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First Regular Session]

SENATE
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SENATE
S.B. No. 1117

RECEIVED BY: 

Introduced by SEN. WIN GATCHALIAN

AN ACT
PROVIDING FOR A MORE RESPONSIVE AND COMPREHENSIVE
REGULATION FOR THE PRACTICE OF THE MEDICAL PROFESSION,
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:

- 1 ARTICLE I
- 2 POLICY, OBJECTIVES, AND ENFORCEMENT
- 3 SECTION 1. *Short Title.* – This Act shall be known as the “Physicians Act”.
- 4
- 5 SEC. 2. *Declaration of Policy.* – The State recognizes the vital role of physicians in
- 6 the preservation, maintenance, safeguarding, treatment, and enhancement of the life,
- 7 health, and general welfare of the citizenry. The professional services of physicians shall,
- 8 therefore, be promoted as a regular component of the total health care system.
- 9
- 10 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 licensure and registration of physicians;
- c) Supervision and regulation of the practice of medicine;
- d) Integration of the profession under one national professional organization of physicians; and
- e) Upholding of patient welfare and patient safety as the primary consideration in the practice of medicine and promoting competence, moral values, and professional ethics of members of the medical profession.

SEC. 4. *Enforcement.* – For purposes of implementing the provisions of this Act, there shall be created the following: the Medical Education Council (MEC), the Professional Regulatory Board of Medicine (PRBM), the Post-Graduate Medical Education Council (PGMEC), and the Integrated National Professional Organization of Physicians (INPOP).

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

ARTICLE II

DEFINITION OF TERMS

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

- a) *Accreditation* refers to an evaluation mechanism of the PRBM of the Professional Regulation Commission (PRC) through the PGMEC that assesses the capability of a healthcare institution to conduct a post-graduate medical education or training program in a particular specialty or subspecialty of medicine through compliance with a series of pre-defined, explicitly written standards;
- b) *Basic medical education* refers to a four (4)-year post-baccalaureate program

1 offered by a medical college recognized by the Commission on Higher Education
2 (CHED) composed of core curricular and clinical subjects, the completion of
3 which leads to the conferment of the degree of Doctor of Medicine and grants
4 the holder the eligibility to take the Physician Licensure Examination (PLE) after
5 a one (1)-year medical internship; or a five (5)-year post-baccalaureate program
6 inclusive of a one (1)-year medical internship offered by a medical college
7 recognized by CHED composed of core curricular and clinical subjects, the
8 completion of which leads to the conferment of the degree of Doctor of Medicine
9 and grants the holder the eligibility to take the PLE;

10 c) *Clinical clerkship* refers to a course offered in the fourth (4th) year of a basic
11 medical education program that consists of supervised, time-bound rotations
12 and application of patient and community care in different medical disciplines
13 in hospital, community, classroom and other teaching-learning settings
14 involving both didactic and practical studies;

15 d) *Higher education institution (HEI)* refers to an educational institution, private or
16 public, undertaking operations of higher education programs with an organized
17 group of students pursuing defined studies in higher education, receiving
18 instruction from teachers, usually located in a building or group of buildings in
19 a particular site specifically intended for educational purposes;

20 e) *Illegal practice of medicine* refers to the practice of the medical profession
21 without the required valid certificate of registration for physicians and valid
22 professional identification card issued by the PRC;

23 f) *Innovative curriculum* refers to a curriculum that applies non-traditional,
24 flexible, creative, and open curricular frameworks, teaching-learning models,
25 and methods of evaluation and assessment applied to basic medical education
26 in real world situations as defined by the CHED;

27 g) *Medical college* refers to a learning institution which has complied with the
28 standards and requirements set forth and duly recognized by the CHED to offer
29 a complete basic medical education program leading to a degree of Doctor of
30 Medicine. It may also be known as College of Medicine, Faculty of Medicine,

1 Institute of Medicine, School of Medicine, Medical Schools or other similar
2 names;

3 h) *Medical internship* refers to a one (1)-year post graduate internship training
4 program after completion of four (4) years of basic medical education from a
5 medical college or the fifth (5th) year of a five (5)-year basic medical education
6 program that is supervised and monitored by the MEC in which a Doctor of
7 Medicine undergoes a supervised, time-bound rotation and application of
8 patient and community care in different medical disciplines in accredited
9 hospitals and other settings as a requisite for the PLE;

10 i) *Medical specialty* refers to a major branch or discipline of medicine under which
11 a physician has special knowledge and skill acquired after residency or
12 specialized training in an accredited specialty training institution;

13 j) *Physician Licensure Examination (PLE)* refers to an evaluative process
14 conducted by the PRBM to eligible candidates in order to obtain a license to
15 practice medicine;

16 k) *Post-graduate medical education* refers to an educational program either
17 through a clinical or non-clinical track or alternative track, pursued after
18 conferment of a Doctor of Medicine degree, and referring to any type of formal
19 medical education/training in a hospital, community, facility, institute, or HEI or
20 any combination thereof leading to specialization;

21 l) *Post-graduate medical education – clinical track* refers to a post-graduate
22 medical education/training program for licensed physicians in a particular
23 specialty or subspecialty of medicine in a PRBM accredited training program in
24 a hospital and community setting involving direct patient care and may include
25 residency or subspecialty fellowship training;

26 m) *Post-graduate medical education – non-clinical track* refers to a post-graduate
27 medical education and training program for medical graduates or licensed
28 physicians in an HEI conferring a post-graduate academic degree involving basic
29 medical sciences or other health-related fields or disciplines without direct
30 patient care and includes research, medical education, public health, health

- 1 systems and health-related administration;
- 2 n) *Post-graduate medical education – alternative track* refers to a post-graduate
3 medical education and training program of licensed physicians for a particular
4 specialty of medicine in a Department of Health (DOH)-accredited alternative
5 track, consisting of preceptorship, modular, mentorship, or clinical fellowship
6 training of not less than two (2) years of clinical practicum and comprehensive
7 direct specialty patient care;
- 8 o) *Primary care* refers to initial contact, accessible, continuous, comprehensive and
9 coordinated care that is accessible at the time of need including a range of
10 services for all presenting conditions, and the ability to coordinate referrals to
11 other health care providers in the health care delivery system, when necessary;
- 12 p) *Resident/Fellow trainee* refers to a licensed physician undergoing post-graduate
13 medical education and training in a particular specialty for resident or
14 subspecialty for fellow of medicine in a DOH-Retained Hospital, or PRBM and
15 INPOP accredited training institution;
- 16 q) *Specialty Board Certifying Examination* refers to the evaluative process
17 conducted by the PRBM and INPOP;
- 18 r) *Special permit* refers to the document secured by a foreign medical professional
19 in the absence of a reciprocity agreement, executive agreement, or treaty, to
20 be allowed to practice medicine in the Philippines;
- 21 s) *Telemedicine* refers to the practice of medicine by means of electronic and
22 telecommunications technologies such as by telephone, internet-enabled
23 messaging, short messaging service (SMS), or audio- and video-conferencing,
24 to deliver health care that cannot otherwise be done face-to-face due to certain
25 conditions such as the physical distance between the patient and the physician;
26 and
- 27 t) *Temporary training permit* refers to the document secured by a foreign medical
28 professional after compliance with the requirements for medical residency
29 training or post graduate medical education training which shall be valid for a
30 period co-terminus with the medical residency or post-graduate medical

1 education training, unless sooner revoked for cause.

2 ARTICLE III

3 THE MEDICAL EDUCATION COUNCIL AND THE MEDICAL DEGREE PROGRAM

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

- 6 a) Chairperson of the CHED, or the Chairperson's duly authorized
7 representative, as Chairperson of the MEC;
- 8 b) Secretary of the DOH, or the Secretary's duly authorized representative, as
9 member;
- 10 c) Chairperson of the PRC-PRBM, or the Chairperson's duly authorized
11 representative, as member;
- 12 d) President of the INPOP, or the President's duly authorized representative,
13 as member;
- 14 e) The President of the National Association of Medical Schools duly
15 recognized by the CHED, or the President's duly authorized representative,
16 as member; and
- 17 f) The President of the National Association of Hospitals duly recognized by
18 the DOH, or the President's duly authorized representative, as member.

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

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

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

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

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

- 7 a) Authorize the opening of and recognize new medical schools, especially in areas
8 of need upon compliance with the minimum requirements;
- 9 b) Determine the minimum requirements for physical facilities of medical colleges
10 such as buildings, hospitals, equipment and supplies, apparatus, instruments,
11 appliances, laboratories and bed capacity for instruction purposes, operating
12 and delivery rooms, facilities for out-patient services, community health services
13 and others that are necessary for didactic and practical instruction in accordance
14 with modern trends;
- 15 c) Determine the minimum number and the standard qualifications of
16 administrative and teaching personnel including student-teacher ratio;
- 17 d) Determine the minimum required curriculum leading to the degree of Doctor of
18 Medicine, including internship;
- 19 e) Authorize the implementation of an acceptable innovative medical curriculum or
20 strategy in a medical college that has exceptional faculty, equipment and
21 facilities. Such medical college with an innovative curriculum may prescribe
22 admission and graduation requirements other than those prescribed in this Act;
- 23 f) Determine the minimum requirements for admission into a recognized college
24 of medicine;
- 25 g) Develop and put into place programs as well as adopt and implement policies
26 which will encourage and allow applicants from marginalized areas or groups,
27 or both, as well as financially challenged families to be admitted into medical
28 colleges and complete their medical education;
- 29 h) Keep a registry of medical students enrolled in medical colleges, and conduct
30 tracer studies for medical graduates for up to five (5) years from graduation;

- i) Recommend to the CHED the closure or suspension of the degree program for Doctor of Medicine of a medical college by reason of poor performance in the PLE over a given period of time based on statistical data furnished by the PRBM, or upon inspection of the medical school by the MEC for reasons of various deficiencies or violations;
- j) Promulgate, prescribe, and enforce policies and programs which will ensure the proper and orderly operations and upkeep of medical colleges in order to ensure that basic medical education is not treated merely as a business enterprise but one with a social dimension;
- k) Regulate, supervise and monitor the medical internship program; and
- l) Promulgate, prescribe and enforce the necessary rules and regulations for the proper implementation of the foregoing functions.

SEC. 8. *Minimum Required Course.* – The medical course leading to the degree of Doctor of Medicine shall be undertaken for a period of four (4) years, inclusive of clinical clerkship; or for five (5) years, inclusive of clinical clerkship and medical internship: *Provided*, That there shall be no tuition or miscellaneous fees charged for internship that shall cover the following subjects:

- a) Human Anatomy including Gross, Microscopic and Developmental Anatomy;
- b) Human Physiology;
- c) Biochemistry, Molecular Biology, Genetics and Clinical Nutrition;
- d) Pharmacology and Non-Pharmacological Interventions and Therapeutics including Alternative Medicine, Traditional and Complementary Medicine and Philippine Traditional Medicine;
- e) Microbiology, Parasitology and Immunology;
- f) Internal Medicine, including Geriatrics and Dermatology;
- g) Aesthetic Medicine;
- h) General and Clinical Pathology, Surgical Pathology and Oncology;
- i) Obstetrics and Gynecology including Women's Health;
- j) Pediatrics and Nutrition including Child Protection;

- k) General Surgery, and its divisions;
- l) Anesthesiology and Pain Management;
- m) Orthopedics;
- n) Otorhinolaryngology;
- o) Ophthalmology;
- p) Psychiatry and Behavioral Sciences;
- q) Basic and Clinical Neurosciences;
- r) Family and Community Medicine including Public Health, Preventive Medicine and Health Economics, Primary Health Care;
- s) Medical Information Technology and Telemedicine
- t) Physical and Rehabilitation Medicine;
- u) History and Perspectives in Medicine;
- v) Research, Evidence-based Medicine and Medical Informatics, and Epidemiology;
- w) Health Rights, Legal Medicine, Medical Jurisprudence and Forensic Medicine;
- and
- x) Radiology and other diagnostic imaging.

The minimum curricular content regardless of the curriculum design shall include the following topics that should be integrated in all medical courses:

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

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

1 SEC. 9. *Admission Requirements and Publication of Academic Catalogue.* – A
2 medical college may admit any student who presents all of the following:

- 3 a) Diploma or Certificate of completion of Bachelor's Degree in Science or Arts
4 or completion of secondary education for medical colleges offering CHED
5 approved innovative curriculum;
- 6 b) Certificate of good moral character issued by two (2) former professors in the
7 college where a bachelor's degree was obtained, or by two (2) former
8 teachers in high school for those entering in a CHED-approved innovative
9 curriculum, or by the head of the indigenous peoples community;
- 10 c) Birth certificate duly authenticated by the Philippine Statistics Authority (PSA);
- 11 d) Certificate of passing marks of the national medical admission test and
12 psychometric test prescribed or conducted by the CHED not more than two
13 (2) years from the time of admission; and
- 14 e) For foreign students, a certificate of eligibility from the MEC for admission to
15 medical school.

16 Only medical colleges externally accredited by agencies recognized by the MEC
17 may accept foreign medical students.

18 A medical college may admit any student who has not been finally convicted by a
19 court of competent jurisdiction of any criminal offense involving moral turpitude and able
20 to present all of the above requirements.

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

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

- 26 a) Date of publication;
- 27 b) Calendar of academic year;
- 28 c) Roll of faculty members, indicating whether on full-time or part-time basis,
29 and their qualifications;
- 30 d) Requirements for admission;

- e) Grading system;
- f) Requirements for promotion;
- g) Requirements for graduation;
- h) Curriculum and description of course by department; and
- i) Number of students enrolled in each class in the preceding year.

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

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

a) Functions and Duties:

- 1) Formulate a one (1)-year standardized curriculum for medical internship that may either be rotating hospital-based or community-oriented, including accreditation standards for health institutions;
- 2) Review the curriculum and accreditation standards at least every four (4) years;
- 3) Formulate and implement regulations and procedures for accredited health institutions including sanctions for non-compliance;
- 4) Accredite hospitals and other health facilities or settings that will be allowed to conduct a medical internship training program;
- 5) Evaluate and monitor regularly the compliance of accredited health institutions with the prescribed curriculum and accreditation standards, and institute mechanisms for program evaluation;

- 6) Assess a reasonable processing fee for eligible applicants to the internship program and an administrative fee for accreditation for health institutions;
- 7) Assist clinical clerks, in coordination with their medical colleges, in making an informed choice when selecting a particular health institution for their medical internship;
- 8) Formulate and implement a national internship matching program including mechanisms for transfers after having been matched;
- 9) Develop and implement a system for accredited health institutions to monitor and evaluate the performance of their medical interns;
- 10) Receive and resolve complaints from medical interns or host institutions; and
- 11) Issue a certificate of completion of medical internship upon the recommendation of the accredited health institution.

ARTICLE IV

THE PROFESSIONAL REGULATORY BOARD OF MEDICINE

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

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

- a) Supervise, regulate and monitor the practice of medicine in the Philippines, including telemedicine;
- b) Determine and evaluate qualifications of the applicants for the physician's licensure examinations, foreign applicants for special permits to practice

1 medicine in the Philippines, or temporary training permits for medical
2 residency;

3 c) Conduct the PLE, in accordance with the recognized principles of evaluation,
4 and in consonance with the pertinent provisions of Section 21, Article IV of
5 this Act, by performing the following acts:

6 i. Prepare the test questions;

7 ii. Prescribe the syllabi of the subjects and their relative weights for the
8 licensure examinations;

9 iii. Conduct the examination; and

10 iv. Correct and rate the examination papers;

11 d) Ensure that the test questions are appropriately formulated to assess the
12 knowledge, skill, and attitude of the examinees;

13 e) Determine, amend, or revise the coverage of the subjects in the PLE and
14 their relative weights, and the manner of giving the examination, subject to
15 the approval of the PRC;

16 f) Explore and develop ways on how to measure and evaluate the clinical
17 competence of examinees, and integrate the same into the PLE;

18 g) Register successful examinees in the PLE in the roll of physicians and issue
19 the corresponding certificates of registration;

20 h) Issue special or temporary permits to foreign physicians to practice medicine
21 for specific projects, duration of time, and place of practice;

22 i) Administer the qualifying examinations for foreign physicians who wish to
23 train in the Philippines for a specialty or field of practice;

24 j) Monitor the conditions affecting the practice of medical profession, respond
25 to emerging needs of the profession, adopt measures for the enhancement
26 of the quality of the education and practice of medicine in coordination with
27 the appropriate regulatory bodies;

28 k) Monitor, in coordination with CHED, the performance of medical schools and
29 their compliance with the rules and regulations of the MEC;

30 l) Promulgate rules and regulations, in coordination with INPOP, including a

1 Code of Ethics for Physicians, administrative policies, orders, and issuances
2 to carry out the provisions of this Act;

3 m) Conduct regular quality assurance programs and activities to ensure quality
4 medical education;

5 n) Investigate meritorious cases of violations of this Act, Code of Ethics, and
6 the pertinent rules and regulations, administrative policies, orders and
7 issuances which are recommended for decision by the INPOP. The rules
8 governing administrative investigations promulgated by the PRC shall govern
9 the conduct of such proceedings;

10 o) Issue subpoena *ad testificandum* or subpoena *duces tecum* to secure
11 attendance of respondents or witnesses as well as the production of
12 documents: *Provided*, That failure of the party to whom a subpoena has
13 been issued to comply therewith shall be punishable by way of indirect
14 contempt. For this purpose, the PRBM is hereby vested the power to cite
15 any party for contempt which may be exercised pursuant to the applicable
16 provisions of Rule 71 of the Rules of Court;

17 p) Conduct hearings on cases filed with the PRBM: *Provided*, That a majority
18 of the members of the PRBM, with the assistance of the Legal Division of
19 the PRC, shall conduct the hearings. A member of the PRBM shall be
20 assigned to preside over a hearing;

21 q) Perform the following acts, after due notice and hearing:

22 i. Cancel examination papers or bar any examinee from future
23 examination, or both;

24 ii. Refuse or defer the registration of the examinee;

25 iii. Reprimand the registrant with stern warning;

26 iv. Suspend the registrant from the practice of the profession;

27 v. Revoke the certificate of registration;

28 vi. Cancel a special or temporary permit, or a temporary training permit;

29 vii. Remove the name of a physician from the roll of physicians on
30 account of continuous non-payment of annual registration fees and

1 non-compliance with the Continuing Professional Development (CPD)
2 requirements;

3 viii. Reinstatement or re-enrollment of a physician's name in the said roll; and

4 ix. Re-issue or return of the physician's certificate of registration and
5 professional identification card.

6 r) Administer the physician's oath;

7 s) Institute and prosecute or cause to be instituted and prosecuted any and all
8 criminal action against any violation of this Act or the rules and regulations
9 of the Board, or both, subject to the provisions of Section 5, Rule 110 of the
10 Rules of Criminal Procedure, as amended;

11 t) Adopt an official seal;

12 u) Coordinate with the MEC and the INPOP in prescribing, amending or revising
13 the courses in a medical program, or both;

14 v) Assist the PRC in the implementation of its prescribed guidelines and criteria
15 on the CPD for registered licensed physicians;

16 w) Set the standards and guidelines for the issuance and re-issuance of
17 certificates of registration including compliance with the PRBM's CPD
18 program; and

19 x) Perform such other functions and duties as may be necessary to efficiently
20 and effectively implement the provisions of this Act.

21
22 SEC. 13. *Qualifications of the Members of the Board.* – Each PRBM member at the
23 time of appointment must have the following qualifications:

24 a) A natural born Filipino citizen and has been a resident of the Philippines for
25 at least ten (10) consecutive years;

26 b) At least forty (40) years old;

27 c) A holder of a valid certificate of registration and a valid professional
28 identification card as a physician;

29 d) A medical practitioner for at least ten (10) years;

30 e) A continuing *bona fide* member of the INPOP;

- 1 f) Has not been convicted by final judgment by a competent court of a criminal
2 offense involving moral turpitude;
3 g) Has at least eight (8) years experience as a faculty member of a college of
4 medicine;
5 h) Not a current member of the faculty of an institute, school or college of
6 medicine;
7 i) Does not have a pecuniary interest in any institution which offers and
8 operates the course or degree of Doctor of Medicine; and
9 j) Not connected with or has no pecuniary interest in a review center, school,
10 group, or association offering classes or lectures in preparation for the PLE.
11

12 SEC. 14. *Term of Office.* – The members of the PRBM shall hold office from the
13 date of their appointment for a term of three (3) years or until their successors shall
14 have been appointed and qualified. They may, however, be reappointed for another
15 three (3) year term but not for a third three (3) year term. Appointments to fill up vacant
16 positions for reasons other than through expiration of regular terms, shall be for the
17 unexpired period only. Each member shall take an oath of office before the performance
18 of the duties and responsibilities. The incumbents whose terms have not yet expired or
19 who are merely on a holdover capacity, at the effectivity of this Act, shall be allowed to
20 serve the unexpired portion of their terms or may be re-appointed under this Act.
21

22 SEC. 15. *Compensation.* – The Chairperson, Vice Chairperson and members of
23 the PRBM shall receive compensation and allowances or other benefits pursuant to the
24 provisions of Republic Act No. 8981 otherwise known as the "PRC Modernization Act of
25 2000" and other pertinent laws, and comparable to the compensation and allowances
26 received by the chairperson and members of existing professional regulatory boards.
27

28 SEC. 16. *Suspension or Removal.* – The President, upon recommendation of the
29 PRC after giving the member an opportunity to be heard by himself or by a counsel in a
30 proper administrative investigation to be conducted by the PRC, may suspend or remove

1 any member of the PRBM on any of the following grounds:

2 a) Neglect of duty or incompetence;

3 b) Unprofessional, unethical or dishonorable conduct;

4 c) Manipulation or rigging the results of any PLE, divulging of secret information
5 or disclosure of the said examination, or tampering of the grades therein;
6 and

7 d) Final conviction by the court of any criminal offense involving moral
8 turpitude.
9

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

14 The PRC shall designate the secretary of the PRBM and shall provide the secretariat
15 and other support services to implement the provisions of this Act.
16

17 SEC. 18. *Administrative Review and Appeal.* – The policies, resolutions, rules and
18 regulations issued or promulgated by the PRBM shall be subject to the review, revision,
19 and approval by the PRC. A decision of suspension, revocation of the certificate of
20 registration, or removal from the roll by the PRBM as provided herein may be appealed
21 to the PRC within fifteen (15) days from receipt thereof. Other orders or decisions of the
22 PRBM may be appealed to the PRC: *Provided,* That in case of imminent and immediate
23 danger to patients, the PRBM's final decisions, resolutions or orders rendered in an
24 administrative case shall be immediately executory.
25

26 ARTICLE V

27 PHYSICIAN LICENSURE EXAMINATION

28 SEC. 19. *Prerequisites to the Practice of Medicine.* – No person shall engage in the
29 practice of medicine in the Philippines unless the person:

30 a) Holds a valid certificate of registration and a valid professional identification

1 card issued by the PRC;

2 b) Holds a valid special/temporary permit issued by the PRBM subject to
3 approval by the PRC, or unless exempted by this Act from holding any of the
4 foregoing certificates of registration; and

5 c) Is a member of good standing of the INPOP.

6 Any foreign doctor who intends to undergo residence or fellowship training in the
7 practice of medicine must pass the qualifying assessment given by the PRBM.

8
9 SEC. 20. *Examination Required.* – All applicants for registration prior to the issuance
10 of certificate of registration and a professional identification card as a physician, shall be
11 required to pass the licensure examination for physicians as provided for in this Act, and
12 shall be subject to the payment of the fees prescribed by the PRC.

13
14 SEC. 21. *Qualifications of Applicants for the Physicians Licensure Examination.* –
15 All applicants for the PLE must possess all qualifications and none of the disqualifications
16 hereunder set forth as follows:

17 a) A citizen and resident of the Philippines or a citizen of a foreign country or State
18 that observes reciprocity in the practice of medicine with the Philippines;

19 b) Is mentally, emotionally, and physically sound with a certificate of good moral
20 character signed by the Dean of the school where the applicant is a graduate;

21 c) Has not been convicted by final judgment by a court of any criminal offense;
22 and

23 d) A holder of the degree of Doctor of Medicine (M.D.) or its equivalent for
24 innovative curriculum conferred by a College of Medicine established in the
25 Philippines and duly recognized by the CHED, or a degree conferred by a college
26 of medicine abroad and accredited by the CHED as substantially equivalent to
27 the degree of Doctor of Medicine conferred by medical schools in the
28 Philippines; and

29 e) Has completed a one (1)-year post graduate medical internship.

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 Behavioral
10 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 and
17 Health Economics; and
- 18 m) Legal Medicine, Medical Jurisprudence, Medical Ethics, and Medical Informatics.

19 In case there is need, or when circumstances require, to conform to technological
20 advancements and other developments, the PRBM, the MEC, and the INPOP may revise
21 the substance, format and the conduct of the examinations.

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

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

29
30 SEC. 23. *Venue and Schedule of Examinations.* – The PRBM shall administer

1 examinations for the registration of physicians at least twice a year in such places as the
2 PRC may designate in accordance with the provisions of Republic Act No. 8981. However,
3 in case of a public health emergency, disaster or calamity, whether natural or human
4 induced, the PRBM may postpone such examinations to a later date. An applicant may
5 be allowed to take the examinations in two (2) parts. The first part shall consist of
6 questions from Basic Medicine which are from subjects of the first and second year in
7 medicine proper, and the rest may be taken up in the second part: *Provided, That the*
8 two-part examinations must be taken in one (1) and the same year.

9
10 SEC. 24. *Rating in the Examination.* – To pass the PLE, an examinee must obtain
11 a general average rating of at least seventy-five percent (75%) in all thirteen (13)
12 subjects: *Provided, That* there is no rating obtained in any subject below fifty percent
13 (50%).

14
15 SEC. 25. *Report and Publication of the Results of Examination.* – The PRBM shall
16 report the rating of each examinee to the PRC within ten (10) days from the last day of
17 examination or any other period granted by the PRC. The official results of the
18 examination containing the list of topnotcher examinees indicating their respective
19 schools or colleges and the names of the schools or colleges obtaining top percentage
20 of successful examinees shall be published by the PRC.

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

23
24 SEC. 26. *Oath.* – All successful examinees shall be required to take the physician's
25 oath before the PRBM or any person authorized by the PRC to administer it before they
26 are issued their certificates of registration and professional identification cards, or before
27 they start the practice of the medical profession.

28
29 SEC. 27. *Registration, Issuance of Certificate of Registration and Professional*
30 *Identification Card; Integrated National Professional Organization of Physicians (INPOP)*

1 *Membership; Non-registration and Grounds Thereof.* – All successful examinees, upon
2 compliance with all legal requirements and payment of fees prescribed by the PRC, shall
3 be registered and issued certificates of registration and professional identification cards.
4 They shall likewise be deemed members of the INPOP upon compliance with all
5 requirements and payment of compulsory dues. Upon presentation of their certificates
6 of registration and professional identification cards, they shall be issued a separate
7 INPOP Membership card.

8 The certificate of registration of a physician shall bear the registration number and
9 the date of issuance and the signatures of the chairperson of the PRC and the members
10 of the PRBM stamped with the seals of the PRC and the PRBM, certifying that the name
11 of the person stated therein appears in the Roll of Physicians under the custody of the
12 PRC; that the person has complied with all the legal requirements for registration as a
13 physician; and that the person is entitled to exercise all the privileges appurtenant to the
14 practice of medical profession: *Provided*, That the person does not violate this Act, the
15 rules and regulations issued to implement it, the Code of Ethics for Physicians, and other
16 regulatory issuances and policies of the PRC and PRBM.

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

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

23 A successful examinee who has been finally convicted by a competent court of a
24 criminal offense, or found guilty by the PRBM of dishonorable or immoral conduct, or
25 declared by a court to be of unsound mind, shall not be registered. The decision of the
26 PRBM finding the examinee guilty of dishonorable or immoral conduct may be appealed
27 to the PRC within fifteen (15) days from receipt of the PRBM's decision or resolution, and
28 to the Court of Appeals within the same period from the receipt of the decision or
29 resolution of the PRC. The facts and the reasons for refusal to register shall be clearly
30 stated in writing, communicated to the examinee, and duly incorporated in the records

1 of the PRC.

3 ARTICLE VI

4 THE POST-GRADUATE MEDICAL EDUCATION COUNCIL

5 SEC. 28. *Creation of the Post-Graduate Medical Education Council.* – The PGMEC
6 is created under the administrative supervision of the PRBM.

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

- 10 a) Chairperson of the Civil Service Commission (CSC), or a duly authorized
11 representative;
- 12 b) Secretary of the DOH, or a duly authorized representative;
- 13 c) Secretary of the Department of Labor and Employment (DOLE), or a duly
14 authorized representative;
- 15 d) Chairperson of the MEC, or a duly authorized representative;
- 16 e) A permanent representative of the INPOP;
- 17 f) A permanent representative of the association of medical colleges;
- 18 g) A permanent representative of the public hospital association; and
- 19 h) A permanent representative of the private hospital association.

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

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

29 The medical practice groups shall be constituted for each medical field or discipline
30 previously identified by the PRBM through a resolution with a minimum of three (3) and

1 maximum of six (6) members. Each group shall be composed solely of physicians who
2 are licensed to practice in the Philippines and actively engaged in the practice of the
3 same medical field or discipline.

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

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

10 A total of three (3) Committees shall be created where the members of the core
11 group shall permanently sit. The members appointed to the medical practice groups in
12 each medical field or discipline shall sit with the committees in equal distribution in order
13 to assist the PGMEC in carrying out its functions in their respective medical field or
14 discipline:

- 15 a) Committee on Accreditation – It shall be responsible for accrediting post-
16 graduate medical education and training and developing standards for
17 approval of the PGMEC;
- 18 b) Committee on Training and Certification – It shall determine whether doctors
19 and allied health professionals have satisfactorily completed post-graduate
20 medical education and training and shall issue the certificate of completion of
21 training to examinees who pass the certifying examination; and
- 22 c) Committee on Policies, Standards and Ethics – It shall formulate standards of
23 post-graduate medical education and training programs, policies on
24 compensation and benefits and working conditions of medical residents and
25 other policies related to the scope and practice of medical residency. It shall
26 handle complaints of medical residents and patients and submit
27 recommendations to the PRBM for approval and action regarding complaints
28 filed. It shall also screen foreign graduates of medicine who would like to
29 undergo residency training in the country.

30 The PGMEC shall create other committees and sub-committees as may be deemed

1 necessary in the accomplishment of its duties and functions.

2 The PRC shall provide a Secretariat for the PGMEC to be composed of both technical
3 and administrative staff. The Secretariat shall coordinate the activities of the different
4 committees and provide technical and administrative support in the efficient and
5 effective coordination of programs, projects and activities among the different
6 committees of the PGMEC.

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

13 The members of the PGMEC shall receive an honorarium chargeable against the
14 funds of the PRC, and in accordance with existing policies.

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

- 23 a) Set the standards of post graduate medical education and training;
- 24 b) Ensure that the standards set for post graduate medical education and training
25 are at par with international standards;
- 26 c) Accredite post graduate medical education or training programs;
- 27 d) Determine whether doctors and allied health professionals who have
28 undergone post graduate medical education and training have satisfactorily
29 completed the training;
- 30 e) Issue the corresponding certificates to residents who have satisfactorily

- 1 completed the post graduate medical education and training in either
2 government or private hospitals and have passed the certifying examinations
3 conducted by the Committee on Training and Certification;
- 4 f) Screen foreign graduates of medicine who will undergo post graduate medical
5 education and training in the country and assess the equivalence of their basic
6 medical education to the standard curriculum prescribed in Philippine schools
7 of medicines;
- 8 g) Work for the provision of better compensation and benefits and humane
9 working conditions for residents, in consultation with appropriate agencies;
- 10 h) Receive and act on complaints of residents against post-graduate training
11 institutions as well as complaints of patients against residents;
- 12 i) Ensure that post graduate medical education and training will always be
13 responsive to the health needs of the population;
- 14 j) Maintain a registry or database of residents, including foreigners with
15 temporary training permits and Filipino doctors training or specializing
16 overseas and accredited post graduate medical education and training
17 programs;
- 18 k) Monitor and evaluate post graduate medical education and training programs
19 regularly;
- 20 l) Prescribe remedial measures to improve deficient post graduate medical
21 education and training programs; and
- 22 m) Seek or request the assistance and support of any government agency, office
23 or instrumentality including government-owned or controlled corporations,
24 local government units, as well as non-governmental organizations or
25 institutions in pursuance of its functions.

26
27 *SEC. 30. Accreditation of post-graduate medical education and training programs.*

28 – Post-graduate medical education and training programs shall only be conducted in
29 accredited post-graduate training institutions. The PGMEC shall be the only recognized
30 organization that shall have full authority over post-graduate medical education and

1 training programs. Upon approval of the implementing rules and regulations of this Act,
2 a period of one year shall be given to allow time for the transfer of accreditation from
3 the different specialty and sub-specialty societies to the Committee on Accreditation of
4 the PGMEC. Furthermore, certificates shall be issued by PGMEC to doctors who have
5 obtained their training and certification prior to the passage of this Act upon submission
6 of certificates issued by different specialty or sub-specialty societies.

7
8 SEC. 31. *Training Curriculum of Post-graduate Medical Education Programs.* – The
9 training officers or their equivalent shall prepare a training curriculum that shall meet
10 the standards to be set by the Committee on Policies, Standards and Ethics (CPSE) of
11 the PGMEC. The training curriculum shall be at par with international standards and shall
12 be responsive to the health needs of the population. The CPSE shall be given one (1)
13 year from the time of its creation to prepare uniform standards of post-graduate medical
14 education programs.

15
16 SEC. 32. *Qualifications of Applicants to Post-Graduate Medical Education and*
17 *Training Programs.* – The following shall be the minimum qualifications of applicants to
18 post-graduate medical education programs:

- 19 a) Passing score in the licensure examination;
20 b) No previous criminal conviction and/or administrative liability; 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

24 SEC. 33. *General Conditions for the Post-graduate Medical Education and Training*
25 *of Foreign Medical Graduates.* – The following general conditions shall be applied to
26 foreign graduates of medicine who undergo medical residency training in 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;

- b) Foreign graduates of medicine shall secure a clearance from the PRBM before applying with any accredited residency training program;
- c) Foreign medical graduates shall undergo basic language course in Filipino or the dialect, or both, that is used in the locality where the accredited institution is located before commencing medical residency. A certificate of proficiency in Filipino and the dialect of the locality shall be obtained by the foreign graduate of medicine from a CHED-accredited state university or tertiary education institution located in the locality where the foreign graduate in medicine wishes to undergo post graduate medical education or training before the PRBM may issue a clearance. For accredited institutions located in areas wherein Filipino is the language used by the majority, proficiency in a dialect shall no longer be required;
- d) Foreign graduates of medicine shall be required to undergo a seminar on Philippine history, culture and government as well as the Philippine health care delivery system prior to the commencement of post graduate medical education or training; and
- e) Foreign graduates of medicine must have no previous criminal conviction or administrative liability in the Philippines and their country of origin.

SEC. 34. *Working Conditions of Residents.* – The following shall be strictly observed by all accredited post-graduate medical education or training institutions:

- a) No resident shall be allowed to go on duty for more than twenty-four (24) hours straight, except in extraordinary cases to be determined by the hospital administrator;
- b) Residents shall be entitled to at least one day off from hospital duty every week;
- c) Residents shall be given standard quarters in the hospital where they can stay during their tour of duty;
- d) Residents shall only perform those functions that are related to their post graduate medical education or training. Their superiors are hereby prohibited

1 from issuing orders that are not related to the training of residents or are
2 demeaning to a resident's dignity as a person. The PGMEC shall receive and
3 investigate complaints of this nature from residents;

4 e) Residents are entitled to adequate periods for meal breaks and personal care
5 during their tour of duty;

6 f) Residents shall be supervised by their superior at all times especially when
7 performing critical procedures on patients. In the case of junior residents, the
8 senior resident or consultant shall always be available for supervision and
9 assistance, and in the case of senior residents, their consultants; and

10 g) Residents shall be treated equally. No resident shall be discriminated because
11 of gender, race, ethnicity or religion.

12
13 SEC. 35. *Salary and Other Benefits.* – The salary grade of all doctors in government
14 hospitals and clinics shall not be lower than Salary Grade 22 in the position classification
15 and compensation system under Republic Act No 6758, entitled "An Act Prescribing a
16 Revised Compensation Position Classification System in the Government and for Other
17 Purposes, as Amended". They shall be entitled to overtime pay and night differential
18 pay for services rendered beyond eight (8) hours, or for services rendered beyond ten
19 o'clock in the evening to six o'clock in the morning. Hazard pay shall be given as
20 stipulated in Republic Act No. 7305, otherwise known as the "Magna Carta for Public
21 Health Workers", for residents of public hospitals.

22
23 SEC. 36. *Professional Conduct of Residents.* – A resident shall observe the following
24 professional conduct at all times:

25 a) Uphold the dignity, privacy, and rights of the patient;

26 b) Perform assigned functions with utmost diligence especially those related to
27 care of patients so as not to inflict any harm on the patient;

28 c) Refrain from engaging in unacceptable practices such as:

29 1) Receiving any form of payment from their patients;

30 2) Accepting commission from laboratories, diagnostic facilities, pharmacies

- 1 for referring patients to these facilities;
- 2 3) Obtaining excess and unused medicines, drugs and other materials from
- 3 patients or the supply source, without proper permission;
- 4 4) Selling medicines, drugs and other materials to patients or the patient's
- 5 relatives;
- 6 5) Selling free samples of drugs or other medicines; and
- 7 6) Receiving money or any form of incentives from any pharmaceutical
- 8 company for prescribing their brand of drugs, medicines and other
- 9 materials;
- 10 d) Treat superiors, subordinates, co-workers and patient's relatives with utmost
- 11 respect;
- 12 e) Observe the provisions of Republic Act 6675, otherwise known as the "Generics
- 13 Act of 1988", and Republic Act 9502, otherwise known as the "Cheaper and
- 14 Quality Medicines Act of 2008"; and
- 15 f) Render full time service to the hospital where the resident is employed. The
- 16 resident shall not engage in any part-time job outside the hospital.
- 17

18 *SEC. 37. Responsibilities of Accredited Post-Graduate Medical Education/Training*

19 *Institutions.* – In addition to the enforcement of the provisions of Section 34 of this Act,

20 accredited post graduate medical education and training institutions shall have the

21 following responsibilities:

- 22 a) Submit regularly the names of residents undergoing training in their institution
- 23 and such other relevant information to the PRBM;
- 24 b) Provide the necessary logistics, equipment, and other medical supplies to
- 25 residents while undergoing post graduate medical education and training; and
- 26 c) Conduct of periodic evaluation of competencies acquired by residents per year
- 27 level.
- 28

29 *SEC. 38. Grievance System.* – A grievance system is hereby established wherein

30 any aggrieved party may seek redress in accordance with the following rules and

1 procedures:

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

13 All parties shall keep the proceedings confidential during the pendency of the case
14 before the Committee.
15

16 SEC. 39. *Hearing Procedures of the CPSE.* – Upon the filing of the complaint, the
17 CPSE, after consideration of the allegations thereof, may dismiss the case outrightly due
18 to lack of verification, or for failure to state the cause of action, or any other valid ground
19 for the dismissal of the complaint after consultation with the PGMEC, or require the
20 respondent to file a verified answer within five (5) days from service of summons.

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

25 After an answer is filed and the issues are joined, the CPSE shall require the parties
26 to submit, within ten (10) days from receipt of the order, the affidavits of witnesses and
27 other evidence on the factual issues defined therein, together with a brief statement of
28 their positions setting forth the law and the facts relied upon by them. In the event that
29 the CPSE finds, upon consideration of the pleadings, the affidavits and other evidence,
30 and position statements submitted by the parties, that a judgment may be rendered

1 thereon without need of a formal hearing, it may proceed to render judgment not later
2 than ten (10) days from the submission of the position statements of the parties.

3 In cases where the CPSE deems it necessary to hold a hearing to clarify specific
4 factual matters before rendering judgment, it shall set the case for hearing. At such
5 hearing, the proponent may conduct a direct examination of witnesses on the basis of
6 their affidavits and may be cross-examined by the adverse party. The order setting the
7 case for hearing shall specify the witnesses who will be called to testify, and the matters
8 which their examination will pertain to. The hearing shall be terminated within fifteen
9 (15) days, and the case decided upon by the CPSE within fifteen (15) days from such
10 termination.

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

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

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

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

SEC. 40. *Violations.* – Any accredited residency training institution or any of its resident, or both that have been found violating any provisions of this Act shall have the following penalties:

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

ARTICLE VII

REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION

SEC. 41. *Acts Constituting the Practice of Medicine.* – The following are acts constituting the practice of medicine:

- a) History taking and physically examining any person for any disease, injury and deformity, or diagnosing, treating, operating, prescribing, or dispensing any remedy therefor;
- b) History taking and physical examination through submission of photographs and videos or any communication through telecommunication or electronic means for any disease, injury and deformity, and diagnosing and prescribing or dispensing any remedy therefor through electronic means or telemedicine;
- c) Examining a person's mental condition for any ailment, real or imaginary, regardless of the nature of the remedy or treatment administered, prescribed, or recommended;
- d) Offering or undertaking to diagnose, treat, operate or prescribe, and administer any remedy for any human disease, injury, deformity, physical or mental condition, either personally or by means of signs, cards or advertisements by way of mass media or any other means of communication;
- e) Using or affixing "M.D." to the physician's name in written or oral

1 communications. Unless specified, the letters "M.D." shall mean Doctor of
2 Medicine, provided that only those who have passed the physician's licensure
3 examination are allowed to use the title "M.D."; and

- 4 f) Conducting formal medical classes in medical schools, seminars, lectures,
5 symposia and the like.

6
7 SEC. 42. *Scope of Medical Practice.* – The scope of the practice of medicine are the
8 following:

- 9 a) The application of medical knowledge, skill, and judgment for the promotion of
10 good health;
11 b) The prevention and treatment of physical, mental, or psycho-social diseases,
12 disorders, injuries, and conditions; and
13 c) The assessment and management of a physical, mental, or psycho-social
14 disease, disorder, injury or condition of an individual or group of individuals at
15 any stage of the biological life cycle, including the prenatal and postmortem
16 periods delivered either in clinical or non-clinical settings.

17 The practice of medicine also covers the following:

18 a) Clinical Practice of Medicine

- 19 1) Refers to the professional practice of a General Physician who has completed
20 basic medical education and medical internship, has obtained a PRC license,
21 and is without or has not completed any formal post-graduate medical
22 education and training as defined in this Act. A General Physician or a
23 Specialist may be a Primary Care Provider as long as the defined competencies
24 in Primary Care as certified by the DOH, as provided for in Republic Act 11223
25 or the "Universal Health Care Act", are obtained.

- 26 2) Limited Specialty Care Practice refers to the clinical practice of a General
27 Physician with additional credentials to independently provide particular
28 emergency and essential healthcare services in locations where specialist
29 physicians are unavailable or inaccessible, obtained after undergoing the
30 necessary qualifications and training as may be determined by the respective

1 PRBM-recognized professional specialty organization or board and monitored
2 regularly by the same.

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

10 b) Non-Clinical Practice of Medicine

- 11 1) Refers to the practice of the profession wherein the physician is engaged in
12 the application of medical knowledge in the fields of health research, basic
13 medical education, public health and health systems, health communications,
14 healthcare industry and administration among others.

15
16 SEC. 43. *Exceptions.* – For purposes of this Act, the following shall not be
17 considered as engaging in the practice of medicine: *Provided*, That they are attending
18 to patients under the direct supervision and control, and under presence of a duly
19 licensed physician.

- 20 a) Medical students and clinical clerks, and interns attending to patients;
21 b) Foreigners who intend to undergo or are undergoing post graduate medical
22 education and training or otherwise under training shall obtain the required
23 special permit from the PRC;
24 c) Any non-medical person trained, certified, licensed to carry out specific
25 interventions in emergency situations to save lives and prevent injury according
26 to the level of competence determined by their training and certifying
27 examinations;
28 d) Non-medical educators who have attained a master's or a doctoral degree on a
29 specific field in the basic sciences in the medical field; and
30 e) Practitioners of Traditional and Complementary Medicine Modalities or systems

1 who are regulated by the Philippine Institute of Traditional and Alternative
2 Health Care (PITAHC).

3
4 SEC. 44. *Reciprocity.* – A foreigner may be allowed to practice medicine in the
5 Philippines without having to undergo the physicians' licensure examination, if and when,
6 the country of which the foreigner is a citizen allows Filipino citizens to practice medicine
7 under the same conditions such as the following:

- 8 a) The country of which the foreigner is a citizen, imposes the same academic and
9 training requirements for its citizens to be able to practice medicine;
10 b) There is a reciprocity agreement, executive agreement or international
11 agreement, or treaty to this effect, signed by both the government of the
12 Philippines and the country of which the foreigner is a citizen; and
13 c) The foreigner must show documents equivalent to the PRC ID or Certificate of
14 Registration attesting that the foreign country's regulatory boards of medicine
15 have allowed the foreigner to practice the medical profession.

16
17 SEC. 45. *Special Permits to Practice Medicine in the Philippines.* – In the absence
18 of a reciprocity agreement, executive agreement, international agreement, or treaty, a
19 foreigner may be allowed to practice medicine in the Philippines subject to the following
20 conditions:

- 21 a) The foreigner must obtain a special permit from the PRC;
22 b) The special permit shall specify the purpose, limitations, place of practice, and
23 such other conditions as may be imposed by the PRC such as:
24 1) A period of not more than one (1) year, subject to renewal or extension:
25 *Provided,* That the renewal or extension shall be under the same process
26 and requirements as hereinabove described;
27 2) The specific area of medical specialization;
28 3) The specific place of practice, such as clinic, hospital, center, medical
29 school as the case may be;
30 c) Payment of the required fees; and

1 d) Undertaking that the foreigner shall conduct oneself according to the Code of
2 Ethics of Medical Practice in the Philippines.

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

5 1) Physicians who are citizens of and licensed in foreign countries whose services
6 are for free: *Provided*, That a reasonable honorarium may be allowed for daily
7 subsistence during the stay or service in the Philippines;

8 2) Physicians who are internationally well-known specialists or publicly
9 acknowledged as experts in any area of medical specialization;

10 3) Physicians of foreign countries whose services are urgently necessary, owing
11 to the lack of available local specialists or experts, or for the promotion or
12 advancement of the practice of medicine including, the conduct of formal
13 classes or training, and acting as resource persons in medical seminars, fora,
14 and symposia;

15 4) Physicians licensed in foreign countries who intend to render free medical
16 services to indigent patients in a particular Philippine hospital, center or clinic:
17 *Provided*, That they render such services under the direct supervision and
18 control of a duly licensed Filipino physician; and

19 5) Physicians licensed in foreign countries employed as exchange professors in
20 any area of medical specialization.

21
22 SEC. 46. *Administrative Investigation and Disciplinary Actions.* – The PRBM shall
23 have the power, upon proper notice and hearing, after finding of guilt, to suspend from
24 the practice of profession or revoke the certificate of registration of a physician, or issue
25 a reprimand or cancel the special or temporary permit or temporary training permit
26 issued to a foreign physician for any of the following grounds or causes:

27 a) Final conviction by a court of competent jurisdiction of any criminal offense
28 involving moral turpitude;

29 b) Immoral or dishonorable conduct;

30 c) Mental incapacity;

- d) Fraud in the acquisition of the certificate of registration and the professional identification card or temporary or special permit or temporary training permit;
- e) Gross negligence, ignorance or incompetence in the practice of the profession, resulting in an injury to or death of the patient;
- f) Addiction to alcoholic beverages, any habit-forming drug, or any form of illegal gambling, rendering the foreigner incompetent to practice the profession;
- g) Making or causing to be made false, misleading, extravagant or unethical advertisements or making or causing to be made advertisements wherein things other than the name, profession, limitation of practice, clinic hours, office and home address are mentioned;
- h) Issuance of any false statement or spreading any false news or rumor which is derogatory to the character and reputation of another physician without justifiable motive;
- i) Knowingly issuing any false medical certificates or findings or making any fraudulent claims with government or private health insurance;
- j) Performance of, or aiding in, any criminal abortion;
- k) Allowing one's self as the dummy physician or as tool of any person who is unqualified or unlicensed to practice general or specialty medicine, except in aid of training of a medical student or resident physician: *Provided*, That this provision shall not apply when an act constituting the practice of general or specialty medicine is performed in an accredited hospital, clinic, or medical center or by an accredited practitioner. A dummy physician is one who makes it appear to be the person who has actually treated a patient when in fact it was another person, and on the basis of which, accepted a professional fee;
- l) Abetting or assisting in the illegal practice by a person who is not lawfully qualified to practice medicine, either general or specialty medicine;
- m) Using or advertising any title or description tending to convey the impression to the general public that one is a specialist in a medical field when in fact one is not;
- n) Practicing the profession during the period of one's suspension or during the

1 period one's license is revoked;

2 o) Willful failure or refusal to be a member of good standing of the INPOP; and

3 p) Violation of any provision of the Code of Ethics for Physicians as prescribed by
4 the INPOP, subject to approval by the PRC.

5
6 SEC. 47. *Rights of the Parties.* – The private complainant and the respondent
7 physician shall be entitled the right to be heard and the assistance of a counsel, to have
8 a speedy, impartial public hearing, to confront and to meet the witnesses, to compulsory
9 processes to secure the attendance of witnesses, the production of evidence, and to all
10 other rights guaranteed by the Constitution and the Rules of Court. All cases filed or
11 pending under this Act, except those filed or pending in courts and other quasi-judicial
12 and investigative bodies, shall not be discussed or taken up in any other forum until after
13 the same shall have been decided with finality.

14
15 SEC. 48. *Appeal from Judgment.* – The decision of the PRC shall become final fifteen
16 (15) days from the date of receipt of such decision by the parties or their counsel. Within
17 the same period, the aggrieved party may ask for a reconsideration of the decision for
18 being contrary to law or for insufficiency of evidence. No second motion for
19 reconsideration to the PRBM shall be allowed. A decision of suspension, revocation of
20 the certificate of registration or removal from the roll of physicians by the PRBM as
21 provided herein may be appealed to the PRC within fifteen (15) days from receipt
22 thereof.

23
24 SEC. 49. *Re-issuance of Revoked Certificate of Registration and Professional*
25 *Identification Card, and Replacement of Lost Certificate of Registration and Identification*
26 *Card.* – After two (2) years, the PRBM may order the reinstatement of any physician
27 whose certificate of registration has been revoked if the respondent has shown or has
28 acted in an exemplary manner in the community.

29 A new certificate of registration or professional identification card may then be
30 issued, subject to the rules imposed by the PRC.

SEC. 50. *Mandatory Use of Certificate of Registration, Professional and Integrated National Professional Organization of Physicians (INPOP) Membership Card and Professional Tax Receipt Number.* – A registered physician shall indicate the certificate of registration number, the number and the expiry date of the professional identification card and INPOP membership card, and the Professional Tax Receipt number on the prescription and other documents used or issued in connection with the practice of profession.

SEC. 51. *Vested Rights.* – All physicians registered at the time this Act takes effect shall be automatically registered under the provisions hereof, without prejudice to their compliance with other requirements herein set forth.

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

ARTICLE VIII

INTEGRATED PHYSICIANS ASSOCIATION OF THE PHILIPPINES

SEC. 52. *Integration of the Profession.* – The profession shall be integrated into one (1) Integrated National Professional Organization of Physicians (INPOP) to be duly recognized by the PRBM and the PRC. A physician duly registered and licensed by the PRBM and the PRC shall automatically become a member of the INPOP and shall receive the benefits and privileges appurtenant thereto upon payment of the required reasonable fees and dues. Membership in the INPOP shall not be a bar to membership in any other association of physicians.

Within six (6) months from the enactment of this law, there shall be created a Commission on Medical Profession Integration (CMPI) headed by the PRC Chairperson or a duly authorized representative, and representatives from existing medical associations as members, which shall supervise and oversee the integration of the medical profession into one national professional organization of Physicians, the creation

1 of its constitution and by-laws and election of officers. The CMPI shall cease to exist
2 upon the establishment of the INPOP.

3
4 SEC. 53. *Investigative and recommendatory power of the Integrated National*
5 *Professional Organization of Physicians.* – The INPOP shall have the power to
6 investigate violations of this Act, Code of Ethics, and the pertinent rules and regulations,
7 administrative policies, orders, and issuances. The rules on administrative investigation
8 promulgated by the INPOP shall govern in such proceeding.

9 If the complaint appears to be meritorious, the organization shall issue a
10 recommendation and initiate proper charges against erring physicians before the PRBM.

11 If the complaint does not merit action, or if the answer shows to the satisfaction of
12 the organization that the complaint is not meritorious, the same may be dismissed upon
13 their recommendation. The PRBM may review the case *motu proprio* or upon timely
14 appeal of the complainant filed within fifteen (15) days from notice of the dismissal of
15 the complainant.

16
17 SEC. 54. *Mandatory Continuing Professional Development.* – The PRBM shall
18 implement a mandatory continuing professional development for physicians consistent
19 with the guidelines of the Continuing Professional Development (CPD) as shall hereafter
20 be promulgated by the PRC.

21 ARTICLE IX

22 PENAL PROVISIONS

23 SEC. 55. *Penalties.* – The penalty of imprisonment of not less than one (1) year but
24 not exceeding five (5) years, or a fine of not less than Two hundred thousand pesos
25 (Php 200,000.00) but not exceeding Five hundred thousand pesos (Php 500,000.00), or
26 both, upon the discretion of the court, shall be imposed upon:

- 27 a) Any person who practices or offers to practice medicine in the Philippines
28 without a valid certificate of registration and a valid professional identification
29 card, or a valid temporary/special permit or temporary training permit in

1 accordance with the provisions of this Act;

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

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

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

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

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

16 g) When any of the acts defined in paragraphs (a) and (e) of this section is
17 committed by a person against three (3) or more persons, or when any of such
18 acts is committed by at least three (3) persons who conspire with one another,
19 or when death occurs as result of the commission of the prohibited act
20 mentioned in paragraph (k) of Section 46 of this Act, the offense shall be
21 considered as a qualified offense and shall be punished by life imprisonment
22 and a fine of not less than Five Hundred Thousand Pesos (Php 500,000.00) but
23 not more than two (2) Million pesos (Php 2,000,000.00). Prosecution of offense
24 under this Act shall be without prejudice to a separate prosecution under the
25 provisions of the Revised Penal Code and other laws.

26
27 SEC. 56. *Medical malpractice.* – Any physician who recklessly fails to meet the
28 standards demanded by the profession, or grossly deviates from the standard of care,
29 and causes injury to the patient, which would have been a felony had it been intentional,
30 shall be guilty of medical malpractice and be punishable by a fine ranging from One

1 hundred thousand pesos (Php 100,000.00) to Two hundred thousand pesos (Php
2 200,000.00), or imprisonment of three (3) months to six (6) months upon the discretion
3 of the court, or both.

4 If malpractice results in permanent disability or irreversible injury, the violators shall
5 be liable with a fine ranging from Two hundred thousand pesos (Php 200,000.00) to Five
6 hundred thousand pesos (Php 500,000.00), or six (6) months to one (1) year
7 imprisonment, or both, upon the discretion of the court.

8 If the malpractice results in death, the penalty shall be a fine ranging from Five
9 hundred thousand pesos (Php 500,000.00) to Two million pesos (Php 2,000,000.00), or
10 two (2) to five (5) years imprisonment, or both, and revocation of license upon the
11 discretion of the court.

12 This is without prejudice to the filing of appropriate civil action for damages by the
13 offended party before the courts of competent jurisdiction.
14

15 SEC. 57. *Cease and Desist Order.* – Upon written motion by any interested party
16 and after notice and hearing, the PRBM may issue a cease-and-desist order to a person
17 not authorized to practice medicine. However, if it is shown in the affidavit/s attached to
18 the motion that the movant or the general public will suffer grave injustice or irreparable
19 injury, the Chairperson of the PRBM, or upon the Chairperson's absence, any PRBM
20 member holding office, may issue within seventy-two (72) hours the cease-and-desist
21 order. The Rules of the Court is suppletory for this purpose.

22 The PRBM and PRC shall file an appropriate case for contempt of court against any
23 person who fails or refuses to obey the cease-and-desist order.
24

25 ARTICLE X

26 MISCELLANEOUS PROVISIONS

27 SEC. 58. *Annual Report.* – The PRBM shall, on or before the end of January of the
28 year following the enactment of this Act, and every year thereafter, submit to the PRC
29 its annual report of accomplishments on programs, projects and activities for the
30 calendar year together with its appropriate recommendations on issues or problems

1 affecting the practice of medicine.

2
3 SEC. 59. *Appropriations.* – The amount necessary to carry out the provisions of
4 this Act shall be included in the annual General Appropriations Act.

5
6 SEC. 60. *Implementing Rules and Regulations.* – Within ninety (90) days after the
7 approval of this Act, the CHED and PRC, in consultation and coordination with
8 appropriate government agencies, representatives from the private sector, and other
9 stakeholders, shall promulgate the necessary implementing rules and regulations for the
10 effective implementation of this Act.

11
12 SEC. 61. *Transitory Provisions.* – The incumbent Board of Medicine shall continue
13 to function in the interim until such time as the PRBM shall have been constituted
14 pursuant to this Act.

15
16 SEC. 62. *Separability Clause.* – If any part or provision of this Act is held invalid or
17 unconstitutional, the remaining parts or provisions not affected shall remain in full force
18 and effect.

19
20 SEC. 63. *Repealing Clause.* – The following laws and decree are hereby repealed:

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

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

4
5 SEC. 64. *Effectivity.* – This Act shall take effect fifteen (15) days following its
6 publication in the *Official Gazette* or in a newspaper of general circulation in the
7 Philippines.

Approved,