



Senate  
Office of the Secretary

**NINETEENTH CONGRESS OF THE ]  
REPUBLIC OF THE PHILIPPINES ]  
First Regular Session ]**

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SENATE

RECEIVED BY: \_\_\_\_\_

S.B. No. 953

**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**

**EXPLANATORY NOTE**

Republic Act No. 2382 or "The Medical Act of 1959", as amended by Republic Act Nos. 4224 (1965) and 5946 (1969), are the laws that govern the practice of the medical profession, enacted between 50 to 60 years ago. Medicine, as a branch of health science, is always in a flux of development in education, practice, technology, and systems. Thus, the Practice of Medicine's governing law must be appropriate and responsive to the ever changing educational, economic, societal, technological and scientific innovations, and global advancements.

This bill seeks to squarely address these changing dynamics of the practice of modern medicine, focused on these key aspects: (1) upgrade of standards and regulations on basic medical education, medical internship, and post-graduate medical education and training; (2) conduct of licensure and registration of physicians; (3)

supervise and regulate the practice of medicine; (4) integrate the profession under one national professional organization of physicians; (5) uphold of the patient welfare and patient safety as the primary consideration in the practice of medicine; and (6) promote competence, moral values, and professional ethics of members of the medical profession.

The bill likewise provides for the creation of the Medical Education Council (MEC) 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). These offices and agencies will ensure the development of the medical profession, which in effect can offer more protection to the economic and social conditions of its practitioners.

The bill also opens up the practice of profession to foreigners conditioned on reciprocity; provides for penalties for illegal practice of medicine; and stipulates a definition of medical malpractice and the corresponding penalties for such. These policies have long been absent in the existing laws on the medical profession, and these same policy issues should now be addressed more than ever.

We entrust our health and our lives to our doctors more so in this time of a pandemic. It is just only proper that we pass an updated legislation that will both benefit the medical profession, and the society at large, to address the fast-changing globalized health care environment.

To meet the challenges of improving the quality of health care of our people and the imperatives of global competitiveness in medicine, the passage of this bill is urgently sought.

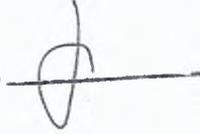


WIN GATCHALIAN

**NINETEENTH CONGRESS OF THE ]**  
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**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 SEC. 2. *Declaration of Policy.* – The State recognizes the vital role of physicians in  
5 the preservation, maintenance, safeguarding, treatment, and enhancement of the life,  
6 health, and general welfare of the citizenry. The professional services of physicians shall,  
7 therefore, be promoted as a regular component of the total health care system.

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

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

- 1 b) Conduct of the Physician’s Licensure Examination, and the licensure and  
2 registration of physicians;  
3 c) Supervision and regulation of the practice of medicine;  
4 d) Integration of the profession under one national professional organization of  
5 physicians; and  
6 e) Upholding of patient welfare and patient safety as the primary consideration  
7 in the practice of medicine and promoting competence, moral values, and  
8 professional ethics of members of the medical profession.

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

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

## 18 ARTICLE II

### 19 DEFINITION OF TERMS

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

- 21 a) *Accreditation* refers to an evaluation mechanism of the PRBM of the Professional  
22 Regulation Commission (PRC) through the PGMEC that assesses the capability  
23 of a healthcare institution to conduct a post-graduate medical education or  
24 training program in a particular specialty or subspecialty of medicine through  
25 compliance with a series of pre-defined, explicitly written standards;  
26 b) *Basic medical education* refers to a four (4)-year post-baccalaureate program  
27 offered by a medical college recognized by the Commission on Higher Education  
28 (CHED) composed of core curricular and clinical subjects, the completion of  
29 which leads to the conferment of the degree of Doctor of Medicine and grants  
30 the holder the eligibility to take the Physician Licensure Examination (PLE) after

- 1 a one (1)-year medical internship; or a five (5)-year post-baccalaureate program  
2 inclusive of a one (1)-year medical internship offered by a medical college  
3 recognized by CHED composed of core curricular and clinical subjects, the  
4 completion of which leads to the conferment of the degree of Doctor of Medicine  
5 and grants the holder the eligibility to take the PLE;
- 6 c) *Clinical clerkship* refers to a course offered in the fourth (4th) year of a basic  
7 medical education program that consists of supervised, time-bound rotations  
8 and application of patient and community care in different medical disciplines  
9 in hospital, community, classroom and other teaching-learning settings  
10 involving both didactic and practical studies;
- 11 d) *Higher education institution (HEI)* refers to an educational institution, private or  
12 public, undertaking operations of higher education programs with an organized  
13 group of students pursuing defined studies in higher education, receiving  
14 instruction from teachers, usually located in a building or group of buildings in  
15 a particular site specifically intended for educational purposes;
- 16 e) *Illegal practice of medicine* refers to the practice of the medical profession  
17 without the required valid certificate of registration for physicians and valid  
18 professional identification card issued by the PRC;
- 19 f) *Innovative curriculum* refers to a curriculum that applies non-traditional,  
20 flexible, creative, and open curricular frameworks, teaching-learning models,  
21 and methods of evaluation and assessment applied to basic medical education  
22 in real world situations as defined by the CHED;
- 23 g) *Medical college* refers to a learning institution which has complied with the  
24 standards and requirements set forth and duly recognized by the CHED to offer  
25 a complete basic medical education program leading to a degree of Doctor of  
26 Medicine. It may also be known as College of Medicine, Faculty of Medicine,  
27 Institute of Medicine, School of Medicine, Medical Schools or other similar  
28 names;
- 29 h) *Medical internship* refers to a one (1)-year post graduate internship training  
30 program after completion of four (4) years of basic medical education from a

- 1 medical college or the fifth (5th) year of a five (5)-year basic medical education  
2 program that is supervised and monitored by the MEC in which a Doctor of  
3 Medicine undergoes a supervised, time-bound rotation and application of  
4 patient and community care in different medical disciplines in accredited  
5 hospitals and other settings as a requisite for the PLE;
- 6 i) *Medical specialty* refers to a major branch or discipline of medicine under which  
7 a physician has special knowledge and skill acquired after residency or  
8 specialized training in an accredited specialty training institution;
- 9 j) *Physician Licensure Examination (PLE)* refers to an evaluative process  
10 conducted by the PRBM to eligible candidates in order to obtain a license to  
11 practice medicine;
- 12 k) *Post-graduate medical education* refers to an educational program either  
13 through a clinical or non-clinical track or alternative track, pursued after  
14 conferment of a Doctor of Medicine degree, and referring to any type of formal  
15 medical education/training in a hospital, community, facility, institute, or HEI or  
16 any combination thereof leading to specialization;
- 17 l) *Post-graduate medical education – clinical track* refers to a post-graduate  
18 medical education/training program for licensed physicians in a particular  
19 specialty or subspecialty of medicine in a PRBM accredited training program in  
20 a hospital and community setting involving direct patient care and may include  
21 residency or subspecialty fellowship training;
- 22 m) *Post-graduate medical education – non-clinical track* refers to a post-graduate  
23 medical education and training program for medical graduates or licensed  
24 physicians in an HEI conferring a post-graduate academic degree involving basic  
25 medical sciences or other health-related fields or disciplines without direct  
26 patient care and includes, research, medical education, public health, health  
27 systems and health-related administration;
- 28 n) *Post-graduate medical education - alternative track* refers to a post graduate  
29 medical education and training program of licensed physicians for a particular  
30 specialty of medicine in a Department of Health (DOH) accredited alternative

1 track, consisting of preceptorship, modular, mentorship, or clinical fellowship  
2 training of not less than two (2) years of clinical practicum and comprehensive  
3 direct specialty patient care;

4 o) *Primary care* refers to initial contact, accessible, continuous, comprehensive and  
5 coordinated care that is accessible at the time of need including a range of  
6 services for all presenting conditions, and the ability to coordinate referrals to  
7 other health care providers in the health care delivery system, when necessary;

8 p) *Resident/Fellow trainee* refers to a licensed physician undergoing post-graduate  
9 medical education and training in a particular specialty for resident or  
10 subspecialty for fellow of medicine in a DOH-Retained Hospital, or PRBM and  
11 INPOP accredited training institution;

12 q) *Specialty Board Certifying Examination* refers to the evaluative process  
13 conducted by the PRBM and INPOP;

14 r) *Special permit* refers to the document secured by a foreign medical professional  
15 in absence of a reciprocity agreement, executive agreement, or treaty, to be  
16 allowed to practice medicine in the Philippines;

17 s) *Telemedicine* refers to the practice of medicine by means of electronic and  
18 telecommunications technologies such as by telephone, internet-enabled  
19 messaging, short messaging service (SMS), or audio- and video-conferencing  
20 to deliver health care that cannot otherwise be done face-to-face due to certain  
21 conditions such as the physical distance between the patient and the physician;  
22 and

23 t) *Temporary training permit* refers to the document secured by a foreign medical  
24 professional after compliance with the requirements for medical residency  
25 training or post graduate medical education training which shall be valid for a  
26 period co-terminus with the medical residency or post-graduate medical  
27 education training, unless sooner revoked for cause.

### 28 ARTICLE III

#### 29 THE MEDICAL EDUCATION COUNCIL AND THE MEDICAL DEGREE PROGRAM

30 SEC. 6. *Creation.* - The Medical Education Council (MEC) shall be created, under

1 the administrative supervision of the CHED, and shall be composed of the following:

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

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

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

23 The public officials shall perform their duties as such without compensation or  
24 remuneration, subject to reasonable *per diem* allowances as approved by the MEC and  
25 subject to existing rules and regulations of the Department of Budget and Management  
26 (DBM). Members thereof who are not government officials or employees shall be entitled  
27 to necessary travelling expenses, *per diem* and representation allowances chargeable  
28 against the funds of the CHED, as approved by the MEC, subject to existing rules and  
29 regulations of the DBM.

30 **SEC. 7. Functions and Duties.** – The MEC shall have the following functions and

1 duties:

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

- 1 j) Promulgate, prescribe, and enforce policies and programs which will ensure the  
2 proper and orderly operations and upkeep of medical colleges in order to ensure  
3 that basic medical education is not treated merely as a business enterprise but  
4 one with a social dimension;  
5 k) Regulate, supervise and monitor the medical internship program; and  
6 l) Promulgate, prescribe and enforce the necessary rules and regulations for the  
7 proper implementation of the foregoing functions.

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

- 13 a) Human Anatomy including Gross, Microscopic and Developmental Anatomy;  
14 b) Human Physiology;  
15 c) Biochemistry, Molecular Biology, Genetics and Clinical Nutrition;  
16 d) Pharmacology and Non-Pharmacological Interventions and Therapeutics  
17 including Alternative Medicine, Traditional and Complementary Medicine and  
18 Philippine Traditional Medicine;  
19 e) Microbiology, Parasitology and Immunology;  
20 f) Internal Medicine, including Geriatrics and Dermatology;  
21 g) General and Clinical Pathology, Surgical Pathology and Oncology;  
22 h) Obstetrics and Gynecology including Women’s Health;  
23 i) Pediatrics and Nutrition including Child Protection;  
24 j) General Surgery, and its divisions;  
25 k) Anesthesiology and Pain Management;  
26 l) Orthopedics;  
27 m) Otorhinolaryngology;  
28 n) Ophthalmology;  
29 o) Psychiatry and Behavioral Sciences;  
30 p) Basic and Clinical Neurosciences;

- 1 q) Family and Community Medicine including Public Health, Preventive Medicine
- 2 and Health Economics, Primary Health Care;
- 3 r) Medical Information technology and Telemedicine
- 4 s) Physical and Rehabilitation Medicine;
- 5 t) History and Perspectives in Medicine;
- 6 u) Research, Evidence-based Medicine and Medical Informatics, and Epidemiology;
- 7 v) Health Rights, Legal Medicine, Medical Jurisprudence and Forensic Medicine;
- 8 and
- 9 w) Radiology and other diagnostic imaging.

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

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

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

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

- 26 a) Diploma or Certificate of completion of Bachelor's Degree in Science or Arts  
27 or completion of secondary education for medical colleges offering CHED  
28 approved innovative curriculum;
- 29 b) Certificate of good moral character issued by two (2) former professors in the  
30 college where a bachelor's degree was obtained, or by two (2) former

1 teachers in high school for those entering in a CHED-approved innovative  
2 curriculum, or by the head of the indigenous peoples community;

- 3 c) Birth certificate duly authenticated by the Philippine Statistics Authority (PSA);
- 4 d) Certificate of passing marks of the national medical admission test and  
5 psychometric test prescribed or conducted by the CHED not more than two  
6 (2) years from the time of admission; and
- 7 e) For foreign students, a certificate of eligibility from the MEC for admission to  
8 medical school.

9 Only medical colleges externally accredited by agencies recognized by the MEC  
10 may accept foreign medical students.

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

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

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

- 19 a) Date of publication;
- 20 b) Calendar of academic year;
- 21 c) Roll of faculty members, indicating whether on full-time or part-time basis,  
22 and their qualifications;
- 23 d) Requirements for admission;
- 24 e) Grading system;
- 25 f) Requirements for promotion;
- 26 g) Requirements for graduation;
- 27 h) Curriculum and description of course by department; and
- 28 i) Number of students enrolled in each class in the preceding year.

29 **SEC. 10. *Medical Internship Program.*** – The MEC shall, within sixty (60) days after  
30 the effectivity of this Act, appoint a technical panel on medical internship program

1 composed of a minimum of seven (7) deans of CHED-recognized medical colleges or  
2 their representatives whose responsibility is to assist the MEC in carrying out its functions  
3 and duties on the medical internship program.

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

10 a) Functions and Duties:

- 11 1) Formulate a one (1)-year standardized curriculum for medical internship  
12 that may either be rotating hospital-based or community-oriented,  
13 including accreditation standards for health institutions;
- 14 2) Review the curriculum and accreditation standards at least every four (4)  
15 years;
- 16 3) Formulate and implement regulations and procedures for accredited health  
17 institutions including sanctions for non-compliance;
- 18 4) Accredite hospitals and other health facilities or settings that will be allowed  
19 to conduct a medical internship training program;
- 20 5) Evaluate and monitor regularly the compliance of accredited health  
21 institutions with the prescribed curriculum and accreditation standards, and  
22 institute mechanisms for program evaluation;
- 23 6) Assess a reasonable processing fee for eligible applicants to the internship  
24 program and an administrative fee for accreditation for health institutions;
- 25 7) Assist clinical clerks, in coordination with their medical colleges, in making  
26 an informed choice when selecting a particular health institution for their  
27 medical internship;
- 28 8) Formulate and implement a national internship matching program including  
29 mechanisms for transfers after having been matched;
- 30 9) Develop and implement a system for accredited health institutions to

1 monitor and evaluate the performance of their medical interns;

2 10) Receive and resolve complaints from medical interns or host institutions;  
3 and

4 11) Issue a certificate of completion of medical internship upon the  
5 recommendation of the accredited health institution.

6 ARTICLE IV

7 THE PROFESSIONAL REGULATORY BOARD OF MEDICINE

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

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

- 17 a) Supervise, regulate and monitor the practice of medicine in the Philippines,  
18 including telemedicine;
- 19 b) Determine and evaluate qualifications of the applicants for the physician's  
20 licensure examinations, foreign applicants for special permits to practice  
21 medicine in the Philippines, or temporary training permits for medical  
22 residency;
- 23 c) Conduct the PLE, in accordance with the recognized principles of evaluation,  
24 and in consonance with the pertinent provisions of Section 21, Article IV of  
25 this Act, by performing the following acts:
- 26 i. Prepare the test questions;
- 27 ii. Prescribe the syllabi of the subjects and their relative weights for the  
28 licensure examinations;
- 29 iii. Conduct the examination; and
- 30 iv. Correct and rate the examination papers;

- 1 d) Ensure that the test questions are appropriately formulated to assess the  
2 knowledge, skill, and attitude of the examinees;
- 3 e) Determine, amend, or revise the coverage of the subjects in the PLE and  
4 their relative weights, and the manner of giving the examination, subject to  
5 the approval of the PRC;
- 6 f) Explore and develop ways on how to measure and evaluate the clinical  
7 competence of examinees, and integrate the same into the PLE;
- 8 g) Register successful examinees in the PLE in the roll of physicians and issue  
9 the corresponding certificates of registration;
- 10 h) Issue special or temporary permits to foreign physicians to practice medicine  
11 for specific projects, duration of time, and place of practice;
- 12 i) Administer the qualifying examinations for foreign physicians who wish to  
13 train in the Philippines for a specialty or field of practice;
- 14 j) Monitor the conditions affecting the practice of medical profession, respond  
15 to emerging needs of the profession, adopt measures for the enhancement  
16 of the quality of the education and practice of medicine in coordination with  
17 the appropriate regulatory bodies;
- 18 k) Monitor, in coordination with CHED, the performance of medical schools and  
19 their compliance with the rules and regulations of the MEC;
- 20 l) Promulgate rules and regulations, in coordination with INPOP, including a  
21 Code of Ethics for Physicians, administrative policies, orders, and issuances  
22 to carry out the provisions of this Act;
- 23 m) Conduct regular quality assurance programs and activities to ensure quality  
24 medical education;
- 25 n) Investigate meritorious cases of violations of this Act, Code of Ethics, and  
26 the pertinent rules and regulations, administrative policies, orders and  
27 issuances which are recommended for decision by the INPOP. The rules  
28 governing administrative investigations promulgated by the PRC shall govern  
29 the conduct of such proceedings;
- 30 o) Issue subpoena *ad testificandum* or subpoena *duces tecum* to secure

1 attendance of respondents or witnesses as well as the production of  
2 documents: *Provided*, That failure of the party to whom a subpoena has  
3 been issued to comply therewith shall be punishable by way of indirect  
4 contempt. For this purpose, the PRBM is hereby vested the power to cite  
5 any party for contempt which may be exercised pursuant to the applicable  
6 provisions of Rule 71 of the Rules of Court;

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

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

- 12 i. Cancel examination papers or bar any examinee from future  
13 examination, or both;
- 14 ii. Refuse or defer the registration of the examinee;
- 15 iii. Reprimand the registrant with stern warning;
- 16 iv. Suspend the registrant from the practice of the profession;
- 17 v. Revoke the certificate of registration;
- 18 vi. Cancel a special or temporary permit, or a temporary training permit;
- 19 vii. Remove the name of a physician from the roll of physicians on  
20 account of continuous non-payment of annual registration fees and  
21 non-compliance with the Continuing Professional Development (CPD)  
22 requirements;
- 23 viii. Reinstate or re-enroll a physician's name in the said roll; and
- 24 ix. Re-issue or return the physician's certificate of registration and  
25 professional identification card.

26 r) Administer the physician's oath;

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

- 1 t) Adopt an official seal;
- 2 u) Coordinate with the MEC and the INPOP in prescribing, amending or revising
- 3 the courses in a medical program, or both;
- 4 v) Assist the PRC in the implementation of its prescribed guidelines and criteria
- 5 on the CPD for registered licensed physicians;
- 6 w) Set the standards and guidelines for the issuance and re-issuance of
- 7 certificates of registration including compliance with the PRBM's CPD
- 8 program; and
- 9 x) Perform such other functions and duties as may be necessary to efficiently
- 10 and effectively implement the provisions of this Act.

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

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

30 SEC. 14. *Term of Office.* – The members of the PRBM shall hold office from the

1 date of their appointment for a term of three (3) years or until their successors shall  
2 have been appointed and qualified. They may, however, be reappointed for another  
3 three (3) year term but not for a third three (3) year term. Appointments to fill up vacant  
4 positions for reasons other than through expiration of regular terms, shall be for the  
5 unexpired period only. Each member shall take an oath of office before the performance  
6 of the duties and responsibilities. The incumbents whose terms have not yet expired or  
7 who are merely on a holdover capacity, at the effectivity of this Act, shall be allowed to  
8 serve the unexpired portion of their terms or may be re-appointed under this Act.

9       SEC. 15. *Compensation.* – The Chairperson, Vice Chairperson and members of  
10 the PRBM shall receive compensation and allowances or other benefits pursuant to the  
11 provisions of Republic Act No. 8981 otherwise known as the “PRC Modernization Act of  
12 2000” and other pertinent laws, and comparable to the compensation and allowances  
13 received by the chairperson and members of existing professional regulatory boards.

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

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

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

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



- 1 character signed by the Dean of the school where the applicant is a graduate;
- 2 c) Has not been convicted by final judgment by a court of any criminal offense;
- 3 and
- 4 d) A holder of the degree of Doctor of Medicine (M.D.) or its equivalent for
- 5 innovative curriculum conferred by a College of Medicine established in the
- 6 Philippines and duly recognized by the CHED, or a degree conferred by a college
- 7 of medicine abroad and accredited by the CHED as substantially equivalent to
- 8 the degree of Doctor of Medicine conferred by medical schools in the
- 9 Philippines; and
- 10 e) Has completed a one (1)-year post graduate medical internship.

11 *SEC. 22. Scope of Examination.* – The physicians licensure examination shall cover

12 the following thirteen (13) individual or combined subjects with the relative weights for

13 each:

- 14 a) Anatomy and Histology;
- 15 b) Physiology;
- 16 c) Biochemistry and Molecular Biology;
- 17 d) Pharmacology and Therapeutics;
- 18 e) Microbiology and Parasitology;
- 19 f) Internal Medicine; Neurology, Dermatology, Geriatric; Psychiatry and Behavioral
- 20 Medicine
- 21 g) General and systemic pathology, and Clinical Pathology;
- 22 h) Obstetrics and Gynecology;
- 23 i) Pediatrics and Nutrition;
- 24 j) Surgery, Orthopedic, Anesthesiology;
- 25 k) Otorhinolaryngology, Ophthalmology;
- 26 l) Family and Community Medicine, Preventive Medicine and Public Health and
- 27 Health Economics; and
- 28 m) Legal Medicine, Medical Jurisprudence, Medical Ethics, and Medical Informatics.

29 In case there is need or when circumstances require, in order to conform to

30 technological advancements and other developments, the PRBM, the MEC, and the

1 INPOP may revise the substance, format and the conduct of the examinations.

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

- 5 a) Consultation with the association of medical schools;
- 6 b) Approval by the PRC;
- 7 c) Publication of the PRBM resolution in a newspaper of general circulation; and
- 8 d) Dissemination to all medical schools.

9 SEC. 23. *Venue and Schedule of Examinations.* - The PRBM shall administer  
10 examinations for the registration of physicians at least twice a year in such places as the  
11 PRC may designate in accordance with the provisions of Republic Act No. 8981. However,  
12 in case of a public health emergency, disaster or calamity, whether natural or human  
13 induced, the PRBM may postpone such examinations to a later date. An applicant may  
14 be allowed to take the examinations in two (2) parts. The first part shall consist of  
15 questions from Basic Medicine which are from subjects of the first and second year in  
16 medicine proper, and the rest may be taken up in the second part: *Provided however,*  
17 *That the two-part examinations must be taken in one (1) and the same year.*

18 SEC. 24. *Rating in the Examination.* - To pass the PLE, an examinee must obtain  
19 a general average rating of at least seventy-five percent (75%) in all thirteen (13)  
20 subjects: *Provided,* That there is no rating obtained in any subject below fifty percent  
21 (50%).

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

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

30 SEC. 26. *Oath.* - All successful examinees shall be required to take the physician's

1 oath before the PRBM or any person authorized by the PRC to administer it before they  
2 are issued their certificates of registration and professional identification cards, or before  
3 they start the practice of the medical profession.

4 SEC. 27. *Registration, Issuance of Certificate of Registration and Professional*  
5 *Identification Card; Integrated National Professional Organization of Physicians (INPOP)*  
6 *Membership; Non-registration and Grounds Thereof.* – All successful examinees, upon  
7 compliance with all legal requirements and payment of fees prescribed by the PRC, shall  
8 be registered and issued certificates of registration and professional identification cards.  
9 They shall likewise be deemed members of the INPOP upon compliance with all  
10 requirements and payment of compulsory dues. Upon presentation of their certificates  
11 of registration and professional identification cards, they shall be issued a separate  
12 INPOP Membership card.

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

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

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

28 A successful examinee who has been finally convicted by a competent court of a  
29 criminal offense, or found guilty by the PRBM of dishonorable or immoral conduct, or  
30 declared by a court to be of unsound mind, shall not be registered. The decision of the

1 PRBM finding the examinee guilty of dishonorable or immoral conduct may be appealed  
2 to the PRC within fifteen (15) days from receipt of the PRBM's decision or resolution, and  
3 to the Court of Appeals within the same period from the receipt of the decision or  
4 resolution of the PRC. The facts and the reasons for refusal to register shall be clearly  
5 stated in writing, communicated to the examinee, and duly incorporated in the records  
6 of the PRC.

## 7 ARTICLE VI

### 8 THE POST-GRADUATE MEDICAL EDUCATION COUNCIL

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

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

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

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

29 The members of the PGMEC may designate their permanent representatives to  
30 meetings who shall have a rank not lower than an undersecretary or its equivalent, and

1 shall receive emoluments as may be determined by the PGMEC in accordance with  
2 existing budget and accounting rules and regulations.

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

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

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

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

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

1 recommendations to the PRBM for approval and action regarding complaints  
2 filed. It shall also screen foreign graduates of medicine who would like to  
3 undergo residency training in the country.

4 The PGMEC shall create other committees and sub-committees as may be deemed  
5 necessary in the accomplishment of its duties and functions.

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

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

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

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

- 26 a) Set the standards of post graduate medical education and training;
- 27 b) Ensure that the standards set for post graduate medical education and training  
28 are at par with international standards;
- 29 c) Accredite post graduate medical education or training programs;
- 30 d) Determine whether doctors and allied health professionals who have

1           undergone post graduate medical education and training have satisfactorily  
2           completed the training;

3           e) Issue the corresponding certificates to residents who have satisfactorily  
4           completed the post graduate medical education and training in either  
5           government or private hospitals and have passed the certifying examinations  
6           conducted by the Committee on Training and Certification;

7           f) Screen foreign graduates of medicine who will undergo post graduate medical  
8           education and training in the country and assess the equivalence of their basic  
9           medical education to the standard curriculum prescribed in Philippine schools  
10          of medicines;

11          g) Work for the provision of better compensation and benefits and humane  
12          working conditions for residents, in consultation with appropriate agencies;

13          h) Receive and act on complaints of residents against post-graduate training  
14          institutions as well as complaints of patients against residents;

15          i) Ensure that post graduate medical education and training will always be  
16          responsive to the health needs of the population;

17          j) Maintain a registry or database of residents, including foreigners with  
18          temporary training permits and Filipino doctors training or specializing  
19          overseas and accredited post graduate medical education and training  
20          programs;

21          k) Monitor and evaluate post graduate medical education and training programs  
22          regularly;

23          l) Prescribe remedial measures to improve deficient post graduate medical  
24          education and training programs; and

25          m) Seek or request the assistance and support of any government agency, office  
26          or instrumentality including government-owned or controlled corporations,  
27          local government units, as well as non-governmental organizations or  
28          institutions in pursuance of its functions.

29          **SEC. 30. Accreditation of post graduate medical education and training programs.**

30          – Post graduate medical education and training programs shall only be conducted in

1 accredited post graduate training institutions. The PGMEC shall be the only recognized  
2 organization that shall have full authority over post graduate medical education and  
3 training programs. Upon approval of the implementing rules and regulations of this Act,  
4 a period of one year shall be given to allow time for the transfer of accreditation from  
5 the different specialty and sub-specialty societies to the Committee on Accreditation of  
6 the PGMEC. Furthermore, certificates shall be issued by PGMEC to doctors who have  
7 obtained their training and certification prior to the passage of this Act upon submission  
8 of certificates issued by different specialty or sub-specialty societies.

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

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

- 26       a) Accredited residency training programs shall be allowed to accept foreign  
27       medical graduates in cases wherein no Filipino physicians are applying for the  
28       same vacancy. Filipino physicians shall be given the first priority in filling up  
29       vacancy for medical residents;
- 30       b) Foreign graduates of medicine shall secure a clearance from the PRBM before

1 applying with any accredited residency training program;

2 c) Foreign medical graduates shall undergo basic language course in Filipino or  
3 the dialect, or both, that is used in the locality where the accredited institution  
4 is located before commencing medical residency. A certificate of proficiency in  
5 Filipino and the dialect of the locality shall be obtained by the foreign graduate  
6 of medicine from a CHED-accredited state university or tertiary education  
7 institution located in the locality where the foreign graduate in medicine wishes  
8 to undergo post graduate medical education or training before the PRBM may  
9 issue a clearance. For accredited institutions located in areas wherein Filipino is  
10 the language used by the majority, proficiency in a dialect shall no longer be  
11 required;

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

16 e) Foreign graduates of medicine must have no previous criminal conviction or  
17 administrative liability in the Philippines and their country of origin

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

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

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

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

27 d) Residents shall only perform those functions that are related to their post  
28 graduate medical education or training. Their superiors are hereby prohibited  
29 from issuing orders that are not related to the training of residents or are  
30 demeaning to a resident's dignity as a person. The PGMEC shall receive and

1 investigate complaints of this nature from residents;

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

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

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

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

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

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

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

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

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

26 2) Accepting commission from laboratories, diagnostic facilities, pharmacies  
27 for referring patients to these facilities;

28 3) Obtaining excess and unused medicines, drugs and other materials from  
29 patients or the supply source, without proper permission;

30 4) Selling medicines, drugs and other materials to patients or the patient’s

- 1 relatives;
- 2 5) Selling free samples of drugs or other medicines; and
- 3 6) Receiving money or any form of incentives from any pharmaceutical
- 4 company for prescribing their brand of drugs, medicines and other
- 5 materials;
- 6 d) Treat superiors, subordinates, co-workers and patient's relatives with utmost
- 7 respect;
- 8 e) Observe the provisions of Republic Act 6675, otherwise known as the "Generics
- 9 Act of 1988", and Republic Act 9502, otherwise known as the "Cheaper and
- 10 Quality Medicines Act of 2008"; and
- 11 f) Render full time service to the hospital where the resident is employed. The
- 12 resident shall not engage in any part-time job outside the hospital.

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

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

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

16 following responsibilities:

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

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

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

25 procedures:

- 26 a) A complaint must be filed with the CPSE. The CPSE shall rule on the complaint
- 27 through a notice of resolution within sixty (60) calendar days from receipt
- 28 thereof;
- 29 b) An appeal from the decision of the CPSE must be filed with the PGMEC within
- 30 thirty (30) calendar days from receipt of the notice of resolution;

1 c) The PGMEC shall promptly and expeditiously issue its decision or resolution on  
2 each appeal or grievance within sixty (60) days from the date it is submitted to  
3 it for determination;

4 d) Non-observance of the periods set forth in this Section shall subject the  
5 responsible officer or employee to the penalties prescribed under Section 40 of  
6 this Act.

7 All parties shall keep the proceedings confidential during the pendency of the case  
8 before the Committee.

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

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

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

26 In cases where the CPSE deems it necessary to hold a hearing to clarify specific  
27 factual matters before rendering judgment, it shall set the case for hearing. At such  
28 hearing, the proponent may conduct a direct examination of witnesses on the basis of  
29 their affidavits and may be cross-examined by the adverse party. The order setting the  
30 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 after  
5 notice thereof: *Provided*, That the same may be appealable to the PGMEC within thirty  
6 (30) days from receipt of the copy of the judgment appealed from. An appellee shall be  
7 given fifteen (15) days from notice to file a memorandum after which the PGMEC shall  
8 decide on the appeal within sixty (60) days from the submission of the said pleadings.

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

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

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

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

- 26 a) First Offense - reprimand;
- 27 b) Second Offense - suspension with duration depending on the gravity of the  
28 offense but not exceeding six (6) months;
- 29 c) Third Offense - revocation of the accreditation of the training institution, and  
30 in the case of a resident on post-graduate training, non-issuance of a

1 certificate of completion of post graduate medical education or training by the  
2 PGMEC and removal from the residency training program.

3 ARTICLE VII

4 REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION

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

- 7 a) History taking and physically examining any person for any disease, injury and  
8 deformity, or diagnosing, treating, operating, prescribing, or dispensing any  
9 remedy therefor;
- 10 b) History taking and physical examination through submission of photographs and  
11 videos or any communication through telecommunication or electronic means  
12 for any disease, injury and deformity; diagnosing and prescribing or dispensing  
13 any remedy therefor through electronic means or telemedicine;
- 14 c) Examining a person's mental condition for any ailment, real or imaginary,  
15 regardless of the nature of the remedy or treatment administered, prescribed,  
16 or recommended;
- 17 d) Offering or undertaking to diagnose, treat, operate or prescribe, and administer  
18 any remedy for any human disease, injury, deformity, physical or mental  
19 condition, either personally or by means of signs, cards or advertisements by  
20 way of mass media or any other means of communication;
- 21 e) Using or affixing "M.D." to the physician's name in written or oral  
22 communications. Unless specified, the letters "M.D." shall mean Doctor of  
23 Medicine, provided that only those who have passed the physician's licensure  
24 examination are allowed to use the title "M.D."; and
- 25 f) Conducting formal medical classes in medical schools, seminars, lectures,  
26 symposia and the like.

27 SEC. 42. *Scope of Medical Practice.* – The scope of the practice of medicine are the  
28 following:

- 29 a) The application of medical knowledge, skill, and judgment for the promotion of  
30 good health;

- 1 b) The prevention and treatment of physical, mental, or psycho-social diseases,  
2 disorders, injuries, and conditions; and  
3 c) The assessment and management of a physical, mental, or psycho-social  
4 disease, disorder, injury or condition of an individual or group of individuals at  
5 any stage of the biological life cycle, including the prenatal and postmortem  
6 periods delivered either in clinical or non-clinical settings.

7 The practice of medicine also covers the following:

8 a) Clinical Practice of Medicine

- 9 1) Refers to the professional practice of a General Physician who has completed  
10 basic medical education and medical internship, has obtained a PRC license,  
11 and is without or has not completed any formal post-graduate medical  
12 education and training as defined in this Act. A General Physician or a  
13 Specialist may be a Primary Care Provider as long as the defined competencies  
14 in Primary Care as certified by the DOH, as provided for in Republic Act 11223  
15 or the "Universal Health Care Act", are obtained.  
16 2) Limited Specialty Care Practice refers to the clinical practice of a General  
17 Physician with additional credentials to independently provide particular  
18 emergency and essential healthcare services in locations where specialist  
19 physicians are unavailable or inaccessible, obtained after undergoing the  
20 necessary qualifications and training as may be determined by the respective  
21 PRBM-recognized professional specialty organization or board and monitored  
22 regularly by the same.  
23 3) Specialty Medical Practice refers to the professional practice of a Specialist  
24 Physician who is a licensed physician and has completed additional formal  
25 post-graduate medical education or training in a distinct clinical medical  
26 discipline focused on a defined group of patients, diseases, skills, or philosophy  
27 and has been certified by the PGMEC Committee on Training and Certification.  
28 The scope of specialty medical practice refers to the diagnosis and  
29 management of specific conditions as defined by the PGMEC.

30 b) Non-Clinical Practice of Medicine

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

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

- 9           a) Medical students and clinical clerks, and interns attending to patients;  
10          b) Foreigners who intend to undergo or are undergoing post graduate medical  
11          education and training or otherwise under training shall obtain the required  
12          special permit from the PRC;  
13          c) Any non-medical person trained, certified, licensed to carry out specific  
14          interventions in emergency situations to save lives and prevent injury according  
15          to the level of competence determined by their training and certifying  
16          examinations;  
17          d) Non-medical educators who have attained a master’s or a doctoral degree on a  
18          specific field in the basic sciences in the medical field; and  
19          e) Practitioners of Traditional and Complementary Medicine Modalities or systems  
20          who are regulated by the Philippine Institute of Traditional and Alternative  
21          Health Care (PITAHC).

22          SEC. 44. *Reciprocity.* – A foreigner may be allowed to practice medicine in the  
23          Philippines without having to undergo the physicians’ licensure examination, if and when,  
24          the country of which the foreigner is a citizen allows Filipino citizens to practice medicine  
25          under the same conditions such as the following:

- 26          a) The country of which the foreigner is a citizen, imposes the same academic and  
27          training requirements for its citizens to be able to practice medicine;  
28          b) There is a reciprocity agreement, executive agreement or international  
29          agreement, or treaty to this effect, signed by both the government of the  
30          Philippines and the country of which the foreigner is a citizen, and

- 1 c) The foreigner must show documents equivalent to the PRC ID or Certificate of  
2 Registration attesting that the foreign country's regulatory boards of medicine  
3 have allowed the foreigner to practice the medical profession.

4 SEC. 45. *Special Permits to Practice Medicine in the Philippines.* – In the absence  
5 of a reciprocity agreement, executive agreement, international agreement, or treaty, a  
6 foreigner may be allowed to practice medicine in the Philippines subject to the following  
7 conditions:

- 8 a) The foreigner must obtain a special permit from the PRC;  
9 b) The special permit shall specify the purpose, limitations, place of practice, and  
10 such other conditions as may be imposed by the PRC such as:  
11 1) A period of not more than one (1) year, subject to renewal or extension:  
12 *Provided,* That the renewal or extension shall be under the same process  
13 and requirements as hereinabove described;  
14 2) The specific area of medical specialization;  
15 3) The specific place of practice, such as clinic, hospital, center, medical  
16 school as the case may be;  
17 c) Payment of the required fees; and  
18 d) Undertaking that the foreigner shall conduct oneself according to the Code of  
19 Ethics of Medical Practice in the Philippines.

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

- 22 1) Physicians who are citizens of and licensed in foreign countries whose services  
23 are for free: *Provided,* That a reasonable honorarium may be allowed for daily  
24 subsistence during the stay or service in the Philippines;  
25 2) Physicians who are internationally well-known specialists or publicly  
26 acknowledged as experts in any area of medical specialization; and  
27 3) Physicians of foreign countries whose services are urgently necessary, owing  
28 to the lack of available local specialists or experts, or for the promotion or  
29 advancement of the practice of medicine including, the conduct of formal  
30 classes or training, and acting as resource persons in medical seminars, fora,

1 and symposia;

- 2 4) Physicians licensed in foreign countries who intend to render free medical  
3 services to indigent patients in a particular Philippine hospital, center or clinic:  
4 *Provided, That they render such services under the direct supervision and*  
5 *control of a duly licensed Filipino physician; and*
- 6 5) Physicians licensed in foreign countries employed as exchange professors in  
7 any area of medical specialization.

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

- 13 a) Final conviction by a court of competent jurisdiction of any criminal offense  
14 involving moral turpitude;
- 15 b) Immoral or dishonorable conduct;
- 16 c) Mental incapacity;
- 17 d) Fraud in the acquisition of the certificate of registration and the professional  
18 identification card or temporary or special permit or temporary training permit;
- 19 e) Gross negligence, ignorance or incompetence in the practice of the profession,  
20 resulting in an injury to or death of the patient;
- 21 f) Addiction to alcoholic beverages, any habit-forming drug, or any form of illegal  
22 gambling, rendering the foreigner incompetent to practice the profession;
- 23 g) Making or causing to be made false, misleading, extravagant or unethical  
24 advertisements or making or causing to be made advertisements wherein things  
25 other than the name, profession, limitation of practice, clinic hours, office and  
26 home address are mentioned;
- 27 h) Issuance of any false statement or spreading any false news or rumor which is  
28 derogatory to the character and reputation of another physician without  
29 justifiable motive;
- 30 i) Knowingly issuing any false medical certificates or findings or making any

- 1 fraudulent claims with government or private health insurance;
- 2 j) Performance of, or aiding in, any criminal abortion;
- 3 k) Allowing one's self as the dummy physician or as tool of any person who is  
4 unqualified or unlicensed to practice general or specialty medicine, except in aid  
5 of training of a medical student or resident physician: *Provided however,* That  
6 this provision shall not apply when an act constituting the practice of general or  
7 specialty medicine is performed in an accredited hospital, clinic, or medical  
8 center or by an accredited practitioner. A dummy physician is one who makes  
9 it appear to be the person who has actually treated a patient when in fact it  
10 was another person, and on the basis of which, accepted a professional fee;
- 11 l) Abetting or assisting in the illegal practice by a person who is not lawfully  
12 qualified to practice medicine, either general or specialty medicine;
- 13 m) Using or advertising any title or description tending to convey the impression to  
14 the general public that one is a specialist in a medical field when in fact one is  
15 not;
- 16 n) Practicing the profession during the period of one's suspension or during the  
17 period one's license is revoked;
- 18 o) Willful failure or refusal to be a member of good standing of the INPOP; and
- 19 p) Violation of any provision of the Code of Ethics for Physicians as prescribed by  
20 the INPOP, subject to approval by the PRC;

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

29 **SEC. 48. *Appeal from Judgment.*** – The decision of the PRC shall become final fifteen  
30 (15) days from the date of receipt of such decision by the parties or their counsel. Within



1 one (1) Integrated National Professional Organization of Physicians (INPOP) to be duly  
2 recognized by the PRBM and the PRC. A physician duly registered and licensed by the  
3 PRBM and the PRC shall automatically become a member of the INPOP and shall receive  
4 the benefits and privileges appurtenant thereto upon payment of the required reasonable  
5 fees and dues. Membership in the INPOP shall not be a bar to membership in any other  
6 association of physicians.

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

14 *SEC. 53. Investigative and recommendatory power of the Integrated National*  
15 *Professional Organization of Physicians.* – The INPOP shall have the power to  
16 investigate violations of this Act, Code of Ethics, and the pertinent rules and regulations,  
17 administrative policies, orders, and issuances. The rules on administrative investigation  
18 promulgated by the INPOP shall govern in such proceeding.

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

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

26 *SEC. 54. Mandatory Continuing Professional Development.* – The PRBM shall  
27 implement a mandatory continuing professional development for physicians consistent  
28 with the guidelines of the Continuing Professional Development (CPD) as shall hereafter  
29 be promulgated by the PRC.

1 ARTICLE IX

2 PENAL PROVISIONS

3 SEC. 55. *Penalties.* – The penalty of imprisonment of not less than one (1) year but  
4 not exceeding five (5) years, or a fine of not less than Two hundred thousand pesos  
5 (P200,000.00) but not exceeding Five hundred thousand pesos (P500,000.00), or both,  
6 upon the discretion of the court, shall be imposed upon:

- 7 a) Any person who practices or offers to practice medicine in the Philippines  
8 without a valid certificate of registration and a valid professional identification  
9 card, or a valid temporary/special permit or temporary training permit in  
10 accordance with the provisions of this Act;
- 11 b) Any person using or attempting to use as one's own the certificate of registration  
12 or professional identification card or temporary/special permit or temporary  
13 training permit duly issued to another;
- 14 c) Any person who shall give any false or forged documents, credentials and any  
15 other proof of any kind to the PRBM or PRC in order to obtain a certificate of  
16 registration or professional identification card or temporary/special permit or  
17 temporary training permit;
- 18 d) Any person who shall falsely present oneself as a bona fide registrant with like  
19 or different name;
- 20 e) Any person who shall attempt to use a revoked or suspended certificate of  
21 registration or a cancelled or expired temporary/special permit;
- 22 f) Any person who shall use or advertise any title or description tending to convey  
23 the impression to the general public that one is a registered and licensed  
24 physician or specialist when in fact one is not; and
- 25 g) When any of the acts defined in paragraphs 1 and 5 of this section is committed  
26 by a person against three (3) or more persons, or when any of such acts is  
27 committed by at least three (3) persons who conspire with one another, or when  
28 death occurs as result of the commission of the prohibited act mentioned in  
29 paragraph (k) of Section 46 of this Act, the offense shall be considered as a  
30 qualified offense and shall be punished by life imprisonment and a fine of not

1 less than Five Hundred Thousand Pesos (P500,000.00) but not more than two  
2 (2) Million pesos (P2,000,000.00). Prosecution of offense under this Act shall be  
3 without prejudice to a separate prosecution under the provisions of the Revised  
4 Penal Code and other laws.

5 SEC. 56. *Medical malpractice.* – Any physician who recklessly fails to meet the  
6 standards demanded by the profession, or grossly deviates from the standard of care,  
7 and causes injury to the patient, which would have been a felony had it been intentional,  
8 shall be guilty of medical malpractice and be punishable by a fine ranging from One  
9 hundred thousand pesos (P100,000.00) to Two hundred thousand pesos (P200,000.00),  
10 or imprisonment of three (3) months to six (6) months upon the discretion of the court,  
11 or both.

12 If malpractice results in permanent disability or irreversible injury, the violators shall  
13 be liable with a fine ranging from Two hundred thousand pesos (P200,000.00) to Five  
14 hundred thousand pesos (P500,000.00), or six (6) months to one (1) year imprisonment,  
15 or both, upon the discretion of the court.

16 If the malpractice results in death, the penalty shall be a fine ranging from Five  
17 hundred thousand pesos (P500,000.00) to Two million pesos (P2,000,000.00), or two  
18 (2) to five (5) years imprisonment, or both, and revocation of license upon the discretion  
19 of the court.

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

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

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

1 ARTICLE X

2 MISCELLANEOUS PROVISIONS

3 SEC. 58. *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. 59. *Appropriations.* – The amount necessary to carry out the provisions of  
9 this Act shall be included in the annual General Appropriations Act.

10 SEC. 60. *Implementing Rules and Regulations.* – Within ninety (90) days after the  
11 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 the  
14 effective implementation of this Act.

15 SEC. 61. *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. 62. *Separability Clause.* – If any part or provision of this Act is held invalid or  
19 unconstitutional, the remaining parts or provisions not affected shall remain in full force  
20 and effect.

21 SEC. 63. *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

1 Law”.

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

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,*