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Enhancing Healthcare Professional Practice in the Philippines toward ASEAN Integration through the Continuing Professional Development Law

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Abstract The Republic Act 10912, otherwise known as the Continuing Professional Development (CPD) Act of 2016, was passed into law to promote and upgrade the practice of healthcare professions in the Philippines. Since the establishment of the Association of Southeast Asian Nations (ASEAN) Economic Community (AEC), CPD has been considered an area of development through which Filipino professionals are trained to become globally competitive. The Philippine government upholds several agreements made among ASEAN member-states, including recognizing professionals in every ASEAN country, facilitating the mobility of professions within the region, exchanging expertise on standards and qualifications, promoting best practices, and providing valuable opportunities for the training and capacity building. This policy analysis paper evaluated the advantages and disadvantages of the new law in terms of enhancing the capability of professionals through CPD programs. Thus, this article identified the benefits and burden experienced by Filipino healthcare professionals since its enactment. To name a few, the advantages include improving professional competencies, acquiring and refining the necessary knowledge and skills for career advancement, achieving personal and professional growth, and becoming globally competitive while the disadvantages include high cost and expense, inaccessibility and unavailability of CPD programs, additional requirement despite the work overload, lack of support, time constraints among family and loved ones, and limitations of rest and relaxation. Policy directives in addressing these salient issues in the implementation of the law are also recommended. The CPD is indeed a critical factor in ensuring that Filipino healthcare professionals are empowered and globally competitive. In return, their societal contributions will benefit the country's welfare and economic growth, continued development toward AEC and globalization, and community engagement within the ASEAN region through mobility.

Keywords: ASEAN integration; continuing professional development; healthcare professional; Philippines; professional practice.

1. Introduction

After the Department of Education's implementation of the kindergarten and 12 years of basic education program (K to 12 Program), which enhanced the Philippine basic education system by strengthening the curriculum and increasing the number of years for basic education, the Philippine government passed another law aimed at enhancing post-education training. These initiatives are part of the government's development goal of making every Filipino empowered and globally competitive.

On June 21, 2016, a new law entitled Continuing Professional Development (CPD) Act of 2016, otherwise known as Republic Act 10912 (RA 10912), was enacted to create the CPD Council and to improve the existing CPD program for all regulated professions, including the healthcare professions. The government is mandated to encourage and advance the practice of all professions in the country. The CPD law will also establish approaches that would develop and upgrade the competence of the healthcare professionals in line with the global standards of practice, considering their involvement in uplifting the overall welfare, economic growth, and development of the country ([Official Gazette of the Philippines, 2016](#)). In this regard, the new law stipulates that these international standards will improve the global competitiveness of Filipino healthcare professionals.

The priority in providing quality services is to keep healthcare workers updated and educated throughout their careers. Related to this, the training and development strategies and activities pursued by healthcare professionals must fulfill the demands and problems of patients entrusted to their care ([Palma et al., 2020](#)). Furthermore, professional development opportunities must be accessible for healthcare workers to help them become better practitioners. The CPD is indeed a multifaceted notion that guides healthcare professionals to improve their work and practice within the dynamics of their environment and workplace ([Golnik, 2017](#)). CPD is also vital on an individual level, because people are naturally self-determined and engaged in self-knowledge, advancement, development, and independence. In the literature, "self-determination" is defined as the ability to be both conscious of and critical of oneself as well as of one's social and cultural milieu ([Cranton, 2016](#); [Kennedy, 2005](#)).

In addition, the CPD program in every profession denotes the healthcare professionals' genuine concern for their current and future work ([Udani, 2002](#)). It is considered a necessity to practice the profession effectively and to improve one's knowledge and skills ([Al-Sulaiti et al., 2020](#); [Haji Mustapa et al., 2021](#); [Schostak et al., 2010](#); [Yfantis et al., 2010](#)). The government's initiative will help Filipino healthcare professionals ensure that their professional knowledge and skills are more beneficial in their current work and more competitive compared to their

foreign counterparts (Julian & Ruiz, 2020; Official Gazette of the Philippines, 2016; Tullao, 2000). In fact, continuing education is currently required in many professions throughout the world as a means of ensuring quality control and accountability and demonstrating proof of competence for certification, license, and renewal (Al-Sulaiti et al., 2020; Fowler & Harrison, 2001; Haji Mustapa et al., 2021).

As for the regional and global perspectives, the Philippine government complies with the accord among member-states of the Association of Southeast Asian Nations (ASEAN) regarding the recognition of healthcare professionals, such as physicians, dentists, and nurses, in every ASEAN country. The purpose of the agreement includes facilitating mobility among healthcare professionals within the region, exchanging knowledge and competencies on qualifications and standards, adopting and emulating the best practices on healthcare services, and providing opportunities for training and capacity building among healthcare professionals within the region. As part of the ASEAN integration, the agreement was mutually drafted and approved by the governments of all ASEAN member-countries, namely, Brunei, Cambodia, Indonesia, Myanmar, Laos, Malaysia, the Philippines, Singapore, Thailand, and Vietnam (ASEAN Secretariat, 2015a; Professional Regulation Commission (PRC), 2015; Te et al., 2018).

In offering CPD for healthcare professionals, a framework should be followed. The primary elements of a variety of CPD models, such as training, award-bearing, filling the gaps, cascade, standards-based, coaching and mentoring, community of practice, action research, and transformative, should be present (Kennedy, 2005). In the context of community engagement, community development, and community service, this framework is an essential and critical component in empowering Filipino healthcare professionals to become well-trained and updated in their own professions for the benefit of their patients and globally competitive for the ASEAN integration and regional community participation. Through regional mobility among healthcare professionals, the social contributions of these healthcare professionals will benefit the Philippines' economic growth and continued development toward the ASEAN integration, as well as community engagement within the ASEAN region.

In this regard, the country's healthcare professionals will be globally competitive and empowered by complying with the requirements of the PRC regarding CPD requirement in every profession, in accordance with the RA 10912. In particular, the law requires every regulated healthcare professional to complete 20 CPD credit units for dental hygienists and dental technologists, 30 CPD credit units for X-ray technologists, and 45 CPD credit units for dentists, medical technologists, midwives, nurses, nutritionists and dietitians, occupational

therapists, optometrists, pharmacists, physical therapists, physicians, psychologists, radiologic technologists, respiratory therapists, and veterinarians ([Professional Regulation Commission, 2017; 2018](#)).

The CPD programs include formal, non-formal, informal, self-directed, and online learning activities as well as mandatory work experience in the profession ([Professional Regulation Commission, 2013](#)). A healthcare professional in the Philippines can obtain CPD credit units by attending seminars and workshops as a participant, resource speaker, panelist, or facilitator; obtaining a graduate degree, such as master's or doctoral degrees, or specialty training, such as residency, externship, specialty, and subspecialty programs; writing and authoring training modules, technical papers, professional journal articles, studies, and books or by reviewing professional journal articles; inventing something related to their profession or field; joining study tours and visits; and being appointed as a professorial chair in an academic institution ([Professional Regulation Commission, 2013](#)). The CPD program is a requirement in the renewal of professional license and the accreditation system for the practice of professions. Related to this, healthcare professionals must accomplish the required credit units every compliance period of three years, as stipulated in their respective regulatory laws, or as specified by their respective regulatory boards and the PRC ([Oducado & Palma, 2020; Palma et al., 2020; Professional Regulation Commission, 2015; 2017](#)).

Overall, these programs aim to improve the knowledge and competencies of healthcare professionals, in relation to the present standards, as well as develop the skills needed to provide expert healthcare services to their patients ([Oducado & Palma, 2020; Orale et al., 2016; Palma et al., 2020](#)). However, the CPD was rejected 20 years ago due to corruption and exploitation issues ([Udani, 2002](#)). The termination of such a program resulted in several professional organizations making the acquisition of CPD units optional. After 15 years, Philippine legislators crafted a relevant bill that was eventually passed into a law in 2016. The passage of the CPD law is considered an area of development for every professional, as it strengthens their global competitiveness through the compulsory requirement to earn CPD credit units ([Official Gazette of the Philippines, 2016; Orale et al, 2016](#)).

As stated in the implementing rules and regulations of RA 10192, the CPD programs are implemented for several reasons. First, it aims to improve knowledge, skills, and credentials for professional practice in accordance with the qualification reference frameworks in the Philippines and the ASEAN, the mutual recognition arrangements (MRA) among ASEAN member-countries, and other international agreements. Second, it ensures professionals' skills and credentials through career advancement processes for professional specialties and quality-

assured measures for various learning outcomes. Third, it aims to upgrade one's fundamental knowledge and skills and develop innovative expertise in response to the needs of the national, regional, and global labor markets and economies. Finally, it acknowledges the professionals' contributions in uplifting the welfare and economy of the country and the ASEAN region ([Professional Regulation Commission, 2017](#)).

There are various arguments regarding the implementation of this new policy ([Hapal, 2018](#); [Hernandez, 2017](#)). On the one hand, many healthcare professionals are arguing that the new law can be an avenue for corruption of various organizations providing CPD credit units due to expensive fees for CPD activities ([Udani, 2002](#)). Furthermore, it can be an additional financial burden, because the fees are mostly unaffordable, especially for underpaid healthcare professionals ([Hernandez, 2017](#); [Ramos, 2017](#)). Others also argued that the new law burdens many healthcare professionals working in rural areas and live far away from institutions offering CPD units ([Palma et al., 2020](#); [Rivera, 2017](#)). On the other hand, other healthcare professionals agree that the new program and policy can strengthen their global competitiveness, as it will force them to update their skills, knowledge, and information regarding their respective professions ([Inventor-Miranda, 2015](#); [Rodriguez, 2021](#)).

This paper seeks to evaluate the advantages and disadvantages of the new policy in terms of enhancing the capability of healthcare professionals through the CPD program. Will it really make them globally competitive, especially now that the ASEAN has already started its integration through the MRA in professional services? Or will the new policy be a burden for these professionals?

2. Methods

This article conducts a policy analysis of the Philippine CPD law, which is considered as an area of development for Filipino healthcare professionals as they strive to become globally competitive in accordance with the ASEAN integration. The methodology includes policy evaluation, review of related literature, and search of gray literature. A legal critique was conducted by bringing out critical viewpoints and providing the benefits and drawbacks of the new law. A literature review of academic and scholarly publications in the journals and books, which were published from the period beginning in 2000 up to present, was employed to examine the fundamental concepts of CPD. Finally, an internet-based search of gray literature in the past 20 years until present time was also conducted to gather more information regarding CPD in the Philippines and in the ASEAN region which was not published in the journals but in the government documents, news articles, and discussion papers, among others. This article

utilized the gathered literary data from the abovementioned sources in order to analyze and critique the Philippine CPD law which were presented and discussed in the succeeding section.

3. Results and discussion

This paper discusses the controversial CPD law in the Philippines, which requires mandatory CPD for all registered and licensed healthcare professionals and compares the CPD program of the Philippines with other ASEAN member-countries. RA 10912 is enacted to encourage and support Filipino healthcare professionals in their bid to become more globally competitive. It is created to improve their professional practice in accordance with the ASEAN integration, officially known as the ASEAN Economic Community (AEC), as required by the ASEAN MRAs and the qualification reference frameworks of the Philippines and the ASEAN region ([Official Gazette of the Philippines, 2016](#); [Professional Regulation Commission, 2017](#)). Under this law, all healthcare professionals are required to participate in CPD activities to progressively continue, develop, and expand their competencies, which can improve their knowledge and skills, as required in their profession ([Alsop, 2013](#); [Palma et al., 2020](#); [Professional Regulation Commission, 2017](#)).

In a sense, the CPD has become an essential part of the lifelong learning process of every healthcare professional. It also signifies the longest chapter of a professional's learning experience ([Chipchase et al., 2012](#)). Thus, even when healthcare professionals graduate from a university and attain the required training for entry into healthcare practice, they are expected to continue studying and engaging in new learning experiences until retirement ([Summers et al., 2015](#)). In the case of Filipino healthcare professionals, the CPD programs are required after passing their respective professional licensure examinations and registering at their respective professional regulatory boards to renew their professional licenses.

Many studies have identified the various advantages of CPD programs. One such advantage is enabling healthcare professionals to improve service standards through the advancement of competencies, abilities, attributes, and behaviors ([Schostak et al., 2010](#)). The CPD also involves updating knowledge and improving the necessary skills for healthcare service and practice. Other advantages include achieving personal and professional growth, being informed regarding the organizational and social updates pertaining to the profession, keeping pace with the current standards, developing and widening professional's functions and duties, and acquiring and refining the needed skills for career development ([Andrews, 2010](#); [Berndt et al., 2017](#); [Peek et al., 2000](#); [Rodriguez, 2021](#); [Turner et al., 2004](#)).

While there are many advantages of the CPD policy implementation, there are also some disadvantages. Many local studies have identified a number of barriers to CPD participation, including cost and expense, unavailability of CPD programs to all healthcare workers, the time-consuming aspect of the program, the lack of assurance of a better career in the healthcare sector, improper dissemination of the details of the program, additional workload and requirement, time constraints among family members and loved ones, limitations of rest and relaxation, compromise of workplace commitment, the requirement of understanding the entire program, inability to spend time with friends and peers, and lack of relevance to one's career (Oducado & Palma, 2020; Palma et al., 2020).

Due to unending debates and discussions regarding mandatory CPD requirements, many healthcare professionals have raised pressing issues and concerns about the implementation of the CPD law in the Philippines (Torregoza, 2017). Among these, the cost of obtaining CPD credit units is the foremost issue. Many healthcare professionals in the country are unemployed, underemployed, underpaid, and/or have a contractual work arrangement (Magsambol, 2020; Trillanes, 2017). Clearly, due to their employment status, they cannot afford to pay for expensive CPD courses needed to renew their respective professional licenses. This is quite upsetting for Filipino healthcare professionals who are underpaid. As verbalized by a health group leader, "how can a nurse or a medical technologist earning ₱5,000 (\$100) a month afford to attend seminars and trainings costing ₱3,000 (\$60) to ₱7,000 pesos (\$140) each?" (Hernandez, 2017). Unfortunately, because the fees for CPD activities are not regulated, some CPD providers have turned it into a business—a practice that has greatly affected many healthcare professionals, especially those who cannot afford the costs of continuing education (Ramos, 2017).

Financial constraints due to lack of funding and personal costs have also been identified as a significant issue in past works (Borrigo, 2020; Palma et al., 2020; Penz et al., 2007). Some healthcare professionals are requesting reasonable financial support for their professional development activities (Kataoka-Yahiro & Mobley, 2011). However, this is not often available for everyone, and many professionals resort to independently funding their own CPD activity. This barrier comes in the form of fees for courses, seminars, and conferences; the expenses for lodgings, meals, and travel; and the missed salary for a paid job just to attend activities that would earn them CPD credit units (Summers et al., 2015).

In the Philippines, for example, healthcare professionals would pay a substantial fee, because almost all PRC-accredited CPD providers do not give free CPD activities. Paying for CPD activities would cost them a great deal of money aside from their annual professional tax

and membership dues. This is especially crucial considering that many of them are earning just enough to cover their daily needs (Borrigo, 2020; Hapal, 2018; Ramos, 2017). In this regard, CPD might be useful in advancing the practice of a healthcare professional but getting it seems to be an excessive burden for those concerned.

Interestingly, the Philippine government has temporarily addressed the issue of underpaid professionals who could not afford taking CPD credit units a year after the passage of the CPD law. Some healthcare professionals, such as nurses, were temporarily exempted from the implementation of the new law until the last month of 2017. However, this meant that professionals, whose licenses had expired, must comply with the CPD policy starting 2018 (Trillanes, 2017). Fortunately, the PRC has continued to allow the renewal of licenses for those who cannot fulfill the required CPD credit units upon executing an agreement to accomplish said requirements during the succeeding compliance period (Professional Regulation Commission, 2019). Moreover, the current Philippine president has also called the Congress to amend the RA 10912 in his State of the Nation Address in 2020 due to increasing objections from many professionals since the enactment of the law. The president even mentioned that requiring healthcare professionals to attend a CPD activity is burdensome and unrealistic, especially in this time of the coronavirus disease 2019 (COVID-19) pandemic, as most of them are in the frontlines dealing with this unprecedented public health crisis (Cepeda, 2020; Lopez, 2020). In relation, several educational and CPD-providing institutions have also shifted to online education, virtual training, and webinars due to the lockdowns brought by the COVID-19 pandemic (Cleofas & Rocha, 2021).

Another main frustration is the lack of accessible and appropriate CPD (Ross et al., 2013). Specifically, the lack of transportation and absence of nearby CPD providers, a problem predominantly for those in far-flung and rural areas, has prevented healthcare professionals from attending CPD activities (Charles & Mamary, 2002; Zhao et al., 2015). This is an evident problem in the Philippines, where most of the CPD providers are located in urban places, while many professionals are working in rural areas. Thus, Filipino healthcare professionals assigned in geographically isolated and disadvantaged localities are obliged to travel to the National Capital Region or other urban places to complete the required CPD credit units (Rivera, 2017; Trillanes, 2017). This problem is evidenced by the statement of a respondent in the article of Hernandez (2017):

“... How can a midwife serving in a far-flung community attend seminars being offered by private training providers, almost all of which can only be found in city centers? ...”

For healthcare professionals working in rural areas, traveling to faraway places just to attend CPD activities can be very difficult (Berndt et al., 2017; Keane et al., 2012). Some problems include the costly travel expenses (Summers et al., 2015) and the travel time required, which can lead to missing work, additional workloads when they get back (Tilleczek et al., 2005; Yfantis et al., 2010), or even unpaid leaves. In addition, overseas Filipino workers who are healthcare professionals may not be able to avail the CPD requirements to renew their professional licenses, as they are working outside the Philippines where no PRC-accredited CPD providers can be found (Hapal, 2018). Thus, the accessibility of CPD programs is a significant barrier in the policy implementation. Although the abrupt shift to online programs by many CPD-providing institutions due to the COVID-19 pandemic was seen as a solution to the inaccessibility of CPD programs especially to healthcare professionals working in rural areas, another issue identified is the lack of access to technology and digital resources such as internet connection and gadget devices (Cleofas & Rocha, 2021).

In addition, the lack of aid, assistance, and encouragement from employers is another issue that needs to be addressed, even though employers have already acknowledged the importance of CPD. The lack of support among employers is due to the unavailability of time (typically because of work overload) and understaffing problems (no one can replace an employee whenever he/she has to attend a CPD activity) (Rocha & Arcinas, 2020; Ross et al., 2013). Therefore, the lack of support has also been noted as a significant barrier (Richards & Potgieter, 2010). In this regard, employers should organize CPD training for their employees. However, the tedious accreditation application process that employers have to go through to gain accreditation from the PRC as CPD providers also serves as a barrier (Ramos, 2017). Other barriers to undertaking CPD also include the lack of time or personal commitment, unsuitable conference dates, experience of inadequate CPD, and lack of interest in the topics (Borrigo, 2020; Summers et al., 2015).

In the Philippines, the CPD policy is meant to update and enhance the knowledge and skills of healthcare workers so that they can be globally competitive and professionally empowered. This is done every three years, with a certain number of credit units required per profession to accomplish the mandatory requirement for their license renewal. In this regard, the Philippine government views this as a development toward ASEAN integration and globalization through the mobilization of healthcare professionals within the region. For instance, most nurses in the ASEAN region are required to accomplish CPD credit units to continue their practice. According to the ASEAN Secretariat (2015b), 8 out of 10 member-states have regulations and policies on CPD. Cambodia and Laos currently do not have any regulations on CPD but are

currently in the process of improving their policies regarding the regulation of nursing professionals in their countries.

In Brunei Darussalam, CPD is done annually with a minimum of 30 points, which is a requirement in their performance appraisal, promotion, and employment contract renewal. Their CPD program is categorized into various education activities, such as clinical programs wherein case conferences, morbidity and mortality review, and case study presentations are being done; clinical supervision, such as mentorship or preceptorship; education programs, including lectures, conferences, seminars, workshops, colloquium, and symposium in the local or international level; scientific meetings related to nursing or health, which can disseminate new knowledge, practices, and methods of improvement of current nursing practice; courses on saving lives; higher academic degree programs; quality assurance initiatives; research projects; working attachments in the local and international levels; and participation in publications. In Brunei Darussalam, these CPD programs are included in the performance appraisal, including the promotion and renewal of employment contract for both Bruneian and foreign nurses ([ASEAN Secretariat, 2015b](#)).

Similar to Brunei Darussalam, Malaysia also requires their registered nurses to renew their registration and certificates annually through CPD requirements in the form of conferences, scientific meetings related to nursing and health, nursing skills workshops and courses, research presentations, publications of articles and books, sub-specializations, graduate and post-graduate degree programs, editorial programs, and other personal development and self-improvement activities. For Malaysian nurses, the distribution of CPD units varies: 35–40 points for administrators, 25–30 points for nurses, and 15–20 points for other nursing personnel ([ASEAN Secretariat, 2015b](#)).

Singapore similarly requires annual CPD programs, just like Brunei Darussalam and Malaysia. However, only advanced practice nurses are required to earn at least 30 CPD credit units to renew their license every year. Nevertheless, registered nurses and midwives are still recommended to attain at least 15 CPD credit units per year. Their CPD program activities are much like the same with other ASEAN member-states, although the CPD program activities meant for advanced practice nurses must be mostly related to advanced practice nursing or their clinical specialties ([ASEAN Secretariat, 2015b](#)).

Unlike Brunei Darussalam, Malaysia, and Singapore that require their nurses to renew their licenses annually by attaining specific number of CPD credit units, Indonesia only requires its nurses to renew their registration and certificate as a professional every five years with 25 credit units. Their CPD program includes seminars, conferences, workshops, and trainings. The CPD

point requirements also differ when the professionals participate as a speaker, an administrator, or merely a participant (ASEAN Secretariat, 2015b).

In Myanmar, CPD activities are considered as predicting points for relicensing and are part of the criteria for career promotion or advancement. It consists of education programs, from short courses to higher academic degree programs; clinical programs, such as participation in case studies, case conferences, or clinical supervision and mentoring; community health programs; research projects; and publications. Just like in Malaysia and Singapore, the distribution of CPD units for Burmese nurses also differ based on different levels of nursing: 35 credits for rectors, pro-rectors, directors and professors of nursing; 30 credits for nursing lecturers and assistant directors or superintendents; 25 credits for assistant nursing lecturers, nursing officers, matrons and nurse managers, and principals of nursing and midwifery training schools; 20 credits for district and township public health nurses; 15 credits for staff nurses and lady health visitors; and 10 credits for trained nurses and midwives (ASEAN Secretariat, 2015b).

Meanwhile, Vietnam not only requires its nurses to participate in CPD program activities, but also considers their failure to fulfill such requirements as a criterion for suspending their licenses to practice their profession. In addition, the CPD programs are also viewed as career ladder or promotion criteria to further convince nurses to comply with CPD obligations. In Vietnam, all healthcare workers are required to take at least 24 credit units of CPD or in-service training. For Vietnamese nurses in particular, CPD is mainly focused on comprehensive care, infection control, law and professional regulation, nursing research, and nursing specialty (ASEAN Secretariat, 2015b).

Among all ASEAN member-countries with CPD regulations, Thailand has the greatest number of required CPD credit units. Their government requires Thai nurses to attain 50 credit units for relicensing. CPD program activities in the country are grouped into five categories: (1) academic or professional knowledge and competence; (2) participation in staff or professional development; (3) attendance and enrolment in educational programs or short-term training courses in nursing; (4) enrolment and undertaking studies in graduate nursing and midwifery programs; and (5) training in nursing specialty program or diploma (ASEAN Secretariat, 2015b).

Based on the abovementioned examples, the Philippines is not the only country in the ASEAN region that mandates the acquisition of CPD units as a requirement for license renewal. In fact, some countries, such as Brunei Darussalam, Malaysia, and Singapore, require their

professionals to renew their licenses annually, whereas in the Philippines, the fulfillment of CPD requirements and the renewal of professional license are only done every three years.

Aside from evaluating and analyzing the Philippine CPD law, this paper also seeks to recommend policy directives in addressing the salient issues in the policy implementation of RA 10912. The first salient point in this paper is the high cost of earning CPD credit units. As the professionals in the Philippines are already mandated to undertake CPD programs in accordance with RA 10912, the government should incorporate monetary incentives for healthcare professionals so that they can afford a CPD program. At the same time, it can also provide free CPD programs to address the issue of additional costs, most especially for underpaid healthcare professionals. Furthermore, these benefits must be provided for all professionals working in the government, regardless of their socioeconomic status.

Government agencies are encouraged to play the role of CPD providers for their professional employees. However, healthcare professionals who are working in the government, who wish to attend CPD activities in private CPD-providing institutions, may be required to pay a minimal amount that may not be considered burdensome. This also applies for healthcare professionals working in private institutions. All healthcare professionals who wish to go to a private CPD-providing institution should be provided assistance in the form of subsidies, aids, or sponsorship by the government, especially because these professionals will be the ones paying for their own CPD activities. The healthcare professionals should also be entitled to tax deductions for expenses paid related to their CPD activities as long as these are connected to their present line of work. This tax deduction could help compensate for the costs of undertaking CPD. In addition, the government should encourage state universities and colleges and other government-owned and controlled corporations to provide free CPD programs for healthcare professional, regardless of whether they are part of the public or private sector.

At the same time, sanctions should be given to CPD-providing institutions who will be found guilty of offering expensive CPD activities. A strong enforcement of the law should be implemented to avoid such corrupt practice among accredited CPD-providing institutions and organizations. Moreover, fraudulent acts related to the implementation of the law shall be punishable, and penalties must be prescribed to CPD-providing institutions that are adjudged guilty of any act against the law. This also applies to professionals who are involved in such acts. According to RA 10912, professionals who are found guilty of being involved in such acts shall be treated with penalty of suspension or revocation of their PRC registration or license.

The second salient issue is the accessibility of CPD activities. The location and distance that must be traveled are significant factors in the policy implementation. To address this issue, the government should accredit more CPD providers in rural areas. It should also consider recognizing online continuing education programs as CPD credit units, especially in the present time in which technology has advanced and almost all education and training institutions in the country have shifted their programs to online learning due to the COVID-19 pandemic. However, if technology is still a barrier due to inaccessibility to internet connection and lack of gadgets needed for online CPD programs, the government should also accredit CPD-providing institutions that can provide modular and distance learning among healthcare professionals especially those who are working in far-flung areas. This type of CPD activity can be done offline and asynchronously by using training modules, printed educational materials, and books.

Another significant issue to be addressed is the lack of support from employers for their employees engaged in CPD programs. In this regard, the human resource manager of every organization should organize CPD activities for their professional employees. The organizations or institutions must also provide financial support for their employees, because CPD is part of the human resources development agenda of every organization and enhances the knowledge and skills of employees. In addition, human resources managers can also work to have their hospitals, firms, or institutions accredited as CPD providing organizations. As a result, they can easily provide PRC recognized CPD programs to their employees. Human resource managers and hospital administrators should also motivate their employees in a supportive environment by providing flexible work schedules, paid study leave, sponsored CPD, and concrete staff development. Employed healthcare professionals must develop and prepare themselves for higher positions as their job-related duties expand. Helping healthcare professionals meet future work demands and their own career aspirations is one of the benefits provided by CPD.

These issues regarding the barriers to CPD policy implementation should be addressed by the government as soon as possible. A review of the implementing rules and regulations of the RA 10912 is necessary in solving the salient and significant issues affecting its implementation. CPD providers must also strategically plan their training and seminars across the country, and the PRC may set rules on appropriate costs, substantive content, and pedagogy related to CPD services.

4. Conclusion

Despite the many disadvantages, the CPD law also has several advantages. Healthcare professionals should competently weigh these advantages and disadvantages throughout their careers to aid them in providing the best service to their patients. The CPD is a key factor in making Filipino healthcare professionals empowered, globally competitive, and competently equipped for the ASEAN integration and regional community engagement. In return, the societal impacts and contributions of these healthcare professionals will uplift the general welfare, economic growth, and further development of the Philippines toward AEC and globalization as well as community engagement within the ASEAN region through regional mobility among healthcare professionals.

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Declaration of Conflicting Interest

There is no conflict of interest for this manuscript.

Author Contribution

Kevin T. Crispino worked on the design, conceptualization, resources, and data curation. He also wrote the original draft preparation. Ian Christopher N. Rocha worked on the design, conceptualization, and formal analysis. He also edited and revised the final draft. Both authors discussed the results and equally contributed to the final manuscript.

Short Biography

Kevin T. Crispino is a registered nurse in the Philippines. He is currently working in the Department of Health as a Senior Health Program Officer of the Health Emergency Management Bureau and a Senior Supervisor of the National Patient Navigation and Referral Center. He earned his Bachelor of Science in Nursing degree at Far Eastern University. Currently, he is pursuing Master of Arts in Development Policy at De La Salle University.

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