

What is the Current Situation of Regulation of the Health Workforce in the Philippines?

Based on the Situational Analysis of the Philippine Regulatory Landscape And the Appropriate Enabling Environment Towards the Operationalization of Reform on Health Workforce by Dr. Anne-Louise Carlton

BACKGROUND

• Current Philippine HRH Regulation

- The legislative framework of HRH regulation in the country is established and operationalized under the Professional Regulation Commission (PRC) Modernization Act of 2000 and 12 separate legislations for specific health professions. Some of the health professional laws are outdated and were enacted more than 50 years ago. Table 1 lists the laws, their regulators, and professions/occupations regulated.
- The PRC Modernization Act stipulates the powers and functions of the PRC and Professional Regulatory Boards. However, PRC only regulates professionals who have satisfied qualifications stipulated in various health professional laws, particularly specific years of education and required degrees. Therefore, health professionals who have not attained the required years of education nor obtained specified degrees are ineligible for examination and license.
- Other National Government Agencies, particularly the DOH, have no explicit functions in the regulation of health professionals. Its regulatory powers are limited to the (1) licensing of professions not covered in the PRC Modernization Act such as embalmers and massage therapists; and (2) the certification of traditional and alternative healthcare professionals through the Philippine Institute of Traditional and Alternative Health Care (PITAHC) which is voluntary.
- Other allied professionals, such as pharmacy assistants and paramedics, are unregulated. This poses a potential threat to public safety because the quality of care given by these professionals are not ensured by any licensing system.

• International Best Practices

- Countries have consolidated legislative frameworks on HRH regulation to ensure that mandates are up-to-date and relevant to the present system of HRH regulation (ex. Australia, Hong Kong, New Zealand, Singapore, and United Kingdom).

- There is also an international trend towards consolidation of regulators under a single office to streamline and ensure consistency of HRH regulation (e.g. Singapore's Allied Health Profession Council, the United Kingdom Health and Care Professions Council, etc.).
- There is also a trend of establishing HRH regulatory bodies as independent statutory agencies operating at "arms-length" from Ministries of Health. This provides clearer separation between roles and functions of HRH regulatory agencies and Ministries of Health. In some cases, these Ministries have the power to issue policy directions and annual performance targets for HRH regulatory agencies.
- Countries have expanded HRH regulation to allied health professionals to raise their standards of practice, ensure the provision of safe and quality health services, and prevent malpractice.
 - Some jurisdictions extended their licensing regimes to include traditional medicine practitioners
 - Australia introduced negative licensing or code-regulation regimes to regulate unregistered allied health professionals

CURRENT ISSUES TO BE ADDRESSED

- The legislative framework of HRH regulation in the Philippines is fragmented, outdated and does not equip the PRC with sufficient tools to assure the quality and safety of HRH (including unregistered HRH) nor does it empower the DOH to set policy directions for and engagement mechanisms with PRC
- Allied health professionals remain unregulated and quality of care is not assured

RECOMMENDATIONS

1. Update the legislative framework of HRH regulation
 - Consolidate the different health professional laws into **one umbrella legislation** to enable a **more streamlined and timely updating of HRH regulation**, ensure **consistency in the powers and functions** of the different PRBs
 - Give **clearer powers to the DOH** to drive reform in HRH regulation
 - Provide **flexibility for expanding the licensing system to allied health professionals** not regulated by the PRC (pharmacy assistants, pharmacy aides, paramedics, naturopatists, homeopathists), regulated by DOH (embalmers, masseurs) and certified by PITAHC (chiropractors, acupuncturists)
2. Consider **negative licensing** for regulating low-risk allied health professionals
 - Provide **minimum standards of practice**
 - Develop a mechanism for **reporting complaints**
 - Enforce powers to PRC/DOH to **conduct investigations** and **revoke the permit to practice** of unfit professionals

ANNEX

TABLE 1. HEALTH PROFESSIONAL LAWS

Law	Regulator	Professions/Occupations Regulated
PRC Modernization Act of 2000	Professional Regulation Commission	Total of 44 professions, 12 are health professions covering with 18 separate health occupations
The Philippine Dental Act of 2007	Professional Regulatory Board of Dentistry	Dentists, Dental hygienists, Dental technologists
Philippine Medical Technology Act of 1969	Board of Medical Technology	Medical technologists
The Medical Act of 1959	Board of Medicine	Medical doctors
Philippine Midwifery Act of 1992	Board of Midwifery	Midwives
Philippine Nursing Act of 2002	Board of Nursing	Nurses
Nutrition and Dietetics Law of 2016	Board of Nutrition and Dietetics	Nutritionists, Dietitians
Revised Optometry Law of 1995	Board of Optometry	Optometrists
Philippine Pharmacy Act of 2015	Board of Pharmacy	Pharmacists
Philippine Physical and Occupational Therapy Law (1969)	Board of Physical and Occupational Therapy	Physical therapists, Occupational therapy
Philippine Psychology Act of 2007	Board of Psychology	Psychologists
Radiologic Technology Act of 1992	Board of Radiologic Technology	Radiologic technologists, Medical physicists
Philippine Respiratory Therapy Act of 2009	Board of Respiratory Therapy	Respiratory therapists, Respiratory therapy technicians

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