NURSING and MIDWIFERY DATA BANK

The Philippines

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INTRODUCTION

In the Philippines the delivery of health services comprise of the public and private health sector. It has a decentralized system, with the Department of Health (DOH) serving as the governing agency over the local government health units (LGU) and private health sectors. In the public sector, the primary and secondary levels of health care is managed by the LGUs while the DOH maintains tertiary hospitals such as specialty, regional, and medical health facilities. The LGUs are further subdivided into provincial, city, and municipal health administrations to facilitate better access to services. The private sector caters to 30% of the population and usually has larger resources for provision of health services (DOH, 2012).

Human resources manning these agencies are central to the health system in the country. Health professionals in the Philippines include doctors, dentists, nurses, midwives. Other health personnel include sanitary inspectors, nutritionists, medical technologists, physical, occupational, and speech therapists, dental aides, and non-technical staff. At the grassroots level, provision of health is also assisted by volunteer barangay health workers and birth attendants (DOH, 2011).

Nurses and midwives compose the largest group of health workers in the Philippines. While both health worker classifications mostly serve at the grassroots level, they function as separate professionals in the country, with different preparations, regulatory bodies, and scope of practice. This is a report about the history, education, regulation, and practice surrounding the profession of Nursing and Midwifery in the Philippines.

CHAPTER I. HISTORY OF NURSING AND MIDWIFERY IN THE PHILIPPINES

NURSING

The development of Nursing as a profession is preceded by a culture of caring which was inherent in the culture of Filipinos. Such was said to be present even prior to the Spanish colonization in communities and evolved as health system delivery also developed.

Nursing in the Philippines Before and During the Spanish Colonization

Nursing in the country begun and existed in the context of caring for the family, from simple nutrition, to wound care, to tending to the sick member. There were no records of formal public practice before the Spanish colonizers came to the country. There were, however, healers such as the "albularyos" (herb doctors), and the "babaylans" (priest physicians) that perform the work of caring for the sick.

During the Spanish colonization, male nurses called "enfermero" or "practicante", assisted Spanish Friars in caring for the sick in hospitals which were established in 1578. This was the earliest recorded use of the word "nurse" in the country.

When the Philippine-Spanish war broke out in the late 1890s, several women, assuming the role of the nurse, volunteered to care for wounded Filipino soldiers. Through these women, the Filipino Red Cross was later established (Tupas, 1952).

Formal training in hospital schools of nursing (1901-1911)

Hospitals were established when the Americans came to the country in the 20th century. There were only American missionary doctors and nurses at first, and there was not enough of them. The Americans realized the need to train young Filipino women to become nurses, thus formal training begun. The Iloilo Mission Hospital, which was established by the Baptist missionaries, was the

first hospital to train Filipino nurses in 1906. There were no standard requirements for admission except willingness to work. The next year, 1907, several hospital nursing schools opened like the Philippine General Hospital School of Nursing, the St. Paul's Hospital School of Nursing by the sisters of St. Paul of Chartes, St. Luke's Hospital School of Nursing by the Episcopal Missionaries, and Mary Johnston Hospital and School of Nursing by the Presbetyrian Missionaries (Tupas, 1952).

The Pensionado Act of 1903 (or Act 854) which refers to the law which allowed qualified Filipino students to study in the United States, made it possible for Filipino students to study nursing abroad. This can be considered as the first wave of Filipino nurse immigration to the US (Rodis, 2013). And in 1911, Filipino nurses who graduated in the Philippines were given the opportunity to go to the US for post–graduate studies. Among the first to go were nursing graduates of St. Luke's Hospital School of Nursing (Tupas, 1952).

The beginning of Nursing practice (1911 - 1921)

The first attempt to legalize the practices of nursing in the Philippines was made by the Director of Health in 1913 but this was not acted upon by the Philippine Legislature. In 1915, Act No. 2493 was promulgated amending the Medical Law (Act No. 310) to regulate the practice of nursing. This law provided for the registration of graduate nurses under the Bureau of Health. There were no examinations to be taken and fees to be paid, in order to become a registered nurse, as stated in the said Act. Nurses merely enlisted. Applicants however, needed to be 20 years old at the time of application, and should be of good physical health and moral character (Tupas, 1952).

On April 1919, a law to regulate practice of nursing in the Philippines was enacted. Act 2808, was known as the First True Nursing Law. It led to the creation Board of Examiners for Nurses. In 1920 the first board examination for nurses in the Philippines was given. A physician served as the first executive officer of the Board of Examiners for Nurses (Tupas, 1952).

Institution of a professional organization (1921 - 1931)

The Filipino Nurses Association, which was the precursor to the accredited professional organization in the country, was formed on the 15th of October. The organization initiated the publication of the journal called the "Filipino Nurse," which was later named as "The Philippine Journal of Nursing". The Filipino Nurses Association later in 1929 became a member of the International Council of Nurses.

In 1922, Act 3025 was passed by the Fifth Legislature, to amend certain sections of Act 2808 entitled "An Act Regulating the Practice of Nursing Profession in the Philippine Islands". This amendment required yearly reregistration of all nurses practicing the profession (Tupas, 1952).

Development of Public Health Nursing (1931 - 1941)

In 1933, the entry requirement for Nursing was increased to the completion of secondary level of education. In addition, the development of the practice of nursing in the community was also birthed through an authority of a university. The usual three or four years of hospital training was found to be inadequate in preparing public health nurses (Tupas, 1952). In the year 1938, the University of the Philippines School of Public Health Nursing produced the first collegiate nursing graduates in the country.

Development of the Degree on Bachelor of Science in Nursing (1941 - 1951)

Julita V. Sotejo, a graduate of the Philippine General Hospital School of Nursing, presented in her thesis the development of a nursing education within a University-based College of Nursing. The approval of the curriculum was signed in April 9, 1948 marking the institution of Nursing in the Philippines as a baccalaureate course. On the same date, the Board of Regents created the College of Nursing ("...And So Has She", 1999). These events transitioned the

preparation of nurses from merely hospital training to a university-granted baccalaureate degree. Hospital-trained nurses then continued their education to finish the bachelor course.

Proliferation of nurses as a workforce (1951-1971)

The practice of the profession was enriched through the approval of Republic Act No. 877, also known as the "Philippine Nursing Law," on June 19, 1953 (Board of Nursing (BON), 2013). This was further amended on June 18, 1966 Venzon, L. and Venzon R., 2010) which set the limit of the practice to those 21 years and above.

Several nursing organizations begun to be established such as the Association of Deans of Philippine Colleges of Nursing in the Philippines (ADPCN) in 1959, the Association of Nursing Service Administration of the Philippines (ANSAP) in 1963, and the Military Nurses Association of the Philippines in 1965 (Venzon, L. & Venzon R., 2010). In addition, the professional organization was renamed as Philippine Nurses Association (PNA) on 1962 (Board of Nursing: Accredited Professional Organization, 2013).

The increasing presence of nurses was recognized by the country and so in 1955, under Proclamation No. 539, President Carlos P. Garcia declared the last week of October of every year as the Nurses' Week (Board of Nursing (BON), 2013). The impact of this increasing number resulted to the first round of migration of nurses in this period. By the late 1960s, the Philippines became the primary supplier of nurses to the United States: more than 25,000 Filipino nurses immigrated between 1966 and 1985. The number of Philippine nursing schools soared.

Further development of the profession (1971 - 2001)

The development of the profession proceeded not only with the increase in number of nurses but also in the regulation of practice. On June 23, 1973, under the Presidential Decree No. 223, the Professional Regulation Commission (PRC) was created in order to centralize the regulation of various professions, Nursing included. The agency was directly under the Office of the President.

Before PRC, the function to regulate the different professions was under the Civil Service Commission (Venzon, L. & Venzon R., 2010).

In addition to a change in regulatory body, the practice was further enhanced through an amended law also known as the Philippine Nursing Act of 1991 (R.A. No. 7164). This was signed on November 21, 1991. In the new law, the practice was expanded to include teaching, management, leadership, and decision making roles. A faculty's educational qualification was updated by requiring a Master's Degree in Nursing or related fields or its equivalent in terms of experience and specification as prerequisite of teaching. Qualifications of administrators of nursing services was specified. The phrase "Unethical conduct" was included as one of the reasons for revocation and suspension of certificate of registration (Venzon, L. and Venzon R. (2010).

In 1999, the Board of Nursing through Resolution No. 14 created a Nursing Certification Council to oversee the administration of new programs by the Specialty Certification Boards. This was the beginning form of Advanced Practice Nursing (APN) in the Philippines.

Subsequent changes in the Nursing Law (2001 - Present)

In 2002, Republic Act No. 9173, or the Philippine Nursing Act of 2002 was enacted (Venzon, L. & Venzon R., 2010). There were changes from the previous nursing law, Republic Act No. 7164. Specific changes were on the conduct of the nursing licensure examination and requirements for faculty and Dean of the Colleges of Nursing.

Figure 1 presents the timeline of the development of Nursing as a profession in the Philippines.

MIDWIFERY

The practice of midwifery was started early in the country. History showed that there was early regulation of the practice which coincided with the practice of medicine. Regulation of practice in midwifery was parallel with that of medicine in the beginning. On December 4, 1901, the ratified Public Act No. 310 formed the Medical Board of Examiners which functioned as the regulatory board for both medicine and midwifery professions (Board of Midwifery, 2013).

Establishment of Midwifery and Midwifery Education (1901 - 1940)

Early on there were already organizations that worked for the care of infants in the country such as the Liga Nacional Para La Protection de la Primera Infancia and Circula Femenil in Manila. Similar organizations were also set up in the provinces to help reduce the appallingly high infant mortality rate. The Gatas de Leche and Day Nurseries in Manila and milk stations in the provinces were established in order to supply free milk to needy babies. The task of launching a nationwide campaign, however, to reduce infant mortality rate which necessitates coordination of all activities from different social welfare agencies, was taken on by Dr. Jose F. Fabella, who later became the known as the "Father of Midwifery" in the country (Fuentes, Jr., 1996).

Dr. Fabella founded the Dr. Jose Fabella Memorial Hospital on November 9, 1920. The hospital was originally called the Maternity House and later on the Maternity and Children's Hospital. Dr. Fabella opened the School of Midwifery of Dr. Jose Fabella Memorial Hospital in 1922 in Manila with three objectives: first, to train young women in midwifery to gradually supplant unlicensed midwives; second, to train doctors and nurses for provincial work and third, to give health service and education with emphasis on maternal and child care. Later that year, school of midwifery in Cebu was opened. The following year, School of Midwifery in Bacolod, Negros Occidental was also opened (Fuentes, Jr. (1996).

The objectives of Fabella Hospital School of Midwifery became more defined after producing the first ten graduates of midwifery. These objectives were the following: to train students of the school in modern techniques of

attending to normal deliveries; and to give practical education to mothers on the modern procedure of delivery including pre- and post-natal care and care of the babies (Fuentes, Jr., 1996).

Regulation for Midwifery practice (1941 - 1980)

In 1947, Philippine Midwifery Association (PHILMIDAS) was established during the Silver Anniversary of the Maternity and Children's Hospital (Dr. Jose Fabella Memorial Hospital) School of Midwifery (Fuentes, Jr., 1996). And in 1959, the regulation of midwifery was separated from medicine, when Republic Act No. 2382, also known as Medical Act of 1959, was enacted (Fuentes, Jr., 1996).

With the ratification of Republic Act No. 2644 on June 18, 1960, the Board of Examiners for Midwives was created. (Board of Midwifery: History, 2013). The Board of Midwifery following Republic Act 2644 was composed of a chairman who was an obstetrician, and two members one of whom was nursemidwife and the other member was midwife. The nurse-midwife member must be registered both as a nurse and a midwife (Fuentes, Jr., 1996).

During the first National Convention of Midwives in 1961, there was a major conflict, which resulted into division of members of the Philippine Midwifery Association (PHILMIDAS) and thus the formation of National Federation of Midwives (NFFM) (Fuentes, Jr., 1996). But later in 1976, the two organizations was joined together again through the efforts of Ricardo Gonzales, then chairman of the Midwifery Board, who was very instrumental in the said merging. This resulted in the establishment of the Integrated Midwives Association of the Philippines (IMAP) (Fuentes, Jr., 1996).

Later, the Dr. Jose Fabella Memorial Hospital School of Midwifery offered the Nurse-Midwifery course which aimed to bring midwifery education in the Philippines to the level comparable with more advanced countries in the world. First graduates of this course were produced in 1965 which was composed of 25 registered nurses (Fuentes, Jr., 1996).

In 1974, President Marcos mandated the fourth week of October of every year as celebration of Midwifery Week (Fuentes, Jr., 1996).

Enactment of Midwifery Act 1992 (1981 - Present)

On the year 1992, Republic Act No. 7392, was enacted to revise the Republic Act No. 2644. This act, otherwise known as Philippine Midwifery Act established a function of the Board of Midwifery with significant functions for the profession. Unlike Nursing, the composition of its Board is heterogenous to include nurse-midwives and an obstetrician as the Chair. The law also promoted the academic preparation of midwives and broadened the scope of practice towards community service.

Figure 2 presents the timeline of the development of Midwifery in the Philippines

CHAPTER II. REGULATIONS AND LAWS

Both Nursing and Midwifery has dynamic laws to govern its profession. The most current law in effect for practice is the Nursing Act of 2002 (R.A. No. 9173) for Nursing and Philippine Midwifery Act of 1992 (R.A. No. 1992). The main bodies designated to regulate practice is the Board of Nursing (BON) for Nursing and Board of Midwifery (BOD) for Midwifery. Both offices are under the oversight of the Professional Regulations Commission (PRC), which is under the Office of the President. The following table presents the regulatory laws affecting the practice of both professions in the Philippines:

Table I. Acts of laws governing the practice of Nursing and Midwifery in the **Philippines**

Act or Law	Regulation focus	Target nurse/ midwife categories	Title of Act or Law	Year	Regulatory authority
RA 9173	Nursing	Nurses	Philippine Nursing Act of 2002	2002	Board of Nursing
RA 7392	Midwifery	Midwives	Philippine Midwifery Act of 1992	1992	Board of Midwifery
RA 7305	Public health workers	Public health nurse, Public health midwife	Magna Carta of Public Health Workers	1992	Department of Health
RA 7164	Nursing	Nurses	Philippine Nursing Act of 1991	1991	Board of Nursing
RA 2644	Midwifery	Nurse- midwives, Midwives	Philippine Midwifery Law	1960	Board of Midwifery
RA 877	Nursing	Nurses	An act to regulate the practice of nursing in the Philippines, and for other purposes	1953	Board of Nursing

Act or Law	Regulation focus	Target nurse/ midwife categories	Title of Act or Law	Year	Regulatory authority
Act 2808	Nursing	Nurses	First True Nursing Law	1919	Board of Examiners for Nurses

While the profession is generally supervised by the aforementioned regulatory bodies, the preparation of both nurses and midwives is under the Commission on Higher Education (CHED). Such is the government agency mandated to formulate plans, policies, and strategies related to higher education (CHED, 2010). In addition to CHED, the Department of Health (DOH) as the main health office of the country, enables the functioning of nurses and midwives within the health system. Tables 2 presents the information for these agencies.

Table 2. Regulatory authorities affecting the practice of Nurses and Midwives in the Philippines

Authority	Address	Phone No.	Fax No.	E-mail Address/ Website
Professional Regulation Commission: - Philippine Board of Nursing - Philippine Board of Midwifery	P. Paredes St corner Morayta St, Sampaloc, Manila	+632 310002 6	+632 73544 76	www.prc.gov.ph
Department of Health	San Lazaro Compound, Sta. Cruz, Manila	+632 651780 0	-	www.doh.gov.ph

Authority	Address	Phone No.	Fax No.	E-mail Address/ Website
Commission on Higher Education	Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City	+632 4111220	-	www.ched.gov.ph

CHAPTER III. NURSING AND MIDWIFERY ASSOCIATIONS

Both Nursing and Midwifery have organizations which exist to promote professional growth and advocate for the welfare of members of each organizations. Under each regulatory laws, both professions are mandated to have accredited professional organizations (APO) which serve as the encompassing association for all nurses and midwives. The Philippine Nurses Association (PNA) is the accredited professional organization for nurses while the Integrated Midwives Association of the Philippines is the APO for midwives. Meanwhile, nurses have organized themselves into various groups depending on specialty or functions, and for other interests. A nurse in the Philippines can be a member of many organizations. Each of these have different by-laws and exists for different purposes. Table 3 presents the information for these organizations.

Table 3. Nursing and Midwifery Organizations in the Philippines

Name of Association	Address	Phone No.	Fax No.	E-mail Address
Accredited P	rofessional Organiz	ations		
Philippine Nurses Association (PNA)	1663 F. Tirona Benitez St, Taft Avenue, Malate, Manila	+632 4004430, +632 5210937, +632 5361888	+632 525159 6	philippinenursesasso ciation@yahoo.com.p h
Integrated Midwives Association of the Philippines	Pinaglabanan corner Ejercito St, San Juan, Metro Manila	+632 7275225	+632 724484 9	-
Various Nurs	ing Organizations/ <i>F</i>	Associations	•	

Name of Association	Address	Phone No.	Fax No.	E-mail Address
Association of Deans of Philippine Colleges of Nursing (ADPCN)	137 Matahimik St, Barangay Central, UP Village, Diliman, Quezon City	+632 9217466, +63922 5397013	+632 921746 6	adpcn01_inc@yahoo. com.ph
Association of Nursing Service Administrator s of the Philippines (ANSAP)	#1 Diamond St. corner A. Rodriguez Carmel V Subdivision, TandangSora, Quezon City, Philippines	+632 4978071, +632 5083561	+632 937100 1	ivt@ansapinc.com
Association of Diabetes Nurse Educators of the Philippines (ADNEP)	ISDFI Building, 94 Apitong St, Marikina Heights, Marikina City	+632 9419856. +63922 8875164	-	-
Association of Private Duty Nurse Practitioners Philippines (APDNPP)	Our Lady of Lourdes Hospital, 46 P. Sanchez St, Sta Mesa, Manila	+632 714 7445	-	-
Critical Care Nurses Association of the Philippines, Inc. (CCNAPI)	8th Floor Medical Arts Building, Philippine Heart Center, East Avenue, Diliman, Quezon City	+632 9252401 loc 3823, +632 4264394, +63918 9446897, +63922 8173210	-	ccnapi77@yahoo.co m

Name of Association	Address	Phone No.	Fax No.	E-mail Address
Enterostomal Therapy Nursing Association of the Philippines Inc. (ETNAP)	UP-Philippine General Hospital Compound, Taft Avenue, Manila	+632 7119494 to 95 loc 289	-	-
Gerontology Nurses Association of the Philippines (GNAP)	c/o Philippine Nurses Association 1663 F. Tirona Benitez St, Taft Avenue, Malate, Manila	+632 5231477	+632 523148 5	leggsmanahan@yaho o.com
Military Nurses Association of the Philippines (MNAP)	MNAP Building, V. Luna Compound, AFP Medical Center, V. Luna Road, Quezon City	+632 4262701 loc 8811	-	-
Mother and Child Nurses Association of the Philippines (MCNAP)	Santo Tomas University Hospital, Espana Blvd, Sampaloc, Manila	+632 731 3001 loc 2376	-	apestiller@yahoo.co m
National League of Philippine Government Nurses (NLPGN)	Ground Floor Bldg. 12, Administrative Office, San Lazaro Compound, Sta. Cruz, Manila	+632 7423944	-	nlpgni@yahoo.com.p h
Occupational Health Nurses Association of the Philippines Inc. (OHNAP)	Rm 248 Cityland Condominium 8, 98 Sen. Gil Puyat Ave, Makati City	+632 8402211, +632 8943049	-	eularito@yahoo.com

Name of Association	Address	Phone No.	Fax No.	E-mail Address
Operating Room Nurses Association of the Philippines Inc. (ORNAP)	East Avenue Medical Center, East Avenue, Diliman, Quezon City	+632 7108538	-	florburgos17@yahoo. com
Philippine Hospital Infection Control Nurses Association Inc. (PHICNA)	116 9th Avenue, PSMID Building, Cubao, Quezon City	+632 7150861 loc 239	-	phicna2005@yahoo.c om
Philippine Nursing Research Society Inc. (PNRSI)	Room 330, College of Nursing, University of the Philippines Manila, Pedro Gil St, Manila	+63917 8113861	-	cora_anonuevo@yah oo.com
Philippine Oncology Nurses Association (PONA)	c/o Nursing Services, Philippine General Hospital, Taft Avenue, Manila	+632 5548400, loc 2209/ 3606/ 2010	-	cecilepena@yahoo.c om
Philippine Society of Emergency Care Nurses Inc. (PSECN)	Department of Emergency Medicine, Philippine General Hospital, Taft Avenue, Manila	+632 5548400 loc 2506/3254	-	mrbs_rsevilla@yahoo .com
Renal Nurses Association of the Philippines (RENAP)	4-A Hospital Bldg, Philippine Heart Center, East Ave, Diliman, Quezon City	+632 9252401 loc 2474	-	racquelztejada@yaho o.com

Name of Association	Address	Phone No.	Fax No.	E-mail Address	
Society of Cardiovascul ar Nurse Practitioners of the Philippines Inc. (SCNPP)	Philippine Heart Center East Avenue, Diliman, Quezon City	+632 9252401 loc 2463	-	scvnppi@gmail.com	
Psychiatric- Mental Health Nurses Association of the Philippines (PMHNAP)					
Philippine Nursing Informatics Association (PNIA)					
Various Midwifery Organizations/ Associations					
Association of Philippine Schools of Midwifery					

CHAPTER IV. CURRENT NURSE AND MIDWIFE LEADERS AND FOCAL POINTS

Leaders in Nursing primarily consists of the Board of Nursing (BON) and the presidents of each of the organizations. The BON is composed of a Chairperson and six (6) members who are appointed by the president of the Republic of the Philippines. The Board is mandated to supervise and regulate the practice of the profession with significant powers, duties, and functions. These include the conduct of licensure examinations; issuance, suspension, or revocation of certificates of registration; monitoring and enforcing of quality standards; and ensuring of quality nursing education. The BON are likewise tasked to conduct hearings and investigations, recognize nursing specialty organizations, and prescribe or promulgate practice guidelines (R.A. No. 9173 Article III Sec. 9). Table 4 presents information of nursing leaders in the Philippines.

Table 4. Nursing leaders and focal persons in the Philippines

Name and position title	Organization and Address	Phone No.	Fax No.	E-mail
Carmencita M. Abaquin Chairman	Board of Nursing P. Paredes cor. N.	+632 7351534; +632	+632 7354 476	
Yolanda C. Arugay Member	Reyes St., Sampaloc, Manila 1008	7363619		
Leonila A. Faire Member				
Betty F. Merritt Member				
Perla G. Po Member				
Amelia B. Rosales Member				

Name and position title	Organization and Address	Phone No.	Fax No.	E-mail
Marco Antonio C. Sto. Tomas Member				
Neil M. Martin Chairperson	Philippine Nurses Association (PNA) 1663 F. Tirona Benitez St, Taft Avenue, Malate, Manila	-	-	professor_man_05 @yahoo.com
Leah Primitiva G. Samaco-Paquiz President	Ang NARS (Karapatan, Kalusugan, Kabuhayan) # 67 Bronce Street, TugatogMalabon City 1470	-	-	leahpaquiz@gmail. com
Elizabeth R. Roxas President	Association of Deans of Philippine Colleges of Nursing (ADPCN) 137 Matahimik Street, Barangay Central, UP Village, Diliman, Quezon City	-	-	-
Josephine E. Florenda President	Association of Diabetes Nurse Educators of the Philippines (ADNEP) ISDFI Building, 94 Apitong St., Marikina Heights, Marikina City 1810	-	-	joeflorendo@yahoo .com

Name and position title	Organization and Address	Phone No.	Fax No.	E-mail
Maria Linda G. Buhat President	Association of Nursing Service Administrators of the Philippines (ANSAP) #1 Diamond St. cor. A. Rodriguez Carmel	-	-	secretariat@ansapi nc.com
	V Subdivision TandangSora, Quezon City			
Margareth A. Lavadia President	Association of Private Duty Nurse Practitioners in the Philippines (APDNPP)	+63915598 1268	-	amayalavadia@ya hoo.com
	Our Lady of Lourdes Hospital 46 P. Sanchez Street Sta. Mesa, Manila			
Lucia V. Soltes President	Catholic Nurses Guild of the Philippines (CNGP)	-	-	lucysoltes@yahoo. com
	64 ZigZag Hills, Malhacan, Meycauayan, Bulacan 3020			
Ma. Isabelita C. Rogado President	Critical Care Nurses Association of the Philippines (CCNAPI)	-	-	-
	8th Floor Medical Arts Building, Philippine Heart Center, East Avenue, Diliman, Quezon City			

Name and position title	Organization and Address	Phone No.	Fax No.	E-mail
Alicia N. Salamanca President	Enterostomal Therapy Nursing Association of the Philippines (ETNAP)	-	-	-
	UP Philippine General Hospital Compound, Taft Avenue, Manila			
Lydia T. Manahan President	Gerontology Nurses Association of the Philippines (GNAP)	-	-	leggsmanahan@ya hoo.com
	c/o Philippine Nurses Association 1663 F. Tirona Benitez St, Taft Avenue, Malate, Manila			
Ofelia Hernando President	Military Nurses Association of the Philippines (MNAP)	-	-	ofhernando@yaho o.com
	MNAP Building, V. Luna Compound, AFP Medical Center V. Luna Road, Quezon City			
Alicia P. Estiller President	Mother and Child Nurses Association of the Philippines (MCNAP)	-	-	apestiller@yahoo.c om
	Santo Tomas University Hospital, Espana Blvd, Sampaloc, Manila			

Name and position title	Organization and Address	Phone No.	Fax No.	E-mail
Maristela P. Abenojar President	NagkakaisangmgaNa rssaAdhikaingReporm asaKalusuganngSam bayanan (NARS ng Bayan)	-	-	-
Nilda B. Silvera President	National League of Philippine Government Nurses (NLPGN) Ground Floor Bldg. 12, Administrative Office San LazaroCompund Sta. Cruz, Manila	-		-
Phebe L. Pendon President	Nurses Christian Fellowship (NCF) 2006 C.M. Recto Ave. cor. Loyola St., Quaipo, Manila	-	-	phebe_pendon@y ahoo.com
Eularito A. Tagalog President	Occupational Health Nurses Association of the Philippines (OHNAP) Rm. 248 Cityland Condominium 8 98 Sen. Gil Puyat Ave. Makati City	-	-	eularito@yahoo.co m
FlorPua Burgos President	Operating Room Nurses Association of the Philippines (ORNAP) East Avenue Medical Center, East Avenue, Diliman, Quezon City	-	-	florburgos17@yah oo.com

Name and position title	Organization and Address	Phone No. Fax No.		E-mail
Caroline V. Molina President	Philippine Hospital Infection Control Nurses Association Inc. (PHICNA)	-	-	olynemolina@yaho o.com
	116 9th Avenue, PSMID Building, Cubao, Quezon City			
Portia Zoleta-Vitug President	Philippine Nursing Environmental Organization (PNEO)	-	-	portiazv@yahoo.co m
	National Life Insurance Building			
Kristian R. Sumabat President	Philippine Nursing Informatics Association (PNIA)	-		Kristian.sumabat@gmail.com
Erlinda Castro- Palaganas President	Philippine Nursing Research Society Inc. (PNRSI)	-		ecpalaganas@yah oo.com;
	Room 330, College of Nursing, University of the Philippines Manila, Pedro Gil St, Manila			ecpalaganas@upb. edu.ph
Cecilia Pena President	Philippine Oncology Nurses Association (PONA)	-		cecilepena@yahoo .com
	c/o Nursing Services, Philippine General Hospital, Taft Avenue, Manila			

Name and position title	Organization and Address	Phone No.	Fax No.	E-mail
Ma. Rita B. Sevilla President	Philippine Society of Emergency Care Nurses Inc. (PSECN)	-		mrbs_rsevilla@yah oo.com
	Department of Emergency Medicine, Philippine General Hospital, Taft Avenue, Manila			
Nenita Y. Davadilla Chairman of the Board	Psychiatric-Mental Health Nurses Association of the Philippines (PMHNAP)	-		-
	#11, Gen. Capinpin St., Brgy. San Antonio, Pasig			
Racquel Z. Tejada President	Renal Nurses Association of the Philippines (RENAP) 4-A Hospital Bldg, Philippine Heart Center, East Ave, Diliman, Quezon City	-		racquelztejada@ya hoo.com
Marietta Velasco President	Society of Cardiovascular Nurse Practitioners of the Philippines Inc. (SCNPP)	-		yettevel@yahoo.co m
	Philippine Heart Center East Avenue, Diliman, Quezon City			

Similar with Nursing, the practice of midwives is regulated by a Board composed of an obstetrician as the Chairperson, 2 midwives, and a nurse-midwife. The BOM is tasked to enforce the provisions of the Midwifery law,

administer oaths, conduct yearly licensure examinations, perform investigations, and oversee conditions affecting practice (R.A. No. 7392 Article II Sec. 5). Table 5 presents the information on the current midwife leaders and focal persons in the profession.

Table 5. Midwife leaders and focal persons in the Philippines

Name and position title	Organization and Address	Phone No.	Fax No.	E-mail
Alejandro R. San Pedro Chairman	Board of Midwifery P. Paredes cor. N.	-	-	-
Josephine H. Hipolito Member	Reyes St., Sampaloc, Manila 1008			
Remy B. Dequiña Member				
Lolita I. Dicang Member				
Rhodora L. Lopez Member				
Patricia Mines Gomez President	Integrated Midwives Association of the Philippines Pinaglabanan corner Ejercito St, San Juan, Metro Manila	+632 7275225	+632 7244 849	imapinc@mozcom. com
Marco Antonio C. Sto. Tomas President, 2002	Association of Philippine Schools of Midwifery	-	-	-

Name and position title	Organization and Address	Phone No.	Fax No.	E-mail
Cecille Santos President	Philippine League of Government and Private Midwives Incorporated GF Building 12, 11 Batu-batu St., Novaville, Caloocan City	+632 7492139	+632 9388 576	asec_santos@yah oo.com; plgpminc@yahoo.c om

CHAPTER V. CATEGORIES AND FUNCTIONS OF NURSES AND MIDWIVES

Nurses

Nurses in the Philippines are graduates of a 4-year baccalaureate degree, called Bachelor of Science in Nursing. Upon graduation, nurses would be required to take the licensure examination. A license is required for any graduate nurses to be employed in any institution. Once the nurse passes the examination, he/she will be recognized as a Registered Nurse and would then be able to apply for employment in 2 broad areas: hospital service and community/ public health. In recent years, however, nurses are also found to occupy positions in research agencies, health insurance firms, and pharmaceutical industries. After several years of practice, nurses may progress to become nurse administrators, educators, or diversify to pursue other careers in research and entrepreneurship. Most of these nurses who have progressed in their careers should have finished higher educations (such as Masters degree and PhD) to advance.

Generally, the scope of practice of nurses is to initiate and perform its services to individuals, families, and communities in any health care setting. The role of the nurse is for promotion of health and prevention of illness, and

to collaborate with other members of the health team to perform "curative, preventive, rehabilitative aspects of care, restoration of health, alleviation of suffering, and when recovery is not possible, towards a peaceful death (R.A. No. 9173 Sec. 28)." A nurse administrator supervises the conduct of these functions in various health agencies. Educators are expected to provide learning experiences that will prepare the professional foundation for the practice of nursing. Table 6 presents a summary of categories of nurses with descriptions for entry, training, and credentials.

Table 6. Categories of Registered Nurses in the Philippines

Category	Entry Requirement	Length of Training	Level/ Credential		
Nursing Service: Placement- Hospitals (General, Specialty, Military), Public Health					
Staff Nurses	4 years of baccalaureate degree (Bachelor of Science in Nursing) Registered Nurse license A good standing of the accredited professional organization of nurses	Varied pre and inservice trainings required by institutions. Example: Basic and Advanced Life Support, IV Therapy, etc.	Hospital: Nurse I Nurse II Nurse III (Charge Nurse) Public Health: PHN I PHN II		
	Description of Function 1. Provide nursing care the second car	hrough the use of the in community resources on to individuals, family ervise students in nurs	s and coordination lies, and ing education		

Category	Entry Requirement	Length of Training	Level/ Credential
Nursing Administration	4 years of baccalaureate degree (Bachelor of Science in Nursing) Registered Nurse license A good standing of the accredited professional organization of nurses Usually minimum of 2 years in nursing practice Requirements may vary per institution (i.e. examination, performance, etc.) A chief nurse or director of nursing service should have 5 years of supervisory or managerial position in nursing	At least 9 units of Masters in management A chief nurse or director of nursing should have Masters degree in Nursing A chief nurse in public health should have a degree in public health nursing A chief nurse in the military must also complete the General Staff Course (GSC)	Hospital: Nurse IV (Head Nurse of a unit) Nurse V Nurse VI Nurse VII (Director of Nursing Service) Public Health: PHN III
Nursing Education	on		

Category	Entry Requirement	Length of Training	Level/ Credential
Faculty	4 years of baccalaureate degree (Bachelor of Science in Nursing) Registered Nurse (RN) license A good standing of the accredited professional organization of nurses At least one (1) year in practice in field of specialization	Masters in Nursing, education, or other allied medical and health sciences conferred by a duly recognized college or university	Instructor Assistant Professor Associate Professor Professor
Dean	4 years of baccalaureate degree (Bachelor of Science in Nursing) Registered Nurse (RN) license A good standing of the accredited professional organization of nurses At least five (5) years of experience in Nursing	Masters in Nursing, education, or other allied medical and health sciences conferred by a duly recognized college or university	Dean School or College Administrator

Other fields that may be occupied by the nurse in various degrees:

- -Nurse entrepreneurship
- -Research
- -Independent practice
- -Private Duty Nursing
- -Pharmaceuticals (Medical representatives)
- -Health insurance firms

Midwives

Midwives are placed in hospitals and public health similar to nurses. In several hospitals midwives function as nurse assistants, while some occupy positions as midwives themselves, focusing on maternal and child health responsibilities. In the community, midwives primarily function at the grassroots level, performing services to the mother and the child. The most recent development for midwives is the progression of their preparation to 4year baccalaureate degree from 2-year diploma course. Table 7 presents a summary of the categories of midwives in the Philippines.

Table 7. Categories of midwives in the Philippines

Category	Entry Requirement	Length of Training	Level/ Credential
Entry- level Midwife		2 years of Diploma education	
Registered Midwife	Licensure examination for midwives	4 years Bachelor of Science in Midwifery	Midwife I Midwife II Midwife III Midwife IV Midwife V Midwife VI

Nurse-Midwives

Nurse-midwives are midwives who have expanded their practice to become nurses. They are either midwives who have completed their 2-year diploma degree and proceeded with finishing their Bachelor's degree to become nurses; or nurses who have taken the midwifery licensure examinations in addition to the nurse licensure. Nurses who are interested to take midwifery licensure examination should be able to complete a total of 20 case deliveries required by the Midwifery law.

CHAPTER VI. NURSING AND MIDWIFERY EDUCATION

Nurses go through a 4-year baccalaureate degree program (8 semesters and 2 summers) consisting of general education and professional courses. The professional courses involve community health and general hospital care, under a competency-based curriculum. In terms of maternal and child health, students progressively learn the basic concepts until high risk mothers and neonates, as well as nursing care of the sick child. A requirement of 5 actual and 5 assisted deliveries and 5 neonatal cord care procedures should be completed by the student during the course of study.

Midwives began with having 2-year diploma focusing on maternal and child health care. In recent years, bachelor's degree program have began to be developed. Concepts taught during this span of time include but not limited to principles of obstetrics and midwifery, infant care and feeding, nutrition, family planning, and primary health care.

CHAPTER VII. AVAILABLE RESOURCES

Resources regarding nursing and midwifery in the Philippines are largely administrative papers. Very few research studies are being conducted at the practice level. Significant outputs of nurses, however, may be found in the Philippine Journal of Nursing, and other scholarly journals of other universities, like the UP Manila Journal of the University of the Philippines. Accessible manuscripts ay be found as written in Table 8.

Table 8. Resources in Nursing and Midwifery in the Philippines

Subject/Title	Year Published	Description	Contact details
Nursing			
BON #633 Series 1984 – International Council of Nurses Code of Ethics	1953 (revised 2012)	The ICN Code of Ethics for Nurses describes four key elements to guide nursing practice in relation to ethical standards. These include: Nurses and people, Nurses and practice, Nurses and the profession, and Nurses and coworkers. These guidelines ensure safe and ethical conduct by nurses in their fields when understood and applied accordingly.	International Council of Nurses 3, place Jean- Marteau 1201 Geneva, Switzerland Tel. No: +41(22)9080100 Fax No: +41(22)9080101 Email: icn@icn.ch
BON #1955 Series 1989 – Philippine Nurses Association Code of Ethics	2004	The PNA Code of Ethics was based on the Code of Good Governance for the Professions in the Philippines but was tailored to the context of nursing profession. Several guidelines for registered nurses were stated in relation to people, the practice, co-workers, society and environment, as well as the profession. Administrative penalties and repealing conditions, should the Code be violated, were included as well.	Philippine Nurses Association 1663 F. T. Benitez St, Malate, Manila, Philippines Tel. No: +632 5361888, +632 5210937, +632 4004432 Fax No: +632 525 1596 Email: philippinenursesasso ciation@yahoo.com. ph

Subject/Title	Year Published	Description	Contact details
BON #08 Series 1994 – Special Training on Intravenous Injections for the Registered Nurse	1994	Registered nurses are prohibited to administer intravenous injections to a patient without due training on intravenous therapy held and supervised by a qualified member of the Association of Nursing Service Administration of the Philippines. Should there be injuries or deaths that occur when a registered nurse with no training administers intravenous injections, he/she will be held liable, either criminally and/or administratively.	Association of Nursing Service Administrators of the Philippines #1 Diamond St. corner A. Rodriguez Carmel V Subdivision, TandangSora, Quezon City, Philippines Tel. No: +632 4978071, +632 5083561 Fax No: +632 9371001 Email: ivt@ansapinc.com
Proc #539 – Nurses Week is every last week of October	1958	This proclamation was made to increase the public's awareness and understanding of the nursing profession. Hence, it was declared that every last week of October is Nurses Week and the Filipino Nurses Association (Now Philippine Nurses Association) is in charge of its celebration.	Philippine Nurses Association 1663 F. T. Benitez St, Malate, Manila, Philippines Tel. No: +632 5361888, +632 5210937, +632 4004432 Fax No: +632 525 1596 Email: philippinenursesasso ciation@yahoo.com. ph

Subject/Title	Year Published	Description	Contact details
CMO #10 Series of 1998 – Updated Policies and Standards of Nursing Education	1998	This memorandum states specifies the guidelines imposed on institutions offering nursing education such as content of curricula, qualifications of the deans and faculty, and resources that a nursing school needs to operate effectively.	Commission on Higher Education Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City, Philippines Tel. No: +632 411 1220
CMO #30 Series of 2001 – Updated Policies and Standards of Nursing Education	2001	This memorandum contained changes on the previous memorandum on policies and standards of nursing education (CMO #10 Series of 1998).	Commission on Higher Education Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City, Philippines Tel. No: +632 411 1220
CMO #02 Series of 2004 - New Procedures in the Processing of Applications of Government Authority to Operate Doctor of Medicine and Bachelor of Science in Nursing Programs	2004	This memorandum was passed to address factors that contribute to the declining quality of education including scarcity of qualified faculty and resources, and numerous emerging medical and nursing schools. This was evidenced by poor test outcomes in Philippine Licensure Examinations administered by the Professional Regulation Commission.	Commission on Higher Education Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City, Philippines Tel. No: +632 411 1220

Subject/Title	Year Published	Description	Contact details
CMO #28 Series of 2004 - Procedure on the Submission, Processing and Evaluation of Compliance Documents of Higher Education Institutions (HEIs) Granted Provisional Permits to Operate the Bachelor of Science in Nursing Program for the First Semester School Year 2004-2005 Subject to Compliance with Certain Requirements by September 30, 2004	2004	This memorandum provided procedures that Higher Education Institutions must undergo and requirements that they must have before being able to operate a Bachelor of Science in Nursing program. Strict adherence to these ensures standardization of the quality of nursing education throughout the country.	Commission on Higher Education Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City, Philippines Tel. No: +632 411 1220

Subject/Title	Year Published	Description	Contact details
CMO #05 Series of 2008 - Policies and Standards for Bachelor of Science in Nursing Program	2008	This memorandum passed by the Commission on Higher Education states the requirements needed by an institution to start the Bachelor of Science in Nursing program as well as the specific subjects in an established curriculum to ensure competent nursing graduates. Qualifications for the dean and faculty, and other needed resources were also specified in the memorandum.	Commission on Higher Education Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City Tel. No: +632 411 1220
CMO #01 Series of 2009 – Withdrawal of CMO #5 series of 2008	2009	This memorandum served to inform all those involved that the Policies and Standards for the Bachelor of Science in Nursing Program (CMO#05 s.2008) were withdrawn and subjected to further review.	Commission on Higher Education Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City Tel. No: +632 411 1220
CMO #14 Series of 2009 – Policies and Standards for Bachelor of Science in Nursing (BSN) Program	2009	This memorandum provided the revised version of policies and standards for Bachelor of Science in Nursing program (CMO #05 Series of 2008).	Commission on Higher Education Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City Tel. No: +632 411 1220

Subject/Title	Year Published	Description	Contact details
CMO #18 Series of 2011 - Amendments to Article XI- Sanctions of CMO #14 s. 2009 "Policies and Standards for Bachelor of Science in Nursing (BSN) Program"	2011	This memorandum states that for a Higher Education Institution (HEI) to keep operating a BSN program, it must have an average of above 30% passing rate in the Nursing Licensure Examination for 3 consecutive years and have the minimum requirements to operate a nursing school. Failure to comply with one or both will result in the immediate phase-out or involuntary closure of the nursing program in said HEI. The students will then be transferred to a recognized and compliant HEI for resumption of the program.	Commission on Higher Education Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City Tel. No: +632 411 1220
Midwifery			
#557 Series 1988 – Code of Ethics for Midwives	6 6 7 7 8 1 1 7	The Code of Ethics for Midwives encompasses guidelines for ethical conduct when providing care for patients and interacting with co-practitioners and other members of allied health professions. It also includes the imitations of the Code and how midwives should then make decisions based on the ideals of her profession and unwritten ethical rules generally accepted in the said profession.	Integrated Midwives Association of the Philippines Pinaglabanan corner Ejercito St, San Juan, Metro Manila, Philippines Tel. No: +632 7275225 Fax No: +632 7244849
CMO #33 Series of 2007 – Policies and Standards for Midwifery Education	E r r s N i	The Commission on Higher Education released this memorandum providing the requirements, curriculum and standards for both Diploma in Midwifery and Bachelor of Science in Midwifery programs in varying qualified institutions that will eventually produce competent midwifery graduates.	Commission on Higher Education Higher Education Development Center (HEDC) Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City Tel. No: +632 411 1220

CHAPTER VIII. ISSUES AND GOVERNMENT STRATEGIES

Nursing and midwifery practice tend to have some amount of overlaps especially in terms of its provision of service for maternal and child health. The practice of midwifery is expanding, and the development of educational preparation towards a baccalaureate degree strengthen its capability for better service delivery.

The nursing profession appear to face significant challenges in terms of the supply and its distribution. Significant issues include the oversupply of nurses with significant lack of local employment and the decreasing trend of nurse licensure passing rates, which reflects the diminishing standard of education.

Oversupply of nurses resulting to increased unemployment and underemployment rates

There are about 491 nursing schools in the Philippines producing roughly about 100,000 nurses every year (Lapena, 2013). The mushrooming of schools is brought about by the increased demand for nurses abroad, which began to decline in recent years. The resultant increase in supply produced about 497,285 nurses in 2008 (Professional Regulations Commission (PRC),2008). In 2003, the estimated number of oversupply is at 138,983, which is roughly 42% of the estimated supply from 1960–2003. If this continued at this rate, the estimated number of oversupply must be at about 208,848.

In 2005, a study by Lorenzo et. al. revealed that about 85% of the supply of nurses are employed abroad, which means only about 15% are absorbed for local employment. As demands internationally slowly decrease, graduates of Nursing in the Philippines are kept locally with less chances of getting employed.

According to the Commission of Higher Education (CHED), there are approximately 400,000 Filipino nurses who are currently unemployed (Dioquino, 2012). Some nurses are considered underemployed as they work for

jobs, which do not fit their qualifications. With this, government and other related institutions generated programs and gave recommendations to alleviate the rate of unemployment and underemployment of Filipino nurses; establishing NARS program, launching RN HEALS, promoting Project Entreprenurse and Project HOPE, recommending working in other health-related fields, and advising aspiring nurses to consider trying other courses.

In 2009, Project NARS (Nurse Assigned in Rural Services) was created by the Department of Labor and Emplyment (DOLE), Department of Health (DOH), and the Board of Nursing (BON). It aimed to mobilize jobless registered nurses to the 1000 poorest municipalities to improve the delivery of basic health care services.

In 2010, a similar program was also launched called Registered Nurses for Health Enhancement and Local Services (RN HEALS). This is a joint project of DOLE, DOH, and BON which is considered an improved version of the Project NARS because of the longer training experiences alotted for thenurses. While Project NARS designated 6 months of training experience, RN HEALS allowed 12 months for the nurses. RN HEALS was carried out as an emergency measure to address. The rising number of unemployed nurses. It was also launched to improved the health care services in far-flung areas (cheng, 2103).

Project Entreprenurse, a strategy of DOLE to alleviate unemployment rate of nurses, aimed to transform nurses into entrepreneurs which provide health care services to the community. The project encouraged nurses to establish cooperatives and manage urse-clinics in the rural areas. They will be sulervised by trained and experienced nurses. A similar program, Project Hope, was also initiated a non-government organization called Vox Healthcare Coop Philippines. Project Hope stands for Hastening Options for Productivity and Employment (Silverio, 2012).

Decreasing trend in the Philippine Nurse Licensure Examination passing rates

The increase of nursing schools as a result of the increase demand for nurses abroad, also brought challenges to quality of nursing education. According to the Professional Regulation Commission, around 8,000 to 11,000 nursing graduates took the nursing licensure examination in 1997, compared to the 90,000 examinees in July 2010. Additional figures show that there were more than 100% increase in examinees over a period of 15 years; however, records also say that passing rates from that period ranged only from as low as 32.5% to 58%.

Attempt to solve the problem was conducted by Commission on Higher Education (CHED) in 2004. The institution declared a moratorium of the opening of new nursing schools, however, a hundred of nursing schools opened anyway several months after the declaration. The institution was subjected to political and business pressures. This attempt to halt the increase of nursing schools then became a failure. In 2009, CHED issued Memorandum No. 4 series of 2009 which delineated new guidelines to end the operation of nursing schools which provide low quality education. In the memorandum, it was indicated that schools which consistently obtained a passing rate of below 30% for 3 years will be phased-out.

On June 2013, 218 nursing schools were ordered by CHED to discontinue its operation for failing to meet the requirements set by CHED Memorandum No. 4 series of 2009 which is supposed to pave the way to a better quality nursing education in the country.

CHAPTER IX. HUMAN RESOURCES FOR HEALTH STRATEGY

In 2005 the Department of Health launched the Human Resources for Health (HRH) Master Plan for 2005-2030. It is hinged on several steps towards the proper management of the supply and demand of health workers in the Philippines. The four areas of the master plan include: (1) Workforce planning and migration management (2005-2010); (2) HRH systems development pilot phase (2010-2021); (3) HRH systems development expansion phase (2021-2030); and (4) Establishment of HRH development network. The first phase involved the development of the nursing education from receiving countries and continuous HRH research. The second phase involved local health development which include recruitment. retention. systems career development, and compensation and benefit development. The 3rd phase involves the rolling-out of the program with monitoring and evaluation. Included in the master plan is the management of the nursing and midwifery workforce demand and supply.

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Figure I. History of Nursing in the Philippines Timeline

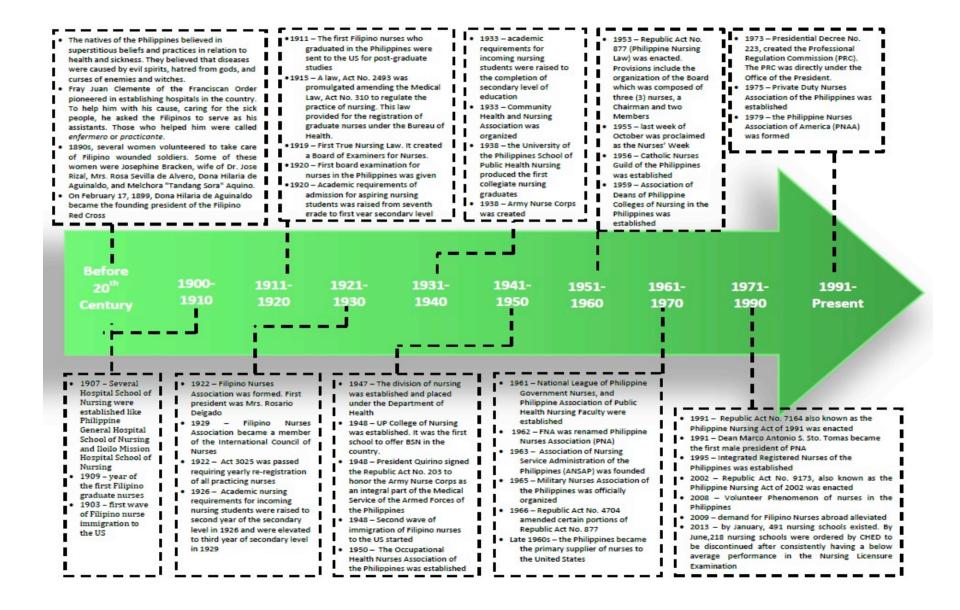


Figure 2. History of Midwifery in the Philippines Timeline

