

## An Evaluation of the Medical Pool Placement and Utilization Program (MedPool PUP) of the Philippine Department of Health

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### ABSTRACT

**Objective.** This study evaluates the effectiveness of the Medical Pool Placement and Utilization Program (MedPool PUP) of the Philippine Department of Health whose purpose is to augment the medical resource requirements of public hospitals.

**Method.** Mix method was used to gather data through a questionnaire survey sent by fax, email or postal mail. Beneficiary hospitals were selected and key informant interviews done to both the executive officers and the deployed medical pool physicians to further gain insights on the results of the survey.

**Results.** A total of 75 public hospitals were beneficiaries of the MedPool PUP covering all hospital categories – Level 1, Level 2, Level 3 and Level 4 hospitals. Fifty-one hospitals responded to the survey. Justifications for requesting deployment include: a) need for additional physicians (43%), b) need for a medical specialist of a given clinical specialty (23%), c) need for accredited specialists to maintain a residency training accreditation (23%), d) need for substitute doctors while their regular doctors undergo training (8%) and e) need for a trainer of a specific medical specialty (2%). Almost all deployed doctors have finished a residency training program belonging to a medical specialty. Although the work descriptions covering the deployment of the MedPool doctors are focused on providing medical care to the patients, the contributions to the achievements of the hospitals by the MedPool doctors go beyond these. They are also involved in medical training of other doctors, many are also given additional assignments in clinical administration and researches. Some also get involved in outreach services. Many exceptional contributions to the hospitals were given by the deployed doctors. In 12 out of 16 (75%) hospitals visited, the doctors deployed were able to introduce new clinical services such as heart surgery, ophthalmology, renal transplant, hepato-biliary surgery,

automation of clinical laboratory procedures, among others. This is the primary basis for this study to conclude that the MedPool PUP is effective.

**Conclusion.** The effectiveness of the MedPool PUP has been shown to go beyond augmenting the medical staffs of public hospitals in providing services. The doctors it deployed have contributed significantly in improving the clinical services by introducing new specialty services and enhancing existing ones. It is recommended that MedPool PUP be continued and strengthened to fill the needs of public hospitals based on a system of priorities.

*Key Words: health manpower, hospitals, public, medically underserved area, Philippines*

### Introduction

The availability of competent health professionals is vital to a well-functioning health system.<sup>1</sup> Decisions on current or future area of practice, however, are influenced by several *push* and *pull* factors – the socioeconomic, familial, and professional considerations that make a health worker leave or stay in a particular locality.<sup>2</sup> This then results to distributional imbalances in the availability of, and access to, health workers, generally in favor of urban areas and private practice.<sup>3,4</sup> Among the policy responses of the government is a health worker deployment program – such as the Medical Pool Placement and Utilization Program (Med Pool PUP) – that aims to counter such maldistribution through the creation of a mechanism for the national government to finance the remuneration of selected health professionals, either individually or as teams, in exchange for working in identified underserved areas.<sup>5</sup>

Although the Med Pool PUP was formally established through the issuance of Administrative Order No. 149, s. 2002 signed by Dr. Manuel M. Dayrit in September 13, 2002, its inception antedates for more than a decade.<sup>6</sup>

Ten years after this formal establishment of the Med Pool PUP, the time has come to evaluate the program for the purpose of determining its effectiveness in contributing to the delivery of quality medical services by the government hospitals to the people they serve.

This research was carried out to evaluate the effectiveness of the Med Pool PUP. Specifically, it aimed to:

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1. determine the nature, scope and coverage of the Medical Pool Placement and Utilization Program (Med Pool PUP);
2. assess the effectiveness of the Med Pool PUP in terms of a) addressing the medical human resource needs of the recipient public hospitals; and b) contributing to sustaining / improving the quality of medical care provided to the patients by recipient hospitals; and
3. identify issues and challenges faced by the participating medical doctors and the receiving hospitals.

### Methods

This evaluation study covered all 75 public hospitals in the country which have been recipients of the program. The evaluation involved two phases. The first phase focused in identifying the needs common to the recipient hospitals that made them seek the assistance of DOH for augmenting their medical human resource requirements. It inquired about the qualification standards and the duties and responsibilities they have identified for the requested position. This was accomplished through a survey using self-administered questionnaire to all 75 recipient hospitals. The expected result of this phase is a description of the nature, scope and coverage of the Med Pool PUP and possible issues and challenges faced by the participating medical doctors and the receiving hospitals.

The second phase involved the purposive selection of 16 hospitals or 21% from the total of 75 recipient hospitals<sup>1</sup>. These hospitals were selected by the researchers and the cooperating agency after the first phase is completed with the confirmation of the hospitals that there are medical officers/ medical specialists in their hospital belonging to the medical pool program. Selection was guided with the principle of aiming for broad representation of the three major island groups and all hospital categories. Key informant interviews were conducted in these selected hospitals in rooms where privacy can be secured. Those interviewed were the doctors under the medical pool program and an executive officer of the hospital (i.e., Chief of Hospital, Hospital Administrator, Chief of Clinics, or Human Resource Chief).

### Results

#### *Profile of the Beneficiary Hospitals*

There is a total of 75 public hospitals that were included in the Med Pool Program of which 51 hospitals responded or 68% of the total. Table 1 shows the distribution of the

hospitals who responded to the survey. There is a total of 38 DOH retained hospitals out of the 75 respondent hospitals.

Except for the Autonomous Region of Muslim Mindanao whose hospitals are not under the regulatory supervision of the Philippine Department of Health, it is noted that the MedPool PUP program covers all regions of the country. Given that the total number of licensed government hospitals in 2011 is 730 all over the country, the coverage of the MedPool PUP program is computed to be at 10.3%.

Table 2 shows the distribution of the respondents' hospitals by its bed capacity and the number of medical specialists/officers deployed to them under the MedPool PUP program. Note that the hospital with bigger bed capacities (from 76 beds to 500 beds) received the largest number of doctors.

Table 2, at first glance would seem to show contradictions in the program. For one, why are the bigger hospitals receiving more deployed MDs when it is the smaller hospitals that would have greater need for Medical Specialists? To understand what looks like a contradiction is to be aware that the health human resource needs of hospitals go beyond answering the general demand for hospital care services.

#### *Justification of Requests for Deployment*

Inquiry into the justifications for each deployed MedPool PUP physicians were made from the beneficiary hospitals. Their responses can be grouped into the following:

- Need for additional physicians – 43 %
- Need for medical specialists of a given clinical specialty – 23 %
- Need for accredited specialists to maintain residency training accreditation – 23 %
- Need for substitute physicians while regular doctor undergoes training – 8 %
- Need for trainer on a specific medical field - 2 %
- Although the need for additional physicians is the highest, hospitals have other health human resource needs which are equally important in order to make the entire hospital service delivery system work.

#### *Profile of Physicians Deployed*

There are two positions available under the MedPool PUP program. These are Medical Specialist II (part time) and Medical Officer III (full time). As part time, Medical Specialist II are expected to provide 20 work hours per week. They are also allowed to engage in private practice or employment. On the other hand, full time medical officer III are expected to provide to the hospital 40 work hours per week and are not allowed to engage in other employment. Depending on the policy of a hospital, some allow their full time doctors to engage in limited practice of their profession after office hours.

<sup>1</sup> The 16th interview site was the Consortium on Anesthesia Residency Training in DOH Special Hospitals. Although not officially a hospital entity, the Consortium was added upon the request of the cooperating agency.

**Table 1.** Distribution of Hospital Respondents by Region and by Hospital Category

Region	Hospital Category						Grand Total	
	Infirmary	Level 1	Level 2	Level 3	Level 4	(blank)	No.	%
1			1	1	1		3	6%
2				1	1		2	4%
CAR		1	4		1		6	12%
3				1	2		3	6%
NCR			2	1	6	1	10	20%
4A					2		2	4%
4B			1				1	2%
5	1		1	1	1		4	8%
6			4		2		6	12%
7				2	1		3	6%
8		1			1		2	4%
9		1					1	2%
10			1	1	1		3	6%
11					2		2	4%
12					2		2	4%
CARAGA				1			1	2%
<b>Grand Total</b>							<b>51</b>	<b>100%</b>

Note: Hospital from NCR under the “blank” category is the Consortium on Anesthesia Residency Training in DOH Special Hospitals. It is not officially a hospital entity, hence, the absence of a category.

**Table 2.** Distribution of Beneficiary Hospitals According to Bed Capacity and Number of MD's deployed

Bed Capacity	Number of MDs Deployed					Total	
	1 only	2 to 3	3 to 5	6 to 10	11 or more	No.	%
10 or less			1			1	2%
11 to 25	2		2			4	8%
26 to 75	4	3	1			8	16%
76 to 200	3	2	9	1	1	16	31%
201 to 500	6	1	5	6	1	19	37%
501 or more				1		1	2%
No response			2			2	4%
<b>Grand Total</b>	<b>15</b>	<b>6</b>	<b>20</b>	<b>8</b>	<b>2</b>	<b>51</b>	<b>100%</b>

**Table 3.** Medical Specialties of Deployed Physicians and Positions Given to Them

Medical Specialty	MO III	MS II - PT	(blank)	Grand Total	
				No.	%
Internal Medicine	2	29		31	13.9%
Pediatrics	2	27	2	31	13.9%
Surgery	1	25		26	11.7%
Obstetrics-Gynecology	3	21		24	10.8%
General Practitioner	15	4		19	8.5%
Family Medicine	1	14		15	6.7%
Radiology	3	12		15	6.7%
Anesthesia	2	9		11	4.9%
Orthopedics	1	8	1	10	4.5%
Ophthalmology	2	7		9	4.0%
ENT		6		6	2.7%
Pathology		5		5	2.2%
Anesthesia Residency	3			3	1.3%
Urology		3		3	1.3%
ENT-HNS		2		2	0.9%
Emergency Medicine		1		1	0.4%
Laboratory	1			1	0.4%
Nephrology		1		1	0.4%
Neurosurgery		1		1	0.4%
Psychiatry		1		1	0.4%
Rehabilitation Medicine		1		1	0.4%
(blank)			7	7	3.1%
<b>Grand Total</b>	<b>36</b>	<b>177</b>	<b>10</b>	<b>223</b>	<b>100.0%</b>

Table 3 shows the medical specialties of the doctors hired under the MedPool PUP program and the positions

given to them. As expected, the four basic services; namely, Internal Medicine, Pediatrics, Surgery, and Obstetrics-Gynecology have the greatest number of appointments. These are followed by Family Medicine and General Practitioner which is again to be expected because the MedPool PUP program also deploys doctors to Level 1 and Level 2 hospitals. The questions that enter the mind are on the other subspecialties where only a few have been recruited. Questions such as: “are specialties such as ophthalmology, ENT, psychiatry, neurologist, et cetera., not as needed in hospitals or are they simply hard to find and recruit?”

**Nature of Work Performed**

Although deployed physicians are only expected to provide patient care services, many performed other work responsibilities including administrative functions, research activity, training functions and outreach activities.

Table 4 shows the combination of other works performed during deployment in their assigned hospital. The highest percentage is training at 33.6% of deployed physicians. This is followed by no additional responsibilities at 15.2%. Thirteen and a half percent of deployed physicians also performed both research and training work activities followed by all four other work

responsibilities at 12.6%. In other words, 81.7% of deployed physicians perform other work functions besides providing medical services.

**Length of Service Under the MedPool PUP**

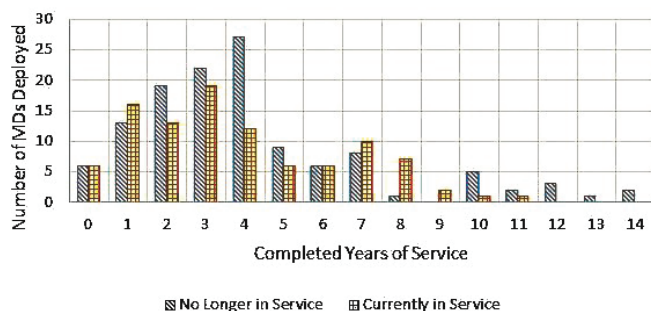
For each doctor deployed under the MedPool PUP program, inquiry was made as to their present status. Figure 1 showed the temporal pattern of service.

The years of service is computed by counting the number of years between when a doctor first started to serve under the MedPool PUP and the date they last served. This does not imply continuous service. As shown in Figure 1, the longest length of service a doctor served under the MedPool PUP is 14 years with the mode of 3 to 4 years. This low turnover rate pattern seems to indicate that the arrangements between the MedPool PUP and the deployed doctors are generally acceptable between both parties.

**Table 4.** Other works performed by deployed physicians besides providing medical care

Work Responsibilities Performed				Deployed Physician	
Administrative	Research	Training	Outreach	No.	%
no	no	yes	no	75	33.6%
no	no	no	no	34	15.2%
no	yes	yes	no	30	13.5%
yes	yes	yes	yes	28	12.6%
(blank)	(blank)	(blank)	(blank)	11	4.9%
yes	no	yes	no	10	4.5%
no	no	yes	yes	9	4.0%
yes	yes	yes	no	8	3.6%
no	no	no	yes	4	1.8%
yes	no	no	no	4	1.8%
yes	no	no	yes	3	1.3%
no	yes	no	no	2	0.9%
yes	yes	no	yes	2	0.9%
no	yes	no	yes	1	0.4%
no	yes	no	yes	1	0.4%
yes	no	yes	yes	1	0.4%
<b>Grand Total</b>				<b>223</b>	<b>100.0%</b>

**Distribution of the Number of Years in Service of MD's in the MedPool PUP**



**Figure 1.** Distribution of the Number of Years in Service of Doctors in the MedPool PUP.

**Inquiry into the Effectiveness and Relevance of the MedPool PUP**

Fifteen selected hospital beneficiaries, together with the currently deployed physicians were visited for the purpose of developing insights into the nature and level of effectiveness resulting from the deployment of doctors to these hospitals. Insights were focused in the following:

- On the nature and extent of the health human resource problems confronting the hospitals when they requested for deployment of physicians.
- On the benefits derived by the hospitals from the deployment of these physicians.
- On the work environments and arrangements provided by the hospitals to their deployed physicians.
- On the work status of deployed physicians prior to joining the MedPool PUP
- On adjustments to new working conditions upon joining the MedPool PUP
- On satisfaction to professional career development and its challenges
- On assessing the effectiveness and relevance of MedPool PUP

**On the nature and extent of the health human resource problems confronting the hospitals when they requested for deployment of physicians**

The interviews conducted with the hospital administration officials confirmed the responses elicited from the survey as described in page 5 and this is the need to augment the existing health human resource with additional doctors. How does one explain this common health human resource problem such as the need for additional physicians? All of those interviewed whose hospitals increased their bed capacity sizes, never had commensurate increases in their health human resource plantilla items; thus, resulting in an increase in the number of beds for every physician of the hospital. In geographically isolated provinces/ municipalities visited such as Romblon Province and Bessao Municipality in Mountain Province, the situation is the opposite. They have the plantilla items but had difficulty in attracting physicians to work in their hospitals.

There are other needs of the hospitals being addressed by the MedPool PUP. These are the needs to protect and sustain their residency training programs whose accreditation are threatened because of inadequate number of fellows/diplomats as trainers. These fellows / diplomates are clinical specialists who have passed the accreditation requirements in order to be recognized by the accreditation bodies of the respective medical specialty societies. Note that although clinical specialists are also generally referred to as medical specialists, this study will differentiate the two terms. It will refer to medical specialists (rank) as one of the



position items given by the Department of Health to those hired under the MedPool PUP.

There are other equally important health human resource needs which are being addressed by MedPool PUP. It is the need for physicians mostly in level 1 or level 2 hospitals who have not undergone residency training needed to provide clinical services in the field of internal medicine, pediatrics, obstetrics-gynecology or surgery. It may be easy for local government units (LGU) to find public hospitals to accept their physicians for residency training. The problem is who will substitute for the physician in training so that hospital services will not be disrupted. In these situations, the MedPool PUP can hire substitute physicians while the LGU physician is in training.

There are specific needs of level 3 and level 4 hospitals that cannot be disregarded such as the need to establish an ophthalmology service in the locality or other clinical subspecialties where the demand is high and patients are made to travel by sea or by land for more than 4 hours in order to receive quality health care. The MedPool PUP has again helped a number of these hospitals.

In summary, the health human resource needs which the MedPool PUP program goes beyond the need to augment the inadequate number of physicians of government hospitals.

***On the benefits derived by the hospitals from the deployment of these physicians***

With varying needs for seeking augmentation and deployment, the kind of benefits derived by the hospitals are mixed; however, many received benefits more than what the hospitals expected with more doctors serving the people seeking health care to the hospitals.

A summary of these additional benefits were presented earlier under the section on other work responsibilities performed by the MedPool PUP doctors deployed. These benefits from other work responsibilities can be grouped into administrative, training, outreach and research. However, the field visits conducted where key informant interviews were conducted revealed more than what the summary is presenting.

In the field of clinical service itself, there are many individual accounts from the hospitals' administrative officials on the MedPool PUP physicians going beyond the call of duty in order to serve the patients seeking medical care. In Bessao District Hospital in the Mountain Province, the MedPool PUP physician is also a radiologist who brought with her a personally owned ultrasound machine and used it with minimal fee to hospital's patients. As a result, a vital service can now be provided without the patient being asked to go to Baguio General Hospital which is 8 to 10 hours by public transportation. In Vicente Sotto Medical Center in Cebu City, the MedPool PUP physician

deployed is the only thoraco-cardiovascular surgeon in the province; thus, providing a clinical service to patients needing heart bypass operations, open heart operations and other operations of the chest and lungs. In Corazon Locsin Montelibano Memorial Regional Hospital in Negros Occidental, the two ophthalmologists deployed by MedPool PUP established and sustained the Department of Ophthalmology.

It would seem that doctors deployed under the MedPool PUP have recognized and accepted the fact that working in a government hospital is both a challenge and a sacrifice.

In level 4 hospitals, MedPool PUP physicians are actively engaged in the hospital's residency training programs. Although some were recruited for the purpose of the hospital being able to maintain the accreditation of their training program, the benefits derived further extends to the smaller hospitals in the surrounding regions who have sent their doctors for training and have returned.

In the field of administration, the participation of MedPool PUP physicians may range from nil to all are given administrative responsibilities. This simply means that although some hospitals, the work of the MedPool PUP physicians are confined to providing medical service. In one hospital visited, all MedPool PUP physicians were given additional administrative functions. This situation can be expected in some hospitals especially those in remote areas where the regular physicians are neither fellows nor diplomates which is a qualification required to head a clinical department.

In some hospitals with catchment villages remotely situated, outreach services are common. MedPool PUP physicians also participate in these activities because they are not distinguished from the regular physicians when it comes to work assignments.

The benefits derived by hospitals are summarized in Table 5.

***On the work environments and arrangements provided by the hospitals to their deployed physicians***

The work environments and arrangements provided by the hospitals to their physicians, whether regular, deployed or "work without compensation" are the same. They are treated equally and equitably when it comes to work responsibilities. In some hospitals, there are other benefits given to the regular doctors but not to MedPool Physicians such as any or all of the following: share in the PhilHealth payment for professional services, Christmas bonus, hazard pay, 13th month pay and other non-monetary benefits. This situation is true for both Medical Specialists II (part time) and Medical Officer III (full time).

Special arrangements vary from one hospital to another. Most of the administrators or directors involved in the survey verbalized that part-time MedPool physicians

**Table 5.** List of Added Benefits That Accrued to Recipient Hospitals

Names of Hospitals Visited		Bessao District Hospital	Baguio General Hospital	Veterans Regional Hospital	Valenzuela District Hosp	East Avenue Med Center	Sagnay Infirmary	Romblon Prov Hospital	Western Visayas Sanitarium	Corazon Montelibano Med Center	Vicente Sotto Med Center	Gov. Gallares Med Center	Northern Mindanao Med Center	Southern Phil Med Center	Davao Regional Hospital	Corabato Regional Hospital	Total	
<b>Benefits derived by the beneficiary hospitals</b>																		
1	Augmentation of existing clinical services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15
2	Streamlining of service delivery	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15
3	Peer mentoring on speciality		X					X	X	X	X	X	X	X	X	X	X	10
4	Augmentation of consultant pool for existing residency training program (maintenance of accreditation)		X	X	X					X		X	X		X			7
5	Administration: Chairs/Heads of Units		X				X		X	X								4
6	Hospital accreditation for PHIC						X			X								2
7	Introduction of new procedure: Minimally invasive surgery										X				X			2
8	Introduction of new service: Pathology								X			X						2
9	Contribution to research output of hospital					X												1
10	Inauguration of residency training program in other collaborating hospitals														X			1
11	Inauguration of residency training program: Dermatology													X				1
12	Inauguration of residency training program: Ophthalmology									X								1
13	Introduction of new procedure: Automation of clinical laboratory procedures								X									1
14	Introduction of new procedure: Obstetric procedures							X										1
15	Introduction of new procedure: Renal transplant												X					1
16	Introduction of new procedure: Ultrasonography	X																1
17	Introduction of new service: Colorectal surgery																X	1
18	Introduction of new service: Gastroenterology																X	1
19	Introduction of new service: General surgery								X									1
20	Introduction of new service: Hepatobiliary surgery														X			1
21	Introduction of new service: Mindanao Heart Center													X				1
22	Introduction of new service: Neurology											X						1
23	Introduction of new service: Neurosurgery		X															1
24	Introduction of new service: Obstetrics							X										1
25	Introduction of new service: Ophthalmology									X								1
26	Introduction of new service: Pediatric nephrology													X				1
27	Introduction of new service: Radiology services								X									1
28	Introduction of new service: Thoracocardiovascular surgery										X							1
29	Introduction of new service: Urology									X								1
<b>TOTAL</b>		<b>3</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>8</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>5</b>	<b>78</b>	

allowed private practice outside the working hours required by the program. Only two institutions namely Northern Mindanao Medical Center and Southern Philippines Medical Center have a more favorable special type of arrangement for their MedPool doctors, since they allow them to be on call 24/7 and they can come in anytime and divide their 20 hours per week requirement in any manner they prefer.

Admitting privileges are also given to the MedPool doctors provided that they pass the credentialing body of the hospital. All hospitals in this study allows limited practice for part-time medical pool physicians, these institutions include Baguio General Hospital and Medical Center, Corazon Locsin Montelibano Memorial Regional Hospital, East Avenue Medical Center, Gov. Celestino Gallares Memorial Hospital, Northern Mindanao Medical Center, Romblon Provincial Hospital, Southern Philippines Medical Center, Veterans Regional Hospital, and Western Visayas Sanitarium. Only about 4 or 40 percent of the 10 medical institutions in this study allow full time doctors for limited practice, these institutions include Northern Mindanao Medical Center, Romblon Provincial Hospital, Southern Philippines Medical Center, and Vicente Sotto Medical Center.

Especially for regional hospitals, physicians with good private practice, are willing to work as volunteer (or without compensation). It gives them prestige and because they have admitting privileges (their private patients can be admitted

into the hospital), they are able to expand their practice to cover the low and middle income families and offer them lower hospitalization rates.

Unfortunately, not all physicians have flourishing private practice. There are still many physicians who can be assets to public hospitals but cannot afford to volunteer their services for free for a long period of time. Thus, the only way for public hospitals with exhausted plantilla items to recruit these kinds of physicians is to request the MedPool PUP for augmentation of their physicians/ clinical specialists. Recruiting and deploying physicians through the MedPool PUP becomes a win-win situation for the hospital, the physicians and the people being served.

***On the work status of deployed physicians prior to joining the MedPool PUP***

Key informant interviews were also conducted among the currently deployed physicians under the MedPool PUP.

Prior to joining the MedPool PUP, majority of the physicians who joined the MedPool PUP are in the crossroads of their career. They have either finished their residency training program, subspecialty fellowship program, completed service to the Doctors to the Barrios (DTTB) or have just applied as PISO volunteer or Specialista ng Bayan. Majority of the hospitals invited them to apply and because of no available plantilla position items, they were advised to course their application through the

MedPool PUP. This program is not widely publicized because of the limited position items available which does not increase with each passing year. It would seem that the hospitals who are aware of this program are the retained DOH hospitals, doctors who easily reached by word of mouth such as those who have completed their DTTB tour of duty, compliance to political commitments made such as the time when the husband of former Pres. Arroyo promised the local chief executive in support of his program to establish an infirmary in his municipality of Sagnay, Camarines Sur. Geographically isolated provinces and municipalities seem to have higher opportunities of learning about the program and receiving assistance.

#### ***On adjustments to new working conditions upon joining the MedPool PUP***

When this evaluation study was conceptualized, it was thought that there was an absolute lack of physicians especially in the rural and remote areas; thus, the need to bring in physicians from the urban localities into these hospitals. What this study seems to discover is there are physicians available and qualified in the rural and remote areas but many avoid serving the local hospitals because of low pay and the unpredictability of regularly receiving their monthly salaries from the local government units. However, in the case of the MedPool PUP physicians, they reveal their satisfaction because they receive their salaries by ATM bank cards despite not receiving additional benefits such as Christmas bonuses, hazard pay, et cetera.

For these physicians who come from the same locality as the location of the receiving hospitals, there is little adjustments when they started with their new job. For the other physicians who come from other localities, adjustments are not a problem for them because they are ready for these situations. It seems that proper information is not withheld and there is no attempt to deceive the physicians to be deployed, MedPool PUP was able to deploy physicians without major life adjustment issues.

#### ***On satisfaction to professional career development and its challenges***

All deployed physicians who were interviewed are satisfied with their professional career development and its challenges. Everyone was happy with their work and their situations. For the part time physicians, they are able to engage in private practice and work as a consultant in private hospitals. Because of this, they are able to adjust their professional fees depending on the capacity of their patients to pay. As attending physicians in other hospitals, they are able to update themselves with the current practice among their peers.

For those who work as full-time (meaning serving 40 hours a week), arrangements between themselves are usually made. For some, they are willing to go on a 48-hour

straight duty so that the rest of the week, they can engage in other activities including taking care of their elderly parents.

Monetary remuneration, it appears then, is not the sole consideration for satisfaction of physicians under the MedPool. The opportunity to accomplish other from both a personal and professional perspectives are also important drivers of self-fulfillment among interviewees.

### **Discussion**

#### ***On assessing the effectiveness of MedPool PUP***

This study has consistently shown from the start of its presentation the high degree of effectiveness of the MedPool PUP. It is the kind of effectiveness that public institutions and hospitals are expected to be. It is the kind of effectiveness that highly contributes to the common good.

The summative evaluation done by means of a survey to recipient hospitals show quantitatively the nature of the human resource problems confronting the public hospitals and the response of the MedPool PUP in addressing these problems. Even in the earlier part of this report, it already noted that the health human resource problems of hospitals do not only cover meeting the daily demands for hospital services. It is also about the extreme limitations of available medical positions<sup>7,8</sup> resulting to inadequate number of clinical specialists to meet the minimum number for residency accreditation. Without these residency training programs for the different specialties, the quality of patient care shall be further eroded. Then, there is the need to provide substitute doctors while the doctors in level 1 and level 2 hospitals undergo residency training on basic clinical specialties.

The field visits and the key informant interviews conducted reveal so many accounts that attest to the services provided by the Medical Pool PUP that go beyond the call of duty such as establishment within the hospital of clinical specialties (such as the Department of Ophthalmology), bringing of personal ultrasound machine for patients' use and the introduction into the hospital of highly specialized procedures such as open heart surgeries.

These benefits that accrued to the hospitals are reflective of the effectiveness of the MedPool PUP physicians and thus, the MedPool PUP program.

Although the following needs further study, the interviews conducted seem to indicate a high degree of satisfaction among the MedPool PUP physicians over their work, perhaps, higher than the regular physicians of the same hospitals. This impression is based on the following observations:

1. When asked whether they are happy with their present work and career, all responded affirmatively.
2. No one expressed plans of changing careers such as becoming nurses or moving to another hospital

### Conclusions and Recommendations

The Medical Pool Placement Utilization Program has shown its effectiveness beyond expectations and its relevance to addressing the current systemic problems being experienced by many government hospitals. This problem is on the failure of some local governance systems to provide even the minimum basic health human resources to public hospitals they are responsible in managing.<sup>9,10</sup> For some of the local government units, maintaining a hospital has become unaffordable; thus, the need for the national government through the Medical Pool Placement Utilization Program to intervene.

In the past several years, improvements and enhancements of hospitals and local health facilities have been carried out by the national government through the Department of Health. It is now an opportune time to take the next steps of answering the needs for increasing health human resources of public hospitals through a system of priorities and commitment to standards of providing quality care and rational use of scarce resources. Again, the Medical Pool Placement Utilization Program has the structure and the experience in implementing this health human resource development strategy.

Strengthening of the Medical Pool PUP should not only be focused in providing more resources to rescue the health human resource needs of public hospitals in the country. Strengthening of the Medical Pool PUP should also include strengthening their capacity to plan, implement, monitor and evaluate the program.<sup>11</sup>

The current strategy of deploying two kinds of physicians – a full time medical officer III and a part time medical specialist II – depending on the needs of the hospital is a pragmatic approach that seems to answer majority of the health human resource needs of the public hospitals. Also the arrangements where the financial requirements of paying the salaries through automated teller machines of the deployed physicians remain the responsibility of the Department of Health, has avoided fiscal management complications that usually attends any transfer of budget from one government agency to another.

A policy should be crafted that will establish a system of priorities to follow in the deployment of physicians.

For DOH retained hospitals, plantilla items should be expanded and increased to lessen the need for support from the Medical Pool PUP. A republic act should be passed by the national government that provides automatic increases in the number of plantilla items whenever a level 3 or level 4 public hospitals are increased in service capacity.

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