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REVISED POLICIES AND GUIDELINES ON THE PRIVATE PRACTICE OF MEDICAL AND PARAMEDICAL PROFESSIONALS IN GOVERNMENT HEALTH FACILITIES

DOH ADMINISTRATIVE ORDER NO. 92 S. 2003, September 22, 2003

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I. Rationale

The Department of Health encourages the employment of medical and paramedical personnel who are experts in their field of practice in various government hospitals and other government health facilities. Within the period of their employment in these government facilities, these practitioners are allowed the privilege of private practice.

Private practice is allowed as an incentive and in recognition of the medical and paramedical professionals' commitment to remain as members of the hospital staff for a longer period to bring about continuous quality improvement of the health care delivery service of the facility.

This permission on the private practice of medical and paramedical professionals in government health facilities is envisioned to attract the best and the brightest professionals for medical and paramedical positions, in order to 1) provide adequate quality medical care to patients especially the indigent; 2) teach, train and interact with the other medical and paramedical professionals and; 3) conduct relevant studies and research thereby enhancing the quality of medical and health care delivery systems.

In addition, the following are the expected benefits in allowing private practice of government medical and paramedical personnel in government hospitals and other health facilities:

1. The presence of Medical Specialists within the hospital during office hours, who otherwise would be in their other private clinics, ensures supervision and guidance of patient care at the time they are needed most.

2. The inputs from other government health professionals would further enrich and enhance the healthcare delivery system.

3. Resident trainees will be more closely supervised and thereto gain much from assisting consultants in the management of the consultants' private patients. They can learn medical evaluation and management which they would not otherwise experience.

4. The income generated from the use of hospital facilities by private patients will augment the hospital budget and promote self-sufficiency towards fiscal autonomy.

However, due to existing Civil Service regulations, administrative and ethical issues on medical and other paramedical practitioners in government facilities engaging in private practice became a major concern. There is a need to balance the need for these professionals and the expected benefits that the government health facilities will reap with the existing Civil Service regulations.

Therefore a set of policies and guidelines is hereby formulated to determine the coverage, limitation and responsibility of all concerned in the delivery of quality health care services.

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II. Definition of Terms:

a) Private Practice - refers to clinical practice by which the health services rendered are paid and such payment is for the account of the practitioner.

b) Government Physician - a doctor of medicine, PRC registered and employed in government owned hospitals or public health facilities.

c) Fellows/Diplomates - are medical professionals who were certified by the relevant specialty society after complying with all the requirements set by the said society.

d) DOH Certified Medical Specialists - are medical professionals who were certified by the Department of Health until 1989 after meeting the requirements set by the Department.

e) Medical Specialist - a Doctor of Medicine; PRC registered with a certificate as Fellow and/or Diplomate of a relevant specialty society or a doctor who passed the Department of Health Medical Specialist Examination, given an appointment by the Secretary or his authorized official.

f) Visiting consultant - a Doctor of Medicine; PRC registered with a certificate as Fellow and/or Diplomate of a relevant specialty society or a doctor who passed the Department of Health Medical Specialist Examination, who has an approved appointment by the Secretary or his authorized official as a one peso/year Consultant in a DOH hospital or other government health facility and renders teaching, training as well as consultancy services.

g) Honorary Consultant - a Doctor of medicine; PRC registered with a certificate as Fellow and/or Diplomate of the relevant specialty society or a doctor who passed the Department of Health Medical Specialist Examination, and who has retired/resigned from a hospital plantilla position but with an approved appointment by the Secretary or his authorized official as a one peso/year consultant in a DOH hospital or other health facility, who renders teaching, training and consultancy services.

h) Dentist - a Doctor in Dentistry; and PRC registered.

i) Government paramedical professionals - allied professional health providers, duly registered with the PRC, such as Nurses, Midwives, Physical Therapists, Medical Technologist, Social Workers, Pharmacists and other technicians.

III. Scope:

This Order shall cover all physicians and other paramedical and allied professionals in government health facilities (DOH hospitals, LGU hospitals and other health facilities, central, regional or local).

IV. General Guidelines:

A. Medical and Paramedical Practitioners who are eligible/qualified for private practice:

1. Medical Specialists who are holders of plantilla or of medical pool items for at least one year. In corporate hospitals, the corporate board will determine qualified medical specialist.

2. Visiting and Honorary Consultants.

3. Dentists who are holders of plantilla items for at least one year.

4. Other paramedical and allied professionals who are holders of plantilla items for at least one year.

B. Requirements for Application for Private Practice

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1. Medical, dental and pramedical professionals with plantilla items.

- PHIC accreditation

- Performance Evaluation from the mother unit of at least Very Satisfactory rating for the past 12 months;

- Certificate of no pending Administrative Case;

- Additional requirements to be set by the hospital management to safeguard the provisions of quality health service in the institution.

2. Visiting or Honorary consultants or dentists with no hospital plantilla item.

- PHIC accreditation

- Hospital Credentials Committee Recommendation and approval by the Chief of Hospital/Medical Center Chief;

- Documents or certification of participation in the hospital's training activities for the past years duly signed by the Department chairman concerned and the Chief of Medical Professional Staff (for renewal only);

- Additional requirements to be set by the hospital management to safeguard the provisions of quality health service in the institution.

C. Procedure for Certification or Issuance of Permit for Private practice:

1. Interested medical and paramedical professionals will apply in his/her choice of government hospital or facility.

2. The medical and paramedical professionals shall be required to fill-up and sign sworn statements disclosing any conflict of interest which may rise if allowed to engage in private practice.

3. The Hospital Credentials Committee will evaluate applicants based on the requirements to determine if qualified to avail of this privilege and will recommend the qualified medical professionals to the Chief of Hospital.

4. The Chief of Hospital (COH) shall approve the privilege for private practice in the form of Memorandum of Agreement (MOA) between the practicing professional and the hospital, represented by the COH and witnessed by the Chief of Medical Professional Staff (CMPS). The signed MOA must be duly notarized.

5. The abovementioned MOA shall contain a provision that the Medical and Paramedical Professionals allowed private practice must perform all the diagnostic and therapeutic procedures within the hospital whenever available. Moreover, Medical and Dental Professionals must prescribe drugs and medicines that are available in the hospital pharmacy. Attached as Annex A[*] is a sample MOA which should be modified as needed depending on the hospital situation.

D. Hospital Policies and Procedures Related to Professional Fees

1. Charging of deposits and down payments for professional fees are strictly prohibited.

2. Payment of hospital bills shall take precedence over professional fees.

3. Admission, transfer, discharge and other related disposition of patients shall follow existing DOH hospital policies and procedures.

4. Billing procedures shall be in accordance with the existing DOH hospital policies and procedures and COA rules and regulations.

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5. Charging of professional fees for pay patients shall be guided accordingly by standardized schedule of fees of all procedures, surgical interventions and examinations based on the relative unit value (RUV) set by the current Relative Value Scale (RVS) of the Philippine Health Insurance Corporation (PHIC). This fee schedule shall have its own peso conversion factor (PCF) based on the current market rates in the area that also integrates PHIC's current PCF. (Please refer to Annex B[*] for a detailed example).

6. For interventions which are not yet in the current RVS of PHIC, the professional fees shall be guided by existing market rates in the area. However, once these interventions are included in the RVS, the above rules shall apply.

7. As for the PHIC wards, the expected PCF should be substantially equal to the current PHICV's PCF.

8. Health Maintenance Organization (HMO) patients shall be required to pay the professional fees in excess of the amount covered by their respective medical treatment plans.

9. Billing and Collection professional fees should be done through the hospital Billing and Collection Units. The Medical staff/specialists concerned shall provide their Official Receipts to the Hospital Cashier. Official receipts in the name of the Medical and selected paramedical professionals shall be issued only by the hospital Cashier or his/her authorized representative.

V. Special Provisions:

1. The medical and paramedical professionals allowed to enjoy the privilege of private practice must render services without prejudice to the eight (8) working hours/day for five (5) days/week or a total of forty (40) working hours/week for full time professionals and four (4) working hours/days for five (5) days/week or a total of twenty (20) working hours/week for part time professionals exclusive of the time for lunch, as required by the Civil service Law. The considered working hours of the private practitioner shall be stipulated in the MOA. The medical and paramedical professional can engage in private practice only before and after the considered working hours.

2. Training residents are not allowed private practice during their training period.

3. In instances where the medical professional who is interested to avail of this privilege is connected to any office responsible for licensing and regulation, and his/her private interests and public duties and might in any way influence him in the discharge of his duties, it is upon the recommendation of the Hospital Credentials Committee to the Chief of Hospital to deny the request on the grounds of conflict of interest.

4. It is the prerogative of the Chief of Hospital to institute the necessary internal controls, subject to existing laws and regulations, to safeguard the institutions as long as they are not inconsistent with this Administrative Order.

5. The Secretary of Health or his authorized representative approves the permit for private practice of Chief of Hospital and Chief of Medical Professional Services.

6. In the event that provisions of this Administrative Order would not be applicable, the Hospital management through the Chief of Hospital, will present recommendations to the National Center for Health Facility Development, which in turn, would evaluate the merits of each case and would make the necessary recommendations to the Secretary of Health.

VI. Repealing Clause

Administrative Order No. 172 s. 2001 and all other issuances inconsistent with the provisions of this order are hereby repealed.

VII. Effectivity:

This Order shall take effect immediately.

Adopted: 22 September 2003

(SGD.) MANUEL M. DAYRIT, M.D., MSc.
Secretary of Health

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[*] Text Available at Office of the National Administrative Register, U.P. Law Complex, Diliman, Quezon City

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