



Republic of the Philippines
Professional Regulation Commission
Manila



PROFESSIONAL REGULATORY BOARD OF MEDICINE
RESOLUTION NO. 21
Series of 2020

ADOPTING THE RECOMMENDATIONS OF THE DEPARTMENT OF HEALTH ON THE STRICT HEALTH PROTOCOLS TO BE OBSERVED IN THE CONTINUATION OF THE MARCH 2020 PHYSICIAN LICENSURE EXAMINATION AND QUALIFYING ASSESSMENT FOR FOREIGN MEDICAL PROFESSIONALS ON SEPTEMBER 2020

WHEREAS, the Inter Agency Task Force for Emerging Infectious Disease (IATF-EID) issued Resolution Nos. 58 and 62 (s 2020) approving the request of the Professional Regulation Commission (Commission) to resume the testing activities for the second part of the March 2020 Physician Licensure Examination (PLE) and Qualifying Assessment for Foreign Medical Professionals (QAFMP), respectively, on September 2020 with observance of the strict health protocols as may be approved by the Department of Health (DOH);

WHEREAS, the Commission issued Resolution No. 17 (s 2020) recommending for strict health protocols in the continuation of the March 2020 Physician Licensure Examination and Qualifying Assessment for Foreign Medical Professionals on September 2020 and reinforcing the established safety measures to be observed therein and was transmitted to the DOH for concurrence;

WHEREAS, the DOH, in its letter to the Commission dated 18 August 2020, recognized the said Resolution for being aligned with the DOH Administrative Order 2020-0015 otherwise known as the Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation and provided further recommendations thereto with reference to the public health minimum standards set;

WHEREAS, the Professional Regulatory Board of Medicine (Board) agreed to adopt the proposals as follows:

- I. Promote Mental Health**
 - II. Reduce exposure of vulnerable individuals to prevent infection**
 - III. Provision of support for essential workforce**
 - IV. Reduce the use of and exposure to tobacco products**
 - V. Avoiding spitting in public places**
 - VI. RT-PCR Testing**
- a. Mandatory** on the examinees who fall under the following groups according to DM 2020-258A or the Updated Interim Guidelines on Expanded Testing for COVID-19:
 - i. suspect cases; or
 - ii. individuals with relevant history of travel and exposure (or contact), whether symptomatic or asymptomatic; and
 - iii. health care workers with possible exposure, whether symptomatic or asymptomatic.

The following exposures should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:

- i. Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes;
- ii. Direct physical contact with a confirmed case;
- iii. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment.

In this case, the examinee shall be required to submit the results of his/her RT-PCR. Only those with negative results shall be allowed to take the examination.

- b. If an examinee does not fall on the above mentioned conditions, he/she (both for PLE and QA-FMP) should **undergo a 14-quarantine day period** wherein individuals asymptomatic for at least 14 days prior to the scheduled examination dates, provided that they have had no close contact exposures to the aforementioned cases, shall be allowed to take the exam in the absence of an RT-PCR test. A Certificate of Quarantine or its equivalent signed by the accredited licensed physician or duly authorized local officials should be submitted instead.
- c. Examinees coming from other countries should be able to quarantine for at least 2 weeks or provide a negative RT-PCR test result whichever is shorter.

WHEREAS, the Commission, through its issued Resolution No. 1002 (s 2016), already grants daily allowances in the conduct of regular licensure examination for various professions to the Central and Regional Offices as support for all its examination personnel;

WHEREAS, the Board met with the Licensure Office and the Regional Key Officials and it was agreed that the examination personnel shall exclude the vulnerable individuals such as the elderly, individuals with underlying conditions, and pregnant women, to reduce their exposure and prevent infection in line with the Omnibus Guidelines On the Implementation of Community Quarantine in the Philippines;

WHEREAS, an RT-PCR test will be required for the volunteer examination personnel in order to assure their safety and those of the examinees, at no cost to the volunteers;

WHEREAS, all March 2020 examinees must take the Part II of their examinations on September 2020 in order to determine their complete performance rating. Those who are unable to do so due to valid reasons may still be allowed to take the same in the next immediately scheduled QAFMP or PLE, subject to submission of required documents mentioned in Resolution No. 17;

WHEREFORE, considering that the DOH proposals are also attuned with the established protocols of the Commission, the Board **RESOLVES**, as it is so **RESOLVED**, to adopt the aforementioned recommendations, supplementing for the purpose Resolution No. 17 (s 2020). Annexes A1 and A2 of Resolution No. 17 are hereby amended accordingly. Annex A3 is also attached as Post Examination Health Surveillance Form. All are made integral part of this Resolution.

RESOLVED FURTHER, the Commission shall coordinate with the appropriate government agencies for full assistance to conduct a safe and successful examination.

RESOLVED FINALLY, that the Commission Task Force for COVID-19 shall develop a contingency plan in the event that symptomatic individuals are identified in the testing premises. This should include isolation, referral, transport and contact tracing protocols.

This Resolution shall take effect immediately upon approval.

Let copies hereof be further furnished the PRC Central and Regional Offices, the Association of Philippine Medical Colleges (APMC), the Philippine Medical Association, Inc. (PMA).

Done in the City of Manila this 3rd day of September 2020.



CLARITA C. MAAÑO
Chairperson


ELEANOR B. ALMORO
Member


GODOFREDA V. DALMACION
Member


ZENAIDA L. ANTONIO
Member


RAFAEL R. CASTILLO
Member


RAQUEL S. SAYO
Member

ATTESTED:


ATTY. OMAIDAH E. GANDAMRA
Officer-in-Charge, PRB Secretariat Division

APPROVED:


TEOFILO S. PILANDO, JR.
Chairman


YOLANDA DREYES
Commissioner


JOSE Y. CUETO JR.
Commissioner



Professional Regulation Commission
Professional Regulatory Board of Medicine

INFORMED CONSENT

ON THE POTENTIAL RISK ASSOCIATED WITH TAKING THE
PHYSICIAN LICENSURE EXAMINATION (PLE)/ QUALIFYING ASSESSEMENT
FOR FOREIGN MEDICAL PROFESSIONALS (QA-FMP)

PLEASE READ THIS DOCUMENT CAREFULLY.

You are given this informed consent form because the Professional Regulation Commission (PRC) and Professional Regulatory Board of Medicine (PRBOM) encourage your participation in the second-half of the QA-FMP or PLE this September 2020. All known precautions are taken to safeguard all examinees, but the PRC/PRBOM cannot guarantee your absolute safety from any potential source of infection. You are asked to sign this form to signify your consent to participate in the said activity despite the potential risks.

INFORMATION SHEET

Introduction and Purpose of the Activity

On March 11, 2020, the World Health Organization (WHO) has declared COVID-19 a pandemic with confirmed cases nearing twenty million (20,000,000) around the world without yet any sign of decline. The Philippines was no exception. With the continuing upsurge of recorded cases per day, the country needs to reinforce the number of its health workers to fight this pandemic.

Heeding the distress call of the Department of Health (DOH) as well as the various alliances of health workers, the Commission is prepared, although with greater precaution this time, to discharge its mandate of conducting the physician licensure examination (PLE) and the Qualifying Assessment for Foreign Medical Practitioner (QA-FMP).

Procedure

The PRC and PRBOM are instituting health safety protocols to ensure the safety of all examinees, as well as the PRC personnel involved in the conduct of the examination. Listed below are the established best practices and their respective percentages of risk reduction of CoVID-19 transmission:

- 95% if you use N95 mask, 76% for surgical mask
- 67% if you wear face shield
- 90% if there is distance of 1 meter, 92% if 2 meters

(For a more detailed information, please refer to Annex A entitled “Minimum Health Standard in the Conduct of Licensure Examination during the COVID-19 Pandemic”).

Risks

By participating in the examination, it is possible that you will be exposed to COVid-19. There is, for example, a chance that you might contract the virus while transporting to the venue. Although reduced in number with the mandatory minimum distances between examinees, you will still be staying in an enclosed room together with other examinees for several hours. Nonetheless, we assure you that the PRC/PRBOM will implement all known safety measures prescribed by the Omnibus Guidelines of the Inter-Agency Task Force (IATF) and the recommendations of the scientific community to reduce the possibility of infection.

You still have the responsibility to weigh the risks against the benefits. Your judgment and discernment will guide you in deciding whether to take the PLE /QA-FMP or not.

Benefits

If you successfully pass the PLE /QA-FMP, then you will have the opportunity to serve the country in one of the most trying times in our history. Needless to say, your participation will greatly benefit the society.

Though it may be an agonizing travail, there is no greater reward than lending a helping hand to the health force in the midst of a crisis. With the precarious situation we are facing today, the much-needed augmentation of hospital workers is already a foregone conclusion.

Alternative to Participating in the PLE /QA-FMP

As a rule, all examinees must take the Part II of the March 2020 QA-FMP or PLE scheduled in September. By way of exemption, if you fail to participate in the examination because of health reasons, travel restrictions or any other valid reasons, please inform the Board of Medicine within the week prior to the exam. You will be allowed to take the next scheduled QA-FMP or PLE, provided that the requirements mentioned herein are complied with.

Post Examination Requirement

After the examination, on September 27, 2020, we require the examinees to submit a post-exam health status update (Annex A3) to help the examinees and future conduct of licensure examinations. The form can be downloaded from the website (prc.gov.ph) and this can be sent either through email (PLE.healthsurvey@gmail.com) the following information as accurately as possible:

Agreement to Participate: If you agree to participate in the PLE /QA-FMP, please indicate so by signing on the specified space below.

Thank you.

CERTIFICATE OF CONSENT

I, _____, of legal age, residing at _____ have read and understood the information and the potential health risks explained in this form. Despite such risks, I agree to take the second part of the March 2020 QA-FMP or Physician Licensure Examination on September ____, 2020 to be administered by the Professional Regulation Commission. I do hereby confirm and declare that I am participating in this event on my own free will and volition.

In relation thereto, I hold PRC, as well as PRBOM, entirely free from any liability or responsibility in the event that I contract CoVID-19 during the period of the Licensure Examination on September ____, 2020.

Name of Examinee and Signature

Date

Name of Witness and Signature

Date

IMPORTANT REMINDER: *The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential.*

| | | |
|---|---|--|
| <input type="checkbox"/> Fever $\geq 37.5^{\circ}\text{C}$ (oral temperature) | <input type="checkbox"/> Cough | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Body Aches | <input type="checkbox"/> Body Weakness |
| <input type="checkbox"/> Difficulty or Shortness of Breath | <input type="checkbox"/> Loss of Taste or Smell | <input type="checkbox"/> Runny Nose |

Please enumerate, if any, cities in the Philippines you have worked, lived, transited in the past 14 days. _____

Please enumerate, if any, foreign countries you have worked, lived, transited in the past 14 days. _____

Please check the appropriate box

| | YES | NO |
|---|-------|-----|
| Did you visit any health worker, hospital, or clinic during the past 14 days? | [] | [] |
| Were you confined in a hospital or clinic during the past 14 days? | [] | [] |
| Do you have anyone such as household member/s or close contact/s who are currently having fever, cough and/or respiratory problems? | [] | [] |
| In the last 14 days, have you been in close contact or exposed to any person suspected of COVID-19? | [] | [] |
| Have you been in Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes? | [] | [] |
| In the last 14 days, have you been in contact with a person confirmed with COVID-19? | [] | [] |
| When did this person or contact receive a positive RT-PCR test? | _____ | |

Have you undergone any test for SARS-Cov2 for the past 14 days? [] []

Test Type: ☐ RT-PCR ☐ Rapid Serology Antibody Test
☐ Cartridge-based PCR ☐ Rapid Antigen Test
☐ Rapid ECLIA Antibody Test ☐ Others, specify: _____

Results: ☐ Positive ☐ Negative ☐ Reactive ☐ Non-reactive
☐ Sample Unfit for Testing ☐ Pending

Where was the test done? _____ Date of Release: _____

(Do NOT write below this line)

TO BE ACCOMPLISHED BY PRC REPRESENTATIVE AND/OR ASSIGNED MEDICAL STAFF

Results of the RT-PCR Test Required by PRC: [] Positive [] Negative

Date of Release: _____

Note/Observations, if any: _____

IF DONE, THE ORIGINAL OFFICIAL RESULT OF RT-PCR SHOULD BE ATTACHED TO THIS FORM. IN LIEU OF THE RT-PCR, A CERTIFICATE OF QUARANTINE OR ITS EQUIVALENT SIGNED BY THE ACCREDITED LICENSED PHYSICIAN OR DULY AUTHORIZED LOCAL OFFICIAL SHOULD BE ATTACHED/SUBMITTED.

Declaration and Data Privacy Consent Form

I submit that the information I have given is true, correct, and complete. I understand that my failure to answer any question, or any misrepresentation of facts or false/misleading information given by me may be used as a ground for the filing of cases against me in accordance with law. I voluntarily and freely consent to the collection and processing of the above personal information only in relation to the IATF Resolution No. 58, series of 2020, pertinent DOH directives, and PRC health and safety protocols.

Name and Signature

Date

Please be advised that the above information shall only be used in relation to the aforementioned protocols in accordance with the Data Privacy Act and Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act.

Verified by (PRC Representative/Proctor):

Signature above Printed Name

Post Examination Health Surveillance Form

Instructions: Please continue to follow social distancing and the wearing of face mask even after the exam. You are required to send an email at PLE.healthsurvey@gmail.com 15 days after the last examination date. Please provide truthful information relative to your health status by October 3 (for QA-FMP) or October 5, 2020 (for PLE).

Dear PRC,

Good day! I took the PLE/QA-FMP last September _____, 2020. I would like to inform you of my health status as of September _____, 2020

Name: _____

Testing Venue: _____

Room No: _____

Seat No: _____

My health status is I (Please check all relevant items)

___ have no symptom/s.

___ am with the following symptom/s:

___ fever

___ cough

___ easy fatigability

___ other signs/ symptoms or remarks: _____

After completing the message, you will receive an acknowledgment and/or further instructions from PRC.