

TESDA CIRCULAR

SUBJECT: Implementing Guidelines on the Deployment of Competency Standards (CS) for Dementia Care Level III		Page 1 of 5 pages
Date Issued: AUG 12 2025		Number 074 series of 2025
Effectivity: Immediately		Supersedes:

In the interest of the service and to provide quality and uniform program delivery, the following Guidelines in the deployment of the Competency Standards (CS) for **Dementia Care Level III** are hereby issued:

I. BACKGROUND/LEGAL BASIS

- A. The TESDA Act of 1994 (Republic Act No. 7796) defined TESDA as the authority in the "establishment and administration of National Trade Skills Standards (NTSS)." The NTSS eventually evolved into the present-day training regulations (TRs) following the reforms instituted by the agency for the country's TVET, particularly along competency-based, education and training. As such, TESDA is mandated by law to develop and update the competence of the country's industry workers to enhance their employability and ensure long-term economic development.
- B. TESDA Circular no. 009 s 2024 on Implementing Guidelines on Adopt/Adapt Strategies for Competency Standards/ Training Review and Development states that the adopt-and-adapt strategy allows the faster development of standards, and strengthens the quality assurance mechanisms for immediate program delivery. It focuses on the skills needs as characterized by the industries/employers in the area. Industry participation and, thus, a direct relationship, is established with these industry partners keeping TESDA informed on the workforce needs and development;
- C. The institutionalization of the Area-Based and Demand Driven (ABDD) process in the registration of the new and emerging skills under the No Training Regulation (NTR) program has paved the way for the localized development of Competency Standards.
- D. Dementia is a significant and growing public health concern worldwide. According to WHO, more than 55 million people globally live with dementia, with nearly 10 million new cases each year. The impact is most profound in low- and middle-income countries like the Philippines, where healthcare systems are often unprepared for the growing demand for specialized dementia care.
- E. Dementia is an escalating public health concern in the Philippines, driven by rapid population aging. Currently, more than 170,000 Filipinos live with dementia, with numbers projected to rise to between 230,000 and 250,000 in the coming years (Dementia Society of the Philippines). The Marikina Memory and Aging Project, led by the Institute for Dementia Care Asia (IDCA), further highlights a 10.6% prevalence of dementia among older Filipinos — a figure that is expected to grow as the population continues to age.

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- F. In response to the global challenge, the Philippines is a signatory to the WHO Global Action Plan on the Public Health Response to Dementia 2017–2025, which calls on member states to prioritize dementia care, education, and workforce development. National policies such as the Expanded Senior Citizens Act of 2010 (RA 9994) and the Philippine Plan of Action for Senior Citizens also underscore the importance of improving care services for the aging population, including individuals living with dementia.
- G. Yet, despite these national and international commitments, there remains a critical shortage of trained professionals and carers equipped to address the complex needs of people with dementia. Studies and field experience reveal significant gaps in professional training, public awareness, and care quality. In most cases, family caregivers — often without formal education in dementia care — provide primary support. This places immense strain on families and leads to inconsistent care outcomes.
- H. The abovementioned Competency Standard (CS) was developed through extensive consultation meetings and workshops with the industry's technical experts, including professionals in the field of dementia care, ensuring that it is reflective of current best practices and industry expertise which was facilitated by the Regional Office of National Capital Region (NCR).

II. OBJECTIVES

- A. To immediately respond to the industry skills requirements for Dementia Carers or Dementia Care Workers in performing health assessments on People Living with Dementia (PLwD), applying Treatment Plan based on the determined level of care, facilitating engagement in recreational and therapeutic activities, managing Behavior and Psychological Symptoms Of Dementia (BPSD), carrying out end-of-life care plan preferences and advance directives, and managing self-care with the goal to produce competent individuals equipped with 21st Century Skills and compliant with the existing industry standards and practices;
- B. To ensure that the education and training providers shall deliver the programs in accordance with the abovementioned CS as required by the human health / health care sector.

III. SCOPE/COVERAGE

This CS shall be the basis for the development of the Competency-based Curriculum (CBC) which shall be submitted by the education and training providers registering the program with the TESDA Provincial/District Offices.

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IV. IMPLEMENTATION MECHANICS

A. Utilization of the Developed CS

1. To ensure utilization of this CS, all Regional/Provincial/District Directors shall immediately advocate/encourage the registration of abovementioned program; and
2. Copy of the CS will be made available and can be downloaded from the TESDA website.

B. Program Registration

1. All Regional/Provincial/District Directors are hereby instructed to process applications for program registration as "No Training Regulations" (NTR) following the Omnibus Guidelines on Technical Vocational Education and Training (TVET) Program Registration (TESDA Circular No. 107 series of 2021) and within the allowable process cycle time (PCT) of three (3) working days indicated in the existing guidelines (TESDA Circular No. 073, Series of 2019). Further, the education and training providers shall develop and submit the competency-based curriculum with number of training hours and appropriate lists of tools, materials, equipment and facilities for training and assessment.
2. To standardize the program implementation and ensure that they are in accordance with the CS, the Qualifications and Standards Office (QSO) and Regional and Provincial/District Offices (ROPO/DO) shall assist in the development of the Competency-Based Curriculum (CBC).
3. The following codes shall be applied for this CS:

Qualification Title	Dementia Care Level III
Qualification Code	AB-HHCDEM13813005325
Unit Code	Unit Title
Basic Competencies	
400311319	Lead workplace communication
400311320	Lead small teams
400311321	Apply critical thinking and problem-solving techniques in the workplace
400311322	Work in a diverse environment
400311323	Propose methods of applying learning and innovation in the organization
400311324	Use information systematically
400311325	Evaluate occupational safety and health work practices

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400311326	Evaluate environmental work practices
400311327	Facilitate entrepreneurial skills for micro-small-medium enterprises (MSMEs)
Common Competencies	
HHC325201	Implement and monitor infection control policies and procedures
HHC325202	Respond effectively to difficult/challenging behavior
HHC325203	Apply basic first aid
HHC325204	Maintain high standard of patient/client services
Core Competencies	
AB-HHC1381300532301	Perform health assessment on People Living with Dementia (PLwD)
AB-HHC1381300532302	Apply Treatment Plan based on the determined level of care
AB-HHC1381300532303	Facilitate engagement in recreational and therapeutic activities
AB-HHC1381300532304	Manage Behavior and Psychological Symptoms of Dementia (BPSD)
AB-HHC1381300532305	Carry out end-of-life care plan preferences and advance directives
AB-HHC1381300532306	Manage self-care

C. Institutional Assessment of Graduates

1. The education and training providers shall ensure the conduct of institutional assessment after the completion of the training program; and
2. The education and training providers (including the enterprises where trainings are conducted) shall issue the Training Certificate after completion of the training and passing the institutional assessment of graduates.

V. SCHOLARSHIP PROVISION

1. A scholarship training subsidy shall be allocated/provided to enrollees of the registered training program under the existing guidelines; and
2. Training cost shall be computed based on the submitted curriculum where the training hours and list of tools, materials and equipment are indicated.

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VI. RISK MANAGEMENT

The wide implementation of this program has potential risks, such as but not limited to the following:

1. Standard implementation of competency standard across all regions.
2. Limited number of registered training providers to offer CS.
3. Non-existence of policy to address the migration of No Training Regulations (NTR) programs to NTR with Competency Standards (CS)

To mitigate, if not eliminate the risks, the following measures shall be undertaken.

1. Deploy the competency standards and its implementing guidelines for common understanding and uniform implementation.
2. For the Regional and Provincial/District Offices (ROPODO) to extensively encourage providers to utilize the CS for program registration.
3. To discuss with relevant offices on the development of policy on migrating NTR programs with developed CS.

VII. MONITORING AND FEEDBACK SYSTEM

1. The Regional and Provincial/District Offices (ROPODO) shall closely monitor the implementation of the registered programs under these CS; and
2. The Regional and Provincial/District Offices (ROPODO) shall require the education and training providers with registered program under this CS to report the enrolled, graduates and employed in the T2MIS as part of the regular monitoring and feedback system.

VIII. EFFECTIVITY

This Circular shall take effect as indicated. Wide dissemination of this Circular by all concerned is hereby enjoined.


JOSE FRANCISCO "KIKO" B. BENITEZ
Secretary / Director General, TESDA

