


**NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Second Regular Session)**

Office of the Secretary
24 JAN 17 P1:19

SENATE
S. No. 2519

RECEIVED BY. 

Introduced by Senator Francis "Tol" N. Tolentino

**AN ACT
PROVIDING FOR AN EXPANDED COVERAGE AND COMPREHENSIVE
REGULATION OF THE PRACTICE OF MEDICINE, REPEALING FOR THE
PURPOSE REPUBLIC ACT NO. 2382, AS AMENDED, OTHERWISE KNOWN AS
THE 'MEDICAL ACT OF 1959' AND OTHER LAWS, AND FOR OTHER
PURPOSES**

EXPLANATORY NOTE

The field of Medicine has undergone a lot of discoveries and innovations over the past decades, in accordance with the changing needs of humanity. However, the Philippine law governing the regulation and practice of medicine, Republic Act No. 2382 or "The Medical Act of 1959", as amended, has not been subjected to any change or update necessary for the improvement and advancement of the Philippine healthcare industry.

This bill addresses the much needed changes in the field of medicine, focusing mainly on the following: 1) the upgrade in the standards and regulations of basic medical education, medical internship, and post-graduate medical education and training; 2) the conduct of licensure and registration of physicians; 3) the supervision and regulation the practice of medicine; 4) the integration of the profession under one national professional organization of physicians; 5) the upholding of the patient welfare and patient safety as the primary consideration in the practice of medicine; and 6) the promotion of competence, moral values, and professional ethics of members of the medical profession.

Furthermore, this bill will create offices and agencies that will focus on the development of the medical profession, such offices and agencies are as follows: Medical Education Council (NEC) under the Commission on Higher Education (CHED);

Professional Regulatory Board of Medicine (PRBM) under the Professional Regulation Commission (PRC); Post- Graduate Medical Education Council (PGMEC) under the Professional Regulatory Board of Medicine (PRBM); and the Integrated National Professional Organization of Physicians (INPOP).

This bill also expands the current coverage of the practice of medicine to cover telemedicine and non- clinical practice, as well as the exceptions in the scope of the same. Finally, this bill will allow foreigners to practice medicine in the Philippines, subject to the issuance of a special permit and specific guidelines, in order to augment the health workforce in the country specially in far- flung areas in dire need of specialists.

With these proposed changes, it is our aim to provide world-class healthcare not only to our countrymen but to the world and to encourage more Filipinos to engage in the practice of medicine to further advance and develop the medical profession.

It is for these reasons that the immediate passage of this bill is earnestly sought.



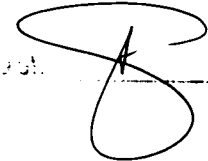
FRANCIS N. TOLENTINO
Senator

24 JAN 17 P1:20

SENATE

S. No. 2519

RECEIVED



Introduced by Senator Francis "Tol" N. Tolentino

AN ACT

PROVIDING FOR AN EXPANDED COVERAGE AND MORE COMPREHENSIVE REGULATION OF THE PRACTICE OF MEDICINE, REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 2382, AS AMENDED, OTHERWISE KNOWN AS THE 'MEDICAL ACT OF 1959' AND OTHER LAWS, AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

ARTICLE I

POLICY, OBJECTIVES, AND ENFORCEMENT

SECTION 1. Short Title. – This Act shall be known as the "Philippine Medical Act of 2024."

SEC. 2. Declaration of Policy. – Consistent with the declared policy of the State to protect and promote the right to health of the people, the State recognizes the significant role of physicians in the treatment, maintenance, preservation, safeguarding, and enhancement of the life, health, and general welfare of the people.

SEC. 3. Objectives. – This Act provides for and shall govern the:

a) Standardization, upgrading, and regulation of the basic medical education, medical internship, and post – graduate medical education and training;

b) Conduct of the Physician's Licensure Examination and the Registration of Physicians;

c) Supervision and Regulation of the Practice of Medicine;

1 d) Integration of the profession under one national professional
2 organization of physicians; and

3 e) Upholding of the patient welfare and safety as the primary consideration
4 in the practice of medicine, and promoting competence, moral values, and
5 professional ethics of the members of the medical profession.

6 **SEC. 4. Enforcement.** – For purposes of implementing the provisions of this Act,
7 there following agencies are hereby created to wit: Medical Education Council (MEC);
8 Professional Regulatory Board of Medicine (PRBM); Post- Graduate Medical Education
9 Council (PGMEC); and the Integrated National Professional Organization of Physicians
10 (INPOP).

11 These agencies shall call upon or request any department, instrumentality, office,
12 bureau, institution or agency of the government, including local government units
13 (LGUs) to coordinate and render such assistance as they may require in order to carry
14 out, enforce or implement the professional regulatory policies of the government or
15 any program or activity they may undertake pursuant to the provisions of this Act.

16 ARTICLE II

17 DEFINITION OF TERMS

18 **SEC. 5. Definition of Terms.** – As used in this Act:

19 a) **Accreditation** refers to an evaluation mechanism of the PRBM of the Professional
20 Regulation Commission (PRC) through the PGMEC that assesses the capability of a
21 healthcare institution to conduct a post-graduate medical education or training
22 program in a particular specialty or subspecialty of medicine through compliance with
23 a series of pre-defined, explicitly written standards;

24 b) **Basic Medical Education** refers to a four (4)-year post-baccalaureate program
25 offered by a medical college recognized by the Commission on Higher Education
26 (CHED) composed of core curricular and clinical subjects or a five (5)-year post-
27 baccalaureate program inclusive of a one (1)- year medical internship offered by a
28 medical college recognized by CHED composed of core curricular and clinical subjects,
29 the completion of which leads to the conferment of the degree of Doctor of Medicine
30 and grants the holder the eligibility to take the Physician Licensure Examination (PLE)
31 after the one (1)-year medical internship;

32 c) **Clinical clerkship** refers to a course offered in the fourth (4th) year of a basic
33 medical education program that consists of supervised, time-bound rotations and
34 application of patients and community care in different medical disciplines in hospital,

- 1 community, classroom and other teaching-learning settings involving both didactic and
2 practical studies;
- 3 d) **Higher Education Institution (HEI)** refers to an educational institution, private
4 or public, undertaking operations of higher education programs with an organized
5 group of students pursuing defined studies in higher education, receiving instruction
6 from teachers, usually located in a building or group of buildings in a particular site
7 specifically intended for educational purposes;
- 8 e) **Illegal Practice of Medicine** refers to the practice of the medical profession
9 without the require valid certificate of registration for physicians and valid professional
10 identification card issued by the PRC;
- 11 f) **Innovative Curriculum** refers to a curriculum that applies non-traditional,
12 flexible, creative, and open curricular frameworks, teaching-learning models, and
13 methods of evaluation and assessment applied to basic medical education in real world
14 situations as defined by the CHED;
- 15 g) **Medical College** refers to a learning institution which has complied with the
16 standards and requirements set forth and duly recognized by the CHED to offer a
17 complete basic medical education program leading to a degree of Doctor of Medicine.
18 It may also be known as College of Medicine, Faculty of Medicine, Institute of
19 Medicine, School of Medicine, Medical Schools or other similar names;
- 20 h) **Medical Internship** refers to a one (1)- year post-graduate internship training
21 program after the completion of four (4) years basic medical education from a medical
22 college or the fifth (5th) year of a five (5)-year basic medical education program that
23 is supervised and monitored by the MEC in which a Doctor of Medicine undergoes a
24 supervised, time-bound rotation and application of patient and community are in
25 different medical disciplines in accredited hospitals and other settings as a requisite
26 for the PLE;
- 27 i) **Medical Specialty** refers to a major branch or discipline of medicine under which
28 a physician has special knowledge and skill acquired after residency or specialized
29 training in an accredited specialty training institution;
- 30 j) **Physician Licensure Examination (PLE)** refers to an evaluative process
31 conducted by the PRBM to eligible candidates in order to obtain a license to practice
32 medicine;
- 33 k) **Post-graduate Medical Education** refers to an educational program either
34 through a clinical or non-clinical track or alternative track, pursued after conferment
35 of a Doctor of Medicine degree, and referring to any type of formal medical

- 1 education/training in a hospital, community, facility, institute, or HEI or any
2 combination thereof leading to specialization;
- 3 l) **Post-graduate Medical Education- Clinical Track** refers to a post-graduate
4 medical education/training program for licensed physicians in a particular specialty or
5 subspecialty of medicine in a PRBM accredited training program in a hospital and
6 community setting involving direct patient care and may include residency or
7 subspecialty fellowship training;
- 8 m) **Post-graduate Medical Education- Non-clinical Track** refers to a post-
9 graduate medical education and training program for medical graduates or licensed
10 physicians in an HEI conferring a post-graduate academic degree involving basic
11 medical sciences or other health-related fields or disciplines without direct patient care
12 and includes research, medical education, public health, health systems and health-
13 related administration;
- 14 n) **Post-graduate Medical Education- Alternative Track** refers to a post-
15 graduate medical education and training program of licensed physicians for a
16 particular specialty of medicine in a Department of Health (DOH) accredited alternative
17 track, consisting of preceptorship, modular, mentorship, or clinical fellowship training
18 of not less than two (2) years of clinical practicum and comprehensive direct specialty
19 patient care;
- 20 o) **Primary Care** refers to initial contact, accessible, continuous, comprehensive and,
21 coordinated care that is accessible at the time of need including a range of services
22 for all presenting conditions, and the ability to coordinate referrals to other health care
23 providers in the health care delivery system, when necessary;
- 24 p) **Resident/Fellow Trainee** refers to a licensed physician undergoing post-
25 graduate medical education and training in a particular specialty for resident or
26 subspecialty for fellow of medicine in a DOH- Retained Hospital, or PRBM and INPOP
27 accredited training institution;
- 28 q) **Specialty Board Certifying Examination** refers to the evaluative process
29 conducted by the PRBM and INPOP;
- 30 r) **Special Permit** refers to the document secured by a foreign medical professional
31 in the absence of a reciprocity agreement, executive agreement, or treaty, to be
32 allowed to practice medicine in the Philippines;
- 33 s) **Telemedicine** refers to the practice of medicine by means of electronic and
34 telecommunications technologies such as by telephone, internet-enabled messaging,
35 short messaging service (SMS), or audio and videoconferencing to deliver health care

1 that cannot otherwise be done face-to-face due to certain conditions such as the
2 physical distance between the patient and the physician; and

3 t) **Temporary Training Permit** refers to the document secured by a foreign medical
4 professional after compliance with the requirements for medical residency training or
5 post-graduate medical education training which shall be valid for a period co-terminus
6 with the medical residency or post-graduate medical education training, unless sooner
7 revoked for cause.

8 ARTICLE III

9 THE MEDICAL EDUCATION COUNCIL AND THE MEDICAL PROGRAM

10 **SEC. 6. Creation.** – The Medical Education Council (MEC) shall be created, under the
11 administrative supervision of the CHED, and shall be composed of the following:

12 a) Chairperson of the CHED, or his/her duly authorized representative, as Chairperson
13 of the MEC;

14 b) Secretary of the DOH, or his/her duly authorized representative, as member;

15 c) Chairperson of the PRC- PRBM, or his/her duly authorized representative, as
16 member;

17 d) President of INPOP, or his/her duly authorized representative, as member; and

18 e) The President of the National Association of Medical Schools duly recognized by the
19 CHED or his/her duly authorized representative, as member;

20 The Chairperson and members of the MEC shall hold office during their incumbency in
21 the respective institutions or associations that they present.

22 The MEC within sixty (60) days after the effectivity of this Act, shall appoint a
23 technical panel on the medical degree program composed of at least seven (7)
24 outstanding members of the academe or the profession, or both, whose responsibility
25 is to assist the MEC in carrying out its functions and powers. The membership of the
26 technical panel shall include experts from the following: two (2) from the academe,
27 two (2) from the industry sector, two (2) from the DOH, and one (1) from the INPOP.

28 The public officials shall perform their duties as such without compensation or
29 remuneration, subject to reasonable per diem allowances as approved by the MEC and
30 subject to the existing rules and regulations of the Department of Budget and
31 Management (DBM). Members thereof who are not government officials or employees

1 shall be entitled to necessary traveling expenses, per diem and representation
2 allowances chargeable against the funds of CHED, as approved by the MEC, subject
3 to the existing rules and regulations of the DBM.

4 **SEC. 7. *Functions and Duties*** – The MEC shall have the following functions and
5 duties:

6 a) Authorize the opening of and recognize new medical schools especially in areas of
7 need upon compliance with the minimum requirements;

8 b) Determine the minimum requirements for physical facilities of medical colleges such
9 as buildings, hospitals, equipment and supplies, apparatus, instruments, appliances,
10 laboratories and bed capacity for instruction purposes, operating and delivery rooms,
11 facilities for out-patient services, community health services and others that are
12 necessary for didactic and practical instruction in accordance with modern trends;

13 c) Determine the minimum number and the standard qualifications of administrative
14 and teaching personnel including student-teacher ratio;

15 d) Determine the minimum required curriculum leading to the degree of Doctor of
16 Medicine, including internship;

17 e) Authorize the implementation of an acceptable innovative medical curriculum or
18 strategy in a medical college that has exceptional faculty, equipment, and facilities.
19 Such medical college with an innovative curriculum may prescribe admission and
20 graduation requirements other than those prescribed in this Act;

21 f) Determine the minimum requirements for admission into a recognized College of
22 Medicine;

23 g) Develop and put into place programs as well as adopt and implement policies which
24 will encourage and allow applicants from marginalized areas or groups, or both, as well
25 as financially-challenged families to be admitted into medical colleges and complete
26 their medical education;

27 h) Keep a registry of medical students enrolled in medical colleges, and conduct tracer
28 studies for medical graduates for up to five (5) years from graduation;

29 i) Recommend to the CHED the closure or suspension of the degree program for Doctor
30 of Medicine of a medical college by reason of poor performance in the PLE over a given
31 period of time based on statistical data furnished by the PRBM, or upon inspection of
32 the medical school by the MEC for reasons of various deficiencies or violations;

33 j) Promulgate, prescribe, and enforce policies and programs which will ensure the
34 proper and orderly operations and upkeep of medical colleges in order to ensure that

1 medical education is not treated merely as a business enterprise but one with social
2 dimension;

3 k) Regulate, supervise, and monitor the medical internship program; and

4 l) Promulgate, prescribe, and enforce the necessary rules and regulations for the
5 proper implementation of the foregoing functions.

6 **SEC. 8. *Minimum Required Courses.*** – The medical course leading to the degree
7 of Doctor of Medicine shall be undertaken for a period of four (4) years, inclusive of
8 clinical clerkship; or for five (5) years, inclusive of clinical clerkship and medical
9 internship; Provided, that, there shall be no tuition or miscellaneous fees to be charged
10 for internship. The following are the minimum required courses for the Doctor of
11 Medicine degree:

- 12 a) Human Anatomy including Gross, Microscopic, and Developmental Anatomy;
- 13 b) Human Physiology;
- 14 c) Biochemistry, Molecular Biology, Genetics, and Clinical Nutrition;
- 15 d) Pharmacology and Non- Pharmacological Interventions and Therapeutics
16 including Alternative Medicine, Traditional and Complementary Medicine, and
17 Philippine Traditional Medicine;
- 18 e) Microbiology, Parasitology, and Immunology;
- 19 f) Internal Medicine, including Geriatrics and Dermatology;
- 20 g) Anatomic and Clinical Pathology, Surgical Pathology and Oncology;
- 21 h) Obstetrics and Gynecology including Women’s Health;
- 22 i) Pediatrics and Nutrition including Child Protection;
- 23 j) General Surgery, and its divisions;
- 24 k) Anesthesiology and Pain Management;
- 25 l) Orthopedics;
- 26 m) Otorhinolaryngology;
- 27 n) Ophthalmology;
- 28 o) Psychiatry and Behavioral Sciences;
- 29 p) Basic and Clinical Neurosciences;
- 30 q) Family and Community Medicine including Public Health, Preventive Medicine,
31 Health Economics, and Primary Health Care;
- 32 r) Medical Information Technology and Telemedicine
- 33 s) Physical and Rehabilitation Medicine;
- 34 t) History and Perspectives in Medicine;
- 35 u) Research, Evidence-based Medicine, and Epidemiology;
- 36 v) Health Rights, Legal Medicine, Medical Jurisprudence, and Forensic Medicine;
37 and
- 38 w) Radiology and other Diagnostic Imaging.

1 The minimum curricular content regardless of the curriculum design shall include
2 the following topics that should be integrated in all medical courses as may be
3 applicable:

- 4 a) Bioethics, Professionalism, and Good Clinical Practice;
- 5 b) Patient Safety and Quality Assurance;
- 6 c) Consultation Skills, Physical Diagnosis, and Communication Skills;
- 7 d) Andragogy, Trauma- Informed Pedagogy;
- 8 e) Disaster Risk Reduction and Management and Emergency Medicine;
- 9 f) Leadership and Management and Technical Fluency;
- 10 g) Interprofessional Education;
- 11 h) Coaching and Mentoring; and
- 12 i) Medical Certification on the Cause of Death.

13 The MEC may, however, recommend to the CHED the re-clustering or
14 integration of subjects to fit into the four (4) or five (5)- year program for the degree
15 of Doctor of Medicine.

16 **SEC. 9. Admission Requirements and Publication of Academic Catalogue. –**

17 A medical college may admit any student who presents all of the following:

- 18 a) Diploma or Certificate of completion of any Bachelor's Degree in Science or
19 Arts or completion of secondary education for medical colleges offering
20 CHED approved innovative curriculum;
- 21 b) Certificate of good moral character issued by two (2) former professors in
22 the college where the bachelor's degree was obtained, or by two (2) former
23 teachers in high school for those entering through a CHED-approved
24 innovative curriculum, or by the head of the indigenous peoples community;
- 25 c) Birth certificate duly authenticated by the Philippine Statistics Authority
26 (PSA);
- 27 d) Certificate of result of the National Medical Admission Test, conducted not
28 more than two (2) years from the time of admission.
- 29 e) For foreign applicants, a certificate of eligibility from the MEC for admission
30 to medical school.

31 Only medical colleges externally accredited by agencies recognized by the MEC
32 may accept foreign medical students.

1 A medical college may admit any student who has no final conviction by a court
2 of competent jurisdiction of any offense involving moral turpitude, and is able to
3 present all the above requirements.

4 Nothing in this Act shall be construed to prohibit any medical college from
5 imposing further requirements relevant to the degree, in addition to the requirements
6 set forth in this Section.

7 Every medical college shall keep complete records of enrollment, grades, and
8 graduates and must publish each year a catalogue with the following information:

- 9 a) Date of publication;
- 10 b) Calendar of academic year;
- 11 c) Roll of faculty member, indicating whether on full-time or part-time
12 basis, and their qualifications;
- 13 d) Requirements for admission;
- 14 e) Grading system;
- 15 f) Requirements for promotion;
- 16 g) Requirements for graduation;
- 17 h) Curriculum and description of course by department; and
- 18 i) Number of students enrolled in each class in the preceding year.

19 **SEC. 10. Medical Internship Program.** – The MEC shall, within sixty (60) days after
20 the effectivity of this Act, appoint a technical panel on medical internship program
21 composed of a minimum of seven (7) deans of CHED-recognized medical colleges or
22 representatives whose responsibility is to assist the MEC in carrying out its functions
23 and duties on the medical internship program.

24 The members of this panel shall perform their duties without compensation or
25 remuneration, subject to reasonable per diem allowances as approved by the MEC and
26 subject to existing rules and regulations of the DBM. The members who are not
27 government officials or employees shall be entitled to necessary travelling expenses,
28 per diem, and representation allowances chargeable against the funds of the CHED, as
29 approved by the MEC, subject to existing rules and regulations of the DBM.

30 The following functions and duties shall be performed by the members of the
31 technical panel on medical internship:

- 32 1) Formulate a one (1) - year standardized curriculum for medical internship that
33 may either be rotating hospital-based or community- oriented, including
34 accreditation standards for health institutions;
- 35 2) Review the curriculum and accreditation standards at least every four (4)
36 years;

- 1 3) Formulate and implement regulations and procedures for accredited health
2 institutions including sanctions for non-compliance;
- 3 4) Accredite hospitals and other health facilities or settings that will be allowed to
4 conduct a medical internship training program;
- 5 5) Evaluate and monitor regularly the compliance of accredited health institutions
6 with the prescribed curriculum and accreditation standards, and institute
7 mechanisms for program evaluation;
- 8 6) Assess a reasonable processing fee for eligible applicants to the internship
9 program and an administrative fee for accreditation for health institutions;
- 10 7) Assist clinical clerks, in coordination with their medical colleges, in making an
11 informed choice when selecting a particular health institution for their medical
12 internship;
- 13 8) Formulate and implement a national internship matching program including
14 mechanisms for transfers after having been matched;
- 15 9) Develop and implement a system for accredited health institutions to monitor
16 and evaluate the performance of their medical interns;
- 17 10) Receive and resolve complaints from medical interns or host institutions; and
- 18 11) Issue a certificate of completion of medical internship upon the
19 recommendation of the accredited health institution.

20 ARTICLE IV

21 THE PROFESSIONAL REGULATORY BOARD OF MEDICINE

22 **SEC. 11. *Creation of the Professional Regulatory Board of Medicine.*** – The
23 Professional Regulatory Board of Medicine (PRBM) is hereby created under the
24 administrative control and supervision of the PRC. The PRBM shall be composed of a
25 Chairperson, a Vice Chairperson and five (5) members. Each vacant position of the
26 PRBM shall be appointed by the President of the Republic of the Philippines from a list
27 of three (3) nominees submitted exclusively by the INPOP, as provided under Section
28 53 of this Act. The PRBM shall be organized not later than six (6) months from the
29 effectivity of this Act.

30 **SEC. 12. *Powers and Duties.*** – The PRBM shall be vested with the following specific
31 powers, functions, duties and responsibilities:

- 32 a) Supervise, regulate and monitor the practice of medicine in the Philippines,
33 including telemedicine;
- 34 b) Determine and evaluate qualifications of the applicants for the physician's licensure
35 examinations, foreign applicants for special permits to practice medicine in the
36 Philippines, or temporary training permits for medical residency;

- 1 c) Conduct the PLE, in accordance with the recognized principles of evaluation, and in
2 consonance with the pertinent provisions of Section 21, Article IV of this Act, by
3 performing the following acts:
 - 4 i. Prepare the test questions;
 - 5 ii. Prescribe the syllabi of the subjects and their relative weights for the
6 licensure examinations;
 - 7 iii. Conduct the examination; and
 - 8 iv. Correct and rate the examination papers;
- 9 d) Ensure that the test questions are appropriately formulated to assess the knowledge,
10 skill, and attitude of the examinees;
- 11 e) Determine, amend, or revise the coverage of the subjects in the PLE and their
12 relative weights, and the manner of giving the examination, subject to the approval of
13 the PRC;
- 14 f) Explore and develop ways on how to measure and evaluate the clinical competence
15 of examinees, and integrate the same into the PLE;
- 16 g) Register successful examinees in the PLE in the roll of physicians and issue the
17 corresponding certificates of registration;
- 18 h) Issue special or temporary permits to foreign physicians to practice medicine for
19 specific projects, duration of time, and place of practice;
- 20 i) Administer the qualifying examinations for foreign physicians who wish to train in
21 the Philippines for a specialty or field of practice;
- 22 j) Monitor the conditions affecting the practice of medical profession, respond to
23 emerging needs of the profession, adopt measures for the enhancement of the quality
24 of the education and practice of medicine in coordination with the appropriate
25 regulatory bodies;
- 26 k) Monitor, in coordination with CHED, the performance of medical schools and their
27 compliance with the rules and regulations of the MEC;
- 28 l) Promulgate rules and regulations, in coordination with INPOP, including a Code of
29 Ethics for Physicians, administrative policies, orders, and issuances to carry out the
30 provisions of this Act;

- 1 m) Conduct regular quality assurance programs and activities to ensure quality medical
2 education;
- 3 n) Investigate meritorious cases of violations of this Act, Code of Ethics, and the
4 pertinent rules and regulations, administrative policies, orders and issuances which are
5 recommended for decision by the INPOP. The rules governing administrative
6 investigations promulgated by the PRC shall govern the conduct of such proceedings;
- 7 o) Issue subpoena *ad testificandum* or subpoena *duces tecum* to secure attendance of
8 respondents or witnesses as well as the production of documents: *Provided*, That
9 failure of the party to whom a subpoena has been issued without justifiable cause shall
10 be punished as indirect contempt. For this purpose, the PRBM is hereby vested the
11 power to cite any party for contempt which may be exercised pursuant to the applicable
12 provisions of Rule 71 of the Rules of Court;
- 13 p) Conduct hearings on cases filed with the PRBM: *Provided*, That a majority of the
14 members of the PRBM, with the assistance of the Legal Division of the PRC, shall
15 conduct the hearings. A member of the PRBM shall be assigned to preside over a
16 hearing;
- 17 q) Perform the following acts, after due notice and hearing:
- 18 i. Cancel examination papers or bar any examinee from future examination,
19 or both;
- 20 ii. Refuse or defer the registration of the examinee
- 21 iii. Reprimand the registrant with stern warning;
- 22 iv. Suspend the registrant from the practice of the profession;
- 23 v. Revoke the certificate of registration;
- 24 vi. Cancel a special or temporary permit, or a temporary training permit;
- 25 vii. Remove the name of a physician from the roll of physicians on account of
26 continuous non-payment of annual registration fees and non-compliance with
27 the Continuing Professional Development (CPD) requirements;
- 28 viii. Reinstate or re-enroll a physician's name in the said roll; and
- 29 ix. Re-issue or return the physician's certificate of registration and professional
30 identification card.
- 31 r) Administer the physician's oath;

- 1 s) Institute and prosecute or cause the institution and prosecution of any and all
2 criminal action in violation of this Act or the rules and regulations of the Board, or both,
3 subject to the provisions of Section 5, Rule 110 of the Rules of Criminal Procedure, as
4 amended;
- 5 t) Adopt an official seal;
- 6 u) Coordinate with the MEC and the INPOP in prescribing, amending or revising the
7 courses in a medical program, or both;
- 8 v) Assist the PRC in the implementation of its prescribed guidelines and criteria on the
9 CPD for registered licensed physicians;
- 10 w) Set the standards and guidelines for the issuance and re-issuance of certificates of
11 registration including compliance with the PRBM's CPD program; and
- 12 x) Perform such other functions and duties as may be necessary to efficiently and
13 effectively implement the provisions of this Act.

14 **SEC. 13. *Qualifications of the Members of the Board.*** – Each PRBM member at
15 the time of appointment must have the following qualifications:

- 16 a) A natural born Filipino citizen and has been a resident of the Philippines for at
17 least ten (10) consecutive years;
- 18 b) At least forty (40) years old;
- 19 c) A holder of a valid certificate of registration and a valid professional
20 identification card as a physician;
- 21 d) A medical practitioner for at least ten (10) years;
- 22 e) A continuing *bona fide* member of the INPOP;
- 23 f) Has not been convicted by final judgment by a competent court of a criminal
24 offense involving moral turpitude;
- 25 g) Has at least eight (8) year experience as a faculty member of a college of
26 medicine;
- 27 h) Not a current member of the faculty of an institute, school or college of
28 medicine;
- 29 i) Does not have a pecuniary interest in any institution which offers and operates
30 the course or degree of Doctor of Medicine; and
- 31 j) Not connected with or has no pecuniary interest in a review center, school,
32 group, or association offering classes or lectures in preparation for the PLE.

33 **SEC. 14. *Term of Office.*** – The members of the PRBM shall hold office for a term of
34 three (3) years or until their successors shall have been appointed and qualified. They
35 may, however, be reappointed for another three (3) year term. Appointments to fill up

1 vacant positions for reasons other than through expiration of regular terms, shall be
2 for the unexpired period only. Each member shall take an oath of office before the
3 performance of the duties and responsibilities. The incumbents whose terms have not
4 yet expired or who are merely on a holdover capacity, at the effectivity of this Act, shall
5 be allowed to serve the unexpired portion of their terms or may be re-appointed under
6 this Act.

7 **SEC. 15. Compensation.** – The Chairperson, Vice Chairperson and members of the
8 PRBM shall receive compensation and allowances or other benefits pursuant to the
9 provisions of Republic Act No. 8981 otherwise known as the “PRC Modernization Act of
10 2000” and other pertinent laws, and comparable to the compensation and allowances
11 received by the chairperson and members of existing professional regulatory boards.

12 **SEC. 16. Suspension or Removal** – The President, upon recommendation of the
13 PRC after giving the member an opportunity to be heard by himself or by a counsel in
14 a proper administrative investigation to be conducted by the PRC, may suspend or
15 remove any member of the PRBM on any of the following grounds:

- 16 a) Neglect of duty or incompetence;
- 17 b) Unprofessional, unethical or dishonorable conduct;
- 18 c) Manipulation or rigging the results of any PLE, divulging of secret information
19 or disclosure of the said examination, or tampering of the grades therein; and
- 20 d) Final conviction by the court of any criminal offense involving moral turpitude.

21 **SEC. 17. Administrative Management, Custody of Records, Secretariat and**
22 **Support Services.** – The PRBM shall be under the administrative supervision and
23 control of the PRC, with the PRC chairperson as the chief executive officer thereof. All
24 records of the PRBM shall be under the custody of the PRC.

25 The PRC shall designate the secretary of the PRBM and shall provide the
26 secretariat and other support services to implement the provisions of this Act.

27 **SEC. 18. Administrative Review and Appeal.** – The policies, resolutions, rules and
28 regulations issued or promulgated by the PRBM shall be subject to the review, revision,
29 and approval by the PRC. a decision of suspension, revocation of the certificate of
30 registration, or removal from the roll by the PRBM as provided herein may be appealed
31 to the PRC within fifteen (15) days from receipt thereof. Other orders or decisions of
32 the PRBM may be appealed to the PRC: *Provided*, That in case of imminent and
33 immediate danger to patients, the PRBM’s final decisions, resolutions or orders
34 rendered in an administrative case shall be immediately executory.

1 **SEC. 22. *Scope of Examination.*** – The physicians licensure examination shall cover
2 the following thirteen (13) individual or combined subjects with the relative weights for
3 each:

- 4 (a) Anatomy and Histology;
- 5 (b) Physiology;
- 6 (c) Biochemistry and Molecular Biology;
- 7 (d) Pharmacology and Therapeutics;
- 8 (e) Microbiology and Parasitology;
- 9 (f) Internal Medicine; Neurology, Dermatology, Geriatric; Psychiatry and
10 Behavioral Medicine;
- 11 (g) General and systemic pathology, and Clinical Pathology;
- 12 (h) Obstetrics and Gynecology;
- 13 (i) Pediatrics and Nutrition;
- 14 (j) Surgery, Orthopedic, Anesthesiology;
- 15 (k) Otorhinolaryngology, Ophthalmology;
- 16 (l) Family and Community Medicine, Preventive Medicine and Public Health
17 and Health Economics; and
- 18 (m) Legal Medicine, Medical Jurisprudence, Medical Ethics, and Medical
19 Informatics.

20 Each of the thirteen (13) subjects shall have its syllabus or table or
21 specifications for purposes of the PLE. The PRBM shall apply the table of specifications
22 after a lapse of three (3) months reckoned from the concurrence of all the following
23 requisites:

- 24 a) Consultation with the association of medical schools;
- 25 b) Approval by the PRC;
- 26 c) Publication of the PRBM resolution in a newspaper of general circulation;
27 and
- 28 d) Dissemination to all medical schools

29 **SEC. 23. *Venue and Schedule of Examinations.*** – The PRBM shall administer
30 examinations for the registration of physicians at least twice a year in such places as
31 the PRC may designate in accordance with the provisions of Republic Act No. 8981.
32 However, in case of a public health emergency, disaster or calamity, whether natural
33 or human induced, the PRBM may postpone such examinations to a later date.

34 **SEC. 24. *Rating in the Examination.*** – To pass the PLE, an examinee must obtain
35 a general average rating of at least seventy-five percent (75%) in all thirteen (13)
36 subjects: *Provided*, That there is no rating obtained in any subject below fifty percent
37 (50%).

1 **SEC. 25. Report and Publication of the Results of Examination** – The PRBM
2 shall report the rating of each examinee to the PRC within ten (10) days from the last
3 day of examination or any other period granted by the PRC. The official results of the
4 examination containing the list of topnotcher examinees indicating their respective
5 schools or colleges and the names of the schools or colleges obtaining top percentage
6 of successful examinees shall be published by the PRC.

7 The report of rating of every examinee shall be mailed to the examinee's given
8 address, using the examinee's mailing envelope submitted during the examination.

9 **SEC. 26. Oath.** – All successful examinees shall be required to take the physician's
10 oath before the PRBM or any person authorized by the PRC to administer it before they
11 are issued their certificates of registration and professional identification cards, or
12 before they start the practice of the medical profession.

13 **SEC. 27. Registration, Issuance of Certificate of Registration and**
14 **Professional Identification Card; Integrated National Professional**
15 **Organization of Physicians (INPOP) Membership; Non- registration and**
16 **Grounds Thereof.** – All successful examinees, upon compliance with all legal
17 requirements and payment of fees prescribed by the PRC, shall be registered and
18 issued certificates of registration and professional identification cards. They shall
19 likewise be deemed members of the INPOP upon compliance with all requirements and
20 payment of compulsory dues. Upon presentation of their certificates of registration and
21 professional identification cards, they shall be issued a separate INPOP Membership
22 card.

23 The certificate of registration of a physician shall bear the registration number
24 and the date of issuance and the signatures of the chairperson of the PRC and the
25 members of the PRBM stamped with the seals of the PRC and the PRBM, certifying that
26 the name of the person stated therein appears in the Roll of Physicians under the
27 custody of the PRC; that the person has complied with all the legal requirements for
28 registration as a physician; and that the person is entitled to exercise all the privileges
29 appurtenant to the practice of medical profession. *Provided,* That the person does not
30 violate this Act, the rules and regulations issued to implement it, the Code of Ethics for
31 Physicians, and other regulatory issuances and policies of the PRC and PRBM.

32 The professional identification card shall bear the name of the registered
33 licensed physician, the registration number, the date of issuance, and the date of the
34 expiration of the license. Together with the membership identification card issued by
35 the INPOP, the physician is deemed qualified to practice medicine in the Philippines.

36 Updating of practice information such as location, affiliation, and field of
37 practice and specialization shall be required for renewal of the PRC-ID and INPOP-ID.

1 A successful examinee who has been convicted, by final judgment of a court of
2 competent jurisdiction, of a criminal offense, or found guilty by the PRBM of
3 dishonorable or immoral conduct, or declared by a court to be of unsound mind, shall
4 not be registered. The decision of the PRBM finding the examinee guilty of dishonorable
5 or immoral conduct may be appealed to the PRC within fifteen (15) days from receipt
6 of the PRBM's decision or resolution, and to the Court of Appeals within the same period
7 from the receipt of the decision or resolution of the PRC. The facts and the reasons for
8 the refusal to register shall be clearly stated in writing, communicated to the examinee,
9 and duly incorporated in the records of the PRC.

10 ARTICLE VI

11 THE POST-GRADUATE MEDICAL EDUCATION COUNCIL

12 **SEC. 28. *Creation of the Post-Graduate Medical Education Council.*** – The Post-
13 Graduate Medical Education Council (PGMEC) is hereby created under the
14 administrative supervision of the PRBM.

15 The PGMEC shall consist of a core group and medical practice groups. The core
16 group shall be headed by the incumbent chair of the PRBM or its duly authorized
17 representative, and shall have the following as members:

- 18 a) Chairperson of the Civil Service Commission (CSC), or a duly authorized
19 representative;
- 20 b) Secretary of the DOH, or a duly authorized representative;
- 21 c) Secretary of the Department of Labor and Employment (DOLE), or a duly
22 authorized representative;
- 23 d) Chairperson of the MEC, or a duly authorized representative;
- 24 e) A permanent representative of the INPOP;
- 25 f) A permanent representative of the association of medical colleges; g) A
26 permanent representative of the public hospital association; and h) A
27 permanent representative of the private hospital association.

28 Permanent representatives of medical schools and hospitals associations shall
29 be nominated by representatives of government agencies in the PGMEC: *Provided:*
30 That the CHED shall appoint the permanent representative of medical schools, and the
31 DOH for the hospital association: *Provided, further,* That the appointment shall be for
32 a term of three (3) years and may be renewed upon renomination and reappointment.

33 The members of the PGMEC may designate their permanent representatives to
34 meetings who shall have a rank not lower than an undersecretary or its equivalent, and
35 shall receive emoluments as may be determined by the PGMEC in accordance with
36 existing budget and accounting rules and regulations.

1 The medical practice groups shall be constituted for each medical field or
2 discipline previously identified by the PRBM through a resolution with a minimum of
3 three (3) and maximum of six (6) members. Each group shall be composed solely of
4 physicians who are licensed to practice in the Philippines and actively engaged in the
5 practice of the same medical field or discipline.

6 The members of the medical practice groups shall be appointed by the INPOP
7 for a term of three (3) years: *Provided, That*, no member shall serve for more than
8 three (3) consecutive terms.

9 The INPOP shall promulgate the nomination process for all members of the
10 medical practice groups which shall indicate a clear set of qualifications and credentials
11 for each field or discipline as respectively recommended by the sectors concerned.

12 A total of two (2) Committees shall be created where the members of the core
13 group shall permanently sit. The members appointed to the medical practice groups in
14 each medical field or discipline shall sit with the committees in equal distribution In
15 order to assist the PGMEC in carrying out its functions in their respective medical field
16 or discipline:

17 a) Committee on Training and Certification - It shall determine whether doctors
18 and allied health professionals have satisfactorily completed post-graduate
19 medical education and training and shall issue the certificate of completion of
20 training to examinees who pass the certifying examination; and

21 b) Committee on Policies, Standards and Ethics - It shall formulate standards of
22 post-graduate medical education and training programs, policies on
23 compensation and benefits and working conditions of medical residents and
24 other policies related to the scope and practice of medical residency. It shall
25 handle complaints of medical residents and patients and submit
26 recommendations to the PRBM for approval and action regarding complaints
27 filed. It shall also screen foreign graduates of medicine who would like to
28 undergo residency training in the country.

29 The PGMEC shall create other committees and subcommittees as may be
30 deemed necessary in the accomplishment of its duties and functions.

31 The PRC shall provide a Secretariat for the PGMEC to be composed of both
32 technical and administrative staff. The Secretariat shall coordinate the activities of the
33 different committees and provide technical and administrative support in the efficient
34 and effective coordination of programs, projects, and activities among the different
35 committees of the PGMEC.

1 The members of the PGMEC shall perform their duties as such without
2 compensation or remuneration, but may receive reasonable *per diem* allowances as
3 approved by the PRBM and subject to existing rules and regulations of the DBM.
4 Members thereof who are not government officials or employees shall be entitled to
5 necessary travelling expenses, per diem and representation allowances chargeable
6 against the funds of the PRC, subject to existing rules and regulations of the DBM.

7 The members of the PGMEC shall receive an honoraria chargeable against the
8 funds of the PRC, and in accordance with existing policies.

9 **SEC. 29. Powers and Functions.** – The PGMEC shall ensure the quality of
10 post graduate medical education and training for all disciplines, specialties, and sub-
11 specialties of medical residents and provide policies that will promote humane working
12 conditions and better compensation for medical residents. Moreover, the PGMEC shall
13 be tasked to ensure that the post graduate medical education and training of doctors
14 shall be responsive to the current health service needs of the population. In particular,
15 it shall perform the following functions:

- 16 a) Set the standards of post-graduate medical education and training;
- 17 b) Ensure that the standards set for post-graduate medical education and training
18 are at par with international standards;
- 19 c) Determine whether doctors and allied health professionals who have undergone
20 post-graduate medical education and training have satisfactorily completed the
21 training;
- 22 d) Issue the corresponding certificates to residents who have satisfactorily
23 completed the post graduate medical education and training in either
24 government or private hospitals and have passed the certifying examinations
25 conducted by the Committee on Training and Certification;
- 26 e) Screen foreign graduates of medicine who will undergo post graduate medical
27 education and training in the country and assess the equivalence of their basic
28 medical education to the standard curriculum prescribed in Philippine schools
29 of medicines;
- 30 f) Work for the provision of better compensation and benefits and humane
31 working conditions for residents, in consultation with appropriate agencies;
- 32 g) Receive and act on complaints of residents against post-graduate training
33 institutions as well as complaints of patients against residents;
- 34 h) Ensure that post graduate medical education and training will always be
35 responsive to the health needs of the population;
- 36 i) Maintain a registry or database of residents, including foreigners with
37 temporary training permits and Filipino doctors training or specializing overseas
38 and accredited post graduate medical education and training programs;

- 1 j) Monitor and evaluate post graduate medical education and training programs
- 2 regularly;
- 3 k) Prescribe remedial measures to improve deficient post graduate medical
- 4 education and training programs; and
- 5 l) Seek or request the assistance and support of any government agency, office
- 6 or instrumentality including government-owned or controlled corporations, local
- 7 government units, as well as non-governmental organizations or institutions in
- 8 pursuance of its functions.

9 **SEC. 30. *Training Curriculum of Post-graduate Medical Education Programs.***

10 – The training officers or their equivalent shall prepare a training curriculum that shall

11 meet the standards to be set by the Committee on Policies, Standards and Ethics

12 (CPSE) of the PGMEC. The training curriculum shall be at par with international

13 standards and shall be responsive to the health needs of the population. The CPSE

14 shall be given one (1) year from the time of its creation to prepare uniform standards

15 of post graduate medical education programs.

16 **SEC. 31. *Qualifications of Applicants to Post Graduate Medical Education and***

17 ***Training Programs.*** – The following shall be the minimum qualifications of applicants

18 to post-graduate medical education programs:

- 19 a) Passing score in the licensure examination;
 - 20 b) No previous criminal conviction or administrative liability, or both; and
 - 21 c) Clearance by the Board for foreign graduates of medicine
- 22 The Board shall set such other qualifications that it may deem necessary.

23 **SEC. 32. *General Conditions for the Post-graduate Medical Education and***

24 ***Training of Foreign Medical Graduates.*** – The following general conditions shall

25 be applied to foreign graduates of medicine who undergo medical residency training in

26 the Philippines:

- 27 a) Accredited residency training programs shall be allowed to accept foreign
- 28 medical graduates in cases wherein no Filipino physicians are applying for the
- 29 same vacancy. Filipino physicians shall be given the first priority in filling up
- 30 vacancy for medical residents;
- 31 b) Foreign graduates of medicine shall secure a clearance from the PRBM before
- 32 applying with any accredited residency training program;
- 33 c) Foreign medical graduates shall undergo a basic language course In Filipino or
- 34 the dialect, or both, that is used in the locality where the accredited institution
- 35 is located before commencing medical residency. A certificate of proficiency In
- 36 Filipino and the dialect of the locality shall be obtained by the foreign graduate
- 37 of medicine from a CHED-accredited state university or tertiary education

1 institution located in the locality where the foreign graduate in medicine wishes
2 to undergo post graduate medical education or training before the PRBM may
3 issue a clearance. For accredited institutions located in areas wherein Filipino
4 is the language used by the majority, proficiency in a dialect shall no longer be
5 required;

6 d) Foreign graduates of medicine shall be required to undergo a seminar on
7 Philippine history, culture and government as well as the Philippine health care
8 delivery system prior to the commencement of post graduate medical education
9 or training; and

10 e) Foreign graduates of medicine must have no previous criminal conviction or
11 administrative liability In the Philippines and their country of origin

12 **SEC. 33. *Working Conditions of Residents.*** – The following shall be strictly
13 observed by all accredited post graduate medical education or training institutions:

14 a) No resident shall be allowed to go on duty for more than twenty-four (24) hours
15 straight, except in extraordinary cases to be determined by the hospital
16 administrator;

17 b) Residents shall be entitled to at least one day off from hospital duty every week;

18 c) Residents shall be given standard quarters in the hospital where they can stay
19 during their tour of duty;

20 d) Residents shall only perform those functions that are related to their post
21 graduate medical education or training. Their superiors are hereby prohibited
22 from issuing orders that are not related to the training of residents or are
23 demeaning to a resident's dignity as a person. The PGMEC shall receive and
24 investigate complaints of this nature from residents;

25 e) Residents are entitled to adequate periods for meal breaks and personal care
26 during their tour of duty; Residents shall be supervised by their superior at all
27 times especially when performing critical procedures on patients. In the case
28 of junior residents, the senior resident or consultant shall always be available
29 for supervision and assistance, and in the case of senior residents, their
30 consultants; and

31 f) Residents shall be treated equally. No resident shall be discriminated because of
32 gender, race, ethnicity or religion.

33 **SEC. 34. *Salary and Other Benefits.*** – The salary grade of all doctors in government
34 hospitals and clinics shall not be lower than Salary Grade 22 in the position classification
35 and compensation system under Republic Act No 6758, entitled "An Act Prescribing a
36 Revised Compensation Position Classification System In the Government and for Other
37 Purposes, as Amended". They shall be entitled to overtime pay and night differential
38 pay for services rendered beyond eight (8) hours, or for services rendered beyond ten

1 o'clock in the evening to six o'clock in the morning. Hazard pay shall be given as
2 stipulated in Republic Act No. 7305, otherwise known as the "Magna Carta for Public
3 Health Workers", for residents of public hospitals.

4 **SEC. 35. Professional Conduct of Residents** – A resident shall observe the
5 following professional conduct at all times:

- 6 a) Uphold the dignity, privacy, and rights of the patient;
- 7 b) Perform assigned functions with utmost diligence especially those related to
8 care of patients so as not to inflict any harm on the patient;
- 9 c) Refrain from engaging in unacceptable practices such as:
 - 10 i) Receiving any form of payment from their patients;
 - 11 ii) Accepting commission from laboratories, diagnostic facilities,
12 pharmacies for referring patients to these facilities;
 - 13 iii) Obtaining excess and unused medicines, drugs and other materials from
14 patients or the supply source, without proper permission;
 - 15 iv) Selling medicines, drugs and other materials to patients or the patient's
16 relatives;
 - 17 v) Selling free samples of drugs or other medicines; and
- 18 d) Receiving money or any form of incentives from any pharmaceutical company
19 for prescribing their brand of drugs, medicines and other materials;
- 20 e) Treat superiors, subordinates, co-workers and patient's relatives with utmost
21 respect;
- 22 f) Observe the provisions of Republic Act 6675, otherwise known as the "Generics
23 Act of 1988", and Republic Act 9502, otherwise known as the "Cheaper and
24 Quality Medicines Act of 2008"; and
- 25 g) Render full time service to the hospital where the resident is employed. The
26 resident shall not engage in any part-time job outside the hospital.

27 **SEC. 36. Responsibilities of Accredited Post-Graduate Medical Education/
28 Training Institutions.** – In addition to the enforcement of the provisions of Section
29 34 of this Act, accredited post graduate medical education and training institutions shall
30 have the following responsibilities:

- 31 a) Submit regularly the names of residents undergoing training in their institution
32 and such other relevant information to the PRBM;
- 33 b) Provide the necessary logistics, equipment, and other medical supplies to
34 residents while undergoing post graduate medical education and training; and
- 35 c) Conduct of periodic evaluation of competencies acquired by residents per year
36 level.

1 **SEC. 37. Grievance System** – A grievance system Is hereby established wherein any
2 aggrieved party may seek redress in accordance with the following rules and
3 procedures:

- 4 a) A complaint must be filed with the CPSE. The CPSE shall rule on the complaint
5 through a notice of resolution within sixty (60) calendar days from receipt thereof;
- 6 b) An appeal from the decision of the CPSE must be filed with the PGMEC within thirty
7 (30) calendar days from receipt of the notice of resolution;
- 8 c) The PGMEC shall promptly and expeditiously issue its decision or resolution on each
9 appeal or grievance within sixty (60) days from the date it is submitted to it for
10 determination;
- 11 d) Non-observance of the periods set forth in this Section shall subject the responsible
12 officer or employee to the penalties prescribed under Section 40 of this Act.

13 All parties shall keep the proceedings confidential during the pendency of the
14 case before the Committee.

15 **SEC. 38. Hearing Procedures of the CPSE.** – Upon the filing of the complaint, the
16 CPSE, after consideration of the allegations thereof, may dismiss the case outrightly
17 due to lack of verification, or for failure to state the cause of action, or any other valid
18 ground for the dismissal of the complaint after consultation with the PGMEC, or require
19 the respondent to file a verified answer within five (5) days from service of summons.

20 In case the respondent fails to answer the complaint within the reglementary
21 five- day period herein provided, the CPSE, *motu proprio* or upon motion of the
22 complainant, render judgment as may be warranted by the facts alleged in the
23 complaint and limited to what is prayed for therein.

24 After an answer is filed and the issues are joined, the CPSE shall require the
25 parties to submit, within ten (10) days from receipt of the order, the affidavits of
26 witnesses and other evidence on the factual issues defined therein, together with a
27 brief statement of their positions setting forth the law and the facts relied upon by
28 them. In the event that the CPSE finds, upon consideration of the pleadings, the
29 affidavits and other evidence, and position statements submitted by the parties, that a
30 judgment may be rendered thereon without need of a formal hearing, it may proceed
31 to render judgment not later than ten (10) days from the submission of the position
32 statements of the parties.

33 In cases where the CPSE deems it necessary to hold a hearing to clarify specific
34 factual matters before rendering judgment, it shall set the case for hearing. At such
35 hearing, the proponent may conduct a direct examination of witnesses on the basis of
36 their affidavits and may be cross-examined by the adverse party. The order setting the
37 case for hearing shall specify the witnesses who will be called to testify, and the matters

1 which their examination will pertain to. The hearing shall be terminated within fifteen
2 (15) days, and the case decided upon by the CPSE within fifteen (15) days from such
3 termination.

4 The decision of the CPSE shall become final and executory fifteen (15) days
5 after notice thereof: *Provided*, That the same may be appealable to the PGMEC within
6 thirty (30) days from receipt of the copy of the judgment appealed from. An appellee
7 shall be given fifteen (15) days from notice to file a memorandum after which the
8 PGMEC shall decide on the appeal within sixty (60) days from the submission of the
9 said pleadings.

10 The decision of the PGMEC shall also become final and executory fifteen (15)
11 days after notice thereof: *Provided, however*, That the same may be reviewed by the
12 Supreme Court on purely questions of law in accordance with the Rules of Court.

13 The CPSE and the PGMEC, in the exercise of their quasi-judicial functions can
14 administer oaths, certify to official acts, and issue (a) subpoena to compel the
15 attendance and testimony of witnesses, and (b) subpoena *duces tecum and ad*
16 *testificandum* to enjoin the production of books, papers and other records and to testify
17 therein on any question arising out of this Act. Any case of contumacy shall be dealt
18 with in accordance with the provisions of the Revised Administrative Code and the
19 Rules of Court. The PGMEC or the CPSE, as the case may be, shall prescribe the
20 necessary administrative sanctions.

21 In all its proceedings, the PGMEC or the CPSE shall not be bound by the
22 technical rules of evidence: *Provided, finally*. That the Rules of Court shall apply with
23 suppletory effect.

24 **SEC. 39. Violations.** – Any accredited residency training institution or any of its
25 resident, or both that have been found violating any provisions of this Act shall have
26 the following penalties:

- 27 a) First Offense - reprimand;
28 b) Second Offense - suspension with duration depending on the gravity of the
29 offense but not exceeding six (6) months;
30 c) Third Offense – revocation of the accreditation of the training institution, and
31 in the case of a resident on postgraduate training, non-issuance of a certificate
32 of completion of post graduate medical education or training by the PGMEC and
33 removal from the residency training program.

1 ARTICLE VII

2 REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION

3 **SEC. 40. *Acts Constituting the Practice of Medicine.*** – The following are acts
4 constituting the practice of medicine:

5 a) History taking and physical examination of any person for disease, injury, and
6 deformity, for the purpose of diagnosing, treating, operating, prescribing, or
7 dispensing any remedy thereof;

8 b) History taking and physical examination through submission of photographs
9 and videos or any communication through telecommunication or electronic
10 means for any disease, injury and deformity; diagnosing and prescribing or
11 dispensing any remedy thereof through electronic means or telemedicine;

12 c) Examining a person's mental condition for any ailment, real or imaginary,
13 regardless of the nature of the remedy or treatment administered, prescribed,
14 or recommended;

15 d) Offering or undertaking to diagnose, treat, operate or prescribe, and administer
16 any remedy for any human disease, injury, deformity, physical or mental
17 condition, either personally or by means of signs, cards, or advertisements by
18 way of mass media or any other means of communication;

19 e) Using or affixing the suffix "M.D." to the physician's name in written or oral
20 communications. Unless specified, the letters "M.D." shall mean Doctor of
21 Medicine, provided that only those who have passed the physician's licensure
22 examination are allowed to use the title "M.D."; and

23 f) Conducting formal medical classes in medical schools, seminars, lectures,
24 symposia, and the like.

25 **SEC. 41. *Scope of Medical Practice.*** – The scope of the practice of medicine are
26 the following:

27 a) The application of medical knowledge, skill, and judgment for the promotion of
28 good health;

29 b) The prevention and treatment of physical, mental, or psychosocial diseases,
30 disorders, injuries, and conditions; and

31 c) The assessment and management of a physical, mental, or psychosocial
32 disease, disorder, injury or condition of an individual or group of individuals at

1 any stage of the biological life cycle, including, including the prenatal and
2 postmortem periods delivered either in clinical or non- clinical settings.

3 The practice of medicine also covers the following:

4 a) Clinical Practice of Medicine

5 1) General Care Practice refers to the professional practice of a General
6 Physician who has completed basic medical education and medical
7 internship, has obtained a PRC license, and is without or has not completed
8 any formal post-graduate medical education and training as specified by
9 these Act. A general physician or a specialist may be a Primary Care Provider
10 as long as the defined competencies in Primary Care as certified by the DOH,
11 as provided for in Republic Act 11223 or the "Universal Health Care Act", are
12 obtained.

13 2) Limited Specialty Care Practice refers to the clinical practice of a General
14 Physician with additional credentials to independently provide particular
15 emergency and essential healthcare services in locations where specialist
16 physicians are unavailable or inaccessible, obtained after undergoing the
17 necessary qualifications and training as may be determined by the respective
18 PRBM- recognized professional specialty organization or board, and
19 monitored regularly by the same.

20 3) Specialty Medical Practice refers to the professional practice of a Specialist
21 Physician who is a licensed physician and has completed additional formal
22 post-graduate medical education or training in a distinct clinical medical
23 discipline focused on a defined group of patients, diseases, skills, or
24 philosophy and has been certified by the PGMEC Committee on Training and
25 Certification. The scope of specialty medical practice refers to the diagnosis
26 and management of specific conditions as defined by the PGMEC.

27 b) Non- Clinical Practice of Medicine

28 1) Refers to the practice of the profession wherein the physician is engaged in
29 the application of medical knowledge in the fields of health research, basic
30 medical education, public health and health systems, health
31 communications, health industry and administration among others.

32 **SEC. 42. Exceptions.** – For purposes of this Act, the following shall not be considered
33 as engaging in the practice of medicine: Provided, That they are attending patients
34 under the direct supervision and control, and under the presence of a duly licensed
35 physician.

36 a) Medical students and clinical clerks, and interns attending to patients;

- 1 b) Foreigners who intend to undergo or undergoing post-graduate medical
2 education and training or otherwise under training who shall obtain the required
3 special permit from the PRC;
- 4 c) Any non-medical person trained , certified, licensed to carry out specific
5 interventions in emergency or urgent situations to save lives and prevent injury
6 according to the level of competence determined by their training and certifying
7 examinations;
- 8 d) Non-medical educators who have attained a master's or a doctoral degree on a
9 specific field in the basic sciences of the medical field; and
- 10 e) Practitioners of Traditional and Complementary Medicine modalities or systems who
11 are regulated by the Philippine Institute of Traditional and Alternative Health Care
12 (PITAHC).

13 **SEC. 43. Reciprocity.** – A foreigner may be allowed to practice medicine in the
14 Philippines without having to undergo the Physician's Licensure Examination, if and
15 when, the country of which the foreigner is a citizen allows Filipino citizens to practice
16 medicine under the same conditions such as the following:

- 17 a) The country of which the foreigner is a citizen, imposes the same academic and
18 training requirements for its citizens to be able to practice medicine;
- 19 b) There is a reciprocity agreement, executive agreement or international
20 agreement, or treaty to this effect, signed by both the government of the
21 Philippines and the country of which the foreigner is a citizen, and
- 22 c) The foreigner must show documents equivalent to the PRC ID or Certificate of
23 Registration attesting that the foreign country's regulatory boards of medicine
24 have allowed the foreigner to practice the medical profession.
- 25

26 **SEC. 44. Special Permits to Practice Medicine in the Philippines.** – In the
27 absence of a reciprocity agreement, executive agreement, international agreement, or
28 a treaty, a foreigner may be allowed to practice medicine in the Philippines subject to
29 the following conditions:

- 30 a) The foreigner must obtain a special permit from the PRC;
- 31 b) The special permit shall specify the purpose, limitations, place of practice, and
32 such other conditions as may be imposed by the PRC such as:
- 33
- 34 i) A period of not more than one (1) year, subject to renewal or extension:
35 Provided, That the renewal or extension shall be under the same process
36 and requirements as hereinabove described;
- 37 ii) The specific area of medical specialization;

- 1 iii) The specific place of practice, such as clinic, hospital, center, medical
2 school as the case may be;
- 3 iv) Payment of the required fees; and
- 4 v) Undertaking that the foreigner shall conduct oneself according to the
5 Code of Ethics of Medical Practice in the Philippines.

6 The PRC may issue a special permit to a foreigner not covered by any
7 reciprocity agreement or treaty under Section 45 hereof under the following
8 guidelines:

- 9 1) Physicians who are citizens of and licensed in foreign countries whose
10 services are for free: Provided, That a reasonable honorarium may be
11 allowed for daily subsistence during their stay or service in the Philippines;
- 12 2) Physicians who are internationally well- known specialists or publicly
13 acknowledged as experts in any area of medical specialization; and
- 14 3) Physicians of foreign countries whose services are urgently necessary,
15 owing to the lack of available local specialists or experts, or for the
16 promotion or advancement of the practice of medicine including, health
17 technology transfer, the conduct of formal classes or training, and acting
18 as resource persons in medical seminars, I, and symposia;
- 19 4) Physicians licensed in foreign countries who intend to render free medical
20 services to indigent patients in a particular Philippine hospital, center or
21 clinic: Provided, That they render such services under the direct supervision
22 and control of a duly licensed Filipino physician; and
- 23 5) Physicians licensed in foreign countries employed as exchange professors
24 in any area of medical specialization.

25 **SEC. 45. Administrative Investigation and Disciplinary Actions.** – The PRBM
26 shall have the power, upon proper notice and hearing, after finding of guilt, to suspend
27 the practice of profession or revoke the certificate of registration of a physician, or
28 issue, reprimand, or cancel the special or temporary permit or temporary training
29 permit issued to a foreign physician for any of the following grounds or causes:

- 30 a) Final conviction by a court of competent jurisdiction of any criminal offense
31 involving moral turpitude;
- 32 b) Immoral or dishonorable conduct;
- 33 c) Mental incapacity;
- 34 d) Fraud in the acquisition of the certificate of registration and the professional
35 identification card or temporary or special permit or temporary training permit;
- 36 e) Gross negligence, ignorance, or incompetence in the practice of the profession,
37 resulting in an injury to or death of the patient;
- 38 f) Addiction to alcoholic beverages, any habit- forming drugs, or any form of illegal
39 gambling, rendering the physician incompetent to practice the profession;

- 1 g) Making or causing to be made false, misleading, extravagant or unethical
2 advertisements or making or causing to be made advertisements wherein
3 things other than the name, profession, limitation of practice, clinic hours, office
4 and home address are mentioned;
- 5 h) Issuance of any false statement or spreading any false news or rumor which is
6 derogatory to the character and reputation of another physician without
7 justifiable motive;
- 8 i) Knowingly issuing any false medical certificates or findings or making any
9 fraudulent claims with government or private health insurance;
- 10 j) Performance of, or aiding in, any abortion;
- 11 k) Allowing one's self as the dummy physician or as tool of any person who is
12 unqualified or unlicensed to practice general or specialty medicine, except in
13 aid of training of a medical student or resident physician: Provided however,
14 That this provision shall not apply when an act constituting the practice of
15 general or specialty medicine is performed in an accredited hospital, clinic, or
16 medical center or by an accredited practitioner. A dummy physician is one who
17 makes it appear to be the person who has actually treated a patient when in
18 fact it was another person, and on the basis of which, accepted a professional
19 fee;
- 20 l) Abetting or assisting in the illegal practice by a person who is not lawfully
21 qualified to practice medicine, either general or specialty medicine;
- 22 m) Using or advertising any title or description tending to convey the impression
23 to the general public that one is a specialist in a medical field when in fact one
24 is not;
- 25 n) Practicing the profession during the period of one's suspension or during the
26 period one's license is revoked;
- 27 o) Willful failure or refusal to be a member of good standing of the INPOP; and
28 p) Violation of any provision of the Code of Ethics for Physicians as prescribed by
29 the INPO, subject to the approval of the PRC.

30 **SEC. 46. *Rights of the Parties.*** – The private complainant and the respondent
31 physician shall be entitled to the following rights: to be heard, to be assisted by a
32 counsel of choice, to have a speedy, impartial public hearing, to confront and meet
33 the witness, production of evidence, and to all other rights guaranteed by the
34 Constitution and the Rules of Court. All cases filed or pending under this Act, except
35 those filed or pending in courts and other quasi-judicial and investigative bodies, shall
36 not be discussed or taken up in any other forum until after the same shall have been
37 decided with finality.

38 **SEC. 47. *Appeal from Judgment*** – The decision of the PRC shall become final after
39 fifteen (15) days from the date of receipt of such decision by the parties or their
40 counsel. Within the same period, the aggrieved party may ask for a reconsideration of

1 the decision for being contrary to law or for insufficiency of evidence. No second
2 motion for reconsideration to the PRBM shall be allowed. A decision of suspension,
3 revocation of the certificate of registration, or removal from the roll of physicians by
4 the PRBM as provided herein may be appealed to the PRC within fifteen (15) days
5 from receipt thereof.

6 **SEC. 48. *Re-issuance of Revoked certificate of Registration and***
7 ***Professional Identification Card, and Replacement of Lost Certificate of***
8 ***Registration and Identification Card.*** – After two (2) years, the PRBM may order
9 the reinstatement of any physician whose certificate of registration has been revoked
10 if the respondent has shown or has acted in an exemplary manner in the community.

11 A new certificate of registration or professional identification cards may then be
12 issued, subject to the rules imposed by the PRC.

13 **SEC. 49. *Mandatory use of Certificate of Registration, Professional and***
14 ***Integrated National Professional Organization of Physicians (INPOP)***
15 ***Membership Card and Professional Tax Receipt Number.*** – A duly registered
16 physician shall indicate the certificate of registration number, the number and expiry
17 date of the professional identification card and INPOP membership card, and the
18 Professional Tax Receipt number all prescription and other documents used or issued
19 in connection with the practice of profession.

20 **SEC. 50. *Vested Rights.*** – All physicians registered at the time this Act takes effect
21 shall be automatically registered under the provisions hereof, without prejudice to
22 their compliance with other requirements herein set forth.

23 All physicians whose names appear at the roll of physicians at the time of the effectivity
24 of this Act shall automatically be registered by the PRBM and the PRC as physicians
25 and, thereafter, by the INPOP as its bona fide members pursuant to Section 27 of this
26 Act.

27 ARTICLE VIII

28 INTEGRATED PHYSICIANS' ASSOCIATION OF THE PHILIPPINES

29 **SEC. 51. *Integration of the Profession.*** – The profession shall be integrated into
30 one (1) Integrated National Professional Organization of Physicians (INPOP) to be duly
31 recognized by the PRBM and the PRC. A physician duly registered and licensed by the
32 PRBM and the PRC shall automatically become a member of the INPOP and shall
33 receive the benefits and privileges appurtenant thereto upon payment of the required

1 reasonable fees and dues. Membership in the INPOP shall not be a bar to membership
2 in any other association of physicians.

3 Within six (6) months from the enactment of this law, there shall be created a
4 Commission on Medical Profession Integration (CMPI) headed by the PRC Chairperson
5 or a duly authorized representative, and representatives from existing medical
6 associations as members, which shall supervise and oversee the integration of the
7 medical profession into one national professional organization of Physicians, the
8 creation of its constitution and by-laws and election of officers. The CMPI shall cease
9 to exist upon the establishment of the INPOP.

10 **SEC. 52. Investigative and recommendatory power of the Integrated**
11 **national professional Organization.** – The INPOP shall have the power to
12 investigate violations of this Act, Code of Ethics, and the pertinent rules and
13 regulations, administrative policies, orders, and issuances. The rules on administrative
14 investigation promulgated by the INPOP shall govern in such proceedings.

15 If the complaint appears to be meritorious, the organization shall issue a
16 recommendation and initiate proper charges against erring physicians before the
17 PRBM. If the complaint does not merit action, or if the answer shows to the satisfaction
18 of the organization that the complaint is not meritorious, the same may be dismissed
19 upon their recommendation. The PRBM may review the case *motu proprio* or upon
20 timely appeal of the complainant filed within fifteen (15) days from notice of the
21 dismissal of the complainant.

22 **SEC. 53. Mandatory Continuing Professional Development** – The PRBM shall
23 implement a mandatory continuing professional development for physicians consistent
24 with the guidelines of the Continuing Professional Development (CPD) as shall
25 hereafter be promulgated by the PRC.

26 ARTICLE IX

27 PENAL PROVISIONS

28 **SEC. 54. Penalties** – The penalty of imprisonment of not less than one (1) year but
29 not exceeding five (5) years, or a fine of not less than Two hundred thousand pesos
30 (P200,000.00) but not exceeding Five hundred thousand pesos (P500,000.00), or
31 Doth, upon the discretion of the court, shall be imposed upon:

32 a) Any person who practices or offers to practice medicine in the Philippines
33 without a valid certificate of registration and a valid professional identification

1 card, or a valid temporary/special permit or temporary training permit in
2 accordance with the provisions of this Act;

3 b) Any person using or attempting to use as one's own the certificate of
4 registration or professional identification card or temporary/special permit or
5 temporary training permit duly issued to another;

6 c) Any person who shall give any false or forged documents, credentials and any
7 other proof of any kind to the PRBM or PRC in order to obtain a certificate of
8 registration or professional Identification card or temporary/special permit or
9 temporary training permit;

10 d) Any person who shall falsely present oneself as a bona fide registrant with like
11 or different name;

12 e) Any person who shall attempt to use a revoked or suspended certificate of
13 registration or a cancelled or expired temporary/special permit;

14 f) Any person who shall use or advertise any title or description tending to convey
15 the impression to the general public that one is a registered and licensed
16 physician or specialist when in fact one is not; and

17 g) When any of the acts defined in paragraphs 1 and 4 of this section is committed
18 by a person against three (3) or more persons, or when any of such acts is
19 committed by at least three (3) persons who conspire with one another, or
20 when death occurs as result of the commission of the prohibited act mentioned
21 in paragraph (k) of Section 46 of this Act, the offense shall be considered as a
22 qualified offense and shall be punished by life imprisonment and a fine of not
23 less than Five Hundred Thousand Pesos (P500,000) but not more than two (2)
24 Million pesos (P2,000,000.00). Prosecution of offense under this Act shall be
25 without prejudice to a separate prosecution under the provisions of the Revised
26 Penal Code and other laws.

27 **SEC. 55. Cease and Desist Order.** – Upon written motion by any interested party
28 and after notice and hearing, the PRBM may issue a cease and desist order to a person
29 not authorized to practice medicine. However, if it is shown in the affidavit/s attached
30 to the motion that the movant or the general public will suffer grave Injustice or
31 irreparable injury, the Chairperson of the PRBM, or upon the Chairperson's absence,
32 any PRBM member holding office, may issue within seventy-two (72) hours the cease
33 and desist order. The Rules of the Court is supplementary for this purpose.

34 The PRBM and PRC shall file an appropriate case for contempt of court against
35 any person who fails or refuses to obey the cease and desist order.

1 ARTICLE IX

2 MISCELLANEOUS PROVISIONS

3 **SEC. 56. Annual Report.** – The PRBM shall, on or before the end of January of the
4 year following the enactment of this Act, and every year thereafter, submit to the PRC
5 its annual report of accomplishments on programs, projects and activities for the
6 calendar year together with its appropriate recommendations on issues or problems
7 affecting the practice of medicine.

8 **SEC. 57. Appropriations.** – The amount necessary to carry out the provisions of
9 this Act shall be included in the annual General Appropriations Act.

10 **SEC. 58. Implementing Rules and Regulations.** – Within ninety (90) days after
11 the approval of this Act, the CHED and PRC, in consultation and coordination with
12 appropriate government agencies, representatives from the private sector, and other
13 stakeholders, shall promulgate the necessary implementing rules and regulations for
14 the effective implementation of this Act.

15 **SEC. 59. Transitory Provisions.** – The incumbent Board of Medicine shall continue
16 to function in the interim until such time as the PRBM shall have been constituted
17 pursuant to this Act.

18 **SEC. 60. Separability Clause.** – If any part or provision of this Act is held Invalid
19 or unconstitutional, the remaining parts or provisions not affected shall remain in full
20 force and effect.

21 **SEC. 61. Repealing Clause.** – The following laws and decree are hereby repealed:

- 22 a) Republic Act No. 2382, otherwise known as the "Medical Act of 1959";
- 23 b) Republic Act No. 1243, otherwise known as the law on the "Tenure of Office of
24 Hospital Residents in Government Training Hospitals under DOH";
- 25 c) Republic Act No. 2251, amending Section 1 of Republic Act no. 1243, or the
26 "Tenure of Office of Hospital Residents in Government Training Hospitals under
27 the DOH";
- 28 d) Republic Act No. 5901, otherwise known as "Forty Hours a Week of Labor for
29 Government and Private Hospitals or Clinic Personnel"; and
- 30 e) Presidential Decree No. 1424, otherwise known as the "Hospital Residency
31 Law".

32 All other laws, decrees, executive orders and other administrative issuances and parts
33 thereof which are inconsistent with the provisions of this Act are hereby modified,
34 superseded, or repealed accordingly.

1 **SEC. 62. *Effectivity*** – This Act shall take effect fifteen (15) days following its
2 publication in the *Official Gazette* or in a newspaper" of general circulation in the
3 Philippines.

Approved,