



HOUSE OF REPRESENTATIVES

H. No. 9061

BY REPRESENTATIVES TAN (A.), CAMPOS, NATIVIDAD-NAGAÑO, ZARATE, GAITE, CULLAMAT, CASTRO (F.L.), BROSAS, ELAGO, SIAO, YAP (E), MENDOZA, LOYOLA, GONZALEZ, RODRIGUEZ, BORDADO, CABOCHAN CASTELO, GATO, ESCUDERO, ARENAS, OAMINAL, GARCIA (P.J.), SAVELLANO, REVILLA, DE VENECIA, BIAZON, CALDERON, CUA, CUARESMA, DALIPE, DAZA, DUAVIT, FRASCO, GASATAYA, GONZAGA, HARESCO, MOMO, SAGARBARRIA, TEJADA, VIOLAGO, ALBANO, BALINDONG, BASCUG, BENITEZ, CABATBAT, CAMINERO, CARI, DELOSO-MONTALLA, DIMAPORO (A.), DIMAPORO (M.K.), DUJALI, DY (F.), DY (I.P.), GORRICETA, GULLAS, GUYA, LABADLABAD, MACEDA, ONG (J.), ORTEGA, REYES, ROMAN, TAMBUNTING, TAN (A.S.), TIANGCO, TORRES-GOMEZ, TUTOR, VARGAS ALFONSO, VERGARA, DE JESUS, DEFENSOR (L.), ENVERGA, FLORES, SAULOG, ROBES AND NIETO, PER COMMITTEE REPORT No. 882

**AN ACT
PROVIDING FOR A PHYSICIAN'S ACT REPEALING FOR THE PURPOSE REPUBLIC ACT NO.
2382, AS AMENDED, OTHERWISE KNOWN AS THE 'MEDICAL ACT OF 1959'**

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

ARTICLE I

POLICY, OBJECTIVES, AND ENFORCEMENT

SECTION 1. Short Title. – This Act shall be known as the "Physicians Act".

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

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

1 practice of medicine and promoting competence, moral values, and professional ethics of members of
2 the medical profession.

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

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

13 **ARTICLE II**

14 **DEFINITION OF TERMS**

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

16 a) **Accreditation** refers to an evaluation mechanism of the Professional Regulatory Board
17 of Medicine (PRBM) of the Professional Regulation Commission (PRC) through the Post Graduate
18 Medical Education Council (PGMEC) that assesses the capability of a healthcare institution to conduct
19 a post-graduate medical education or training program in a particular specialty or subspecialty of
20 medicine through compliance with a series of pre-defined, explicitly written standards;

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

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

33 d) **Higher education institution (HEI)** refers to an educational institution, private or
34 public, undertaking operations of higher education programs with an organized group of students

1 pursuing defined studies in higher education, receiving instruction from teachers, usually located in a
2 building or group of buildings in a particular site specifically intended for educational purposes;

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

6 f) ***Innovative curriculum*** refers to a curriculum that applies non-traditional, flexible,
7 creative, and open curricular frameworks, teaching-learning models, and methods of evaluation and
8 assessment applied to basic medical education in real world situations as defined by the Commission
9 on Higher Education (CHED);

10 g) ***Medical college*** refers to a learning institution which has complied with the standards
11 and requirements set forth and duly recognized by the CHED to offer a complete basic medical
12 education program leading to a degree of Doctor of Medicine. It may also be known as College of
13 Medicine, Faculty of Medicine, Institute of Medicine, School of Medicine, Medical Schools or other
14 similar names;

15 h) ***Medical internship*** refers to a one (1)-year post graduate internship training
16 program after completion of four (4) years of basic medical education from a medical college or the
17 fifth (5th) year of a five (5)-year basic medical education program that is supervised and monitored
18 by the Medical Education Council (MEC) in which a Doctor of Medicine undergoes a supervised, time-
19 bound rotation and application of patient and community care in different medical disciplines in
20 accredited hospitals and other settings as a requisite for the Physician Licensure Examination;

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

24 j) ***Physician Licensure Examination*** refers to an evaluative process conducted by the
25 Professional Regulatory Board of Medicine (PRBM) to eligible candidates in order to obtain a license
26 to practice medicine;

27 k) ***Post-graduate medical education*** refers to an educational program either through
28 a clinical or non-clinical track or alternative track, pursued after conferment of a Doctor of Medicine
29 degree, and referring to any type of formal medical education/training in a hospital, community,
30 facility, institute, or higher education institution (HEI) or any combination thereof leading to
31 specialization;

32 l) ***Post-graduate medical education – clinical track*** refers to a post-graduate
33 medical education/ training program for licensed physicians in a particular specialty or subspecialty of
34 medicine in a PRBM accredited training program in a hospital/ AND community setting involving direct

- 1 patient care and may include residency or subspecialty fellowship training;
- 2 m) **Post-graduate medical education – non-clinical track** refers to a post-graduate
3 medical education and training program for medical graduates or licensed physicians in a higher
4 education institution (HEI) conferring a post-graduate academic degree involving basic medical
5 sciences or other health-related fields or disciplines without direct patient care and includes, research,
6 medical education, public health, health systems and health-related administration;
- 7 n) **Post-graduate medical education - alternative track** refers to a post graduate
8 medical education and training program of licensed physicians for a particular specialty of medicine in
9 a Department of Health (DOH) accredited alternative track, consisting of preceptorship, modular,
10 mentorship, or clinical fellowship training of not less than two (2) years of clinical practicum and
11 comprehensive direct specialty patient care;
- 12 o) **Primary care** refers to initial contact, accessible, continuous, comprehensive and
13 coordinated care that is accessible at the time of need including a range of services for all presenting
14 conditions, and the ability to coordinate referrals to other health care providers in the health care
15 delivery system, when necessary;
- 16 p) **Resident/Fellow trainee** refers to a licensed physician undergoing post-graduate
17 medical education and training in a particular specialty for resident or subspecialty for fellow of
18 medicine in a DOH-Retained Hospital or Professional Regulatory Board of Medicine (PRBM) and
19 Integrated National Professionals of Physicians (INPOP) accredited training institution;
- 20 q) **Specialty Board Certifying Examination** refers to the evaluative process conducted
21 by the PRBM and INPOP;
- 22 r) **Special permit** refers to the document secured by a foreign medical professional in
23 absence of a reciprocity agreement, executive agreement, or treaty, to be allowed to practice medicine
24 in the Philippines;
- 25 s) **Telemedicine** refers to the practice of medicine by means of electronic and
26 telecommunications technologies such as by telephone, internet-enabled messaging, short messaging
27 service (SMS), or audio- and video-conferencing to deliver health care that cannot otherwise be done
28 face-to-face due to certain conditions such as the physical distance between the patient and the
29 physician, and;
- 30 t) **Temporary training permit** refers to the document secured by a foreign medical
31 professional after compliance with the requirements for medical residency training or post graduate
32 medical education training which shall be valid for a period co-terminus with the medical residency or
33 post-graduate medical education training, unless sooner revoked for cause.
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1 **ARTICLE III**

2 **THE MEDICAL EDUCATION COUNCIL AND THE MEDICAL DEGREE PROGRAM**

3 **SEC. 6. Creation.** - The Medical Education Council (MEC) shall be created under the CHED and
4 shall be composed of the following:

- 5 a) Chairperson of the CHED or the Chairperson's duly authorized representative as
6 Chairperson of the MEC;
- 7 b) Secretary of the DOH or the Secretary's duly authorized representative as member;
- 8 c) Chairperson of the PRC-PRBM or the Chairperson's duly authorized representative as
9 member;
- 10 d) President of the INPOP or the President's duly authorized representative as member;
- 11 e) The president of the national association of medical schools duly recognized by the
12 CHED or the president's duly authorized representative as member; and
- 13 f) The president of the national association of hospitals duly recognized by the DOH or
14 the president's duly authorized representative as member.

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

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

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

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

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

31 (b) Determine the minimum requirements for physical facilities of medical colleges such as
32 buildings, hospitals, equipment and supplies, apparatus, instruments, appliances, laboratories and bed
33 capacity for instruction purposes, operating and delivery rooms, facilities for out-patient services,
34 community health services and others that are necessary for didactic and practical instruction in

- 1 accordance with modern trends;
- 2 (c) Determine the minimum number and the standard qualifications of administrative and
3 teaching personnel including student-teacher ratio;
- 4 (d) Determine the minimum required curriculum leading to the degree of Doctor of
5 Medicine, including internship;
- 6 (e) Authorize the implementation of an acceptable innovative medical curriculum or
7 strategy in a medical college that has exceptional faculty, equipment and facilities. Such medical
8 college with an innovative curriculum may prescribe admission and graduation requirements other
9 than those prescribed in this Act;
- 10 (f) Determine the minimum requirements for admission into a recognized college of
11 medicine;
- 12 (g) Develop and put into place programs as well as adopt and implement policies which
13 will encourage and allow applicants from marginalized areas or groups, or both, as well as financially-
14 challenged families to be admitted into medical colleges and complete their medical education;
- 15 (h) Keep a registry of medical students enrolled in medical colleges, and conduct tracer
16 studies for medical graduates for up to five (5) years from graduation;
- 17 (i) Recommend to the CHED the closure or suspension of the degree program for Doctor
18 of Medicine of a medical college by reason of poor performance in the physicians licensure examination
19 over a given period of time based on statistical data furnished by the PRBM, or upon inspection of the
20 medical school by the MEC for reasons of various deficiencies or violations;
- 21 (j) Promulgate, prescribe, and enforce policies and programs which will ensure the proper
22 and orderly operations and upkeep of medical colleges in order to ensure that basic medical education
23 is not treated merely as a business enterprise but one with a social dimension;
- 24 (k) Regulate, supervise and monitor the medical internship program; and
- 25 (l) Promulgate, prescribe and enforce the necessary rules and regulations for the proper
26 implementation of the foregoing functions.

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

- 31 (a) Human Anatomy including Gross, Microscopic and Developmental Anatomy;
- 32 (b) Human Physiology;
- 33 (c) Biochemistry, Molecular Biology, Genetics and Clinical Nutrition;
- 34 (d) Pharmacology and Non-Pharmacological Interventions and Therapeutics including

- 1 Alternative Medicine, Traditional and Complementary Medicine and Philippine Traditional Medicine;
- 2 (e) Microbiology, Parasitology and Immunology;
- 3 (f) Internal Medicine, including Geriatrics and Dermatology;
- 4 (g) General and Clinical Pathology, Surgical Pathology and Oncology;
- 5 (h) Obstetrics and Gynecology including Women's Health;
- 6 (i) Pediatrics and Nutrition including Child Protection;
- 7 (j) General Surgery, and its divisions;
- 8 (k) Anesthesiology and Pain Management;
- 9 (l) Orthopedics;
- 10 (m) Otorhinolaryngology;
- 11 (n) Ophthalmology;
- 12 (o) Psychiatry and Behavioral Sciences;
- 13 (p) Basic and Clinical Neurosciences;
- 14 (q) Family and Community Medicine including Public Health, Preventive Medicine and
- 15 Health Economics, Primary Health Care;
- 16 (r) Medical Information technology and Telemedicine
- 17 (s) Physical and Rehabilitation Medicine;
- 18 (t) History and Perspectives in Medicine;
- 19 (u) Research, Evidence-based Medicine and Medical Informatics, and Epidemiology;
- 20 (v) Health Rights, Legal Medicine, Medical Jurisprudence and Forensic Medicine; and
- 21 (w) Radiology and other diagnostic imaging.

22 The minimum curricular content regardless of the curriculum design shall include the following

23 topics that should be integrated in all medical courses:

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

33 The MEC may, however, recommend to the CHED the re-clustering or integration of subjects as

34 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 medical

2 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 or
4 completion of secondary education for medical colleges offering CHED approved innovative
5 curriculum;

6 b) Certificate of good moral character issued by two (2) former professors in the college
7 where a bachelor's degree was obtained, or by two (2) former teachers in high school for those
8 entering in a CHED-approved innovative curriculum, or by the head of the indigenous peoples
9 community;

10 c) Birth certificate duly authenticated by the Philippine Statistics Authority (PSA); and

11 d) Certificate of passing marks of the national medical admission test and psychometric
12 test prescribed or conducted by the CHED not more than two (2) years from the time of admission;
13 and

14 e) For foreign students, a certificate of eligibility from the MEC for admission to medical
15 school.

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

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

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

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

25 a) Date of publication;

26 b) Calendar of academic year;

27 c) Roll of faculty members, indicating whether on full-time or part-time basis, and their
28 qualifications;

29 d) Requirements for admission;

30 e) Grading system;

31 f) Requirements for promotion;

32 g) Requirements for graduation;

33 h) Curriculum and description of course by department; and number of students enrolled
34 in each class in the preceding year.

1 **SEC. 11. *Creation of the Professional Regulatory Board.*** – There is hereby created a
2 Professional Regulatory Board of Medicine, hereinafter referred to as the PRBM, under the
3 administrative control and supervision of the PRC. The PRBM shall be composed of a Chairperson, a
4 Vice Chairperson and five (5) members. Each vacant position of the PRBM shall be appointed by the
5 President of the Republic of the Philippines from a list of three (3) nominees submitted exclusively by
6 the INPOP, as provided under Section 51 of this Act. The PRBM shall be organized not later than six
7 (6) months from the effectivity of this Act.

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

10 a) Supervise, regulate and monitor the practice of medicine in the Philippines, including
11 telemedicine;

12 b) Determine and evaluate qualifications of the applicants for the physician’s licensure
13 examinations, and foreign applicants for special permits to practice medicine in the Philippines, or
14 temporary training permits for medical residency;

15 c) Prepare the test questions for the Physician’s Licensure Examinations in accordance
16 with recognized principles of evaluation and of pertinent provisions of Section 21, Article IV of this
17 Act; prescribe the syllabi of the subjects and their relative weights for the licensure examinations;
18 conduct the examination; correct and rate the examination papers;

19 The PRBM shall ensure that the test questions are appropriately formulated to assess the
20 knowledge, skill, and attitude of the examinees;

21 d) Determine, amend, or revise the coverage of the subjects in the physician’s licensure
22 examinations and their relative weights, and the manner of giving the examination, subject to the
23 approval of the PRC;

24 e) Explore and develop ways on how to measure and evaluate the clinical competence of
25 examinees, and integrate the same into the physician’s licensure examination;

26 f) Register successful examinees in the physician licensure examinations in the roll of
27 physicians and issue the corresponding certificates of registration;

28 g) Issue special or temporary permits to foreign physicians to practice medicine for specific
29 projects, duration of time, and place of practice;

30 h) Administer the qualifying examinations for foreign physicians who wish to train in the
31 Philippines for a specialty or field of practice;

32 i) Monitor the conditions affecting the practice of medical profession, respond to
33 emerging needs of the profession, adopt measures for the enhancement of the quality of the education
34 and practice of medicine in coordination with the appropriate regulatory bodies;

- 1 j) In coordination with the CHED, monitor the performance of medical schools and their
2 compliance with the rules and regulations of the MEC;
- 3 k) In coordination with the INPOP, promulgate rules and regulations including a Code of
4 Ethics for Physicians, administrative policies, orders and issuances to carry out the provisions of this
5 Act;
- 6 l) Conduct regular quality assurance programs and activities to ensure quality medical
7 education;
- 8 m) Investigate meritorious cases of violations of this Act, Code of Ethics, and the pertinent
9 rules and regulations, administrative policies, orders and issuances which are recommended for
10 decision by the INPOP. The rules governing administrative investigations promulgated by the PRC
11 shall govern the conduct of such proceedings;
- 12 n) Issue subpoena *ad testificandum* or subpoena *duces tecum* to secure attendance of
13 respondents or witnesses as well as the production of documents: *Provided*, That failure of the party
14 to whom a subpoena has been issued to comply therewith shall be punishable by way of indirect
15 contempt. For this purpose, the PRBM is hereby vested the power to cite any party for contempt which
16 may be exercised pursuant to the applicable provisions of Rule 71 of the Rules of Court;
- 17 o) Conduct hearings on cases filed with the PRBM: *Provided*, That a majority of the
18 members of the PRBM with the assistance of the Legal Division of the PRC shall conduct the hearings.
19 A member of the PRBM shall be assigned to preside over a hearing;
- 20 p) After due notice and hearing, cancel examination papers or bar any examinee from
21 future examination, or both; refuse or defer the registration of the examinee; reprimand the registrant
22 with stern warning; suspend the registrant from the practice of the profession; revoke the certificate
23 of registration; cancel a special or temporary permit, or a temporary training permit; remove the name
24 of a physician from the roll of physicians on account of continuous non-payment of annual registration
25 fees and non-compliance with the Continuing Professional Development (CPD) requirements; reinstate
26 or re-enroll a physician's name in the said roll; and re-issue or return the physician's certificate of
27 registration and professional identification card.
- 28 A decision of suspension, revocation of the certificate of registration, or removal from the roll
29 by the PRBM as provided herein may be appealed to the PRC within fifteen (15) days from receipt
30 thereof;
- 31 q) Administer the physician's oath;
- 32 r) Institute and prosecute or cause to be instituted and prosecuted any and all criminal
33 action against any violation of this Act or the rules and regulations of the Board, or both, subject to
34 the provisions of Section 5, Rule 110 of the Rules of Criminal Procedure, as amended;

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

10 The policies, resolutions, rules and regulations issued or promulgated by the PRBM shall be
11 subject to the review, revision, and approval by the PRC. The orders or decisions may be appealed to
12 the PRC, however, in case of imminent and immediate danger to patients, the PRBM's final decisions,
13 resolutions or orders rendered in an administrative case shall be immediately executory.

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

- 16 (a) A natural born Filipino citizen and has been a resident of the Philippines for at least ten
- 17 (10) consecutive years;
- 18 (b) At least fifty (50) years old;
- 19 (c) A holder of a valid certificate of registration and a valid professional identification card
- 20 as a physician;
- 21 (d) Has been a medical practitioner for at least ten (10) years;
- 22 (e) A continuing *bonafide* member of the INPOP;
- 23 (f) Has not been convicted by final judgment by a competent court of a criminal offense
- 24 involving moral turpitude;
- 25 (g) Has at least eight (8) years experience as a faculty member of a college of medicine;
- 26 (h) Not a current member of the faculty of an institute, school or college of medicine;
- 27 (i) Does not have a pecuniary interest in any institution which offers and operates the
- 28 course or degree of Doctor of Medicine; and
- 29 (j) Not connected with or has no pecuniary interest in a review center, school, group, or
- 30 association offering classes or lectures in preparation for the physicians' licensure
- 31 examination.

32 **SEC. 14. *Term of Office.*** – The members of the PRBM shall hold office from the date of their
33 appointment for a term of three (3) years or until their successors shall have been appointed and
34 qualified. They may, however, be reappointed for another three (3) year term but not for a third three

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

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

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

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

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

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

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ARTICLE V

PHYSICIAN LICENSURE EXAMINATION

28 **SEC. 18. *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 card issued
31 by the PRC;
- 32 b) Holds a valid special/temporary permit issued by the PRBM subject to approval by the
33 PRC, or unless exempted by this Act from holding any of the foregoing certificates of registration; and
- 34 c) Is a member of good standing of the INPOP.

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

3 **SEC. 19. Examination Required.** – All applicants for registration prior to the issuance of
4 certificate of registration and a professional identification card as a physician, shall be required to pass
5 the licensure examination for physicians as provided for in this Act, and shall be subject to the payment
6 of the fees prescribed by the PRC.

7 **SEC. 20. Qualifications of Applicants for the Physicians Licensure Examination.** – All
8 applicants for the physicians' licensure examination must possess all qualifications and none of the
9 disqualifications hereunder set forth as follows:

- 10 a) A citizen and resident of the Philippines or a citizen of a foreign country or State that
11 observes reciprocity in the practice of medicine with the Philippines;
- 12 b) Is mentally, emotionally, and physically sound with a certificate of good moral character
13 signed by the Dean of the school where the applicant is a graduate;
- 14 c) Has not been convicted by final judgment by a court of any criminal offense; and
- 15 d) A holder of the degree of Doctor of Medicine (M.D.) or its equivalent for innovative
16 curriculum conferred by a College of Medicine established in the Philippines and duly
17 recognized by the CHED, or a degree conferred by a college of medicine abroad and
18 accredited by the CHED as substantially equivalent to the degree of Doctor of Medicine
19 conferred by medical schools in the Philippines; and
- 20 e) Has completed a one (1)-year post graduate medical internship.

21 **SEC. 21. Scope of Examination.** – The physicians licensure examination shall cover the
22 following thirteen (13) individual or combined subjects with the relative weights for each:

- 23 a) Anatomy and Histology;
- 24 b) Physiology;
- 25 c) Biochemistry and Molecular Biology;
- 26 d) Pharmacology and Therapeutics;
- 27 e) Microbiology and Parasitology;
- 28 f) Internal Medicine; Neurology, Dermatology, Geriatric; Psychiatry and Behavioral
29 Medicine
- 30 g) General and systemic pathology, and Clinical Pathology;
- 31 h) Obstetrics and Gynecology;
- 32 i) Pediatrics and Nutrition;
- 33 j) Surgery, Orthopedic, Anesthesiology;
- 34 k) Otorhinolaryngology, Ophthalmology;

- 1 l) Family and Community Medicine, Preventive Medicine and Public Health and Health
- 2 Economics; and
- 3 m) Legal Medicine, Medical Jurisprudence, Medical Ethics, and Medical Informatics.

4 In case there is need or when circumstances require, in order to conform to technological
5 advancements and other developments, the PRBM, the MEC, and the INPOP may revise the substance,
6 format and the conduct of the examinations.

7 Each of the thirteen (13) subjects shall have its syllabus or table of specifications for purposes
8 of the physician licensure examinations. The PRBM shall apply the table of specifications after a lapse
9 of three (3) months reckoned from the concurrence of all the following requisites:

- 10 a) Consultation with the association of medical schools;
- 11 b) Approval by the PRC;
- 12 c) Publication of the PRBM resolution in a newspaper of general circulation; and
- 13 d) Dissemination to all medical schools.

14 **SEC. 22. *Venue and Schedule of Examinations.*** - The PRBM shall administer examinations
15 for the registration of physicians at least twice a year in such places as the PRC may designate in
16 accordance with the provisions of Republic Act No. 8981. However, in case of a ~~pandemic~~ or public
17 health emergency, ~~disasters~~ or calamity, whether natural or human induced, the PRBM may postpone
18 such examinations to a later date. An applicant may be allowed to take the examinations in two (2)
19 parts. The first part shall consist of questions from Basic Medicine which are from subjects of the first
20 and second year in medicine proper, and the rest may be taken up in the second part: *Provided*
21 *however*, That the two-part examinations must be taken in one (1) and the same year.

22 **SEC. 23. *Rating in the Examination.*** - To pass the physician licensure examination, an
23 examinee must obtain a general average rating of at least seventy-five percent (75%) in all thirteen
24 (13) subjects: *Provided*, that there is no rating obtained in any subject below fifty percent (50%).

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

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

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

1 created the Post-Graduate Medical Education Council, hereinafter referred to as the PGMEC, under
2 the Professional Regulatory Board of Medicine (PRBM).

3 The PGMEC shall consist of a core group and medical practice groups. The core group, which
4 shall be headed by the incumbent chair of the PRBM or its duly authorized representative and the
5 following as members:

- 6 (a) Chairperson of the Civil Service Commission (CSC) or duly authorized representative;
- 7 (b) Secretary of the Department of Health (DOH) or a duly authorized representative;
- 8 (c) Secretary of the Department of Labor and Employment (DOLE) or a duly authorized
9 representative;
- 10 (d) Chairperson of the Medical Education Council or duly authorized representative;
- 11 (e) A permanent representative of the Integrated National Professional Organization of
12 Physicians (INPOP);
- 13 (f) A permanent representative of the association of medical colleges;
- 14 (g) A permanent representative of public hospital association; and
- 15 (h) A permanent representative of private hospital association.

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

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

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

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

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

34 A total of three (3) Committees shall be created where the members of the core group shall

1 permanently sit. The members appointed to the medical practice groups in each medical field or
2 discipline shall sit with the committees in equal distribution in order to assist the PGMEC in carrying
3 out its functions in their respective medical field or discipline:

4 (a) Committee on Accreditation – It shall be responsible for accrediting post-graduate
5 medical education and training and developing standards for approval of the PGMEC;

6 (b) Committee on Training and Certification – It shall determine whether doctors and allied
7 health professionals have satisfactorily completed post-graduate medical education and training and
8 shall issue the certificate of completion of training to examinees who passthe certifying examination;
9 and

10 (c) Committee on Policies, Standards and Ethics – It shall formulate standards of post-
11 graduate medical education and training programs, policies on compensation and benefits and working
12 conditions of medical residents and other policies related to the scope and practice of medical
13 residency. It shall handle complaints of medical residents and patients and submit recommendations
14 to the PRBM for approval and action regarding complaints filed. It shall also screen foreign graduates
15 of medicine who would like to undergo residency training in the country.

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

18 The PRC shall provide a Secretariat for the PGMEC to be composed of both technical and
19 administrative staff. The Secretariat shall coordinate the activities of the different committees and
20 provide technical and administrative support in the efficient and effective coordination of programs,
21 projects and activities among the different committees of the PGMEC.

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

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

29 **SEC. 28. Powers and Functions.** – The PGMEC shall ensure the quality of post graduate
30 medical education and training for all disciplines, specialties, and sub-specialties of medical residents
31 and provide policies that will promote humane working conditions and better compensation for medical
32 residents. Moreover, the PGMEC shall be tasked to ensure that the post graduate medical education
33 and training of doctors shall be responsive to the current health service needs of the population. In
34 particular, it shall perform the following functions:

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

28 **SEC. 29. Accreditation of post graduate medical education and training programs.** –
29 Post graduate medical education and training programs shall only be conducted in accredited post
30 graduate training institutions. The PGMEC shall be the only recognized organization that shall have
31 full authority over post graduate medical education and training programs. Upon approval of the
32 implementing rules and regulations of this Act, a period of one year shall be given to allow time for
33 the transfer of accreditation from the different specialty and sub-specialty societies to the Committee
34 on Accreditation of the PGMEC. Furthermore, certificates shall be issued by PGMEC to doctors who

1 have obtained their training and certification prior to the passage of this Act upon submission of
2 certificates issued by different specialty or sub-specialty societies.

3 **SEC. 30. *Training Curriculum of Post-graduate Medical Education Programs.*** – The
4 training officers or their equivalent shall prepare a training curriculum that shall meet the standards to
5 be set by the Committee on Policies, Standards and Ethics of the PGMEC. The training curriculum
6 shall be at par with international standards and shall be responsive to the health needs of the
7 population. The Committee on Policies, Standards and Ethics shall be given one (1) year from the time
8 of its creation to prepare uniform standards of post graduate medical education programs.

9 **SEC. 31. *Qualifications of Applicants to Post Graduate Medical Education and***
10 ***Training Programs.*** – The following shall be the minimum qualifications of applicants to post-
11 graduate medical education programs:

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

16 **SEC. 32. *General Conditions for the Post-graduate Medical Education and Training***
17 ***of Foreign Medical Graduates.*** – The following general conditions shall be applied to foreign
18 graduates of medicine who undergo medical residency training in the Philippines:

- 19 a) Accredited residency training programs shall be allowed to accept foreign medical
20 graduates in cases wherein no Filipino physicians are applying for the same vacancy. Filipino physicians
21 shall be given the first priority in filling up vacancy for medical residents;
- 22 b) Foreign graduates of medicine shall secure a clearance from the PRBM before applying
23 with any accredited residency training program;
- 24 c) Foreign medical graduates shall undergo basic language course in Filipino or the dialect,
25 or both, that is used in the locality where the accredited institution is located before commencing
26 medical residency. A certificate of proficiency in Filipino and the dialect of the locality shall be obtained
27 by the foreign graduate of medicine from a CHED-accredited state university or tertiary education
28 institution located in the locality where the foreign graduate in medicine wishes to undergo post
29 graduate medical education or training before the PRBM may issue a clearance. For accredited
30 institutions located in areas wherein Filipino is the language used by the majority, proficiency in a
31 dialect shall no longer be required;
- 32 d) Foreign graduates of medicine shall be required to undergo a seminar on Philippine
33 history, culture and government as well as the Philippine health care delivery system prior to the
34 commencement of post graduate medical education or training; and

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

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

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

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

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

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

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

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

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

22 **SEC. 34. Salary and Other Benefits.** – The salary grade of all doctors in government hospitals
23 and clinics shall not be lower than Salary Grade 22 in the position classification and compensation
24 system under Republic Act No 6758, entitled "An Act Prescribing a Revised Compensation Position
25 Classification System in the Government and for Other Purposes, as Amended". They shall be entitled
26 to overtime pay and night differential pay for services rendered beyond eight (8) hours or for services
27 rendered beyond ten o'clock in the evening to six o'clock in the morning. Hazard pay shall be given
28 as stipulated in Republic Act No. 7305, otherwise known as the "Magna Carta for Public Health
29 Workers", for residents of public hospitals.

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

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

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

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

16 **SEC. 36. Responsibilities of Accredited Post Graduate Medical Education/Training**

17 **Institutions.** – In addition to the enforcement of the provisions of Section 33 of this Act, accredited

18 post graduate medical education and training institutions shall have the following responsibilities:

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

24 **SEC. 37. Grievance System.** – A grievance system is hereby established wherein any

25 aggrieved party may seek redress in accordance with the following rules and procedures:

- 26 a) A complaint must be filed with the Committee on Policies, Standards and Ethics,
- 27 hereinafter referred to as the "Committee". The Committee shall rule on the complaint through a
- 28 notice of resolution within sixty (60) calendar days from receipt thereof;
- 29 b) An appeal from the decision of the Committee must be filed with the PGMEC within
- 30 thirty (30) calendar days from receipt of the notice of resolution;
- 31 c) The PGMEC shall promptly and expeditiously issue its decision or resolution on each
- 32 appeal or grievance within sixty (60) days from the date it is submitted to it for determination;
- 33 d) Non-observance of the periods set forth in this Section shall subject the responsible
- 34 officer or employee to the penalties prescribed under Section 39 of this Act.

1 All parties shall keep the proceedings confidential during the pendency of the case before the
2 Committee.

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

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

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

18 In cases where the Committee deems it necessary to hold a hearing to clarify specific factual
19 matters before rendering judgment, it shall set the case for hearing. At such hearing, the proponent
20 may conduct a direct examination of witnesses on the basis of their affidavits and may be cross-
21 examined by the adverse party. The order setting the case for hearing shall specify the witnesses who
22 will be called to testify, and the matters which their examination will pertain to. The hearing shall be
23 terminated within fifteen (15) days, and the case decided upon by the Committee within fifteen (15)
24 days from such termination.

25 The decision of the Committee shall become final and executory fifteen (15) days after notice
26 thereof: *Provided*, That the same may be appealable to the PGMEC within thirty (30) days from receipt
27 of the copy of the judgment appealed from. An appellee shall be given fifteen (15) days from notice
28 to file a memorandum after which the PGMEC shall decide on the appeal within sixty (60) days from
29 the submittal of the said pleadings.

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

33 The Committee and the PGMEC, in the exercise of their quasi-judicial functions can administer
34 oaths, certify to official acts and issue subpoena to compel the attendance and testimony of witnesses,

1 and subpoena *duces tecum and ad testificandum* to enjoin the production of books, papers and other
2 records and to testify therein on any question arising out of this Act. Any case of contumacy shall be
3 dealt with in accordance with the provisions of the Revised Administrative Code and the Rules of
4 Court. The PGMEC or the Committee on Ethics, as the case may be, shall prescribe the necessary
5 administrative sanctions.

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

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

10 First Offense - reprimand;

11 Second Offense - suspension with duration depending on the gravity of the offense but not
12 exceeding six (6) months;

13 Third Offense - revocation of the accreditation of the training institution, and in the case of a
14 resident on post-graduate training, non-issuance of a certificate of completion of post graduate
15 medical education or training by the PGMEC and removal from the residency training program.

16 **ARTICLE VII**

17 **REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION**

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

20 a) History taking and physically examining any person for any disease, injury and
21 deformity, or diagnosing, treating, operating, prescribing, or dispensing any remedy therefor;

22 b) History taking and physical examination through submission of photographs and videos
23 or any communication through telecommunication or electronic means for any disease, injury and
24 deformity; diagnosing and prescribing or dispensing any remedy therefor through electronic means or
25 telemedicine;

26 c) Examining a person’s mental condition for any ailment, real or imaginary, regardless of
27 the nature of the remedy or treatment administered, prescribed, or recommended;

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

31 e) Using or affixing “M.D.” to the physician’s name in written or oral communications.
32 Unless specified, the letters “M.D.” shall mean Doctor of Medicine, provided that only those who have
33 passed the physician’s licensure examination are allowed to use the title “M.D.”; and

34 f) Conducting formal medical classes in medical schools, seminars, lectures, symposia and

1 the like.

2 **SEC. 41. *Scope of Medical Practice.*** – The scope of the practice of medicine is the application
3 of medical knowledge, skill, and judgment for the promotion of good health; the prevention and
4 treatment of physical, mental, or psycho-social diseases, disorders, injuries, and conditions; the
5 assessment and management of a physical, mental, or psycho-social disease, disorder, injury or
6 condition of an individual or group of individuals at any stage of the biological life cycle, including the
7 prenatal and postmortem periods delivered either in clinical or non-clinical settings.

8 a) Clinical Practice of Medicine

9 1) General Medical Practice refers to the professional practice of a General Physician who
10 has completed basic medical education and medical internship, has obtained a PRC license, and
11 is without or has not completed any formal post-graduate medical education and training as
12 defined in this Act.

13 A General Physician or a Specialist may be a Primary Care Provider as long as the defined
14 competencies in Primary Care as certified by the DOH as provided for in Republic Act 11223,
15 otherwise known as the Universal Health Care Act, are obtained.

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

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

28 b) Non-Clinical Practice of Medicine

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

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

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

11 **SEC. 43. Reciprocity.** – A foreigner may be allowed to practice medicine in the Philippines
12 without having to undergo the physicians' licensure examination, if and when, the country of which
13 the foreigner is a citizen allows Filipino citizens to practice medicine under the same conditions such
14 as the following:

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

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

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

- 1 c) Payment of the required fees; and
- 2 d) Undertaking that the foreigner shall conduct oneself according to the Code of Ethics of
- 3 Medical Practice in the Philippines.

4 The PRC may issue a special permit to a foreigner not covered by any reciprocity agreement or

5 treaty required under Section 43 hereof under the following guidelines:

6 1) Physicians who are citizens of and licensed in foreign countries whose services are for

7 free: *Provided*, That a reasonable honorarium may be allowed for daily subsistence during the

8 stay or service in the Philippines:

9 2) Physicians who are internationally well-known specialists or publicly acknowledged as

10 experts in any area of medical specialization; and

11 3) Physicians of foreign countries whose services are urgently necessary, owing to the

12 lack of available local specialists or experts, or for the promotion or advancement of the practice

13 of medicine including, the conduct of formal classes or training, and acting as resource persons

14 in medical seminars, fora, and symposia;

15 4) Physicians licensed in foreign countries who intend to render free medical services to

16 indigent patients in a particular Philippine hospital, center or clinic: *Provided*, That they render

17 such services under the direct supervision and control of a duly licensed Filipino physician; and

18 5) Physicians licensed in foreign countries employed as exchange professors in any area

19 of medical specialization.

20 **SEC. 45. Administrative Investigation and Disciplinary Actions.** – The PRBM shall have

21 the power, upon proper notice and hearing, after finding of guilt, to suspend from the practice of

22 profession or revoke the certificate of registration of a physician, or issue a reprimand or cancel the

23 special or temporary permit or temporary training permit issued to a foreign physician for any of the

24 following grounds or causes:

25 a) Final conviction by a court of competent jurisdiction of any criminal offense involving

26 moral turpitude;

27 b) Immoral or dishonorable conduct;

28 c) Mental incapacity;

29 d) Fraud in the acquisition of the certificate of registration and the professional

30 identification card or temporary or special permit or temporary training permit;

31 e) Gross negligence, ignorance or incompetence in the practice of the profession, resulting

32 in an injury to or death of the patient;

33 f) Addiction to alcoholic beverages, any habit-forming drug, or any form of illegal

34 gambling, rendering the foreigner incompetent to practice the profession;

1 g) Making or causing to be made false, misleading, extravagant or unethical
2 advertisements or making or causing to be made advertisements wherein things other than the name,
3 profession, limitation of practice, clinic hours, office and home address are mentioned;

4 h) Issuance of any false statement or spreading any false news or rumor which is
5 derogatory to the character and reputation of another physician without justifiable motive;

6 i) Knowingly issuing any false medical certificates or findings or making any fraudulent
7 claims with government or private health insurance;

8 j) Performance of, or aiding in, any criminal abortion;

9 k) Allowing one's self as the dummy physician or as tool of any person who is unqualified
10 or unlicensed to practice general or specialty medicine, except in aid of training of a medical student
11 or resident physician: *Provided however*, That this provision shall not apply when an act constituting
12 the practice of general or specialty medicine is performed in an accredited hospital, clinic, or medical
13 center or by an accredited practitioner. A dummy physician is one who makes it appear to be the
14 person who has actually treated a patient when in fact it was another person, and on the basis of
15 which, accepted a professional fee;

16 l) Abetting or assisting in the illegal practice by a person who is not lawfully qualified to
17 practice medicine, either general or specialty medicine;

18 m) Using or advertising any title or description tending to convey the impression to the
19 general public that one is a specialist in a medical field when in fact one is not.

20 n) Practicing the profession during the period of one's suspension or during the period
21 one's license is revoked;

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

23 p) Violation of any provision of the Code of Ethics for Physicians as prescribed by the
24 INPOP, subject to approval by the PRC;

25 **SEC. 46. *Rights of the Parties.*** – The private complainant and the respondent physician shall
26 be entitled the right to be heard and the assistance of a counsel, to have a speedy, impartial public
27 hearing, to confront and to meet the witnesses, to compulsory processes to secure the attendance
28 of witnesses, the production of evidence, and to all other rights guaranteed by the Constitution and
29 the Rules of Court. All cases filed or pending under this Act, except those filed or pending in courts
30 and other quasi-judicial and investigative bodies, shall not be discussed or taken up in any other forum
31 until after the same shall have been decided with finality.

32 **SEC. 47. *Appeal from Judgment.*** – The decision of the PRC shall become final fifteen (15)
33 days from the date of receipt of such decision by the parties or their counsel. Within the same period,
34 the aggrieved party may ask for a reconsideration of the decision for being contrary to law or for

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

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

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

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

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

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

24 **ARTICLE VIII**

25 **INTEGRATED PHYSICIANS ASSOCIATION OF THE PHILIPPINES**

26 **SEC. 51. *Integration of the Profession.*** – The profession shall be integrated into one (1)
27 Integrated National Professional Organization of Physicians (INPOP) to be duly recognized by the
28 PRBM and the PRC. A physician duly registered and licensed by the PRBM and the PRC shall
29 automatically become a member of the INPOP and shall receive the benefits and privileges
30 appurtenant thereto upon payment of the required reasonable fees and dues. Membership in the
31 INPOP shall not be a bar to membership in any other association of physicians.

32 Within six (6) months from the enactment of this law, there shall be created a Commission on
33 Medical Profession Integration headed by the PRC Chairperson or a duly authorized representative,
34 and representatives from existing medical associations as members, which shall supervise and oversee

1 the integration of the medical profession into one national professional organization of Physicians, the
2 creation of its constitution and by-laws and election of officers. The Commission shall cease to exist
3 upon the establishment of the INPOP.

4 **SEC. 52. Investigative and recommendatory power of the Integrated National**
5 **Professional Organization of Physicians.** – The INPOP, herein created, shall have the power to
6 investigate violations of this Act, Code of Ethics, and the pertinent rules and regulations, administrative
7 policies, orders and issuances. The rules on administrative investigation promulgated by the INPOP
8 shall govern in such proceeding.

9 If the complaint appears to be meritorious, the organization shall issue a recommendation and
10 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 the
12 organization that the complaint is not meritorious, the same may be dismissed upon their
13 recommendation. The PRBM may review the case *motu proprio* or upon timely appeal of the
14 complainant filed within 15 days from notice of the dismissal of the complainant.

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

18 **ARTICLE IX**

19 **PENAL PROVISIONS**

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

24 a) Any person who practices or offers to practice medicine in the Philippines without a
25 valid certificate of registration and a valid professional identification card, or a valid temporary/special
26 permit or temporary training permit in accordance with the provisions of this Act;

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

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

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

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

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

6 g) When any of the acts defined in paragraphs 1 and 5 of this section is committed by a
7 person against three (3) or more persons, or when any of such acts is committed by at least three (3)
8 persons who conspire with one another, or when death occurs as result of the commission of the
9 prohibited act mentioned in paragraph (k) of Section 45 of this Act, the offense shall be considered
10 as a qualified offense and shall be punished by life imprisonment and a fine of not less than Five
11 Hundred Thousand Pesos (P500,000.00) but not more than two (2) Million pesos (P2,000,000.00).
12 Prosecution of offense under this Act shall be without prejudice to a separate prosecution under the
13 provisions of the Revised Penal Code and other laws.

14 **SEC. 55. *Medical malpractice.*** – Any physician who recklessly fails to meet the standards
15 demanded by the profession, or grossly deviates from the standard of care, and causes injury to the
16 patient, which would have been a felony had it been intentional, shall be guilty of medical malpractice
17 and be punishable by a fine ranging from One hundred thousand pesos (P100,000.00) to Two hundred
18 thousand pesos (P200,000.00) or imprisonment of three (3) months to six (6) months upon the
19 discretion of the court, or both.

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

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

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

29 **SEC. 56. *Cease and Desist Order.*** – Upon written motion by any interested party and after
30 notice and hearing, the PRBM may issue a cease and desist order to a person not authorized to practice
31 medicine. However, if it is shown in the affidavit/s attached to the motion that the movant or the
32 general public will suffer grave injustice or irreparable injury, the Chairperson of the PRBM, or upon
33 the Chairperson’s absence, any PRBM member holding office, holding office may issue within seventy-
34 two (72) hours the cease and desist order. The Rules of the Court is suppletory for this purpose.

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

3 **ARTICLE X**

4 **MISCELLANEOUS PROVISIONS**

5 **SEC. 57. *Annual Report.*** – The PRBM shall, on or before the end of January of the year
6 following the enactment of this Act, and every year thereafter, submit to the PRC its annual report of
7 accomplishments on programs, projects and activities for the calendar year together with its
8 appropriate recommendations on issues or problems affecting the practice of medicine.

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

11 **SEC. 59. *Implementing Rules and Regulations.*** – Within ninety (90) days after the
12 approval of this Act, the CHED and PRC, in consultation and coordination with appropriate government
13 agencies, representatives from the private sector, and other stakeholders, shall promulgate the
14 necessary implementing rules and regulations for the effective implementation of this Act.

15 **SEC. 60. *Transitory Provisions.*** – The incumbent Board of Medicine shall continue to function
16 in the interim until such time as the PRBM shall have been constituted pursuant to this Act.

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

19 **SEC. 62. *Repealing Clause.*** – Republic Act No. 2382, otherwise known as the Medical Act of
20 1959, Republic Act No. 1243, otherwise known as the law on the Tenure of Office of Hospital Residents
21 in Government Training Hospitals under DOH, Republic Act No. 2251, amending Section 1 of Republic
22 Act no. 1243, the Act Providing for the Tenure of Office of Hospital Residents in Government Training
23 Hospitals under the DOH, Republic Act No. 5901, otherwise known as Forty Hours a Week of Labor
24 for Government and Private Hospitals or Clinic Personnel, Presidential Decree No. 1424, otherwise
25 known as the Hospital Residency Law, and all other laws, decrees, executive orders and other
26 administrative issuances and parts thereof which are inconsistent with the provisions of this Act are
27 hereby modified, superseded, or repealed accordingly.

28 **SEC. 63. *Effectivity .*** – This Act shall take effect fifteen (15) days after its publication in the
29 *Official Gazette* or in a newspaper of general circulation in the Philippines.

30 *Approved,*