

S. No. 1520
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[REPUBLIC ACT NO. **11509**]

AN ACT ESTABLISHING A MEDICAL SCHOLARSHIP AND RETURN SERVICE PROGRAM FOR DESERVING STUDENTS, AND APPROPRIATING FUNDS THEREFOR

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

SECTION 1. *Short Title.* – This Act shall be known as the “Doktor Para sa Bayan Act”.

SEC. 2. *Declaration of Policy.* – It is hereby declared the 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.

Towards this end, the State shall 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 who shall eventually render services in government public health offices or government hospitals in their hometown or in any municipality in their home province 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.

SEC. 3. Establishment of the Medical Scholarship and Return Service Program. – There shall be established a Medical Scholarship and Return Service (MSRS) Program for deserving students in state universities and colleges (SUCs) or in partner private higher education institutions (PHEIs) in regions where there are no SUCs offering a medical course: *Provided, That* the Commission on Higher Education (CHED) may designate more than one (1) partner higher education institutions (HEIs) in the region, including regions where there are existing SUCs offering the Doctor of Medicine program as deemed necessary, upon consultation with the Department of Health (DOH).

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.

SEC. 4. Coverage. – The MSRS Program established under this Act shall be made available to deserving Filipino students who want to pursue a degree in Doctor of Medicine.

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; and

(j) Other education-related miscellaneous subsistence or living allowances.

SEC. 5. Qualification Requirements. – An applicant for the MSRS Program shall possess the following qualifications:

(a) Must be a Filipino citizen residing in the Philippines;

(b) 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;

(c) 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

(d) Must have obtained 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.

SEC. 6. *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 this 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: *Provided*, That the deserving student accepted to the MSRS Program, before actual enrollment in the first semester as a scholar, may be allowed for valid and justifiable reasons, to defer enrollment or to file a leave of absence: *Provided, further*, That a scholar who is already enrolled, may be allowed, for valid and justifiable reasons, to file a leave of absence;

(d) Must undertake the mandatory internship in the SUC's or PHEI's base hospital upon graduation from the Doctor of Medicine Program for scholars under a four (4)-year 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 in the event that no more slots are available in such SUC's or PHEI's base 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, 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; and

(f) Must render return of service as provided under Section 8 of this Act.

The scholar who fails to pass the 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.

SEC. 7. *Disqualifications.* – The scholarship grant shall terminate, and the scholar shall repay the full cost of scholarship and related benefits received, including all the expenses incurred during participation in the scholarship program in case of the following circumstances:

(a) If the scholar accepts another scholarship from other government or private agency or entity while enjoying the benefits under this Act;

(b) If the scholar fails 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, or the CHED or DOH through appropriate regulations, such as, but not limited to, absence without notice, willful neglect or other causes within the control of the scholar;

(c) If the scholar fails to obtain a passing grade in the Physician Licensure Examination (PLE) within five (5) years from the time the scholar has completed the mandatory internship program: *Provided*, That, instead of repaying the full cost of the scholarship and related expenses, the scholar whose scholarship status has been terminated under Section 7(b) or 7(c) of this Act may opt 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 a period prorated to the number of years of mandatory return service provided under this Act: *Provided, further*, That the alternative return service shall exclude the period of mandatory internship and residency training that is undertaken in a private health institution or facility; and

(d) While being a scholar, the scholar commits gross misconduct in a manner that would bring significant damage to the SUC or PHEI concerned or to the community as a whole.

SEC. 8. Mandatory Return Service and Integration of the Scholar into the Public Health and Medical Service System.

– Upon passing the PLE administered by the Professional Regulation Commission (PRC) and conferment by the PRC of the license to practice the medical profession, the scholar 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. The scholar shall serve in a government public health office, government hospital, or any accredited government health facility in the scholar's hometown or, in the absence of a need thereat, in any municipality within the scholar's home province, or in any underserved municipality closest to the scholar's hometown determined by the DOH as a priority area, for at least one (1) year for every scholarship year availed of: *Provided*, That scholars from municipalities with no government physicians shall render the return service work in the scholar's hometown: *Provided, further*, That the scholar who assumed the slot intended for a resident of another municipality, no resident of which qualified to be a scholar under this Act, shall render the return service work in the same municipality where the slot was originally intended: *Provided, finally*, That in all cases, the scholar shall only be required to serve in such municipality if no threat to the scholar's life is present.

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: *Provided, however*, That 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: *Provided, further*, That the mandatory return service and integration into the public health and medical service system under this Act shall be separate and distinct from the mandatory internship required prior to taking the licensure examination for physicians: *Provided, further*, That 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 this Act: *Provided, finally*, That the physician shall receive appropriate salaries and other benefits for service rendered under the mandatory integration into the public health and medical service.

SEC. 9. Sanctions. – 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.

In case of nonpayment, as provided in the preceding paragraph, the PRC shall deny the renewal of the physician's license: *Provided*, That the abovementioned 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.

SEC. 10. Harmonization of All Nationally-Funded Medical Scholarship Programs. – Upon the effectivity of this Act, all nationally-funded medical scholarship programs shall be harmonized, rationalized and consolidated under the MSRS Program. The harmonization, rationalization and consolidation of scholarship programs under the MSRS Program shall be in coordination with the UniFAST Board created under Republic Act No. 10687 or the "Unified Student Financial Assistance System for Tertiary Education (UniFAST) Act".

SEC. 11. Training While Serving the Mandatory Return Service. – The CHED and DOH shall develop programs for the continuous training of scholars while serving the mandatory return service under this Act.

SEC. 12. 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. For this purpose, the CHED shall also

streamline the requirements for the application for authority to offer Doctor of Medicine Program. The CHED and DOH shall also issue the appropriate guidelines within sixty (60) days from the effectivity of this Act to facilitate the partnership between SUCs and DOH hospitals with a view of increasing the number of medical schools throughout the country with one (1) region having at least one (1) state-operated medical school: *Provided*, That within three (3) years from the effectivity of this Act, there shall be a state-operated medical school in at least half of the regions with no existing state-operated medical school: *Provided, finally*, That within five (5) years from the effectivity of this Act, there shall be at least one (1) state-operated medical school in each region in the country.

In addition, the Department of Budget and Management (DBM), DOH, and local government units (LGUs) where applicable, shall ensure that all scholars required to render return service under this Act shall be appointed to appropriate plantilla positions commensurate to their merit and fitness.

SEC. 13. *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 of the Doctor of Medicine Program and implement a system of quality control for the offering of Doctor of Medicine Program in SUCs and PHEIs;

(g) Require 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 or PHEIs;

(h) 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

(i) Recommend, in coordination with partner-SUCs and PHEIs, to the DBM the amount necessary for the effective implementation of this Act.

SEC. 14. *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;

(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.

SEC. 15. *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 III 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) 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;

(f) Coordinate with the LGUs for the mandatory integration of scholar-physicians into the public health and medical service system; and

(g) Recommend to the DBM the creation of plantilla positions for scholar-physicians with salary grades commensurate to their educational achievement, training, and other qualifications.

SEC. 16. *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 support to ensure their safety and 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;

(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.

SEC. 17. *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.

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

SEC. 18. *Transitory Provisions.* – Upon the effectivity of this Act, current scholars under the existing medical scholarship programs of the DOH and CHED shall automatically be eligible to avail the benefits under this Act.

SEC. 19. *Joint Congressional Oversight Committee on MSRS Program.* – There is hereby created a Joint Congressional Oversight Committee to oversee, monitor and evaluate the implementation of this Act.

The Oversight Committee shall be composed of five (5) members each from the Senate and from the House of Representatives, and shall include the following: Chairperson of the Senate Committee on Higher, Technical and Vocational Education; Chairperson of the House Committee on Higher and Technical Education; Chairperson of the Senate Committee on Health and Demography; Chairperson of the House Committee on Health; and three (3) members each to be chosen from the membership of the Senate Committee on Higher, Technical and Vocational Education, and the House Committee on Higher and Technical Education by the Senate President and the

House Speaker, respectively: *Provided*, That at least one (1) member from the respective nominees of the House of Representatives and the Senate shall be chosen from the Minority party/bloc.

SEC. 20. *Determination of Number and Allocation of Scholars to be Admitted.* – 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 Resource Master Plan created under Section 23 of Republic Act No. 11223 or the "Universal Health Care Act", and upon consultation with participating SUCs and 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.

SEC. 21. *Implementing Rules and Regulations.* – Within one hundred twenty (120) days from the effectivity of this Act, the CHED and the DOH shall, in coordination with the Philippine Association of State Universities and Colleges, Coordinating Council of Private Educational Associations, League of Municipalities, Association of Municipal Health Officers, Non-Government Community-Based Health Programs, PRC, DBM, SUCs, PHEIs, associations of medical schools and medical students and other relevant stakeholders, formulate and issue the rules and regulations to fully implement the provisions of this Act: *Provided*, That the absence of the implementing rules and regulations shall not affect the effectivity of this Act and the grant of benefits provided herein.

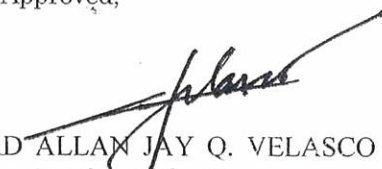
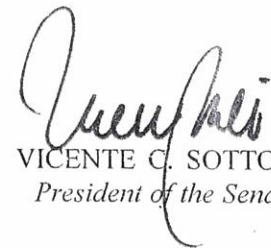
SEC. 22. *Separability Clause.* – If any part or provision of this Act shall be held invalid or unconstitutional, the other

parts or provisions hereof that are not affected shall remain in full force and effect.



SEC. 23. *Repealing Clause.* – All laws, decrees, or rules inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 24. *Effectivity.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in at least two (2) newspapers of general circulation.

Approved,

	
LORD ALLAN JAY Q. VELASCO <i>Speaker of the House of Representatives</i>	VICENTE C. SOTTO III <i>President of the Senate</i>

This Act which is a consolidation of Senate Bill No. 1520 and House Bill No. 6756 was passed by the Senate of the Philippines on October 15, 2020 and the House of Representatives in a special session on October 16, 2020.

	
JOCELIA BIGHANI C. SIPIN <i>Secretary General House of Representatives</i>	MYRA MARIE D. VILLARICA <i>Secretary of the Senate</i>

Approved: DEC 23 2020



RODRIGO ROA DUTERTE
President of the Philippines

