



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JAN 12 2021

ADMINISTRATIVE ORDER

No. 2020-0007

SUBJECT: Guidelines on the Integrated Learning and Development Management System of the Department of Health (DOH)

I. RATIONALE

The development and retention of a competent and efficient workforce in the public service is a primary concern of the government. It shall be the policy of the government that a continuing program of career and personnel development be established for all government employees at all levels. (Section 30 of EO No. 292 s. 1987 entitled "Administrative Code of the Philippines"). In support of this mandate, the Department of Health (DOH) acknowledges the principle that human resource is its most important asset and thus, fulfills its task of ensuring quality of training and Human Resources for Health (HRH) development at all levels of the health care system (EO No. 102 s. 1999, Redirecting the Functions and Operations of the Department of Health).

With the passage of the Republic Act 11223 otherwise known as the Universal Health Care (UHC) Act, continuing professional development of HRH shall respond to the needs of the workforce and on the competencies needed to meet the expectations for the establishment of an integrated health system for primary health care. Also, by virtue of the Philippine Qualifications Framework (PQF) Act of 2018, the curriculum of Higher Education Institutions (HEI) shall be re-structured into an outcomes-based learning that shall be aligned with the industry standards towards career progression and specialization. This is supported by the Continuing Professional Development (CPD) Act of 2016 which encourages lifelong learning and continuous professional development for all health professionals in the Philippines.

Pursuant to the provisions of the Ladderized Act of 2014, CPD Act of 2016, PQF Act of 2018 and UHC Act of 2019 while being compliant with the standards set forth by Civil Service Commission – Program to Institutionalize Meritocracy and Excellence (CSC – PRIME), International Organization for Standardization (ISO), and DOH – Quality Management System (QMS), the Department of Health hereby establishes the guidelines on Learning and Development Management System (LDMS) which shall provide Learning and Development Interventions (LDIs) that are appropriate to bridge the gaps, enhance competencies, improve job performance, increase productivity and develop the HRH workforce.

II. OBJECTIVES

This Order shall set the guidelines for the management of the learning and development systems for the Department of Health aligned with all relevant laws and standards.

CERTIFIED TRUE COPY

JAN 14 2021

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KMITS - RECORDS SECTION
Department of Health

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III. SCOPE AND COVERAGE

This Order shall apply to the DOH staff development at the Central Office (DOH-CO), Centers for Health Development (CHDs), DOH Hospitals, Specialty Hospitals, Treatment and Rehabilitation Centers (TRCs), and such other facilities, institutions, and agencies under the Department of Health. It shall cover the development and implementation of DOH-initiated LDIs for HRH at all levels of the healthcare system.

This shall also apply to the Ministry of Health – Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) for Learning and Development of HRH deployed in areas under BARMM.

Further, this Order shall govern only attendance to LDIs available in the Philippines.

IV. DEFINITION OF TERMS

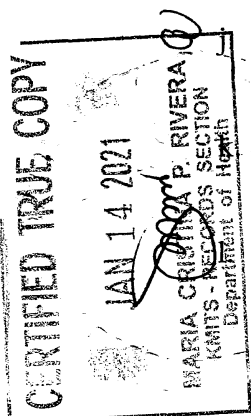
For purposes of this Administrative Order, the following terms shall be defined as:

- a. **Blended Learning** – refers to a combination of open distance learning and face-to-face classes delivered in both online and classroom settings;
- b. **Certification** – refers to the process of validating the qualifications and competencies against standards;
- c. **Certification Programs** - refer to the DOH-initiated certification programs wherein assessments are conducted and competencies are recognized based on a standard of performance, e.g., DOH Nurse Certification Program, Primary Care Worker Certification;
- d. **Competencies** – refer to observable, measurable and vital knowledge, skills, and attitude that are translations of capabilities deemed essential for organizational success;
- e. **Competency-based Assessment** – refers to the process of collecting evidence and making judgments on the nature and extent of progress towards the performance requirements set out in a standard, and determining the levels of development they have achieved based on prior assessment. It is based on the actual skills and knowledge a person can demonstrate in the workplace;
- f. **Continuing Professional Development (CPD)** - refers to the inculcation of advanced knowledge, skills and ethical values in a post-licensure specialization or in an inter- or multidisciplinary field of study, for assimilation into professional practice, self-directed research and/or lifelong learning;
- g. **DOH Competency Framework** – refers to the document that provides an inventory of specific competencies necessary for effective job performance aligned to the DOH mandates and objectives;
- h. **DOH-initiated LDIs** – refers to learning and development programs, activities, events, courses organized and funded by various DOH Offices;
- i. **Formal Learning** – refers to educational arrangements such as curricular qualifications and teaching-learning requirements that take place in education and training institutions recognized by relevant national authorities, and which lead to diplomas and qualifications (CPD Act of 2016);

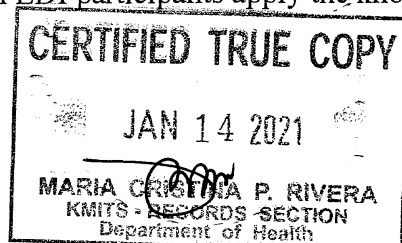
Human Resources for Health (HRH) or Health Workforce – refers to all people engaged in actions whose primary intent is to enhance health (World Health Organization, 2006);

Individual Development Plan (IDP) – refers to a tool to assist employees in career development and improvement in current job performance, it involves preparation and continuous feedback between employee and supervisor (DOH-SPMS Form 7-IDP).

Informal Learning – refers to learning that occurs in daily life assessed, through recognition, validation and accreditation process, and which can contribute to a qualification (CPD Act of 2016);



- m. **In-Service Scholarship** - refers to postgraduate degree scholarships being offered to regular employees and staff of DOH or other government health facilities;
- n. **Learning and Development Needs Assessment (LDNA)** – refers to tools and activities designed to identify gaps in competencies necessary to fulfill job functions and determine interventions necessary to fill the gaps;
- o. **Learning and Development Intervention (LDI)** – refers to a set of learning activities, events or methods that teaches skills, knowledge or competencies in order to improve performance and meet an agreed standard of proficiency. This includes training and non-training interventions with defined learning outcomes;
- p. **Learning and Development Management System (LDMS)** – refers to a system of developing the competencies of human resources by appropriately identifying their competency gaps, designing and implementing the appropriate interventions, and evaluating improvements in performance. It is composed of the following processes: assessment, design, delivery, and evaluation;
- q. **Learning and Development Officer (LDO)** – refers to designated staff in-charge of assisting HHRDB or their respective HRDU in the administration of LDNA, LD Planning and implementation, and evaluation of learning;
- r. **Learning and Development (LD) Plan** – refers to the list of priority LDIs to be conducted by DOH Offices, as a result of the LDNA. This is usually communicated as an annual LD Calendar and termed as: 1) Staff Learning and Development Plan for DOH staff or 2) CHD Learning and Development for non-DOH HRH;
- s. **Learning and Development Intervention (LDI) Provider** – refers to an individual, group of individuals, a unit or an institution/ organization within or outside of the Department of Health who provide learning programs/interventions/courses that aim to capacitate human resources for health through direct provision of LDIs and/or facilitation;
- t. **Learning and Development (LD) Design** – refers to a document that describes the objectives, learning outcomes, methodology, target participants, and evaluation tools of a particular learning and development intervention, it is also known as Instructional Design;
- u. **Level I evaluation** – refers to a feedback on the value, relevance, and satisfaction on the different aspects of the learning experience following an LDI;
- v. **Level II evaluation** - refers to the degree to which learners acquired the intended knowledge, skills, and attitudes as a result of an LDI which is usually administered through a pre and post-test instrument or pre and post demonstration of skills required;
- w. **Level III evaluation** – refers to the extent whether the knowledge and skills acquired from the LDI are being applied in the work setting, and have contributed to improved job performance;
- x. **Mission Critical Competencies (MCC)** - refer to competencies that are essential in the attainment of the Office and Department scorecards or targets. These may be identified by the Head of Office or required by certain policies, laws, or mandates.
- y. **Non-Formal Learning** - refers to learning that has been acquired in addition or alternatively to formal learning, which may be structured and made more flexible according to educational and training arrangements (CPD Act of 2016);
- z. **Philippine Qualification Framework (PQF)** – refers to the quality assured national system for the development, recognition and award of qualifications based on standards of knowledge, skills and values acquired in different ways and methods by learners and workers of the country (PQF Act of 2018);
- aa. **Process Observation Tool** - refers to the tool which should be completed by a Process Observer to ensure that the delivery of the LDI is in accordance with the LD Design;
- bb. **Workplace Application Plan (WAP)** – refers to a Level III evaluation tool that measures the degree to which LDI participants apply the knowledge and skills in their workplace;



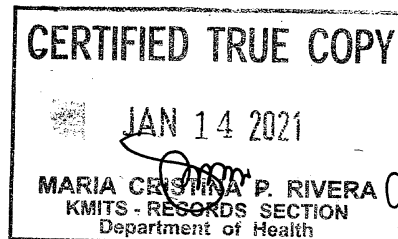
V. GENERAL GUIDELINES

1. The DOH LDMS shall be consistent with the requirements of Civil Service Commission (CSC) and Quality Management Systems (QMS) for the development of staff competence.
2. The goal of DOH LDMS shall be aligned with continuing professional development, career progression and specialization, as provided by existing laws.
3. The DOH LDMS shall be based on development needs as determined by competency assessment and performance assessment exercises.
4. The DOH LDMS shall operate on the following process framework: (1) Assessment, (2) Design; (3) Delivery; and (4) Evaluation;
5. The Health Human Resources Development Bureau (HHRDB) and Human Resource Development Unit (HRDU) clearance of Personnel Orders shall be limited to LDI for proper monitoring of LDMS implementation.
6. All DOH LDIs shall be applied for CPD accreditation by the PRC
7. The LDMS shall be aligned with the currently established DOH Competency Catalog (competency map and competency dictionary) which shall be reviewed and updated every five (5) years.
8. Payment of attendance to LDIs shall be based on existing DOH, Department of Budget and Management (DBM) and CSC guidelines and all accounting and auditing rules and regulations.

VI. SPECIFIC GUIDELINES

A. DOH Staff Development (Organizational)

1. Administration of Learning and Development Needs Assessment (LDNA)
 - a. All DOH Offices shall use the prescribed DOH competency framework, per position, in the conduct of LDNA using the form attached as Annex A;
 - b. All staff, including but not limited to permanent, temporary, job order, contractual, and co-terminus, shall be included in the LDNA;
 - c. Executive Committee members, directors, newly hired employees who are less than six (6) months in service and those who will retire from the service within the next six (6) months shall be exempted from the LDNA;
 - d. LDNA shall be administered every three (3) years, if there is no movement in rank and position. Those who have been promoted, reassigned, or appointed to another position shall retake the LDNA based on their current position.
 - e. The LDNA shall be administered by the designated LDO of each office and validated by the concerned supervisors.
2. Staff Learning and Development Plan
 - a. Results of the LDNA shall be consolidated per office and translated into a staff LD Plan (see Annex B);
 - b. Prioritization and targeting for the LD Plan shall be based on the LDNA results and the mission critical competencies of each office;
 - c. Annual staff LD Plans per office shall be submitted to HHRDB before the last working day of December of each year and shall be consolidated by HHRDB into the DOH Annual staff LD Plan which shall be published every last working day of each year;
 - d. Implementation of the LD Plan shall be included as one of the annual performance commitment targets of each Office as reflected in the Office Performance Commitment and Review (OPCR).



3. Design of LDI

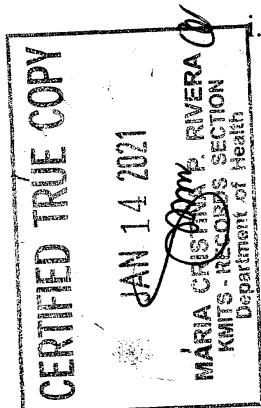
- a. The development of Office-specific competencies (technical expertise) for DOH staff shall correspond to their professional specialization and advancement in their PQF (Philippine Qualification Framework) level;
- b. All syllabus/course flyers of LDIs to be attended by DOH staff shall be reviewed by HHRDB for consistency with the competency framework;
- c. Design of LDI for DOH staff shall be based on the DOH competency model (see Annex C);
- d. LDIs not addressing competencies in the DOH Framework can be justified based on the following: requirement of a new law or national policy, creation of new offices/units with specific competency requirements, occurrence of health and health-related emergencies, introduction of new technologies and innovations;
- e. The DOH can establish partnership with LD providers on the conduct of LDIs provided that they comply with the learning design aligned with the DOH competency framework.

4. Delivery of LDIs

- a. LDIs for DOH staff development can be given in any of the following modes: Formal (postgraduate scholarships), Non-Formal (non-degree programs);
- b. LDIs may be both training and non-training activities delivered through face-to-face, online or blended learning;
- c. All participants in LDIs attended by DOH shall be covered by a Personnel Order such as Department Personnel Order (DPO) in the DOH-Central reviewed by HHRDB and by the HRDU in the CHDs, DOH Hospitals, and TRCs;
- d. All DPOs for the conduct of LDIs shall be required an LD Design or Instructional Design (see Annex D) prior to clearance by HHRDB or HRDU;
- e. The purpose of the DPO Clearance by HHRDB is to monitor alignment of LDI attendance with the LD Plan;
- f. All LDI providers to be engaged by DOH for the delivery of LDIs shall be evaluated based on quality assurance standards of the DOH, and shall be required to be (CPD) accredited providers;
- g. All LDIs to be attended by DOH staff must be aligned with the Staff LD Plan of their respective offices;
- h. In-service Scholarships:
 - i. HHRDB shall determine the post graduate courses for scholarships based on the DOH Competency Framework;
 - ii. Available scholarships shall be announced through a Department issuance three (3) months before enrollment period;
 - iii. All scholarship applicants shall be screened based on their Individual Development Plan (IDP), and other requirements set by HHRDB;
 - iv. All accepted scholars shall comply with the Scholarship Service Contract (see Annex E) that stipulates their obligations and accountabilities
 - v. HHRDB shall issue a DPO for all accepted scholars specifying their benefits, allowed schedules, and duration of scholarship.

International LDIs

- i. Attendance to international LDIs shall be approved by the Screening and Evaluation Committee -International Human Resource Development and Commitments (SEC-IHRDC) based on a separate set of guidelines.
- ii. A database of International LDI attendees shall be maintained by the SEC-IHRDC secretariat and shall be analyzed and reported annually to inform DOH planners and decision makers.



5. Evaluation

- a. All DOH staff participating in LDIs shall provide a Level I evaluation or feedback of the concerned LD providers using the prescribed template in Annex F –F.1;
- b. All knowledge and skills acquired during the conduct of the LDI shall be measured through a Level II evaluation which is in the form of pre & post- tests or return demonstrations/simulations;
- c. All DOH staff shall accomplish the WAP (see Annex G) as the Level III evaluation tool upon completion of their respective LDIs, both local and international, and shall be signed by their immediate supervisor;
- d. The WAP tool shall be monitored by the supervisor three (3) to six (6) months after the completion of LDI;
- e. The results of the WAP evaluation shall be aligned with the IDP and Individual Performance Commitment and Review (IPCR) of the DOH staff.

B. DOH- initiated LDI (for Non-DOH HRH)

1. Learning and Development Needs Assessment (LDNA) for HRH

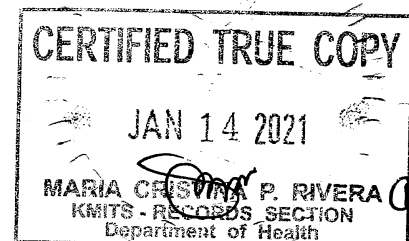
- a. LDNA of Human Resources for Health (HRH) shall be based on the capacity needed to deliver the health services in their respective facilities, as required by facility licensing standards;
- b. LDNA of HRH in primary care facilities shall use the prescribed DOH competency framework for local health offices (Rural Health Units, City/Provincial Health Offices) and Primary Care Workers;
- c. All HRH in local health facilities such as physicians, nurses and midwives, including deployed HRH, shall undergo LDNA;
- d. Conduct of LDNA shall be supervised by the Head of the respective local health office, and implemented by a designated LDO of the CHD.

2. LD Plan

- a. All LDNA results shall be consolidated into an LD Plan using the template in Annex B;
- b. The Annual LD Plan shall prioritize LDIs that are addressing mission critical skills (e.g. primary care, public health, etc.) of the concerned health facility;
- c. Local Government Units (LGUs) shall submit their respective LD Plans to the CHDs through the DOH Representatives;
- d. LD Plans from the LGUs shall form part of the CHD LD Plan, which shall be the basis for providing or supporting LDIs to target local HRH participants;
- e. All concerned CHDs shall submit an annual CHD LD Plan to HHRDB on or before December 15 of each year.

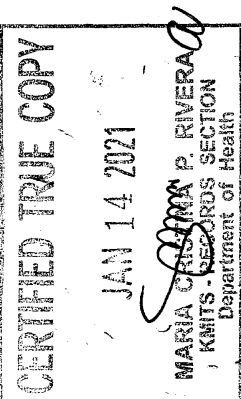
3. Design of LDI

- a. The LD Framework for HRH at the local level shall be based on the DOH Academy Framework (Annex H);
- b. All LDIs shall be aligned with the competency standards for local health offices and health facilities;
- c. All interventions for local health facilities shall align with the UHC objective of strengthening Primary Care (Joint Administrative Order No. 2020-01) and integrating local health systems (Administrative Order No. 2020-0037);
- d. All LDIs to be conducted by DOH shall be submitted for CPD accreditation at the PRC through the DOH CPD Secretariat of HHRDB.



4. Delivery

- a. LDIs for non-DOH HRH shall be provided through any of the following modes: 1) Formal learning, in partnership with Higher Education Institutions (HEI), 2) Non-Formal learning via enrollment in public offering courses, conduct of in-house courses, partnership with learning providers, and 3) Informal learning by recognition of prior learning with certifications;
- b. Partner LDI providers to be engaged by DOH shall fulfill the standard criteria and shall enter into a Memorandum of Agreement (MOA) with the concerned DOH Office;
- c. LDIs may be delivered through face-to-face, online, or blended learning methods.
- d. All DOH-initiated LDIs shall be covered by a Department Personnel Order (DOH-CO Staff) or equivalent Personnel Order (CHD, DOH Hospitals and other DOH offices/facilities) and cleared by the HHRDB or Human Resource Development Unit (HRDU), respectively;
- e. All DPOs for the conduct of LDIs shall be required an LD Design or Instructional Design prior to clearance by HHRDB or CHD;
- f. The purpose of the clearance is to monitor alignment of the LDIs to the LD Plan and, ensure compliance to outcomes-based learning and maintain alignment with the DOH thrusts and mandates;
- g. The clearance of Personnel Orders shall adopt innovative methods such as, but not limited to: digitalization, electronic submission, real-time review, for efficiency and productivity.
- h. Scholarships:
 - i. HHRDB shall determine the post graduate scholarship courses for LGU HRH based on the DOH mandates and thrusts and priority technical expertise or mission-critical skills;
 - ii. Partnerships with Higher Education Institutions (HEI) shall be implemented through a MOA with the concerned DOH Office;
 - iii. Available scholarships shall be announced through a department or CHD issuance three (3) months before enrollment period;
 - iv. All scholarship applicants shall be screened based on the needs of their respective facilities and shall be endorsed by the Head of Office;
 - v. All accepted scholars shall comply with the Scholarship Service Contract that stipulates their obligations and accountabilities;
 - vi. A Department Personnel Order (DOH-CO Staff) or equivalent Personnel Order (CHD, DOH Hospitals and other DOH offices / facilities) shall be issued for all accepted scholars stipulating their benefits, schedules, and duration of scholarship.”
- i. Certification Programs for HRH
 - i. All available certification programs shall be published on the DOH website and disseminated through a Department Circular;
 - ii. Self-assessment tools and application requirements shall be accessible online;
 - iii. DOH shall organize and develop a pool of assessors who shall be assigned to individual candidates;
 - iv. Applicants for assessment and certification shall proceed to DOH designated assessors or assessment offices;
 - v. Only those who passed the competency assessment shall be certified by the DOH as “competent” in a particular field of practice.



5. Monitoring and evaluation

- a. HRDU and Training Specialists (TS) shall update the monthly LD database based on the attended LDIs in their respective CHDs

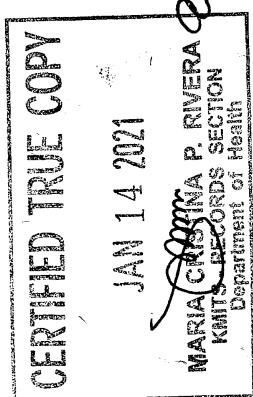
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- b. LDIs attended by target HRH per LGU per region shall be reported through the Monthly LDI Report in Annex I.
- c. Random evaluation shall also be conducted by the concerned TS using the Process Observation Tool (see Annex J).
- d. All proponent DOH offices shall conduct Level I to Level III evaluation of their respective LDI participants to monitor improvements in performance as a result of the competency building.
- e. All proponent DOH offices shall use appropriate Level III evaluation tools to measure behavioral changes or workplace application as a result of the LDI.

VII. ROLES AND RESPONSIBILITIES

A. FACILITIES/OFFICES/BUREAUS

1. Health Human Resource Development Bureau shall:
 - a. Provide oversight and technical assistance on the implementation of the DOH Integrated Learning and Development Management System;
 - b. Develop, update, and review policies, standards and tools related to LD management;
 - c. Establish a competency framework for DOH, CHDs, DOH hospitals, TRCs and LGU Health Facilities;
 - d. Consolidate the Annual DOH Staff LD Plan and determine the overall LD Strategy and directions;
 - e. Design, deliver and evaluate LDIs required for the DOH employees to meet the mission-critical competency gaps;
 - f. Coordinate with concerned offices and LDO for the implementation of LDMS;
 - g. Monitor and maintain an integrated database of all LDIs being attended and implemented across all DOH Offices.
2. Centers for Health and Development (CHDs) and Human Resource Development Unit (HRDU) shall:
 - a. Administer LDNA to all CHD staff and consolidate the CHD LD Plan through their respective HRDU;
 - b. Implement the appropriate LDIs in accordance with the CHD LD Plan, using modalities and methods that are applicable in the respective regions and localities;
 - c. Designate LDOs for every province/city or municipality to facilitate implementation of LDMS in LGU health offices and facilities. The designated LDOs per province, city or municipality shall preferably be the assigned DOH representatives in the area;
 - d. Consolidate results of the LDNA from the LGUs through the DOH Representative, and translate into the CHD LD Plan through the HRDU;
 - e. Maintain a database of all LDIs being attended and implemented at the CHD and submit monthly reports to the HHRDB;
 - f. Facilitate CPD accreditation of all LDIs initiated and/or implemented at the CHD, in coordination with the DOH CPD Secretariat.



B. PERSONNEL

1. Heads of Offices and Supervisors (Directors, Division Chiefs) shall:
 - a. Endeavor to support Learning and Development initiatives and ensure the development of Annual Learning and Development Plan as guide in the provision of Learning and Development Interventions in conformity with these guidelines as well as the 2017 Omnibus Rules on Appointments and Other Human Resource Action (Part IV. Training), the Department Order No. 2019-0088 dated May 8, 2019 regarding the Institutionalization of Equal Opportunity Principle (EOP) at the

Department of Health and its Offices”, and subsequent guidelines that will be issued by the Civil Service Commission.

- b. Cooperate with HHRDB on the installation and implementation of the LDMS in their respective offices;
- c. Responsible for identifying developmental needs of their respective employees that were not captured by the LDNA, and prioritize appropriate LDIs based on the mandates and requirements of the office;
- d. Approve the LDNA, LD Plan and provide support to the competency development of their staff;
- e. Monitor the development of their staff through the implementation of WAP, SPMS (DPCR/IPCR), and IDP;

2. Designated Learning and Development Officers (LDOs) shall:

- a. Coordinate with HHRDB or HRDU on the implementation of the DOH LDMS in their respective areas or units;
- b. Administer the LDNA using the prescribed tools and catalogs, and analyze the results;
- c. LDOs in the Central Office shall consolidate the LDNA results and translate into the Staff LD Plan of their office or bureau;
- d. LDOs at the CHDs shall consolidate the LDNA results from their respective areas of assignment and submit them to the HRDU;
- e. Facilitate implementation of LD Plan in coordination with HHRDB or HRDU for CHDs;
- f. Facilitate evaluation of LDIs and submit monthly reports to HHRDB or HRDU.

3. All DOH employees and HRH shall:

- a. Attend LDNA orientation and related activities under the LDMS;
- b. Accomplish the LDNA self-assessment tool completely and truthfully;
- c. Support the implementation of the LD Plan and cooperate with their respective LDOs by attending to all planned and scheduled LDIs;
- d. Provide feedback and recommendation on the LDI providers in order to improve the selection of providers for future engagements using the LD Provider Feedback Form;
- e. Accomplish the WAP tool after attendance to a particular LDI and coordinate with their respective supervisors for the Level 3 evaluation.

C. Learning and Development Intervention (LDI) Providers shall:

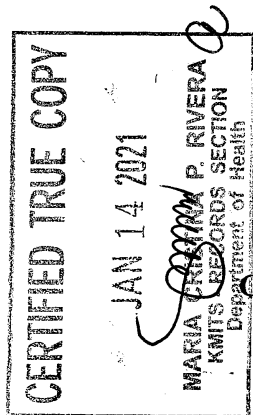
1. Provide competency-based LDIs.
2. Facilitate accreditation of their institution as CPD Provider.
3. Facilitate application for CPD Units of their offered LDIs or courses
4. Comply with DOH criteria in the selection of LD Providers.

D. Local Government Units (LGUs) shall:

1. Promote mutual cooperation in the implementation of competency-based LDMS (LDNA, LD Design, LD Delivery, LD Evaluation) in their respective LGU health facilities.
2. Provide opportunity to LGU-based HRH to acquire competency-based LDIs, whether LGU-funded or in collaboration with DOH.
3. Monitor and maintain a database of their HRH development initiatives.

VIII. FUNDING

Pooled funds under the Institutional Capacity Management (ICM) line items of the DOH Central Office and CHDs shall be used for implementation of the Staff LD Plan.



Proponent Central offices may use their respective office funds for the conduct of DOH-initiated LDIs, provided these are aligned with the annual LD Plan of the CHDs.

IX. TRANSITORY PROVISIONS

The 2019 LD Plan shall be used as the basis for the conduct of LDIs during the transition period.

For 2020, the conduct of LDNA shall utilize the new DOH Competency Catalog and assessment tools for the Central Office, CHDs and LGUs. The 2021 LD Plans shall be based on the results of the 2020 LDNA.

X. REPEALING CLAUSE

The following issuances are hereby repealed/ rescinded and modified accordingly:

1. Administrative Order No. 147, s. 2002 dated 02 September 2002: *"Revised Guidelines Governing the Management of Health Human Resource Training and Development Programs in the Department of Health"*
2. Administrative Order No. 2006 – 0014 dated 22 June 2006, *"Implementing Guidelines on Local Scholarship for Training and Development"*
3. Administrative Order No. 2006-0014-A, dated 11 August 2006, *"Amendment to Administrative Order No. 2006-0014, dated 22 June 2006, re: Implementing Guidelines on Local Scholarships for Training and Development"*
4. Item C.3.9c (p.11) Endorsement Process of Department Personnel Order (DPO) under Department Order No. 2015-0284 dated 22 December 2015, *"Revised Rules and Procedure on the Preparation and Approval of Administrative Issuances in the Department of Health (DOH)."* As repealed, only DPO on Learning and Development Interventions and LD-related activities shall be reviewed and cleared by the HHRDB.

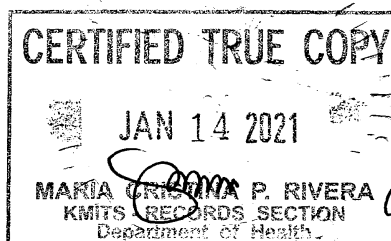
XI. SEPARABILITY CLAUSE

If for any reason, any part or provision of this Order be declared invalid or unconstitutional, such shall not affect the other provisions which shall remain in full force and effect.

XII. EFFECTIVITY DATE

This Order shall take effect after fifteen (15) days following its publication in a newspaper of general circulation and upon filing with the University of the Philippines Law Center of three (3) certified copies of this Order.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health



Annex A – Learning and Development Needs Assessment Form

Learning and Development Needs Assessment (LDNA)

Self-Assessment Tally Sheet

DOH - _____

Name: _____

Position: _____

Office/Bureau: _____

Division/Section/Unit: _____

Date of Self-Assessment: _____

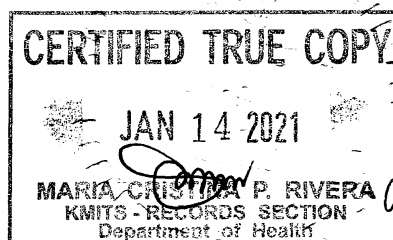
Instruction: Please assess yourself on the competencies corresponding to your Position Title as provided in the Competency Map.

Competency Title	Standard Competency Level	Actual Competency Level	Gap (Standard minus Actual)
CORE COMPETENCIES			
ORGANIZATIONAL COMPETENCIES			
LEADERSHIP COMPETENCIES			
TECHNICAL COMPETENCIES			

Accomplished by: _____

Signature of Employee/Staff

LDNA Self-Assessment Tally Sheet | DOH - _____



Annex B – Annual LD Plan (for Staff Development and for CHD LD Plan)

Name of Bureau/Office

2020 Learning and Development Plan

Name of Division/ Unit: (e.g. Learning and Development Division)

Instructions: 1) Please accomplish this Plan based on the results of your 2017 Learning and Development Needs Assessment and the recent updates made therein; 2) Division Chiefs / Supervisors are highly encouraged to participate in the finalization of this Plan, which shall be approved by the Head of Office.

No.	Target Competency (State only competency title based on the DOH Competency List (see Annex A), e.g. Conflict Management, Technical Writing; For Technical Expertise - it is based on functions or organizational mandate.	Name of Personnel (First name, Middle initial/s, Surname)	Position / Designation (Spell out position title/designation; Do not use abbreviation/acronym, e.g., AA III)	Mode of LD Intervention (Specify mode of learning and development intervention to address competency gap of personnel; see Annex B for sample list of LD interventions)		
				Formal Learning ¹	Non-Formal Learning ²	Informal Learning ³
EXAMPLE :						
1	Technical Writing	Juan V. Dela Cruz	Administrative Officer IV		Technical writing short course	
2		Maria C. Santos	Human Resource Management Officer III			Assign staff to write proposal or TOR

Prepared by:

Noted by:

Approved by:

(Full Name and Signature)

(Full Name and Signature)

(Full Name and Signature)

Learning and Development Officer

Division Chief

Head of Office/ Director

Date prepared: _____

Date Signed: _____

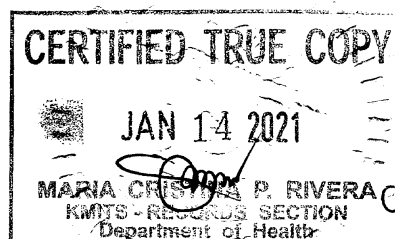
Date Signed: _____

¹ Refers to educational arrangements such as curricular qualifications and teaching-learning requirements that take place in an educational and training institutions recognized by relevant national authorities and which lead to granting diplomas and qualifications (e.g. bachelor, masters, doctorate, etc)

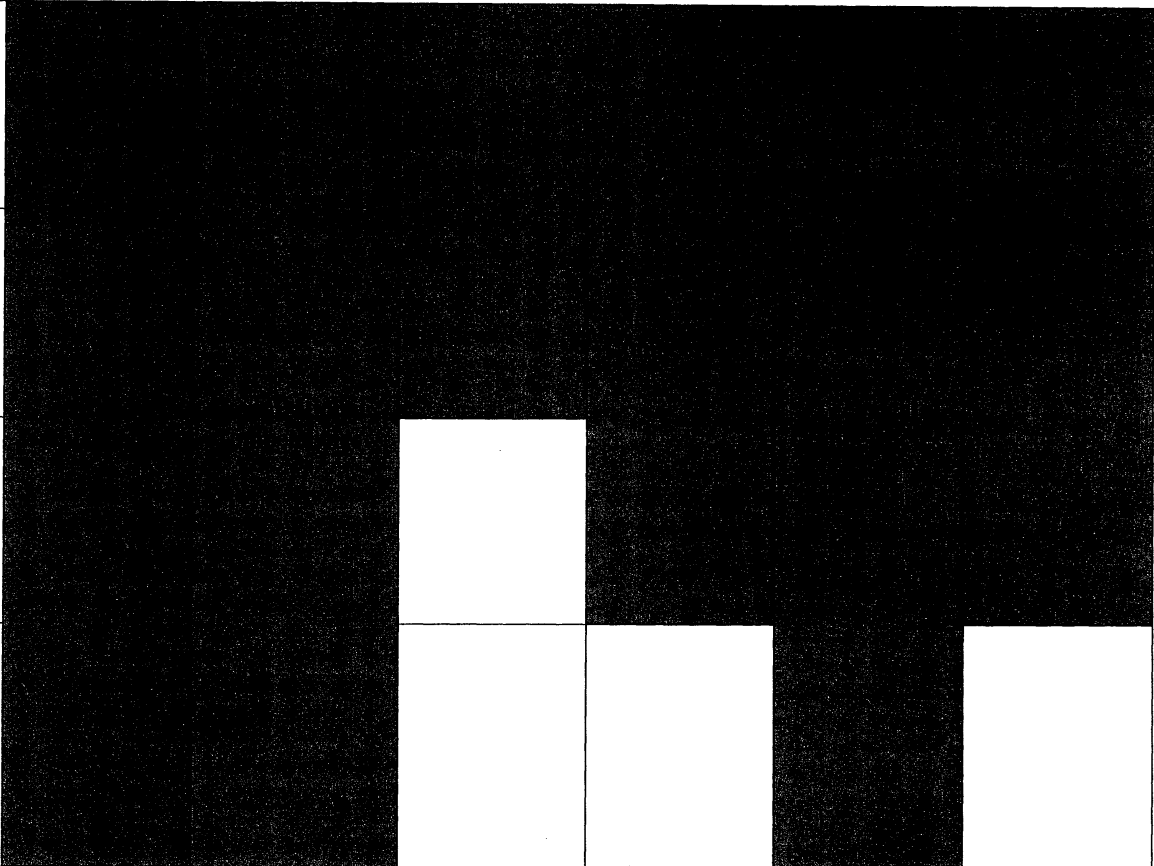
² Refers to learning that has been acquired in addition or alternatively to formal learning, which may be structured and made more flexible according to educational and training arrangements (e.g short courses, training, seminars, conventions)

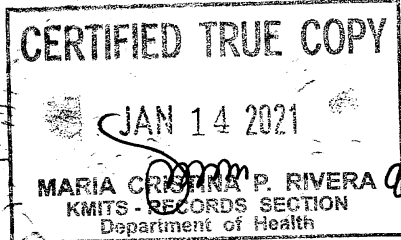
³ Refers to learning that occurs in daily life assessed, through the recognition, validation and accreditation processes and which can contribute to a qualifications (e.g. certifications)

Source: Republic Act No. 10912 - "Continuing Professional Development Act of 2016"




Annex C – DOH Competency Model

Division Chief (SG 24-25)				
Senior Technical Staff (SG 18-23)				
Junior Technical Staff (SG 11-17)				
Administrative Staff (SG 10 and below)				



Annex D – Learning/Instructional Designs

	Professional Regulation Commission
	INSTRUCTIONAL DESIGN

PROGRAM TITLE:

PROGRAM DESCRIPTION:

PROGRAM OBJECTIVES/LEARNING OUTCOMES:

Specific Objectives of the Program	Learning Outcomes per Topic	Topics To Be Discussed / Resource Person ¹	Time Allotment For Each Topic	Teaching Methods and Aids Needed For Each Topic	Evaluation Method or Tools To Be Used to Measure the Program Objectives ²

¹Attach Program of Activities and

²Attach Evaluation Tool.

Resume of Resource Person

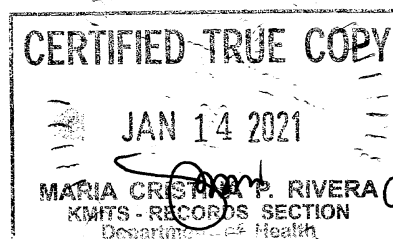
REMARKS:

Prepared by:

Date : _____

TO BE DETERMINED BY THE CPD COUNCIL:

I. PROGRAM LEVEL: ☐ BASIC ☐ ADVANCED ☐ HIGHLY ADVANCED ☐ II. APPROVED CREDIT UNITS: _____



4

Annex E- Scholarship Service Contract

(Signature over Printed Name)
Head of Office
GUARANTOR

GUARANTOR:

(Signature over Printed Name)
Head of Office

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)
City of Manila) S.S

BEFORE ME, a Notary Public, this _____ day of _____, 2019 personally
appeared the following:

(Signature over Printed Name)
Scholar
GRANTEE

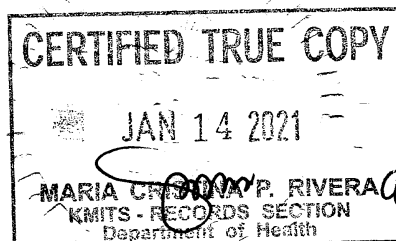
Name	Government Issued Identification	Date/Place Issued
_____ Grantor	_____	_____
_____ Grantee	_____	_____
_____ Guarantor	_____	_____

This instrument, consisting of 3 pages including this page on which this acknowledgement is written, has been signed on the left margin of each and every page thereof by the concerned parties and their witnesses, and sealed with my notarial seal.

IN WITNESS WHEREOF, I have hereunto set my hand the day, year and place above written.

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____

Director IV, DOH-HHRDB
GRANTOR



Annex F – Level I Evaluation Tool

Department of Health

"Course Title"

"Venue"

"Date of conduct"

ITEMS: Please rate the following items in terms of your satisfaction using 1-4, with 1-LOWEST and 4-HIGHEST	1	2	3	4
1. TRAINING/WORKSHOP OBJECTIVES				
a. The objectives were clearly stated				
b. The objectives were met				
c. The training/workshop is relevant to my line of work				
2. TOPICS				
a. The topics presented were relevant to the stated objectives				
b. The topics were discussed clearly				
3. METHODOLOGY				
a. The strategies or methods used were appropriate to achieve desired outputs				
b. The strategies or methods used provided for optimum interaction between and among the Resource Person and participants				
c. The course dynamics were conducive to optimum learning				
4. PRESENTATION AND VISUAL AIDS				
a. The presentations were clear and concise				
b. The visual aids and/or instructional materials are adequate and suitable to facilitate learning				
5. TIME				
a. Training/workshop starts and ends on the agreed time				
b. Time allotted was sufficient to cover all activities				
6. RESOURCE SPEAKERS/FACILITATORS				
a. She/he has demonstrated thorough knowledge of the subject matter				
b. She/he adequately responded to participants' questions				
c. She/he elicited the active participation of everyone				
7. SECRETARIAT				
They were approachable and promptly attended to concerns and queries				
8. VENUE AND MEALS				
a. Meals and snacks were satisfying and serving amounts were sufficient				
b. Facilities were conducive to learning				
c. The venue was appropriate vis-à-vis the training/workshop objectives				
TOTAL (To be filled out by the Secretariat)				

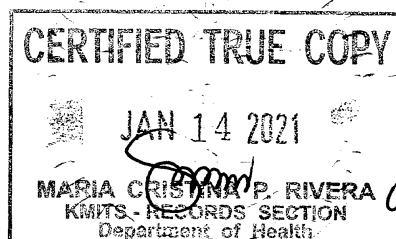
As a whole, are you satisfied with the activity? ☐ Yes ☐ No

What topic areas related to this activity would you like *more information* on, if any?

What topic areas related to this activity would you like *to be omitted*, if any?

Please share any other comments you have that would help us *strengthen* or *improve* this course.

Thank you very much! Please return this form to the secretariat.



Annex F.1 LD Provider Feedback Form (DM 2020-0109)

Learning and Development (LD) Provider Feedback Form (Individual Enrolment to Public Offering)

Name of LD Provider: (ex: , Ateneo-CORD, Civil Service Institute)	Title of the LD Intervention/Course Title:	Name of Participant:
	Date & Venue:	Office/Bureau:

Dear Participant,

Please take time to give feedback on the Learning and Development Intervention (LDI), e.g., training, you attended. This will help the DOH-Health Human Resource Development Bureau (HHRDB) in selecting/engaging appropriate LD providers for future interventions. You may continue on separate form if necessary.

Put check mark (□) on the appropriate box corresponding to your response on each item using the following scale: **4 - Excellent, 3 - Good, 2 - Fair, 1 - Poor**

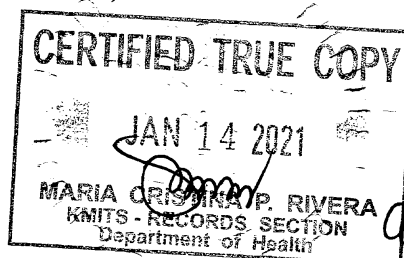
NAME OF SUBJECT MATTER EXPERTS / RESOURCE PERSONS	A. Subject Matter Expert (SME) / Resource Person (RP)												B. Relevance and Method of the Learning and Development Intervention															
	Expertise on the subject matter				Ability to create an interactive / engaging learning environment				Ability to adjust/adapt to the learning needs of the participants				The appropriateness of the methods employed by the SME/RP				The pace of the sessions and activities to facilitate learning				The usefulness of the materials, visual aids provided							
	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1				
TOTAL																												

NAME OF SUBJECT MATTER EXPERTS / RESOURCE PERSONS	Comments and Recommendations	
	What did the SME/RP do well in the delivery of the LDI?	What do the SME/RP need to improve?

Please share other comments or recommendations (e.g., regarding the facility/venue, audio-visual equipment, or the relevance of the LDI to your required competency or current job function).

REMINDER: Please submit original copy of the form to HHRDB, or email scanned copy to dohacademy.hhrdb@gmail.com with subject "LD Provider Feedback" within three (3) days upon completion of LD intervention. Thank you for your feedback.

DOH HHRDB June 2018



Annex G- Level 3 Evaluation Tool: Workplace Application Plan Tool

WORKPLACE APPLICATION PLAN (WAP)

I. Course/Learning and Development (L&D) Intervention			
TITLE		DATE OF CONDUCT	
PROVIDER			
LEARNING OUTCOMES			

II. Participant's Information			
NAME		POSITION	IMMEDIATE SUPERVISOR
OFFICE AND DIVISION/UNIT		<input type="checkbox"/> Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Co-Terminus with the Incumbent <input type="checkbox"/> Others, please specify	NAME POSITION
SALARY GRADE			

III. Alignment with any of the following (Please click one box before the appropriate item of your choice)	
<input type="checkbox"/> Office/Division/Individual Performance Commitment and Review (O/D/IPCR) <input type="checkbox"/> Career/Succession Plan <input type="checkbox"/> Individual Development Plan (IDP) or Performance Improvement Plan (PIP) <input type="checkbox"/> Learning and Development Needs Assessment (LDNA)	<input type="checkbox"/> Work and Financial Plan <input type="checkbox"/> Contract of Service <input type="checkbox"/> Others, please specify

IV. Application Plan and Accomplishment			
START DATE		END DATE	OUTPUT
OBJECTIVE			

PLAN (To be accomplished by the Participant)				ACCOMPLISHMENT (To be accomplished by the Immediate Supervisor)					
% MILESTONE	WHAT NEEDS TO BE DONE	TARGET DATE	MEANS OF VERIFICATION (MOV)	DATE ASSESSED	% PROGRESS	WHAT WAS DONE	WHAT WAS NOT DONE	REASON FOR NON-ACCOMPLISHMENT	CATCH UP ACTIVITIES

APPLICATION PLAN PREPARED BY:

ACCOMPLISHMENTS ASSESSED BY:

Signature of Participant

Signature of Participant's Immediate Supervisor

Date Signed

Date Signed

APPROVED BY:

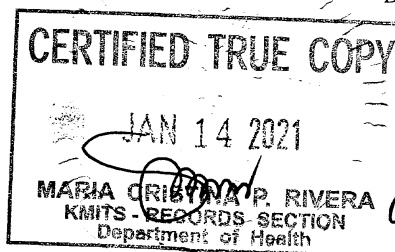
DISCUSSED WITH:

Signature of Participant's Immediate Supervisor

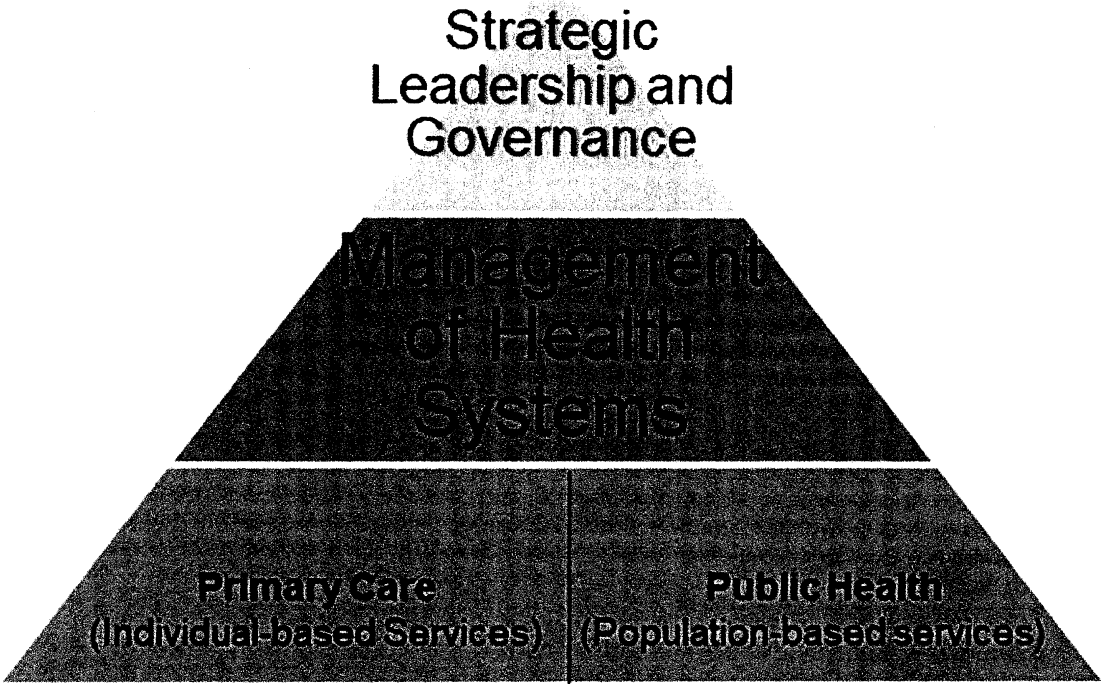
Signature of Participant

Date Signed

Date Signed



Annex H- DOH Academy Framework



CERTIFIED TRUE COPY

JAN 14 2021

MARIA CRISTINA P. RIVERA
KMITS - RECORDS SECTION
Department of Health

Annex I –Monthly LDI Report



DEPARTMENT OF HEALTH
CENTER FOR HEALTH DEVELOPMENT
MONTHLY REPORT OF HUMAN RESOURCE DEVELOPMENT- RELATED ACTIVITIES

CENTER FOR HEALTH DEVELOPMENT

MONTH

YEAR

PROPOSER DIVISION/PROGRAM	TITLE OF ACTIVITY	DATE OF ACTIVITY	NO. OF DAYS	CATEGORY OF PARTICIPANTS																		RESOURCES		
				DOH-CD				DOH-CED				HOSPITALS			LG/HRH HOSPITALS						DEVELOPMENT PARTNERS/OTHER STAKEHOLDERS			
				ENCOM	DIR	SG 15*	SG 15*	DIR	ARD	SG 15*	SG 15*	MCC	SG 15*	SG 15*	PHD	CHO	MD/MB	RN	NW	OTHERS	No. of Resource Person/ Speaker	PARTICIPAN TS	ALLOTMENT*	DISBURSEMENT
TRAINING																								
TOTAL																								
WORKSHOP																								
TOTAL																								
ORIENTATION																								
TOTAL																								

(Insert additional rows as needed)

Prepared by:

Approved by:

Date Accomplished:

Signature over Printed Name/Position

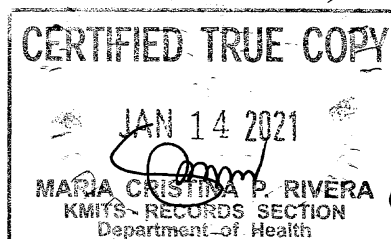
Regional Director

NOTE:

Please email the accomplished and approved form (electronic and hard copies) to ldi@hrh.doh.gov.ph every 5th day of the following month.

*This shall be based on the 2019 WFP of HRH-ICM line item.

**Please indicate HRH-ICM in the source of funds if activity is charged to HRH-ICM line item otherwise, please specify source of funds.



Annex J – Process Observation Tool (page 1)



Republic of the Philippines
DEPARTMENT OF HEALTH

San Lazaro Compound, Rizal Ave, Sta. Cruz, Manila

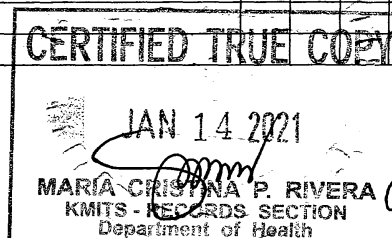
Checklist Learning and Development Intervention (LDI) Process Observation Tool

This tool should be completed by a Process Observer to determine the level of quality of LDIs. This can also be used to provide feedback and coaching to LDI Providers (resource persons, lecturers, facilitators, etc.).

LDI Provider : _____
Course Title : _____
Date : _____
Venue : _____

INSTRUCTIONS: Rate each indices below where the numbers mean the following: 1=Strongly Disagree, 2=Disagree, 3= Agree, 4= Strongly Agree Tick (✓) the box of your choice.

	1	2	3	4
A. PROCESS				
1. Conducts learning and development needs assessment and gathers participants' profile prior to the conduct of the LDI.				
2. Provides a description of the training with clear and relevant learning objectives prior to training.				
3. Manages Opening Program amenities: prayer (optional), Philippine national anthem, overview and mechanics of the LDI, introduction of participants, levelling of expectations.				
B. RESOURCE PERSON (RP) /PROCESS FACILITATOR				
1. Quickly establishes rapport with participants.				
2. Integrates the content of the LDI with organizational standards or goals.				
3. Adheres to agenda and adjusts to time constraint.				
4. Integrates adult learning concept in the selection of appropriate learning methodologies for each session.				
5. Includes opportunities to correlate Structured Learning Experiences or practical experience with the LDI content.				
6. Demonstrates outstanding competency in presentation/delivery of topic.				
7. Facilitates opportunities for participants to express personal perspectives and interact with each other related to training content.				
8. Facilitates opportunities for participants to reflect on learning and includes specific indicators that would indicate a successful transfer to practice.				
9. Includes opportunities for participants to practice and/or rehearse new skills.				
10. Offers opportunities for continued learning through technical assistance and/or resources.				
11. Appropriately complements/supplements information when RPs are teaching in teams.				
12. Consolidates the session at the end by refers back to the initial lecture objectives.				
13. Emphasizes impact of content.				
14. Provides examples of the content/practice in use.				
C. CONTENT				
1. Session topics are properly sequenced to ensure smooth transition of topics.				
2. Content relates to participants' previous learnings.				
3. Includes the empirical research foundation of the content.				



Annex J – Process Observation Tool (page 2)

D. MATERIALS	1	2	3	4
1. Excellent use of educational technology. Audio-Visual Aids are clear and properly developed.				
2. Provides handouts, readings, activities, and/or questions in accessible formats for participants to think about prior to the training.				
E. ADMINISTRATIVE SUPPORT				
1. Provides a course schedule before or at the beginning of the training.				
2. Prepares logistical needs.				
3. Assists participants with accommodations, and other relevant and related needs.				
4. Requests feedback on assistance provided.				
5. Conducts daily evaluation for improvement on the succeeding sessions.				
F. SUMMARY COMMENTS				
1. What were the LDI provider's major strengths as demonstrated in this observation?				

2. How can the LDI process be enhanced?				

3. Please share any other comments / suggestions / recommendations:				

Prepared by:

Name (signature over printed name) : _____

Position : _____

Division / Office : _____

Date : _____

