



COLLEGE OF MEDICINE

University of the Philippines Manila

HANDBOOK ON THE UPCM RETURN SERVICE OBLIGATION PROGRAM

For Students starting
Learning Unit 1 (Direct Entrants) or
Learning Unit 3 (Lateral Entrants)
during Academic Year 2027-2028



This handbook is the ANNEX to the Return Service Agreement (RSA) Contract which includes:

*Part 1 > Vision Mission of the UPCM
 > Historical Background
 and Rationale of the Return Service
 Obligation Program*

*Part 2 > Implementing Rules and
 Regulations (IRR)*

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PART 1

VISION AND MISSION OF THE U.P. MANILA COLLEGE OF MEDICINE

VISION

A community of scholars; highly competent in the field of medicine with a heightened social consciousness; imbued with moral, ethical and spiritual vigor; dedicated to a life of learning; committed to the development of Philippine society; inspired by love, compassion and respect for the dignity of human life; and anchored on the principles of Truth, Freedom, Justice, Love of Country and the Democratic Way of life.

MISSION

Guided by moral, ethical and spiritual values; we commit ourselves to excellence and leadership in community-oriented medical education, research and service; using the Primary Health Care Approach; intended especially for the underserved.

HISTORICAL BACKGROUND OF THE UPCM RETURN SERVICE OBLIGATION

The Philippine Medical School, now known as the University of the Philippines Manila-College of Medicine (UPCM), was established on December 1, 1905 (Commonwealth Act No. 1415) to address the critical lack of physicians during that time. The only other existing school then was the University of Santo Tomas.

In 1915, there was an increase in demand for UPCM graduates due to the expansion of government health services, but there were few takers. The government thus required all entrants to the College during that year to sign a contract committing themselves to at least two years of government service after graduation. In exchange, the students received a waiver of tuition fees for the whole five years of medical school. This contract was practically forgotten after resolution of the problem by 1920 (Cordero, 2007).

At present, the UPCM is recognized as the premier medical school in the country, and has graduated 8,241 physicians since 1909 (Leopando, 2005). The College is state-funded, which means that 90% of its funds come from the National Government (Leopando, 2005). In 2007, the UPCM was allocated 3.2% for the total budget allotment for the University of the Philippines System (UPM Budget Office, 2007).

In 2004, the cost of medical education in the UPCM was estimated to be Php 186,508.75 (including internship) for each student. Given this arrangement, the Filipino people (taxpayers) should be considered as a valued stakeholder group in reaping the benefits from educating the UPCM graduates.

In 1985, the UPCM implemented the Regionalization Program which sought to address the inequitable distribution of physicians in the country.

The mission of the UPCM, reformulated in 1992, is to commit its graduates to excellence and leadership in community-oriented medical education, research and service; using the Primary Health Care Approach, intended especially for the underserved. The College envisions itself as a community of scholars, highly competent in the field of medicine, with a heightened social consciousness, committed to the development of Philippine society. The general public and the policy makers in government have high expectations that the College deliver on its mission and vision statements, return of their investment therefore, becomes a critical issue, particularly when confronted with the alarming inequities of the Philippine health care system.

RATIONALE FOR THE RETURN SERVICE OBLIGATION

The Philippines has been a major source of health professionals to many countries and is acknowledged as a major exporter of nurses and physicians, only second to India (Aiken, 2004; Bach, 2003). Fluency in English and renowned skills in demonstrating compassion, humanness and patience in caring, are the reasons why Filipino nurses and doctors continue to be in great demand globally the past four decades (Galvez Tan et al., 2004). During the mid-seventies, 68% of Filipino doctors were working outside the Philippines (Mejia, 1979). If this trend persists, the Department of Health revealed that the country would have a deficit of 7.401 doctors by 2030 (DOH, 2007).

Health human resource development (HHRD) includes the triad of human resources for health planning, production and management. In this context, the HHRD incorporates functions pertaining to a range of activities, from recruitment, deployment, utilization and retention of health personnel. This highlights the importance of ensuring an adequate national supply of health care providers and retaining them in the service of the country (Rebulllida and Lorenzo, 2002).

Since the 1990's, concerns regarding the lack of human resources for health have been increasingly recognized. The lack of a unifying and comprehensive national plan embracing all health professionals that will look into the needs of human resources for health poses a major obstacle in human resource management and development.

In 2004, activities towards developing a master plan alleviating this problem gained headway. A thorough analysis revealed the following: (1) data on human resources for health are either incomplete or non-existent; these include data from the private sector, human resources distribution, data on domestic and international employment and other relevant aspects of human resources for health; (2) private practitioners tend to concentrate in urban sites, while an increasing number of them were leaving the country for more lucrative opportunities overseas; lastly, (3) evaluation of the curriculum of health science professionals revealed that the learning curricula were more content-based than problem or situation based and that there was a bias towards western educational and health systems. This results into a mismatch between training and actual practice.

In February 2019, the Universal Health Care Act (RA 11223) was signed into law. It contained provisions on a return service agreement. Section 26 of RA 11223 states that “all graduates of health-related courses who are recipients of government-funded scholarship programs shall be required to serve in priority areas in the public sector...”

RA 11223 further stipulates for the reorientation of health sciences education towards the provision of primary care services. This will hopefully enable graduate to be competent and ready to work within the Philippine health care system.

RA 11509 or the “Doktor Para Sa Bayan Act” was signed into law in December 23, 2020. Section 14 of this law states that “State Universities and Colleges shall review, modify and enhance the medical education curriculum to prepare the scholars to work in community-based health programs”. This will be a collaboration among CHED and the SUC’s. This will help prepare the scholars for their return service work, and possibly for their career in the Philippine health care system. This highlights the important role of the curriculum in the success of any return service obligation program.

On the other hand, state schools, like the UPCM have critical roles to play in health human resource development. Their primordial role is to produce an adequate number of doctors who will meet the critical objective of providing quality care to those who have the least means and opportunities for attaining optimum health. Another important role of the College is to provide the right type of doctors who will passionately be committed to serving the evolving needs of the Philippine health care system.

It is in this context that the UPCM is seriously taking the challenge of developing sound policy instruments in relation to formulating and implementing a return service obligation of its graduates.

PART II

Implementing Rules and Regulations (IRR) of the UPCM RSOP

RULE I

ADMISSION REQUIREMENTS

Section 1: All applicants for admission to the UPCM from all the entrance categories have three (3) absolute admission requirements:

- a. General weighted average grade of 2.5 or better
- b. NMAT score of 90th percentile or better
- c. Signed Return Service Agreement Contract and a signed Surety Agreement

Section 2: Parent (s) / guardian (s) are co-signatories on all contracts with the University of the Philippines Manila as the last step to complete the applications to the UPCM.

Section 3: All candidates for admission to the UPCM who signified their intention to be considered for the Regionalization Program (RP) as written on their Application Form and who, upon application, have been oriented with regard to the essence, goals, and requirements of the RP, are required to sign a legally binding contract. The ASAL (Acceptance to Serve and Assumption of Liability) Agreement binds the student to render service in her/his region or in an identified underserved locality in the Philippines, after graduation. Parent(s)/guardian(s) are made co-signatories to the ASAL. Said candidates are considered RP applicants even if they also signified their additional intention of being considered in the other entrance categories. Please refer to the Primer on the Regionalization Program.

*Section 4. **WHO MAY APPLY TO THE REGIONALIZATION PROGRAM (RP)***

1. He/She must fulfill the minimum requirements for admission to the College of Medicine.

RULE II

OBLIGATIONS OF UPCM MEDICAL STUDENTS

Section 1: The UPCM medical student, while being guided by the Vision-Mission of the institution, shall fulfill the following obligations prior to graduation:

- a. Participate in all curricular activities from Learning Unit 1 to 7 or from Learning Unit 3 to 7.
- b. Participate in all Career-Guidance activities under the Mentoring Program.
- c. Participate in all other activities that are required for graduation from the UPCM.

Section 2: The UPCM medical student is also strongly encouraged to engage in extracurricular activities that aim to prepare him/her for return service work such as community-university partnership programs, community immersion programs, student conferences (examples: National Medical Students' Conference, Medical Students' Summit, Philippine Conference on Community Health) and other relevant volunteer activities with various government institutions, non-government institutions, faith-based organizations & community-based organizations.

RULE III

OBLIGATIONS OF THE UPCM GRADUATES

Section 1: The UPCM medical graduate shall obtain a Philippine Medical License within 2 years from the date of her/his UPCM graduation.

Section 2: The UPCM medical graduate except those under the Regionalization Program shall complete her/his 3 years of return service obligation work within 5 years from the date of her/his UPCM graduation.

Section 3: The UPCM medical graduate except those under the Regionalization Program shall practice in any part of the Philippines, in any of the following 6 fields for as long as it is in her/his capacity as a physician.

a. Public Health or Community Medicine - such as, but not limited to the following: Municipal/City/Provincial/Regional Health Officer work, Doctors to the Barrio, DOH work, working with NGO's or working with faith-based organizations in the field of public health or community medicine.

b. Primary Care - such as, but not limited to the following: in-house physician work, working as a staff physician in a government or private clinic.

c. Research - must be in the field of health or medicine.

d. Academe (Teaching) - must be in the field of health or medicine and with a Higher Education Institution (HEI). These HEI's include the following: allied health professions, community development, dentistry, medicine, nursing, nutrition pharmacy, public health and social work.

e. Clinical Residency - must be in an accredited government or private hospital program.

f. 3rd Post-High School Masters or Doctoral Degree Program - must be from a Philippine-based institution provided that the UPCM graduate goes through the thesis option. The aforementioned thesis must be approved by the UPCM to ensure that it will assist in strengthening & developing the Philippine health care system. It will be given credit only for the length of the program's minimum full-time residency time frame.

Section 4: The UPCM MD-PhD graduate shall render eight (8) years of return service work as stipulated within her/his contract with the Department of Science and Technology. However, 3 of those 8 years of return service work must be in the options stipulated in Rule III, Section 3 in order for the graduates to fulfill her/ his return service obligation with the UPCM. The MD-PhD graduate will only be cleared by the UPCM after he/she complete the 8 years of return service with UP and DOST, including the provisions on the UPCM's five options for its 3-year RSA.

Section 5: The UPCM medical graduate who is under another return service program shall be required to adhere to the UPCM RSOP Obligations stated in this IRR in full. The graduate is required to discuss the details of the other program with the UPCM in order to determine the options that will enable her/him to satisfactorily fulfill all her/his obligations with the various institutions requiring return service work.

Section 6: The UPCM medical graduate shall submit to the Return Service Obligation Program Committee every December and June a report of her/his return service work activities. This will start from the December after graduation and will be up to the completion of his or her return service obligation. The graduate is required to fill up the google form.

RULE IV

COORDINATING, MONITORING, EVALUATION AND PLACEMENT

The Return Service Obligation Program (RSOP) Committee will assist in the placement of the UPCM graduates.

The RSOP Committee will monitor the return service obligation work of the UPCM graduates, collate the yearly google form entries of the graduates and validate these reports.

The RSOP Committee will also ensure incorporation of updates/, enhancements or additional recommendations from various institutions, sectors and stakeholder as well as lessons from local and international examples into the UPCM Return Service Obligation Program.

RULE V

PRE-TERMINATION AND PENALTIES

Section 1: Pre-termination from this agreement due to any reason shall entail a payback equivalent to double the cost of medical education **up to the year level completed up to the last month the student attended classes (in LU3 or LU4) or rotated (in LU5 or LU6 or LU7).**

Section 2: Should the student who pre-terminated have concerns about the payback, the issues will be settled in the Appeals Committee.

** The amendments in Rule V – Pre-termination and Penalties, Sections 1 & 2 as approved by the BOR on its 1314th meeting on January 29, 2016 shall apply retroactively **EXCEPT** on decided cases.*

Section 3: Pre-termination from this by a student under the MD-PhD program or a student under any other return service program shall entail a payback **TO BOTH** the UPCM which will be equivalent to double the cost of medical education up to the year level completed or currently in, and to the other institution such as the DOST (for MD-PhD students) or the DOH (for the Pinoy MD program) which will be equivalent to whatever amount is stipulated in her/ his contract with the aforementioned institution.

RULE VI

STUDENT AND GRADUATE RECORDS PRIOR TO COMPLETION OF THE RETURN SERVICE OBLIGATION

Section 1: Transcript of Records requested before the completion of the Return Service Obligation shall bear the following statements:

- a. For White TOR - Valid in the Philippines for evaluation purposes only and not for employment
- b. For Brown TOR - Subject to compliance with the Return Service Agreement. Valid for employment within the Philippines only

Section 2: Request for authentication of medical education records from hospitals/institutions abroad other than for off-campus elective courses shall be denied before completion of the RSA.

Section 3: Request for a Dean's Letter of Recommendation for out-of-the country education/training other than for off-campus elective courses shall be denied before completion of the RSA.

Section 4: Request for a UPCM faculty to give a Letter of Recommendation other than for off-campus elective courses shall be denied before completion of the RSA.

Section 5: All UPCM students and graduates who will request for any form of document, certification or credentials verification for purposes of applying for the US-MLE or any equivalent foreign examination, will be required to open an escrow account or get a surety bond from UPM-accredited financial agencies. An escrow account or a surety bond is necessary to ensure adherence to the RSA or ASAL Contracts because the ECFMG informed the UPCM that a foreign medical graduate who wishes to apply for residency program training in the U.S.A. would only be required one verification. This single verification will be honored for BOTH steps 1 & 2 of the USMLE and for matching for a residency training program in the U.S.A as well. This will therefore allow a UPCM graduate to leave at any time for a residency training program in the U.S.A. without the knowledge of the University. Therefore, the UPCM is requiring an escrow account or surety bond equivalent to the full reneging fee prior to verification of records for the MLE and for other exams with the same policy on verification for the exam and residency or job application.

RULE VII

APPEALS COMMITTEE

Section 1: The UPCM RSOP Appeals Committee will cover all UPCM students and graduates, including those who are also under the RP and the MD-PhD Program.

Section 2: The members of the Appeals Committee are the ff:

- A.College Secretary
- B.Associate Dean for Faculty and Students
- C.UP Manila Legal Officer
- D.Chair, UP Medicine Student Council
- E.Chair, UPCM RSOP
- F.Chair, UPCM Regionalization Program

Section 3: The Chair of the Appeals Committee is the College Secretary

Section 4: The functions of the Appeals Committee are:

- a.To discuss all issues regarding the adherence of the students and graduates to the provisions stated in the RSA and in the IRR.
- b.To formulate recommendations on all issues regarding the adherence of the students and graduates to the RSA and in the IRR, such as, but not limited to pre-termination of medical studies or validity of return service work in relation to Rule III.

Section III:

Section 5: The decisions of the Appeals Committee will be endorsed to the UPCM Dean for approval by the UP Manila Chancellor.

RULE VIII

DISPUTE SETTLEMENT

Section 1: In case of a dispute between the Parties arising from the breach by the UPCM student or graduate of his/ her obligations under the RSA or ASAL Agreement, the Parties agree to freely and voluntarily submit themselves to the necessary consultation and negotiation for purposes of amicably settling the dispute.

Section 2: Should the Parties fail to reach an amicable settlement, any dispute or controversy arising from this Agreement shall be submitted to arbitration in accordance with Law (RA 9285). The competent courts of Manila shall have jurisdiction over these cases if legal action is resorted to.

RULE IX

TERMS OF PAYMENT

In the event that the UPCM medical student or graduate shall not be able to honor her or his obligations to the RSOP, the penalty as determined by the Appeals Committee and confirmed by the UPCM Dean and the UP Manila Chancellor, shall be paid in full within 6 months, either in cash or check in favor of the UP College of Medicine.

RULE X

EFFECTIVITY

This Implementing Rules and Regulations of the RSOP and the RP, as amended shall be effective upon the approval of the UP Board of Regents for all students for admission as LU1 students & LU3 students for academic year 2016-2017.

RULE XI

AMENDMENTS

All amendments to the RSOP, the RP and to the IRR of both programs must be approved as needed, by the UPCM Dean, the UPCM College Council, the UP Manila Chancellor, the UP Manila University Council or the UP Board of Regents.

GLOSSARY

ASAL	Acceptance to Serve & Assumption of Liability
CM	College of Medicine
CLO	Community Liaison Officer
CPO	Coordinating and Placement Office
DOH	Department of Health
HHRD	Human Health Resource Development
IRR	Implementing Rules and Regulations
IP	Indigenous People
LGU	Local Government Unit
MRR	Maximum Residency Rule
NMAT	National Medical Admission Test
PGIM	Postgraduate Institute of Medicine
PRC	Professional Regulatory Commission
RP	Regionalization Program
RPC	Regionalization Program Committee
RPAA	Regionalization Program Alumni Association
RPAO	Regionalization Program Alumni Organization RSA Return Service Agreement (NOTE: This is the Contract)
RSOP	Return Service Obligation Program
RSO	Regionalization Students Organization
UP	University of the Philippines
UPM	University of the Philippines Manila
UPCM	University of the Philippines Manila College of Medicine
UPMAS	University of the Philippines Medical Alumni Society
UPMASA	University of the Philippines Medical Alumni Society in America
BROWN TOR	Given to those who already have clearance. It is given either to a graduate or for those who have transferred.
WHITE TOR	Used for reference.

REPLY SLIP

Please submit together with your Application Form and other admissions requirements.

Incomplete Application forms will not be accepted.



REPLY SLIP

I certify that I have read and understood the policies and the Implementing Rules and Regulations (IRR) governing the **Return Service Agreement (RSA) /ASAL Agreement** and for this purpose, hereby manifest my acceptance and/or faithful adherence thereto.

Signature over printed name:

Applicant

Guardian (S)

Date: _____

UNIVERSITY OF THE PHILIPPINES MANILA
COLLEGE OF MEDICINE

OFFICERS OF ADMINISTRATION

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Chancellor

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*Contact details of the UPCM Admissions Office, Return Service Obligation Program Committee and the
Regionalization Program Committee*

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REGIONALIZATION PROGRAM COMMITTEE:

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