



**Republic of the Philippines  
DEPARTMENT OF HEALTH  
PROFESSIONAL REGULATION COMMISSION**

JAN 20 2021

**JOINT ADMINISTRATIVE ORDER**

No. ~~2020~~ 2021-0001

**SUBJECT: Guidelines on the Establishment, Utilization, and Maintenance of the National Health Workforce Registry (NHWR)**

**I. RATIONALE**

The availability of competent Human Resources for Health (HRH) is vital to the delivery of health services and towards the attainment of universal health care. As a critical component of health systems, there is a need for comprehensive, accurate, and up-to-date data on HRH for the development of evidence-informed policies and plans.

In this regard, the World Health Organization has promoted the adoption of the National Health Workforce Accounts as an overarching system to improve the availability, quality, and use of data on the health workforce, covering the entire health labor market dynamics from health workforce production to inflows and outflows in the health system. This includes data on HRH quantity and distribution, which are priority indicators for health workforce planning. However, these data are currently collected through fragmented information systems that have limited coverage and interoperability. They are being processed manually and may not accurately nor completely reflect the HRH situation in the country.

One of the identified key strategies to resolve issues on HRH data is the creation of a health workforce registry that will contribute to the National Health Workforce Accounts. Thus, pursuant to Section 25.c of Republic Act No. 11223 also known as the "Universal Health Care (UHC) Act", *the DOH and the PRC, in coordination with duly-registered medical and allied health professional societies, shall set up a registry of medical and allied health professionals, indicating, among others, their current number of practitioners and location of practice.*

This policy, as aligned with data privacy and cybercrime laws, shall therefore provide guidelines on the establishment, utilization, and maintenance of the National Health Workforce Registry (NHWR) and the institutionalization of its routine data collection through the registration of health professionals or renewal of their Professional Identification Card (PIC) through the Professional Regulation Commission.

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## **II. OBJECTIVES**

This Joint Administrative Order (JAO) aims to achieve the following:

- A. Establish policies and guidelines on the creation, implementation, management, and sustainability of the NHWR;
- B. Create a committee to facilitate collaboration, consultation, participation and partnership for the implementation of the NHWR;
- C. Define roles of the Department of Health (DOH); the Professional Regulation Commission (PRC); Accredited Professional Organizations (APO), Accredited Integrated Professional Organizations (AIPO), and specialty societies; the NHWR Committee; and, medical and allied health professionals in the creation, implementation, management and maintenance of the NHWR; and,
- D. Institutionalize routine collection of health workforce data and information for the NHWR through the registration and renewal of the PIC.

## **III. SCOPE AND COVERAGE**

This Order shall apply to the DOH, its attached agencies, and all the offices and facilities under its jurisdiction; the PRC, together with their medical and allied health APO, AIPO, and specialty societies; relevant national government agencies (NGAs), local government units (LGUs), non-government organizations (NGOs), and, other public and/or private institutions and facilities.

This Order shall cover, but not limited to, the following PRC registered and licensed medical and allied health professionals, to wit:

- A. Dental Hygienist
- B. Dental Technologist
- C. Dentist
- D. Medical Technologist
- E. Midwife
- F. Nurse
- G. Nutritionist-Dietician
- H. Occupational Therapist
- I. Optometrist
- J. Pharmacist
- K. Physical Therapist
- L. Physician
- M. Radiologic Technologist
- N. Respiratory Therapist
- O. X-ray Technologist

#### IV. DEFINITION OF TERMS

For purposes of this Order, the following terms shall mean and be understood as follows:

##### A. *Accredited medical and allied health professional organizations or societies*

1. ***Accredited Professional Organization (APO)*** - refers to the professional organization for a medical or allied health profession that is accredited by the PRC. (adopted and modified from DOH-PRC JAO No. 2015-01)
2. ***Accredited Integrated Professional Organization (AIPO)*** - refers to the concerned board and PRC accredited integrated professional organization for a given profession which is specifically mandated by the provision of the professional regulatory law to integrate the professionals into one national organization and where the membership therein by professionals is automatic and mandatory. (PRC Resolution No. 2018-1089 series of 2018: Revised rules on the accreditation of professional organizations and integrated professional organizations)
3. ***Specialty Society*** - refers to organizations composed of experts or specialists in a particular field of professional practice, duly registered with the Securities and Exchange Commission.

B. ***Authorized Users*** - refers to employees from the DOH and PRC duly designated to manage the NHWR. They shall have access to the NHWR and shall be bound by a non-disclosure agreement (NDA) to ensure the protection and integrity of data, making them accountable for ensuring the privacy and confidentiality of personal information collected by the NHWR.

C. ***De-identification*** - refers to the removal of identifiers to protect against inappropriate disclosure of personal information, such as name, date of birth (except year) and other data directly related to the PRC registered and licensed medical and allied health professionals, address (other than city or province), contact numbers, email addresses, government-issued unique identification numbers, medical record/health plan beneficiary, and account numbers, certificate or license numbers, vehicle or device identifiers, web universal resource locators or internet protocol address, biometric identifiers, full-face or comparable photographs, and other unique identifying number or code. (DOH-DOST-PHIC JAO 2016-001)

D. ***Human Resources for Health*** - refers to PRC registered and licensed medical and allied health professionals. The NHWR intends to capture data for HRH who are classified as:

1. ***HRH within the health sector*** - refers to registered and licensed medical and allied health professionals who are practising their respective professions in a clinical setting and/or other fields such as public health, health administration, health professional education, and health research and health systems development; and,

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2. **HRH outside of the health sector** - refers to registered and licensed medical and allied health professionals who are not actively practising their profession and/or whose areas of work are outside of the clinical setting, and other fields of practice as defined for in HRH within the health sector, or unemployed.
- E. **Interoperability** - refers to the extent to which systems and devices can exchange data and interpret that shared data. (AO No. 2013-0025)
- F. **National Health Workforce Accounts (NHWA)** - refers to a system by which countries progressively improve the availability, quality, and use of data on the health workforce through monitoring of a set of indicators to support the achievement of Universal Health Coverage, Sustainable Development Goals, and other health objectives. (World Health Organization (Ed.). (2017). National Health Workforce Accounts: A Handbook. World Health Organization.)
- G. **National Health Workforce Registry (NHWR)** - refers to an automated information and communications system that collects and processes data on medical and allied health professionals. This shall generate, among others, the registry containing the number of practitioners and their location of practice inside and outside the country. (Section 25.7, Rule VI, UHC Act IRR)
- H. **National HRH Master Plan** - refers to a long term strategic plan for the management and development of HRH; it shall include the following components:  
1) comprehensive health labor market study adopting a whole of society approach,  
2) standards for HRH, in both public and private sector, on staffing requirements, equitable distribution appropriate generation, recruitment, retraining, regulation, retention, productivity mechanisms, and reassessment of the health workforce that would be updated to accommodate changing population health needs, and 3) outcomes pertaining to sustainable production, appropriate skill mix retention in the health sector, equitable distribution and practice-ready training and education for HRH. (Section 23, Rule VI, IRR of UHC Act)
- I. **Processing** - refers to any operation or any set of operations performed upon personal information including, but not limited to, the collection, recording, organization, storage, updating or modification, retrieval, consultation, use, consolidation, blocking, erasure, or destruction of data. (Republic Act No. 10173: Data Privacy Act of 2012)
- J. **Professional Identification Card (PIC)** - refers to the card bearing the registration number, dates of issuance and expiry, duly signed by the PRC Chairperson that is issued to a registered professional upon payment of the prescribed fee and compliance with RA No. 10912. (PRC Resolution No. 2018-1089 series of 2018: Revised rules on the accreditation of professional organizations and integrated professional organizations)

## V. GENERAL GUIDELINES

- A. The PRC and DOH, in coordination with duly registered medical and allied health professional societies, shall set up a registry of medical and allied health

- professionals, indicating, among others, their current number of practitioners and location of practice. (UHC Act Sec. 25c and Sec. 25.7 IRR of UHC Act)
- B. The DOH, in consultation with PRC, shall determine the HRH data required for the national health workforce registry, and act as a repository of the data collected and manager of the registry. (Sec. 25.8 IRR of UHC Act)
  - C. The PRC, together with their accredited medical and allied health professional organizations and other national and local bodies, within their mandates, shall provide the DOH with relevant health care professional and health care worker data. For this purpose, the DOH is authorized to collect data and information for the national health workforce registry from relevant agencies, including NGOs, private organizations, and facilities. (UHC Act IRR Sec. 25.9)
  - D. All PRC registered and licensed medical and allied health professionals shall participate in the NHWR and shall comply with its data collection process as part of the registration or renewal of PIC.
  - E. The HRH data and information for the NHWR shall be provided by the PRC through the information system utilized for the registration and renewal of PIC.
  - F. The NHWR shall be created, implemented, managed, and sustained through guidelines and procedures that are aligned with the Philippine e-Health Strategic Framework and Plan, HRH Master Plan, NHWA, E-Government Master Plan 2022, and Data Privacy Act of 2012.
  - G. The DOH and PRC shall create an NHWR Committee composed of members in an ex-officio capacity, to ensure efficient implementation, monitoring, and sustainability of the NHWR, and interoperability with other information systems in the long-term. National agreements on policies, protocols, and standards shall be facilitated and approved by the NHWR Committee.

## **VI. SPECIFIC GUIDELINES / IMPLEMENTING MECHANISMS**

### **A. Design and Hosting**

- 1. The NHWR shall be developed as an information system that collects, processes, stores, and generates HRH data. This shall be expandable and interoperable with other DOH health information systems.
- 2. The NHWR shall be hosted and maintained by DOH.

### **B. Data Collection and Management**

- 1. The HRH data required for the NHWR shall come from PRC through a dedicated information system or database that collects personal information from registered and licensed medical and allied health professionals.
- 2. The dedicated information system on registered and licensed medical and allied health professionals shall be enhanced, as necessary, to collect the required HRH data sets and facilitate sharing of data for the NHWR, through an agreed means of system communication.
- 3. Data shall be further validated, as necessary, using other secondary sources of HRH information to ensure accuracy, completeness, and relevance. As a reference for triangulation and analysis of the data generated by the NWHR, the DOH shall collect HRH data and information from relevant NGAs, LGUs, NGOs, and, other public and/or private institutions and facilities.

4. Upon validation, any inaccurate or incomplete data in the NHWR shall be rectified or supplemented in accordance with Data Privacy guidelines. The subject data shall be archived for reference purposes.
5. The HRH data collected from NHWR shall be processed and translated into publishable and de-identified reports, which shall be validated and concurred by both DOH and PRC, prior to release to the public. The reports shall be published annually and the links to published reports shall be placed on official websites of the DOH and the PRC.
6. All documents, notes, papers, records, research, and/or other publications in any materials produced using data from the NHWR shall be protected by copyright laws, vested exclusively on the creator of the material, and cited accordingly as "Data from the National Health Workforce Registry as of (date of publication)".
7. A permanent repository of HRH data and information contained in the NHWR shall be maintained. Its storage system shall conform to the security standards required by the Department of Information and Communications Technology (DICT), in accordance with the Data Privacy Act of 2012, and other relevant laws, rules, and regulations.

#### **C. Data and System Access**

1. Only authorized users shall have administrator access to the NHWR and shall be bound by a non-disclosure agreement (NDA) to ensure the protection and integrity of data. A database of all authorized users shall be created and maintained by the DOH.
2. Individual health professionals shall be granted access to view only their personal information. Any revision on their personal information shall be coursed through the PRC process of data modification.

#### **D. Data and Infrastructure Security**

1. Appropriate organizational, physical, and technical measures shall be established to protect the NHWR from any accidental or unlawful disclosure, alteration, processing, or destruction.
2. A Privacy Management Program shall be developed and translated to a Privacy Manual, in accordance with the Data Privacy Act of 2012.
3. A data protection officer, data processor, and data custodian shall be designated to ensure compliance with applicable laws and regulations for the protection of data privacy and security.
4. All authorized users of the NHWR shall be held accountable for ensuring the privacy and confidentiality of personal information. This obligation shall continue even after termination of employment or engagement with DOH or PRC.
5. A notification system for any unauthorized access to personal information contained in the NHWR that could cause risk or harm to the individual and/or the agencies shall be established.

## **E. System Maintenance and Sustainability**

1. The NHWR shall be regularly maintained, updated, and enhanced as deemed necessary, in compliance with the requirements of the mandates of DOH, PRC, and DICT.
2. A dedicated team, with at least two (2) of the members tenured from PRC, shall be designated to oversee the provided data on registered and licensed medical and allied health professionals for the NHWR, and at least two (2) members tenured from DOH shall be designated to manage the NHWR.
3. An Operations Manual<sup>1</sup> including contingency plans for the management of data security risks, shall be developed for the operations and maintenance of the NHWR.
4. All individuals involved in the processing of the HRH data shall be provided with training on system management, privacy and security policies, and other relevant capacity-building measures necessary for the maintenance and sustainability of the NHWR.

## **VII. ROLES AND RESPONSIBILITIES**

### **A. DOH and PRC shall jointly:**

1. Set-up the NHWR, in coordination with medical and allied health APO, AIPO, PRC accredited specialty societies, and, other relevant stakeholders;
2. Adopt harmonized data definitions and standards for the NHWR;
3. Set means of system communication (i.e. web service, application programming interface/API, etc.) to facilitate data sharing on the medical and allied health professionals for the NHWR;
4. Develop operational guidelines in managing and maintaining the NHWR, the HRH data collected and processed through it, and all information and reports generated from it;
5. Implement measures to ensure integrity, security, and confidentiality of the processed and shared data in the NHWR, in accordance with the Data Privacy Act of 2012, and all other relevant laws and policies;
6. Abide by the provisions provided in the Memorandum of Agreement or Data Sharing Agreement; and,
7. Nominate and validate membership to the NHWR Committee, and facilitate replacement, if necessary.

### **B. DOH shall:**

1. Design, develop, update, maintain, and enhance, as deemed necessary, the NHWR, including the provisions of necessary ICT infrastructure.
2. Designate a dedicated team composed of, but not limited to the following: data protection officer, data processor, data custodian, system administrator, among others, for the implementation, management, operations, and sustainability of the NHWR; and maintain a database of all these authorized users.

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<sup>1</sup> Including Software Operations Manual and System Administration Manual

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3. Manage access and permanent repository of HRH data and information contained in the NHWR, including those data for archiving;
4. Establish appropriate organizational, physical, and technical measures to protect the NHWR from any accidental or unlawful disclosure, alteration, processing, or destruction;
5. Ensure accuracy, completeness, and up-to-datedness of HRH data collected by the NHWR through careful processing, triangulation, or validation, as necessary;
6. Identify additional sources of data on HRH and expand the collection of HRH data, in coordination with relevant government agencies as appropriate sources of data for HRH information from entry to workforce to exit and re-entry, to be aligned with the National Health Workforce Accounts;
7. Collect HRH data and information from relevant NGAs, LGUs, NGOs, and, other public and/or private institutions and facilities as reference for triangulation and analysis of the data generated by the NHWR; and,
8. Notify PRC or the individual professional of any unauthorized access to personal information contained in the NHWR that could cause risk or harm to the individual and/or the agencies, in accordance with the Data Privacy Act.

**C. PRC shall:**

1. Serve as the primary source of data on registered and licensed medical and allied health professionals for the NHWR;
2. Provide DOH with up-to-date and validated health care professional data on a schedule agreed upon by both parties; and,
3. Enhance information systems or databases, as deemed necessary, to accommodate required HRH data sets that are collected within the mandate and jurisdiction of the PRC; and, to facilitate data sharing and harmonization with NHWR.

**D. NHWR Committee shall:**

1. Provide overall direction and oversee the implementation, management, operations, and sustainability of the NHWR;
2. Approve policies, guidelines, protocols, standards, and other operational requirements of the NHWR System;
3. Coordinate between DOH and PRC in the implementation and monitoring of NHWR operations;
4. Resolve issues and challenges relative to the implementation, management, operations, and sustainability of the NHWR; and,
5. Enjoin, as necessary, the participation of relevant stakeholders as a resource.

**E. PRC APO, AIPO, and Accredited or Recognized Specialty Societies shall:**

1. Provide required data sets of its members through PRC as input to the NHWR pursuant to relevant laws;
2. Advocate to its members the regular and truthful updating of data for NHWR; and,

3. Participate, upon request, in the process of data validation and triangulation by verifying information pertaining to their member's professional status/ standing and affiliation.

**F. Medical and Allied Health Professionals shall:**

1. Comply with the data collection process for the NHWR through the information system or database managed by PRC, and update personal information entries upon registration and renewal of PIC; and,
2. Request, as necessary, updating and/or correcting of erroneous individual data to PRC.

**VIII. OPERATIONAL BUDGET**

The DOH shall allocate funds for the creation and implementation of the NHWR. The PRC shall allocate funds for the enhancement, operations, and maintenance of their information system on registered and licensed medical and allied health professionals, as a primary data source for the NHWR.

**IX. PENALTY CLAUSE**

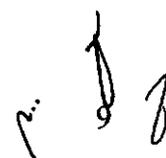
- A. Any individual or agency who fails to comply with the provisions of this Order or commit acts that violate the Data Privacy Act of 2012, Cybercrime Prevention Act of 2012, and other related laws, shall be disqualified to participate in the NHWR without prejudice to the filing of appropriate cases in accordance with applicable laws.
- B. Any health professional, who while under oath, fails to provide truthful information for the registration and renewal of PIC, as governed by the PRC Modernization Act of 2000 and in compliance with the Data Privacy Act of 2012, and for the NHWR, as required by the UHC Act, shall be held liable based on existing professional acts and other relevant laws.

**X. REPEALING CLAUSE**

All other issuances inconsistent with the provisions of this Order are hereby repealed/ rescinded and modified accordingly.

**XI. SEPARABILITY CLAUSE**

If for any reason, any part or provision of this Order be declared invalid or unconstitutional, shall not affect the other provisions which shall remain in full force and in effect.



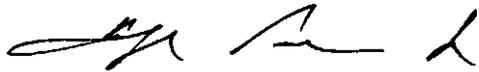
**XII. EFFECTIVITY**

This Order shall take effect fifteen (15) days from the date of its publication in the Official Gazette or in any national newspaper of general circulation.



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**FRANCISCO T. DUQUE III**  
Secretary  
Department of Health



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**TEOFILO S. PILANDO, JR.**  
Chairperson  
Professional Regulation Commission