of the Professional Regulation Commission in the last three (3) years;
- c) For HEIs with graduates for less than three years, an overall institutional passing percentage of seventy-five percent (75%).
- d) With designated scholarship coordinator or focal person;
- e) With admission slots for indigenous people (IP) and students from GIDAs; and
- f) With capacity to conduct review classes for graduating scholars.

Section 6. Coverage and Benefit Package –

The MSRS Program established under the Act shall be made available to deserving Filipino students who want to pursue a degree in Doctor of Medicine.

This shall cover the implementation of the MSRS program encompassing the number of years of medical education, Summer Immersion Program (SIP) or Community Orientation Summer Workshop (COSW) and one (1) year of post-graduate internship of medical students.

It shall also include the period for taking Physician Licensure Examination and the completion of return service agreement. Priority shall be given to qualified applicants residing in areas with no government physicians to ensure the assignment of a doctor in every municipality of the country.

The student financial assistance for the MSRS Program shall include the following:

- a) Free tuition and other school fees;
- b) Allowance for prescribed books, supplies and equipment;

- c) Clothing or uniform allowance;
- d) Allowance for dormitory or boarding house accommodation;
- e) Transportation allowance;
- f) Internship fees including financial assistance during mandatory internship;
- g) Medical board review fees;
- h) Licensure fees;
- i) Annual medical insurance; PHIC enrolment and accident insurance; and
- j) Other education-related miscellaneous subsistence or living allowances.

The CHED, in consultation with the DOH, shall create a mechanism to identify and evaluate the amount the financial assistance per student taking into account the budgetary allocation and the cost per student taking medical program.

For PHEIs, the CHED will determine the nominal standard fees, and the PHEIs shall provide a counterpart fund to be used for providing the balance of tuition and other school fees for scholars enrolled therein.

Section 7. Qualifications; Requirements; Application.

(A) **Qualifications** - An applicant for MSRS Program shall possess the following qualifications:

- i. Must be a Filipino citizen residing in the Philippines;
- ii. Must be a graduating student or a graduate of an appropriate undergraduate program identified as a prerequisite for a Doctor of Medicine degree, from any HEI duly recognized by the CHED, including a direct entrant to the Integrated Liberal Arts and Medicine (INTARMED) Program who satisfactorily completes the first two (2) years of the Program: *Provided*, that deserving incoming second year medical students and those in the higher year levels of the Doctor of Medicine Program shall also be covered under this Act, as long as they have complied with the academic requirements and retention policies of the school in the past terms preceding their scholarship application;
- iii. Must have passed the entrance examinations and complied with other related requirements for admission into a Doctor of Medicine degree in the SUC or PHEI where the scholar intends to enroll as well as the other requirements of the CHED and the DOH; and
- iv. Must obtain a National Medical Admission Test (NMAT) score mandated by the CHED and required by the SUC or PHEI where the student intends to enroll in.

(B) **Documentary Requirements** - The minimum documentary requirements required at the time of application to the program are as follows:

General:

- i. Proof of Filipino citizenship such as any government-issued document showing proof of Filipino citizenship, including, but not limited, to certified true copy of birth certificate, PHILSYS ID;

- ii. Certificate of Good Moral Character;
- iii. Additional requirements for priority groups (as applicable);
 - a) Certificate of Residency from Barangay;
 - b) Certification as members of indigenous people or minority group/national commission on indigenous people (NCIP) certificate; and
 - c) Tax Exemption/Tax Declaration (from BIR) or social case study duly signed by a registered social worker where the applicant resides

Specific:

- i. Certification of Acceptance from the SUCs and PHEIs (*i.e.* have passed the admission requirements, standards and policies of chosen HEI as well as the other requirements of the CHED); and
- ii. Affidavit of No Existing Scholarship Grant (*i.e.* have not availed of any other scholarship grants or with return service obligation at the time of application or at the same period).

(C) Application and Selection Process – The CHED, SUCs and PHEIs, in coordination with other stakeholders, shall advocate and disseminate information on the program, its application process and the general provisions, through a call for scholarship.

- i. Applicants shall apply in the SUCs and PHEIs of their choice within or near the province or region of residence. Applicants shall undergo screening and selection process as defined by the SUCs or PHEIs for admission to the Medical Program/Course;
- ii. The SUCs and PHEIs shall endorse the list of scholarship applicants to CHED for evaluation and validation;
- iii. CHED shall validate the results from the SUCs and PHEIs and priority shall be given to deserving applicants from, but not limited to, the groups in the following order of priority:
 - a) Those residing in a municipality without government physicians;
 - b) Those residing in geographically isolated and disadvantaged areas (GIDA) or from the top twenty (20) percent) provinces and/or municipalities as identified by the PSA, calamity-prone and conflict areas;
 - c) Those belonging to the ethnic group or indigenous population/communities as certified by respective local government units and the National Commission on Indigenous Peoples (NCIP)
 - d) Those dependents of Community health volunteers;
 - e) Those residing in low income class municipalities with high poverty incidence; and
 - f) Those whose combined annual family income of less than Php 450,000.00

- iv. CHED shall endorse the list of approved/accepted scholars to the concerned SUCs and PHEIs to facilitate the enrolment of the scholars.

The partner school shall notify the applicants on the status of their application. All accepted scholars shall be enrolled accordingly. Likewise, the SUCs and PHEIs shall submit the list of enrolled scholars to CHED for documentation.

Section 8. Conditions for the Grant of Scholarship.

Deserving students accepted to the MSRS Program shall be subject to the following conditionalities:

- a) Must sign an agreement stating the terms and conditions of the scholarship on a form prescribed by the CHED and the DOH pursuant to the provisions of the Act;
- b) Must carry the full load of subjects prescribed per semester by the SUC or PHEI, and shall not, under any circumstance, drop a course which will result in underloading;
- c) Must finish the entire Doctor of Medicine Program within the prescribed time frame of the SUC or the PHEI where the scholar is enrolled in, subject to the retention policies of the SUC or the PHEI. For valid and justified reasons and subject to approval of the SUC or PHEI, accepted students to the MSRS Program are allowed to defer enrolment or to file leave of absence (LOA) and this will be considered as the prescribed time frame. Scholars may be allowed to transfer to other SUC or PHEI provided that the transfer is valid and justifiable and shall be subject to the originating and receiving SUC or PHEI's admission, promotion and retention policies. The grounds for the transfer are the following but not limited to:
 - i. Change of residence, *e.g.* but not limited to employment of parents, government relocation/resettlement plan, *etc*;
 - ii. Safety and security / peace and order situations;
 - iii. Financial concerns;
 - iv. Natural calamities
 - v. Health reasons;
 - vi. Force majeure;
 - vii. Greater access to academic opportunities;
 - viii. Other analogous cases

Provided that the transfer shall not impair the MSRS program, as originally prescribed upon the student.

- d) Must undertake the mandatory internship as prescribed by CHED recognized association of medical schools upon graduation from the Doctor of Medicine Program or on the last year of the Doctor of Medicine Program for scholars under a five (5) year program; *Provided that*, medical scholars under a four (4) year Doctor of Medicine Program are given priority to be cross-matched with government hospitals; *Provided further*, that in the event that no more slots are available in such government hospital, the mandatory internship program must be undertaken in a DOH-accredited public health facility or hospital or any accredited

- government health facility or hospital within the region, subject to compliance with the requirements of the association which credits an internship program;
- e) Must take the board examination within a maximum period of one (1) year after completion of the mandatory internship program for scholars under a four (4) year Doctor of Medicine Program and one (1) year upon graduation for scholars under a five (5) year Doctor of Medicine Program;
 - f) Must render return of service as provided under Section 14 of this IRR; and
 - g) Graduates entering into an RSA shall be required to serve in one of the DOH-specified priority health facilities, within the public sector in the Philippines, on a full-time basis for one (1) year for every scholarship year availed within one (1) year upon graduation or acquiring the necessary license to practice; provided that those who will serve for additional two (2) years shall be provided with additional incentives as determined by the DOH.

The scholar who fails to pass his/her first (1st) licensure examination within one (1) year after graduation and completion of the mandatory internship and other academic requirements shall shoulder all the necessary expenses for the succeeding professional licensure examinations.


Section 9. Grounds for Disqualification:

CHED reserves the right to terminate a scholar from the scholarship program if the scholar has been found to violate any of the following conditions, among others, upon judicious evaluation by the SUC or PHEI:

- a) Violation of any of the terms and conditions of the scholarship agreement;
- b) Submission of falsified or fraudulent documents;
- c) Failure to meet the academic requirements or to complete the course within the prescribed period without valid cause as may be determined by the SUC or PHEI;
- d) Violation of any student disciplinary rules and regulations of the SUC or PHEI which merit the penalty of expulsion or suspension for more than one (1) year.
- e) Transfer to non-partner PHEI;
- f) Exceeding the allowable period of the LOA, as prescribed under Section 11 herein;
- g) The scholar accepts another scholarship/grant from other government or private agency or entity while enjoying the benefits under the Medical Scholarship and Return Service Program; and

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- h) While being a scholar, the scholar commits gross misconduct in a manner that would bring significant damage to the concerned SUC or PHEI, its administration, faculty and students and to the community.

Termination shall result to repayment of full cost of scholarship and repayment of related benefits received including all expenses incurred during participation in the scholarship program.

Obligations for non-completion of the MSRS Program:

In case the scholar fails to obtain a passing grade in the Physician Licensure Examination (PLE) within five (5) years from the time the he/she has completed the mandatory internship program, or if the scholarship status has been terminated under Section 9(c) hereof; the scholar can choose from the following options:

- a) Repay the full cost of the scholarship and related expenses to CHED; or
- b) Option to engage in work within the public health service system, such as engaging in health-related research work for the government or teaching health-related subjects in a public educational institution or being integrated into the public health service system for at least one (1) year for every scholarship availed. The alternative return service shall exclude the period of mandatory internship and residency training that is undertaken in a private health institution or facility.

Section 10. Transfer to other Partner School/Lateral Entry.

Scholars may be allowed to transfer to other SUCs/PHEIs, provided, the transfer is allowed by the originating and receiving partner HEIs, and the reason for transfer is justified as enumerated in section 8(c) of this IRR. Formal evaluation and validation by the CHED through its regional offices shall be conducted and necessary supporting documents (*e.g.* Release letter/approval from original HEI, TOR, etc.) are provided.

Section 11. Leave of Absence.

Scholars may be allowed to take a leave of absence (LOA) once for the whole duration of the program, subject to the following conditions:

- a) Reason for LOA is valid and justified (*e.g.* health concerns, safety and security issues, force majeure, etc.) with written request and other supporting documents as required;
- b) The LOA is compliant with the guidelines and policies of the partner HEIs, and affiliate hospitals (for post-graduate intern scholars); and
- c) Provided that the LOA does not exceed one (1) school year.

Scholars shall be notified by his /her partner HEI and its affiliate hospital if the LOA is approved or disapproved, and the expiration of his/her LOA.

The scholars shall notify the CHED partner HEI and its affiliate hospitals, through the respective CHED regional office, the status of their LOA prior to its expiration.

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Section 12. *Internship for Medical Scholars.*

CHED shall coordinate with the Philippine association of medical schools and the Department of Health (DOH) for the matching of medical scholars to DOH hospitals, affiliate hospitals, and other government hospitals.

In accordance with section 4(f) of the Act, the Medical scholars undergoing internship shall be given monthly stipend (living, lodging and transportation allowance) for the duration of the internship, which shall not be more than a period of one (1) year.

In case of failure to complete the internship within the prescribed period, the MSRS program shall not be obliged to provide the monthly stipend as mentioned in the preceding paragraph, *Provided*, that the delay is not attributable to the scholar or to any intervening fortuitous events.

Section 13. *Physician Licensure Examination.*

The Physician Licensure Examination (PLE) shall be taken within a maximum of one (1) year after completion of the mandatory internship program for scholars under a four (4) year Doctor of Medicine Program and one (1) year upon graduation for scholars under a five (5) year Doctor of Medicine Program.

A scholar can retake the PLE provided that he or she shall shoulder all the necessary expenses for the succeeding professional licensure examination.

Section 14. *Mandatory Return Service and Integration of the Scholar into the Public Health and Medical Service System.*

Upon passing the PLE administered and conferred by the Professional Regulation Commission (PRC) of the license to practice medical profession, the scholars undergoing internship shall be integrated into the public health and medical service system through the DOH and shall receive the appropriate civil service rank, salary and related benefits with the following conditions:

- a) The scholar shall serve in a government public health office, government hospital, or any accredited government health facility in the scholar's hometown if a scholar is from a municipality with no government physicians. In the absence of such need:
 - i. Within the scholar's home province; and
 - ii. In any underserved municipality closest to the scholar's hometown, but outside the province as determined by DOH as a priority area.
- b) The scholar shall render the mandatory return service within six (6) years from the time of passing the PLE for those who have availed of a four (4) year program, and seven (7) years for those who have availed of a five (5) year program;
- c) However, in times of pandemic or public health emergency, the DOH may require the scholars to serve in any public health office or a government hospital where their services may be needed;
- d) The CHED through the Office of Student Development and Services in consultation with the DOH, shall establish a tracking system to monitor

the medical graduates to ensure that they comply with the mandatory return service within six (6) years after passing the physician's licensure examination;

- e) Upon completion of return service, the scholars shall submit service record (if employment is outside DOH) to the DOH covering the years of service requirement; and
- f) DOH shall issue certificate of completion after evaluation of service rendered.

Compliance with the RSP shall require students covered by this policy to stay and practice in the Philippines as a physician in one of the following capacities:

- a) Local Health Officer / Rural Health Physician – Such as, but not limited to the following: Municipal/City/Provincial/Health Officer, Doctor To The Barrios Program of Department Of Health (DOH),
- b) Primary Care Physician – in accredited and licensed government primary care facilities, and
- c) Medical Officer in district hospitals or provincial hospitals in priority areas. provided that all local health offices and primary care facilities are already filled with the needed physicians.

The mandatory return service and integration into the public health and medical service system under the Act shall be separate and distinct from the mandatory internship required prior to taking the licensure examination for physicians: *Provided, further*, the number of years served by the scholar in the public health and medical service system as part of the return service requirements, if any, of the SUC or PHEI concerned, or health or medical research within the Philippines in a public institution or any international organization accredited by the DOH for work for the underprivileged areas within the Philippines, or full-time teaching in a public institution shall be counted in the required number of years of return service under the Act. *Provided, finally*, that the physician shall receive appropriate salaries and other benefits for service rendered under the mandatory integration into the health and medical service.

The CHED and DOH shall establish mechanisms to monitor the deployment of the graduates in the public medical service system thereby ensuring the effective implementation of the MSRS program. To this end, the CHED and DOH shall jointly conduct a periodic review of the necessity to augment the capacities wherein the scholars may serve under the MSRS Program, including the need of the creation of additional *plantilla* positions in government hospitals or government public health offices, and recommend legislative measures thereto to the Joint Congressional Oversight Committee on MSRS Program for the enhancement of the said program.

Section 15. Sanctions for Non-Compliance of RSA.

A physician who has availed of the MSRS Program but fails or refuses to comply with the mandatory return service and integration provided under this Act shall be required to pay two (2) times the full cost of scholarship, including other benefits and expenses incurred by reason of participation in the MSRS Program.

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In case of non-payment, as provided in the preceding paragraph, the PRC, upon observance of due process and in accordance with pertinent laws and rules, shall resolve to deny the renewal of the physician's license; *Provided*, that the above-mentioned penalties shall not apply to physicians who fail to comply with the required return service on account, or by reason of, severe or serious illness. All payments shall be paid to the CHED coursed through the SUCS or partner PHEIs where the medical student has graduated.

Section 16. Harmonization of All Nationally-Funded Medical Scholarship Programs.

In order to carry out the harmonization of all nationally-funded medical scholarship programs as contemplated by Section 10 of the Act, the Unifast Board in coordination with the DOH shall release issuances in relation to the review and harmonization of all national-funded medical scholarship programs.

Every five (5) years from the effectivity of this act, the DOH and CHED shall, upon assessing the shortage of health human resource workforce in the country against the ideal standards and the National Health Human Resources Master Plan created under Section 23 of Republic Act No. 11223 or the "Universal Health Care Act," and upon consultation with participating SUCS and partner PHEIs, the DBM, and the PRC, determine the number and geographical allocation of scholars to be admitted every school year allocating at least one (1) scholarship slot in municipalities without government physicians: *Provided that*, in determining the allocation quota of the scholars to be admitted to the program, utmost priority is given to regions with the low doctor-to-population ratios: *Provided, finally*, that in order to ensure an adequate number of competent human resource for health for the entire country, the DOH shall submit to Congress the National Health Human Resource Master Plan, and any updates thereto, in accordance with the universal health care law.

The planning and targeting for the medical scholarship shall be integrated between and among CHED, DOH and PRC.

Section 17. Training While Serving the Mandatory Return Service.

The CHED together with the DOH, shall develop programs for the continuous training of scholars while serving the mandatory return service under the Act.

Section 18. Medical Schools and Plantilla Positions.

In order to have a holistic solution and address the scarcity of doctors in the country, the CHED, in coordination with the DOH, shall ensure that each region shall have at least one (1) medical school. Thus, the Commission on Higher Education (CHED) shall:

- a) Ensure that each region has at least one (1) medical school;
- b) Implement strict monitoring of the state universities and colleges and partner private higher education institutions;
- c) Craft a mechanism for establishing a medical school in the region;

- d) Maintain a database and distribution of medical schools in the Philippines;
- e) Facilitate the distribution of medical schools and streamlining of requirements;
- f) Facilitate the evaluation of applicant SUCs especially those regions without existing SUCs offering the Doctor of Medicine program;
- g) Review and streamline the requirements in the granting of authority to offer Doctor of Medicine program; and
- h) Allocate and manage funds for the scholarship program.

The Department of Health (DOH) shall:

- a) Regularly provide data and reports on the number and distribution of HRH to support the appropriate production of physicians in priority areas of need;
- b) Identify the ideal ratio of physician to population; and
- c) Together with CHED, establish mechanisms for monitoring RSA obligation for this Act (*e.g.* database for RSA, optimizing existing restrictions to migration), in coordination with relevant government agencies.

The CHED in consultation with the DOH shall issue guidelines that specify conditions for admission of scholarship recipients into post-graduate degree programs under the RSA.

Section 19. Role of the CHED.

The CHED shall perform the following functions in the implementation of the MSRS Program:

- a) Conduct regular information dissemination of, and recruitment to, the MSRS Program in SUCs and PHEIs to ensure that there will be an adequate number of medical doctors in all the municipalities and provinces;
- b) Review, modify and enhance the medical education curriculum standards to prepare graduates to work in community-based health programs and to ensure that Doctor of Medicine programs remain up-to-date and are of comparable quality to medical education in other countries;
- c) Together with the DOH, develop programs for the continuous training of scholars while serving the mandatory return service under this Act;
- d) Coordinate with the DOH, SUCs and PHEIs, for the integration of the medical scholar into the public health and medical service system;
- e) Formulate, promulgate, disseminate and implement the necessary policies, standards, guidelines, and rules and regulations for the effective implementation of the MSRS Program under this Act;

- f) Develop strategies to improve the quality the Quality of the Doctor of Medicine Program and implement a system of quality control for the offering of the Doctor of Medicine Program in SUCs and PHEIs;
- g) Requires SUCs and PHEIs to implement and submit a tracking, monitoring, evaluation and assistance system in order to determine the whereabouts of the medical scholars after graduation from SUCs and PHEIs;
- h) Identify partner HEI, in consultation with DOH;
- i) Identify financial assistance per student;
- j) Release a call for scholarship;
- k) Ensure the timely and adequate release to partner-SUCs and PHEIs of the funds necessary for the implementation of the MSRS Program, and monitor the timely and adequate release of the same by the partner-SUCs and PHEIs to the scholar-beneficiaries under the MSRS Program; and
- l) Recommend, in coordination with partner-SUCs and PHEIs, to the DBM the amount necessary for the effective implementation of this Act.

Section 20. Role of the SUCs and PHEIs. — The SUCs and PHEIs shall perform the following functions in the implementation of the MSRS Program:

- a) Monitor the progress of all scholars in their respective educational institutions, identify those who have low or failing grades, and counsel them to improve their academic performance;
- b) Coordinate with the CHED to ensure the timely release and accurate distribution of allowances and other fees to the scholars;
- c) Make an annual report to the CHED on the performance of medical scholars and other necessary or vital information regarding the MSRS Program;
- d) Assist the CHED in the conduct of regular information dissemination on, and recruitment to, the MSRS Program;
- e) Review, modify and enhance the medical education curriculum to prepare the scholars to work in community-based health programs to ensure that medical education programs remain up to date with recent medical developments;
- f) Recommend strategies to CHED and DOH to improve the implementation of the MSRS Program;
- g) Conduct a tracer study on the whereabouts of their respective medical scholars after graduation from their institution and submit the results thereof to the CHED including the names of scholars who passed the licensure examination;
- h) Recommend to the CHED and the DBM the budget "necessary to implement the MSRS Program in their respective institutions, based on

their projected capacity and evaluation of the adequacy of the funding under the Program; and

- i) Perform such other functions as may be deemed necessary for the success of the MSRS Program.

Section 21. Role of the DOH. — The DOH shall perform the following functions in the implementation of the MSRS Program:


- a) In coordination with the CHED, SUCs and PHEIs, determine the initial number and distribution of physicians needed for each municipality or province, which determination shall be made every five (5) years from the effectivity of this Act;
- b) Ensure that all regions in the country have at least one (1) Level II DOH hospital to ensure the availability of a possible partner or base hospital of medical schools;
- c) Ensure the integration of scholars into the public health and medical service system, and monitor their performance during the mandatory return service period;
- d) Assist the CHED in the conduct of the regular information dissemination on the MSRS Program and in the recruitment of scholar-applicants;
- e) Ensure that grantees under this program will be prioritized in the positions in the DOH deployment program, government hospitals or government public health offices, or any accredited government health facility;
- f) Craft a career pathway for physicians who are beneficiaries of the MSRS Program in the public health and medical service system to incentivize scholar-physicians to continue serving therein;
- g) Coordinate with the LGUs for the mandatory integration of scholar-physicians into the public health and medical service system; and
- h) Recommend to the DBM the creation of *plantilla* positions for scholar-physicians with salary grades commensurate to their educational achievement, training, and other qualifications.

Section 22. Role of LGUs. — LGUs are mandated to support the integration of the scholar into the public health and medical service system by performing the following functions:

- a) Create a mechanism or system to provide the necessary support, including ensure the safety, protection, for the integration of physicians who will be assigned to the LGU;
- b) Coordinate with the DOH and the physicians to determine the specific health needs or requirements of the community and provide the necessary assistance, including involvement in the research component of the medical service system;

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- c) As far as practicable and subject to availability of funds, maintain a regular counterpart fund to be used for providing the balance of the scholarship budget for scholars enrolled in SUCs or PHEIs;
- d) Provide other forms of financial assistance, subject to availability of funds, to support the integration program of doctors in the LGUs;
- e) Recommend to the CHED any strategies to improve the implementation of the MSRS Program;
- f) In coordination with the CHED, SUC or PHEI concerned, conduct an information dissemination campaign on the MSRS Program within the municipality or province, with the objective of attracting qualified applicants to the said Program;
- g) Execute and enforce laws, ordinances and regulations which may, directly or indirectly, have a positive impact on the MSRS Program; and
- h) Perform all other acts to assist the scholar to ensure that the scholar finishes the Doctor of Medicine Program within the timeframe provided by the medical school or the CHED.

Section 23. Funding.

The amount necessary to carry out the implementation of this Act shall be charged against the current year's appropriation of the participating SUC, DOH and CHED.

Effective academic year 2021-2022, new scholars under the MSRS program of this act shall be implemented by the Commission on Higher Education and shall be funded under the CHED budget, provided that current scholars under the DOH medical scholarship program shall be funded under the DOH budget until such time that the same has been lodged under the CHED budget.

The amount necessary for the continuous implementation of the medical scholarship provided under the Act shall be included in the scholarship program of SUCs and CHED in the annual General Appropriations Act.

Section 24. Transitory Provisions.

Upon the effectivity of the Act, current scholars under the existing medical scholarship programs of the DOH and CHED shall automatically be eligible to avail the benefits under the Act.

The DOH and CHED shall create a transition mechanism to facilitate the inclusion of all current scholars of existing medical scholarship programs in the MSRS to ensure that there is no disruption in the delivery of benefits of current scholars.

This notwithstanding, and pursuant to Section 21 of the Act, nothing shall prevent any qualified person to the grant of benefits herein pending the effectivity of this IRR, subject to existing budgeting, accounting and auditing rules. For this purpose, the CHED's Office of Student Development and Services shall issue the necessary guidelines for the implementation of the same.

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Section 25. Revision of this IRR.

This IRR may be revised jointly by the Commission on Higher Education and the Department of Health whenever it deems necessary and after due consultation with affected stakeholders.

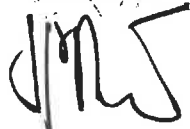
Section 26. Separability Clause.

If any part or provisions of this IRR shall be held invalid or unconstitutional, the other parts or provisions hereof that are not affected shall remain in full force and effect.


Section 27. Effectivity.

This IRR shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved, this 20th day of October 2021.




J. PROSPERO E. DE VERA III, DPA
Chairman
Commission on Higher Education



DR. FRANCISCO T. DUQUE III, MSC
Secretary
Department of Health

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