CHED MEMORANDUM ORDER
No. 37
series of 2021

SUBJECT : SUPPLEMENTAL GUIDELINES ON THE CONDUCT OF INTERNSHIP
AND LIMITED FACE-TO-FACE SKILLS-BASED CLASSES FOR
PHYSICAL THERAPY STUDENTS DURING PANDEMIC PERIOD

I. Rationale

CHED-DOH Joint Memorandum Circular 2021-001, "Guidelines on the Gradual Reopening of
Campuses of Higher Education Institutions for Limited Face-to-Face Classes during the
COVID-19 Pandemic", serves as a guide to HEIs intending to hold limited face-to-face classes
during the COVID-19 pandemic and are willing to assume the responsibilities for the reopening
of their campuses based on their capability to comply with health and safety protocols, to retrofit
their facilities, and to get the support of their stakeholders.

Appendix G of the CHED-DOH JMC provides the Guidelines on the Conduct of Internship for
Physical Therapy Students during Pandemic Period. While these program-specific guidelines
underwent thorough review and approval and by virtue of the Commission en banc Resolution
No. 560-2021 dated September 16, 2021, continuous quality improvement requires a revisit of
these guidelines based on the expressed experiences of HEIs in assessing their readiness and
capacity to comply with the standards set by the CHED-DOH JMC, as well as the evolving
COVID-19 situation in the country.

II. Modifications to Definition of Terms (highlighted for emphasis)

Training Program A program designed by the staff of the affiliation/training center, facility/institution, or by the faculty members of the HEI, to facilitate the development of entry-level competencies of PT interns

Training Supervisor Staff member in charge of the training program in the affiliation/training center or in the HEI.

Training Staff Staff member of the affiliation/training center or faculty member of the HEI implementing the training program

Internship Coordinator Representative from the HEI primarily tasked to liaise between HEIs and affiliation/training centers.

Face-to-face (FTF) Internship Training program in which the intern and the training staff are both physically present in a facility where the training is conducted; patients/clients may be physically present, virtually present (e.g., telerhabilitation), or simulated
III. General Guidelines

1. In making decisions about the conduct of limited face-to-face classes for skills-based courses in physical therapy during the COVID-19 pandemic, HEIs shall be guided by the following key principles:

   a. The safety of students and staff, and the community as a whole, is of primary concern in making decisions about reopening of campuses of HEIs. There is a strong link between the number of outbreaks in schools and community transmission. "If schools are reopened in areas with high levels of community transmission, major outbreaks are inevitable and deaths will occur in the community as a result."¹¹

   b. HEIs have the responsibility to ensure that public health protocols and safety measures are sufficiently complied with in all training facilities. There is sufficient scientific evidence to support the effectiveness of a layered approach to risk mitigation using a combination of measures of partial effectiveness to reduce the probability of COVID-19 transmission.¹² The level of mitigation will depend on the level of community transmission, the characteristics of the community and its population, health system and public health capacity, and the local capacity to implement strategies.¹³

   c. HEIs shall ensure that the graduates they produce meet the entry-level competency requirements of the profession. The program outcomes for physical therapy cannot be fully achieved without face-to-face strategies to learn hands-on skills. Clinical education is recognized as an essential element of the physical therapist professional entry-level education program. Following satisfactory completion of the program, the new graduate should be able to practice physical therapy competently as an entry-level practitioner.⁹

   d. The HEI shall respect the decision of families not send their children to school due to concerns about their safety. In such case, the student may file an official leave of absence (LOA), without prejudice to readmission and extension of maximum residency. Students shall undergo face-to-face internship with actual patients/clients as part of program requirements. Their level of competence for skills learned through purely flexible learning may not be up to global standards, compromise the quality of services provided, and ultimately pose a threat to the health and safety of their future patients and clients. Those who may not be ready to engage in face-to-face internship may be given the option to take it when they are ready, without prejudice to readmission and maximum residency.

   e. HEIs shall design limited face-to-face classes in a manner that will help students learn critical skills that are best practiced under the supervision and feedback of qualified PT professionals. Limited face-to-face classes shall focus on providing opportunities for deliberate practice or "structured activities created specifically to improve performance in a specific field." More hours of practice ideally provide more opportunities for learning but where this is not possible during the pandemic, the quality of practice opportunities is imperative to skills development.

   f. There is a need to provide a detailed documentation of the internship experiences of students during the pandemic in order to allow:
i. Future employers to validate the internship experience of students, establish their qualifications for employment, and determine the need for further skills training;
ii. Credentialing agencies to evaluate the qualifications of graduates;
iii. Regulatory bodies (e.g., CHED, PRC) to determine the adequacy of internship experience vis-à-vis established standards; and
iv. Quality assurance agencies, both local and international, to validate internship experiences in terms of compliance with, and enhancements beyond, minimum policies set by CHED.

HEIs shall ensure that the manner of documentation reflect the duration, quality, and variety of skills training development and assessment.

2. The following are the program outcomes and performance indicators/component competencies for physical therapy based on CMO 55, s2017, "Policies, Standards and Guidelines for the Bachelor of Science in Physical Therapy (BSPT) Education". The performance indicators/component competencies are distinguished between those that will need to be developed with face-to-face engagements and those that may be achieved with flexible learning approaches. Sample courses are provided where these performance indicators/component competencies may be developed. However, HEIs are given the flexibility to formulate their own courses using an approach that is most suitable to the progressive development of the outcomes they have identified, covering the minimum content standards, as provided in CMO 55, s2017.

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<th>Program Outcomes</th>
<th>Performance Indicators/component competencies that require face-to-face engagements</th>
<th>Performance Indicators/component competencies that may be achieved with flexible learning</th>
<th>Sample Courses in the Curriculum</th>
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<tbody>
<tr>
<td>1. Apply knowledge of physical sciences, social sciences, health sciences and natural sciences to the practice of physical therapy</td>
<td>1. Appreciation of the human condition  2. Knowledge of human behavior and performance, individual differences in ability, personality and interests, and learning and motivation  3. Capacity to personally interpret the human experience  4. Ability to view the contemporary world from both Philippine and global perspectives  5. Self-assuredness in knowing and being Filipino  6. Capacity to reflect critically on shared concerns and think of innovative, creative solutions guided by ethical standards  7. Aptitude in tackling problems methodically and scientifically  8. Ability to appreciate and contribute to artistic beauty  9. Understanding and respect for freedom of religion and belief in God  10. Ability to contribute personally and meaningfully to the country's development</td>
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<td>Anatomy; Physiology; Introduction to Physical Therapy; Applied Anatomy and Kinesiology; Psychiatric Foundations; Human Development; Neuroradiology</td>
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<td>2. Demonstrate consistent competence in conducting a comprehensive</td>
<td>2. Select and effectively utilize relevant, valid, reliable, and sensitive measures of health outcomes to determine</td>
<td>1. Utilize sound clinical reasoning skills in examination, evaluation, and assessment of</td>
<td>Principles of PT Evaluation; Orthopedic/Rheumat/Sports PT 1; Pediatric PT;</td>
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<td>examination, evaluation, and assessment of patients/clients across the lifespan within a broad continuum of care</td>
<td>and screen health status of patients/clients</td>
<td>patients/clients including determining the prognosis</td>
<td>Orthopedic/Rheumatology/Sports PT 2; Neurologic PT 1; Geriatric PT; Internship 1; Orthopedic/Rheumatology/Sports PT 3; Neurologic PT 2; Cardiopulmonary PT; Industrial Rehabilitation; Integumentary PT; Internship 2; Internship 3; Internship 4</td>
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<td>3. Demonstrate consistent competence in planning and implementing appropriate physical therapy interventions for patients/clients across the lifespan within a broad continuum of care</td>
<td>4. Effectively implement interventions to address client population needs</td>
<td>5. Re-evaluate outcomes of interventions given to client populations and modify intervention plan as needed</td>
<td>Orthopedic/Rheumatology/Sports PT 1; Physical Agents and Electrotherapy; Pediatric PT; Orthopedic/Rheumatology/Sports PT 2; Neurologic PT 1; Geriatric PT; Internship 1; Orthopedic/Rheumatology/Sports PT 3; Neurologic PT 2; Cardiopulmonary PT; Industrial Rehabilitation; Integumentary PT; Internship 2; Internship 3; Internship 4</td>
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<td>4. Apply teaching-learning principles in different learning environments</td>
<td>1. Develop an instructional plan appropriate to identified learners, as follows: student, patient (age group, cognitive, and communication considerations), family and caregivers, general public (social status, education status, and gender considerations), peers, and other healthcare providers and professionals</td>
<td>2. Implement effectively appropriate teaching strategies to achieve learning objectives</td>
<td>Teaching and Learning; Teaching and Learning 2 (Mass Education)</td>
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<td>3. Evaluate achievement of learning objectives for the target audience</td>
<td>4. Provide feedback to identified learners in order to improve learning</td>
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<td>5. Practice beginning management and leadership skills in various practice settings</td>
<td>1. <strong>Apply the concepts of customer and personal service, and public safety and security in the delivery physical therapy services</strong></td>
<td>1. Develop a plan for the attainment of identified goals appropriate to their practice settings: academic; clinical setting; community; research; homecare; industry; and wellness.</td>
<td>Organization and Administration</td>
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<td>2. Organize the internal structure of the practice environment and manage resources to ensure attainment of identified goals.</td>
<td>3. Determine qualifications of staff necessary to implement the plan for the achievement of goals and objectives.</td>
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<td>4. Demonstrate effective managerial and leadership skills to influence behavior of the team towards the attainment of goals and objectives.</td>
<td>4. Demonstrate capacity to establish an independent, professional practice model while utilizing basic entrepreneurial skills.</td>
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<td>5. Monitor and evaluate the team's performance based on identified goals in order to determine success.</td>
<td>5. Contribute to the crafting of local policies to strengthen the institutionalization of physical therapy services.</td>
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<td>6. Contribute to the crafting of local policies to strengthen the institutionalization of physical therapy services.</td>
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<td>7. Demonstrate capacity to establish an independent, professional practice model while utilizing basic entrepreneurial skills.</td>
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<td>8. Demonstrate capacity to establish an independent, professional practice model while utilizing basic entrepreneurial skills.</td>
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<td><strong>6. Demonstrate research-related skills in the application of best practice evidence in the performance of various roles in different practice settings</strong></td>
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<td>1. <strong>Utilize valid research findings in evidence-based practice (to focus on extracting the practical and clinical implications of research findings)</strong></td>
<td>1. Identify relevant practice questions based on a particular context.</td>
<td>Intro to Research; Research Proposal Writing; Research Implementation; Research Dissemination; Research Translation; Writing for Publication</td>
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<td>2. Conduct a systematic search of related research articles (best available evidence) in libraries and databases using identified keywords.</td>
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<td>3. Critically appraise research articles using accepted standards.</td>
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<td>4. Contribute to the development of institutional, local, national, and international programs and policies that can influence physical therapy practice, and health in general.</td>
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<td>5. Demonstrate basic skills in conducting a formal research may include:**</td>
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<td>a. Identifying relevant research problems that warrant investigation;</td>
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<td>b. Choosing an appropriate research design and methodology</td>
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<td>c. Conducting an ethics-approved research protocol</td>
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<td>d. Applying appropriate statistical analysis methods/models for data collected</td>
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| 6. Promote health and improved quality of life through the practice of the profession | e. Documenting results of research according to prescribed format.  
6. Effectively communicate findings of the research to an audience through oral and poster presentations.  
7. Draft a research report in its publishable form following guidelines and standards of a chosen journal.  
8. Apply basic ethical principles and good clinical practice in health research.  
9. Exercise integrity in the conduct of research.  
10. Collaborate with researchers in other areas of specialization to generate research with broader application or impact.  
11. Identify and maximize sources of funding to support the conduct of research.  
*Indicators 6, 8 and 12 are expected of University-level programs.* | | CBR 1;  
CBR 2;  
Wellness and Health Promotion;  
Community Development;  
Wellness and Health Promotion 2 |
2. Develop/create/enhance a plan for wellness and health promotion for different client populations across the lifespan.  
3. Implement a plan for wellness and health promotion for different client populations across the lifespan.  
4. Evaluate the effectiveness of wellness and health promotion programs in improving quality of life of different client populations. | | Seminar |
| 8. Work effectively in an interprofessional collaborative setting | 1. Understand the role and scope of practice of PT in the healthcare continuum.  
2. Understand the role and scope of practice of other healthcare providers in the healthcare continuum. | | Orthopedic/Rheuma/Sports PT 1;  
Pediatric PT;  
Orthopedic/Rheuma/Sports PT 2;  
Neurologic PT 1;  
Geriatric PT;  
Internship 1; |
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| 9. Demonstrate proficiency in oral and written communication skills as well as reading and listening | 1. Express thoughts and ideas effectively and proficiently in verbal and written forms using English and Filipino and/or any relevant language in formal and informal venues.  
2. Demonstrate effective and appropriate use of available technology in various communication contexts.  
3. Demonstrate accuracy in documentation in the practice of physical therapy.  
4. Observe prescribed guidelines in preparing written documents.  
5. Complement verbal communication with appropriate non-verbal signs consistently.  
6. Demonstrate reading comprehension at all levels.  
7. Practice active listening.  
8. Relay information effectively while considering the number and characteristics of the audience. | 3. Appreciate the roles of other stakeholders in the care of clients.  
4. Accommodate other roles to adapt to the needs of the work setting.  
5. Demonstrate appropriate behavior as a productive member of the team.  
6. Show sensitivity and respect the beliefs and values of others that may be different from one’s own.  
7. Communicate effectively through verbal, non-verbal, and written forms when dealing with other stakeholders. | Orthopedic/Rheuma/Sports PT 3;  
Neurologic PT 2;  
Cardiopulmo PT  
Industrial Rehabilitation;  
Integumentary PT;  
Internship 2;  
Internship 3;  
Internship 4 |
| 10. Demonstrate social and professional responsibility and ethical behaviors in multi-cultural settings and scenarios | 1. Exercise integrity in all undertakings.  
2. Demonstrate appropriate professional behavior as a productive member of a team.  
3. Ensure that any decision and action will benefit others and will not result in any harm.  
4. Provide equal opportunities to everyone regardless of gender, race, religion, political affiliation, economic status, educational background, and societal position.  
5. Allow others to make informed decisions for themselves.  
6. Adhere to the physical therapy scope of practice. | 1. Respond to the needs of the physical therapy profession and other healthcare professions, as appropriate to one’s level of competence and resources.  
2. Respond to the needs of the community at-large, as appropriate to one’s level of competence and resources.  
3. Apply knowledge of laws, legal codes, court procedures, precedents, government regulations, executive orders, agency rules, and any processes pertinent to the practice of physical therapy. | Professional Ethics;  
Orthopedic/Rheuma/Sports PT 1;  
Pediatric PT;  
Orthopedic/Rheuma/Sports PT 2;  
Neurologic PT 1;  
Geriatric PT;  
Internship 1;  
Orthopedic/Rheuma/Sports PT 3;  
Neurologic PT 2;  
Cardiopulmo PT  
Industrial Rehabilitation;  
Integumentary PT;  
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<td>11. Maximize the use of innovative technology in the practice of the profession</td>
<td>1. Access relevant existing innovative technology</td>
<td>Assistive Technologies; Innovations in PT Service Delivery 1 (Clinical Systems); Health Informatics Innovations in PT Service Delivery 2 (Non-Clinical Systems); Health and Social Media</td>
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<td>2. Adopt existing technology relevant to the practice of the profession</td>
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<td>3. Develop new technology to advance effective and efficient practice of the profession</td>
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3. HEIs shall identify skills-based courses in the curriculum that will require hands-on strategies and prioritize the allocation of opportunities for face-to-face classes to these courses, depending on their occupancy capacity, in consultation with the LGU. Where hands-on practice cannot be accommodated in the lower years of the program, the HEI shall implement a catch-up learning plan to develop these skills in higher years of the program.

4. Physical therapy interns shall complete at least 1500 internship hours, combining clinical and non-clinical rotations provided for in CMO 55, s. 2017 (as shown in Figure 1). Pre-pandemic, all of these hours are rendered onsite in accredited physical therapy affiliation centers with face-to-face engagements with actual patients/clients.

In view of the pandemic, and in consideration of limitations in teaching learning spaces,

```
1500
Total internship hours

1200
Minimum clinical internship hours

300
Maximum non-clinical internship hours delivered through flexible learning

480
Recommended minimum face-to-face internship in a clinical affiliation center

720
Recommended maximum clinical internship hours delivered through flexible learning
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It is recommended that interns complete at least four hundred eighty (480) hours of face-to-face clinical rotation in at least two (2) different health facilities. This provides an opportunity for more varied learning opportunities considering that the clinical practice of the profession covers a very wide and deep spectrum of care. This also provides an opportunity to validate learning of psychomotor skills with the involvement of more training staff in assessment. The rest of the internship hours may be delivered using flexible learning approaches but the training provider or institution shall determine the equivalent hours rendered by the intern.

5. In situations when the recommended hours and implementation cannot be met because of the varying capacities of HEIs, the availability of training facilities, the sufficiency of
patients/clients, and the level of community transmission to allow face-to-face internship, the following alternatives are recommended:

a. **Alternatives to accredited affiliation centers as training facilities**

   Ideally, internship training shall only be undertaken in CHED-accredited affiliation centers, as provided in CMO 43, s2012. In the absence of a sufficient number of accredited affiliation centers who can accommodate interns within the locality of the HEI, HEI may send their interns to centers who have already submitted their application for accreditation of their training programs to CHED, pending evaluation and approval. The HEI shall ensure that the affiliation center is compliant with all minimum requirements for accreditation, as shown by the receiving copy of their application.

   In situations when affiliation centers prefer not to admit interns or has temporarily suspended rotations due to a rise in the number of COVID-19 cases, the HEI may utilize its laboratories for simulated practice, facilitated by its faculty members, preferably in collaboration with clinical instructors, in order to provide a broader perspective of care for patients/clients.

   For all affiliation centers, the HEI shall ensure that they are able to show proof of compliance with health and safety protocols for mitigating COVID-19 infection, provided by the DOH, the IATF, or the LGU, prior to commencing internship rotation in the center.

b. **Alternatives to compliance with the hours of face-to-face internship**

   In situations when the number of recommended reduced hours of face-to-face internship cannot be completed, as in the case of delays in acquiring authority from CHED and suspension of face-to-face internship due to high levels of community transmission and/or clustering of cases in the HEI, the HEI may justify the further reduction of face-to-face internship hours of interns provided:

   i. All minimum performance indicators/component competencies requiring face-to-face internship are met, demonstrated by the instructional design of the training program provided to the interns; and

   ii. Interns are evaluated on all minimum performance indicators/component competencies and are required to meet established standards, to be documented as part of their internship portfolio.

c. **Alternatives to face-to-face engagements with patients/clients**

   For the purposes of these guidelines, face-to-face internship, may entail that the patients/clients be physically present, virtually present (e.g., telerehabilitation), or simulated, for as long as the intern and the training staff are both physically present in the training facility.

   In designing the whole internship training program, the HEI shall ensure that the intern has experienced face-to-face engagements with actual patients/clients physically present in the training facility, together with the intern and the training staff. When the patient/client is physically present, all health protocols should be undertaken in order to mitigate risks of COVID-19 infection. Face-to-face engagements with the patient/client will allow for actual demonstration of skills required.
In the absence of sufficient patients/clients present during face-to-face internship, the following alternatives may be implemented:

i. The patient/client may likewise be virtually present through telerehabilitation. Telerehabilitation may be considered a valid clinical rotation if delivered as part of the regular health services of the affiliation center or community extension services of the HEI, compliant with available standards of service delivery. Telerehabilitation may allow for the practice of skills in history-taking, communication including cuing and feedback, and professional behaviors. Findings derived from the patient/client engagement in telerehabilitation may serve as jump-off points for simulated skills practice;

ii. The patient/client may be video-recorded or available through live video in an actual patient-therapist session conducted by another training staff in another site. The patient/client shall be informed that the video shall only be utilized for instructional purposes and written consent of the patient/client or his/her representative, shall be obtained prior to recording. Observations derived from the patient/client engagement in the video-recording may serve as jump-off points for simulated skills practice; or

iii. Simulated patients/clients may also be utilized through the hiring of professional patients (i.e., trained to dramatize specific clinical cases), pairing interns with their classmate who shall simulate the case, or the staff acting as simulated patient/client. This will allow actual demonstration of the required skills though may not provide the same quality of experience as that of a real patient/client.

IV. Separability Clause

If any part or provision of these Guidelines shall be held unconstitutional or invalid, other provisions hereof which are not affected thereby shall continue to be in full force and effect.

V. Effectivity

These Guidelines shall take effect immediately.

Quezon City, Philippines, December 31, 2021.

For the Commission:

J. PROSPERO E. DE VERA III, DPA
Chairman