

**EIGHTEENTH CONGRESS OF THE  
REPUBLIC OF THE PHILIPPINES**

*First Regular Session*

**SENATE OF THE PHILIPPINES**

**SENATE BILL NO. \_\_\_\_\_**

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Introduced by: SENATOR CHRISTOPHER LAWRENCE T. GO

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**EXPLANATORY NOTE**

Republic Act No. 2382 or "The Medical Act of 1959", as amended by Republic Act Nos. 4224 and 5946 has been the foundation of the medical profession in the country for the longest time. However, the changing times bring about changing demands and developing technologies that require a law that is more appropriate and responsive to the current circumstances.

Over the years, dramatic advances in various disciplines in the science and technology of medicine have revolutionized the diagnosis, treatment, and management of disease. The rapid progress of modern medicine dictates the need to upgrade and update the curriculum of the study and practice of medicine. There is an urgent need therefore to update the existing Medical Act of 1959 that has been the standard reference in the practice of medicine.

The "*Physician's Act of 2020*" promotes the professional services of the physicians by ensuring the efficiency and responsiveness of the different aspects of the medical profession: basic medical education including medical internship training; licensure examination and registration of physicians; post-graduate medical education/training; practice of medicine; integration in one National Integrated Professional Organization for Physicians; and promotion of competence, moral values and professional standards.

We entrust our health and our lives to our doctors and it is only proper that we equip them with the legislation that will both promote their profession and protect their rights.

In view of the foregoing, the immediate passage of this bill is earnestly sought.

**SENATOR CHRISTOPHER LAWRENCE T. GO**

Senator  
REPUBLIC OF THE PHILIPPINES

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**AN ACT REGULATING THE  
EDUCATION, LICENSURE, POST-GRADUATE MEDICAL EDUCATION  
AND PRACTICE OF MEDICINE IN THE PHILIPPINES,  
REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 2382 OR  
THE MEDICAL ACT OF 1959, AS AMENDED, AND FOR OTHER PURPOSES**

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

**ARTICLE I  
TITLE, POLICY, OBJECTIVES AND ENFORCEMENT**

**SECTION 1.** *Short Title.* - This Act shall be known as the "Physician's Act of 2020".

**SECTION 2.** *Declaration of Policy.* -The State recognizes the vital role of physicians in the preservation, maintenance, safeguard, cure and enhancement of the life, health and general welfare of the citizenry. Physicians' professional services shall, therefore, be promoted as a regular component of the total health care system.

**SECTION 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/training;
- b) Conduct of the Physician Licensure Examination, licensure and registration of physicians;
- c) Supervision and regulation of the practice of medicine;
- d) Recognition of the Philippine Medical Association (PMA) as the Professional Regulation Commission (PRC) recognized National Integrated Professional Organization for Physicians (NIPOP); and
- e) Upholding patient welfare and patient safety as the primary consideration in the practice of medicine and promoting competence, moral values and professional ethics of members of the medical profession.

**SECTION 4. *Enforcement.*** - For purposes of implementing the provisions of this Act, there shall be created the following: Medical Education Council, hereinafter referred to as the MEC; Professional Regulatory Board of Medicine, hereinafter referred to as the PRC-PRBM; and Post-Graduate Medical Education Council, hereinafter referred to as the PGMEC.

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

## **ARTICLE II DEFINITION OF TERMS**

**SECTION 5. *Definition of Terms.*** - As used in this Act:

- a) *Accreditation* refers to an evaluation mechanism of the Professional Regulatory Board of Medicine of the Professional Regulation Commission (PRC-PRBM) and Philippine Medical Association (PMA)-recognized professional specialty organizations/boards that assess the capability of a healthcare institution to conduct a post-graduate medical education/training program in a particular specialty/subspecialty of medicine through compliance with a series of pre-defined, explicitly written standards.
- b) *Basic Medical Education* refers to a four (4)-year post-baccalaureate program offered by a medical college recognized by the Commission on Higher Education (CHED) composed of core curricular and clinical subjects, the completion of which leads to the conferment of the degree of Doctor of Medicine and grants the holder the eligibility to take the Physician Licensure Examination after a one (1)-year of medical internship; or a five (5)-year post-baccalaureate program inclusive of a one (1)-year medical internship offered by a medical college recognized by CHED composed of core curricular and clinical subjects, the completion of which leads to the conferment of the degree of Doctor of Medicine and grants the holder the eligibility to take the Physician Licensure Examination.
- c) *Commission on Higher Education (CHED)* refers to the government institution established by Republic Act no. 7722 also known as the Higher Education Act of 1994 whose powers and functions include, among others: to formulate and recommend development plans, policies, priorities, and programs on higher education and research; set minimum standards for programs and institutions of higher learning; and monitor and evaluate their performance.
- d) *Clinical clerkship* refers to a course offered in the fourth (4th) year of a basic medical education program that consists of supervised, time-bound rotations and application of patient/community care in different medical disciplines in

hospital, classroom and other teaching-learning settings involving both didactic and practical studies.

- e) *Higher Education Institution (HEI)* refers to an educational institution, private or public, undertaking operations of higher education program/s with an organized group of students pursuing defined studies in higher education, receiving instructions from teachers, usually located in a building or group of buildings in a particular site specifically intended for educational purposes.
- f) *Illegal Practice of Medicine* refers to the practice of medical profession without the required valid Certificate of Registration for physicians and valid professional identification card issued by the Professional Regulation Commission (PRC).
- g) *Innovative Curriculum* refers to a curriculum that applies non-traditional, flexible, creative and open curricular frameworks, models of teaching-learning, methods of evaluation and assessment applied to basic medical education in real world situations as defined by the Commission on Higher Education (CHED).
- h) *Medical College* refers to a learning institution which has complied with the standards and requirements set forth by the Medical Education Council (MEC) and duly recognized by the Commission on Higher Education (CHED) to offer a complete basic medical education program leading to a degree of Doctor of Medicine. It may be known as a faculty of medicine, institute of medicine, school of medicine or other similar names.
- i) *Medical Internship* refers to a one (1)-year training program after completion of four (4) years of basic medical education from a medical college or the fifth (5th) year of a five (5)-year basic medical education program that is supervised and monitored by the Medical Education Council (MEC) in which a Doctor of Medicine undergoes a supervised, time-bound rotation and application of patient/community care in different medical disciplines in accredited hospitals and other settings as a requisite for the Physician Licensure Examination.
- j) *Medical Malpractice* refers to the total deviation from the medical standard of care.
- k) *Medical Negligence* refers to the breach or violation or falling below the standard of care.
- l) *Medical Specialty* refers to a major branch or discipline of medicine that a physician has special knowledge of or is an expert at
- m) *National Integrated Professional Organization for Physicians (NIPOP)* refers to the Philippine Medical Association (PMA).

- n) *Philippine Medical Association (PMA)* refers to the PRC-recognized National Integrated Professional Organization for Physicians (NIPOP).
- o) *Physician Licensure Examination* refers to an evaluative process conducted by the Professional Regulation Commission-Professional Regulatory Board of Medicine (PRC-PRBM) to eligible candidates in order to obtain a license to practice medicine.
- p) *Post-Graduate Medical Education* refers to an educational program either through a clinical or non-clinical track, pursued after conferment of a Doctor of Medicine degree, and referring to any type of formal medical education/training in a hospital, community or higher education institution (HEI) or any combination thereof leading to specialization.
- q) *Post-Graduate Medical Education – Clinical Track* refers to a post-graduate medical education/training program for licensed physicians in a particular specialty/subspecialty of medicine in a PRC-PRBM and PMA-recognized professional specialty organization/board accredited training program in a hospital/community setting involving direct patient care and may include residency or subspecialty fellowship training.
- r) *Post-Graduate Medical Education – Non-Clinical Track* refers to a post-graduate medical education/training program for medical graduates or licensed physicians in a higher education institution (HEI) conferring a post-graduate academic degree involving basic medical sciences or other health-related fields or disciplines without direct patient care and includes but is not limited to research, medical education, public/community health, health systems and health-related administration.
- s) *Primary care* refers to initial contact, accessible, continuous, comprehensive and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary.
- t) *Professional Specialty Board* refers to a body of examiners recognized by the PRC-PRBM and endorsed by the PMA and the respective professional specialty organization who is responsible for the evaluation and assessment of a post-graduate medical education/training graduate of an accredited training institution to determine whether he/she possesses a defined standard of education, training, skills and knowledge to engage in the practice of a particular specialty/subspecialty of medicine, the completion of which qualifies the candidate for conferment as a "Diplomate".
- u) *Professional Specialty Organization* refers to a college, academy, association or society recognized by the PRC-PRBM and the PMA whose members are medical professionals conferred with the status or level of achievement and competence and recognized as specialists to practice a specific discipline or area of medical interest.

- v) *Resident/Fellow Trainee* refers to a licensed physician undergoing post-graduate medical education/training in a particular specialty/subspecialty of medicine in a PRC-PRBM and PMA-recognized professional specialty organization's accredited training institution.
- w) *Specialty Board Certifying Examination* refers to the evaluative process conducted by the PRC-PRBM and PMA-recognized professional specialty board.

### **ARTICLE III THE MEDICAL EDUCATION COUNCIL**

**SECTION 6.** *Creation.* - The Medical Education Council (MEC) shall be created under the Commission of Higher Education (CHED) and shall be composed of the following:

- a) The Chairperson of the Commission on Higher Education (CHED) or his/her duly authorized representative as chairperson, who shall also act as the chairperson of the MEC;
- b) The Secretary of the Department of Health (DOH) or his/her duly authorized representative as member;
- c) The Chairperson of the Professional Regulatory Board of Medicine (PRC-PRBM) or his/her duly authorized representative as member;
- d) The President of National Integrated Professional Organization for Physicians (NIPOP) or his/her duly authorized representative as member;
- e) The President of the national association of medical schools duly recognized by the PRC or his/her duly authorized representative as member; and
- f) The President of the national association of hospitals duly recognized by the Department of Health (DOH) or his/her duly authorized representative as member.

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

The MEC, within sixty (60) days after the effectivity of this Act, shall appoint a technical panel composed of at least six (6) outstanding members of the academe and/or the profession whose responsibility is to assist the Council in carrying out its functions and powers.

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

against the funds of the CHED, as approved by the MEC, subject to existing rules and regulations of the DBM.

**SECTION 7.** *Functions and Duties.* -The MEC shall have the following functions and duties:

- a) To authorize the opening and recognize new medical colleges upon compliance with the minimum requirements;
- b) To determine the minimum requirements for physical facilities of medical colleges such as buildings, hospitals, equipment and supplies, apparatus, instruments, appliances, laboratories and bed capacity for instruction purposes, operating and delivery rooms, facilities for out-patient services and others that are necessary for didactic and practical instruction to be updated as needed;
- c) To determine the minimum number and the standard qualifications of administrative and teaching personnel including student-teacher ratio;
- d) To determine the minimum required curriculum leading to the degree of Doctor of Medicine, including medical internship;
- e) To authorize the implementation of an acceptable innovative medical curriculum or strategy in a medical college that has the exceptional faculty, equipment and facilities. Such an innovative curriculum may prescribe admission and graduation requirements other than those prescribed in this Act;
- f) To determine the minimum requirements for admission into a recognized medical college;
- g) To develop and put into place programs as well as adopt and implement policies which will encourage and allow applicants coming from marginalized areas and/or groups as well as financially-challenged families to be admitted into medical colleges and complete their medical education;
- h) To keep a registry of medical students enrolled in medical colleges;
- i) To recommend to the CHED the closure or suspension of the degree of Doctor of Medicine program of a medical college by reason of poor performance in the Physician Licensure Examination over a given period of time based on statistical data furnished by the PRC-PRBM, or upon inspection of the medical college by the MEC by reasons of various deficiencies or violations;
- j) To promulgate, prescribe and enforce policies and programs which will ensure the proper and orderly operations and upkeep of medical colleges in order to ensure that basic medical education is not treated merely as a business enterprise but one with a social dimension;

- k) To regulate, supervise and monitor the medical internship program; and
- l) To promulgate, prescribe and enforce the necessary rules and regulations for the proper implementation of the foregoing functions.

**SECTION 8.** *Minimum Required Course.* - The medical course leading to the degree of Doctor of Medicine shall be four (4) years inclusive of clinical clerkship; or five (5) years inclusive of clinical clerkship and medical internship provided that there shall be no tuition or miscellaneous fees for internship and shall consist of the following subjects:

- a) Human Anatomy including Gross, Microscopic and Developmental Anatomy;
- b) Human Physiology;
- c) Biochemistry, Molecular Biology, Genetics and Basic Nutrition;
- d) Pharmacology and Therapeutics including Alternative medicines;
- e) Microbiology, Parasitology and Immunology;
- f) Internal Medicine, including Geriatrics and Dermatology;
- g) General and Clinical Pathology, Surgical Pathology and Oncology;
- h) Obstetrics and Gynecology including Women's Health;
- i) Pediatrics and Nutrition including Child protection;
- j) Surgery and its subspecialties;
- k) Anesthesiology and Pain Management;
- l) Otorhinolaryngology;
- m) Ophthalmology;
- n) Psychiatry and Behavioral Sciences;
- o) Basic and Clinical Neurosciences;
- p) Family and Community Medicine including Public Health, Preventive Medicine and Health Economics, and Occupational Health and Safety;
- q) Physical and Rehabilitation Medicine;
- r) History and Perspectives in Medicine;
- s) Research, Evidence-based Medicine, Medical Informatics and Good Clinical Practice;

- t) Legal Medicine, Medical Jurisprudence and Forensic Medicine; and
- u) Radiology and other diagnostic imaging

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

- 1) Bioethics and Professionalism;
- 2) Patient Safety and Quality Assurance;
- 3) Consultation Skills and Physical Diagnosis;
- 4) Andragogy (Adult-focused teaching approach);
- 5) Disaster Risk Reduction and Management;
- 6) Leadership and Management;
- 7) Inter-professional Education; and
- 8) Coaching and Mentoring

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

**SECTION 9.** *Admission Requirements and Publication of Academic Catalogue.* -A medical college may admit any student who has not been finally convicted by a court of competent jurisdiction of any criminal offense involving moral turpitude and who presents all of following:

- a) Completion of Bachelor's Degree in Science or Arts except for medical colleges offering CHED-approved innovative curriculum;
- b) Certificate of good moral character issued by two (2) former professors in the college offering the pre-medical course(s);
- c) Birth certificate duly authenticated by the Philippine Statistics Authority (PSA); and
- d) Has taken a medical admission test prescribed or conducted by CHED.

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

Only medical colleges externally accredited by agencies recognized by the Council may accept foreign medical students.

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

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

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

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

- a) Functions and Duties:
  - 1) To formulate a one (1)-year standardized curriculum for medical internship that may either be rotating hospital-based or community-oriented including accreditation standards for health institutions;
  - 2) To review the curriculum and accreditation standards at least every four (4) years;
  - 3) To formulate and implement regulations and procedures for accredited health institutions including sanctions for non-compliance;
  - 4) To accredit hospitals and other health facilities/settings that will be allowed to conduct a medical internship training program;

- 5) To regularly evaluate and monitor the compliance of accredited health institutions with the prescribed curriculum and accreditation standards and institute mechanisms for program evaluation;
- 6) To assess a reasonable processing fee for eligible applicants to the internship program and an administrative fee for accreditation for health institutions;
- 7) In coordination with their medical colleges, to assist clinical clerks in making an informed choice when selecting a particular health institution for their medical internship;
- 8) To formulate and implement a national internship matching program including mechanisms for transfers after having been matched;
- 9) To develop and implement a system for accredited health institutions to monitor and evaluate the performance of their medical interns;
- 10) To receive and resolve complaints from medical interns or host institutions; and
- 11) To issue a certificate of completion of medical internship upon the recommendation of the accredited health institution.

#### **ARTICLE IV THE PROFESSIONAL REGULATORY BOARD OF MEDICINE**

**SECTION 11. *Creation.*** -There is hereby created a Professional Regulatory Board of Medicine, hereinafter referred to as the PRC-PRBM, under the administrative control and supervision of the Professional Regulation Commission (PRC). The PRC-PRBM shall be composed of a Chairperson, a Vice Chairperson and five (5) members. The National Integrated Professional Organization for Physicians (PMA) shall submit three (3) nominees per vacant position in the PRC-PRBM to the PRC to be endorsed and transmitted to the Office of the President for appointment, as provided under Section 49 of this Act. The PRC-PRBM shall be organized not later than six (6) months from the effectivity of this Act.

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

- a) Supervise, regulate and monitor the practice of medicine in the Philippines;
- b) Determine and evaluate qualifications of the applicants for the Physician Licensure Examinations and applicants for special permits to practice medicine in the Philippines;
- c) Prepare the questions in the Physician Licensure Examinations in accordance with recognized principles of evaluation and of pertinent provisions of Section 21, Article V of this Act; prescribe the syllabi of the subjects and their relative

- weights for the licensure examinations; conduct the examination; correct and rate the examination papers;
- d) Ensure that test questions in the Physician Licensure Examinations shall have relevant distributions as to the knowledge, skill and attitude of the examinees;
  - e) Determine, amend or revise the requirements for the subjects in the Physician Licensure Examinations and their relative weights and the manner of giving the examination, subject to the approval of the PRC;
  - f) Explore and develop ways on how to measure and evaluate the clinical competence of applicants and to introduce and integrate the same into the Physician Licensure Examination to ensure not only the theoretical knowledge but also the clinical skills of successful examinees;
  - g) Register successful examinees in the Physician Licensure Examinations in the rolls of physicians and issue the corresponding certificates of registration;
  - h) Issue special/temporary permits to foreign physicians to practice medicine for specific projects, duration of time and place of practice after complying with the set requirements;
  - i) Administer the qualifying examinations for foreign physicians who wish to train in the Philippines for a specialty or field of practice;
  - j) Monitor the conditions affecting the practice of medical profession, adopt measures for the enhancement of the quality of the education including post-graduate medical education/training and certification of specialists and practice of medicine in coordination with PRC-PRBM and PMA-recognized professional specialty organizations;
  - k) In collaboration with the PMA, recognize only one (1) professional specialty organization and/or professional specialty board in an area or field of medical practice in order to maintain high competency and professional standards in the practice of that specialty;
  - l) In coordination with CHED, monitor the performance of medical colleges and their compliance with the rules and regulations of the Medical Education Council (MEC) through regular quality assurance programs and activities to ensure quality basic medical education;
  - m) In collaboration with the PMA, promulgate rules and regulations including a Code of Ethics of the Medical Profession, administrative policies, orders and issuances to carry out the provisions of this Act;
  - n) Upon a notarized written complaint, to investigate violations of this Act, Code of Ethics of the Medical Profession, and/or the pertinent rules and regulations,

- administrative policies, orders and issuances. The rule on administrative investigation promulgated by the PRC shall govern in such investigation;
- o) Issue subpoena *ad testificandum* or subpoena *duces tecum* to secure attendance of parties involved or witnesses as well as the production of documents. Provided, that failure of the party to whom a subpoena has been issued to comply therewith shall be punishable by way of indirect contempt. For this purpose, the PRC-PRBM is hereby vested the power to cite any party for contempt which may be exercised pursuant to the applicable provisions of Rule 71 of the Rules of Court;
  - p) Majority of the members of the PRC-PRBM with the assistance of the legal division of the PRC shall conduct hearing/s of any case filed with the PRC-PRBM. A member of the PRC-PRBM shall be assigned to each case and shall act as its presiding officer;
  - q) Institute the appropriate sanction to examinees caught cheating or engaging in any dishonest act to gain undue advantage in the examination;
  - r) After due notice and hearing, cancel examination papers and/or bar any examinee from future examination; refuse or defer his/her registration; reprimand the registrant with stern warning; suspend him/her from the practice of his/her profession; revoke his/her certificate of registration; cancel special/temporary permit/temporary training permit; remove his/her name from the roll of physicians for continuous non-payment of annual registration fees and non-compliance with the Continuing Professional Development (CPD) requirements; reinstate or re-enroll his/her name in the said roll; and re-issue or return his/her certificate of registration and professional identification card. A decision of suspension, revocation of the certificate of registration or removal from the roll by the Board as provided herein may be appealed to the Commission within fifteen (15) days from receipt thereof;
  - s) Administer the physician's oath pursuant to Section 25 herein;
  - t) Institute and prosecute or cause to be instituted and prosecuted any and all criminal action against any violation of this Act and/or the rules and regulations of the PRC-PRBM, subject to the provisions of Section 5, Rule 110 of the Rules of Criminal Procedure, as amended;
  - u) Adopt an official seal;
  - v) Coordinate with the MEC and the PMA in prescribing, amending and/or revising the courses in a medical program;
  - w) Assist the PRC in implementation of its prescribed guidelines and criteria on the Continuing Professional Development (CPD) for registered licensed physicians;

- x) Set the standards and guidelines for the issuance and re-issuance of certificates of registration including but not limited to compliance with the PRC-PRBM's CPD program; and
- y) Perform such other functions and duties as may be necessary to efficiently and effectively implement the provisions of this Act.

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

**SECTION 13. *Qualifications.*** - Each PRC-PRBM member must, at the time of his/her appointment:

- a) Be a natural born Filipino citizen and has been a resident of the Philippines for at least ten (10) consecutive years;
- b) Be at least fifty (50) years old;
- c) Be a holder of a valid certificate of registration and a valid professional identification card as a physician;
- d) Has been a medical practitioner for at least ten (10) years;
- e) Be a *bonafide* member of the National Integrated Professional Organization for Physicians (NIPOP) which is the PMA;
- f) Has not been convicted by final judgment by a competent court of a criminal offense involving moral turpitude;
- g) Has an experience of at least ten (10) years as a faculty member of a college of medicine;
- h) Is not a current member of the faculty staff of a medical college upon appointment;
- i) Has no pecuniary interest in any medical college which offers and operates a program for the degree of Doctor of Medicine; and
- j) Is not connected with or has no pecuniary interest in a review center/school/group or association offering classes or lectures in preparation for the Physician Licensure Examination.

**SECTION 14. *Term of Office.*** - The members of the PRC-PRBM shall hold office from the date of their appointment for a term of three (3) years or until their successors shall have been appointed and qualified. They may, however, be reappointed for another three (3)-year term but not for a third three (3)-year term. Appointments to fill up

vacant positions for reasons other than through expiration of regular terms, shall be for the unexpired period only. Each member shall take an oath of office before the performance of his/her duties. The incumbents whose terms have not yet expired or who are merely holding over, at the effectivity of this Act, shall be allowed to serve the unexpired portion of their terms or may be re-appointed under this Act.

**SECTION 15. *Compensation.*** - The Chairperson, Vice Chairperson and members of the PRC-PRBM shall receive compensation and allowances or other benefits pursuant to the provisions of the "PRC Modernization Act of 2000" and other pertinent laws and comparable to the compensation and allowances received by the Chairperson and members of existing professional regulatory boards.

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

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

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

The PRC shall designate the secretary of the PRC-PRBM and shall provide the Secretariat and other support services to implement the provisions of this Act.

## **ARTICLE V PHYSICIAN LICENSURE EXAMINATION**

**SECTION 18. *Prerequisites to the Practice of Medicine.*** - No person shall engage in the practice of medicine in the Philippines unless he/she:

- a) Holds a valid certificate of registration and a valid professional identification card issued by the PRC; and
- b) Is a member of good standing of the National Integrated Professional Organization for Physicians (NIPOP) which is the PMA;

For foreign medical professionals, he/she:

- a) Holds a valid special/temporary permit issued by the PRC, unless he/she is exempted by this Act from holding any of the foregoing certificates of registration; or
- b) Holds a valid Temporary Training Permit issued by the PRC after fulfillment of requirements for those who intend to undergo post-graduate medical education/training.

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

**SECTION 20. *Qualifications for Applicants for the Physician Licensure Examination.*** - All applicants for the Physician Licensure Examination must possess all qualifications and none of the disqualifications hereunder set forth as follows:

- a) He/she is a citizen and resident of the Philippines or a citizen of a foreign country/state that observes reciprocity in the practice of medicine with the Philippines;
- b) He/she is mentally, emotionally and physically sound with a certificate of good moral character signed by the Dean of the medical college where he/she completed his/her basic medical education;
- c) He/she has not been convicted by final judgment by a court of any criminal offense; and
- d) He/she is a holder of the degree of Doctor of Medicine conferred by a medical college established in the Philippines and duly recognized by CHED and has completed a medical internship program or is a holder of a degree conferred by a college of medicine abroad and accredited by the CHED as substantially equivalent to the degree of Doctor of Medicine offered by medical colleges in the Philippines.

**SECTION 21. *Scope of Examination.*** - The Physician Licensure Examination shall cover the following twelve (12) individual and/or combined/clustered subjects with the relative weights for each:

- a) Anatomy and Histology;
- b) Physiology;
- c) Biochemistry and Molecular Biology;
- d) Pharmacology and Therapeutics;
- e) Microbiology and Parasitology;

- f) Internal Medicine, Neurology, Dermatology, Oncology, Geriatrics;
- g) General and Clinical Pathology;
- h) Obstetrics and Gynecology;
- i) Pediatrics and Nutrition;
- j) Surgery, Otorhinolaryngology, Ophthalmology, Anesthesiology and Pain Management;
- k) Family and Community Medicine, Preventive Medicine and Public Health, Health Economics, Occupational Health and Safety, Physical and Rehabilitative Medicine, Palliative Medicine; and
- l) Legal Medicine, Medical Jurisprudence, Medical Ethics and Medical Informatics.

In case there is need or when circumstances require, in order to conform to technological advancements and other developments, the PRC-PRBM, upon the recommendation of the MEC and PMA, may revise the substance, format and the conduct of the examinations.

Each of the twelve (12) subjects shall have its syllabus or table of specifications for purposes of the Physician Licensure Examinations. The PRC-PRBM shall apply each syllabus after a lapse of three (3) months reckoned from the concurrence of all the following requisites:

- 1) Consultation with the association of medical colleges;
- 2) Approval by the PRC;
- 3) Publication of the PRC-PRBM resolution in a newspaper of general circulation; and
- 4) Dissemination to all medical colleges.

**SECTION 22.** *Venues and Schedule of Examinations.* - The PRC-PRBM shall give examinations for the registration of physicians at least twice a year in such places as the PRC may designate in accordance with the provisions of Republic Act No. 8981, otherwise known as the "PRC Modernization Act of 2000".

**SECTION 23.** *Rating in the Examination.* - To pass the Physician Licensure Examination, an examinee must obtain a general average rating of at least seventy-five percent (75%) in all twelve (12) subjects, provided, however, there is no rating obtained in any subject below fifty percent (50%).

**SECTION 24.** *Report and Publication of the Results of Examination.* - The PRC-PRBM shall report the rating of each examinee to the PRC within ten (10) days from the last day of examination or any other period granted by the PRC. The official results of

the examination containing the list of topnotcher examinees indicating their respective schools/colleges and the names of the schools/colleges obtaining top percentage of successful examinees shall be published by the PRC in traditional media and PRC website.

The report of rating of every examinee shall be mailed to his/her given address, using the mailing envelope he/she submitted during the examination.

**SECTION 25. Oath.** - All successful examinees shall be required to take their oath before the PRC-PRBM or any person authorized by the PRC to administer oath before they are issued their certificates of registration and professional identification cards or before they start the practice of the medical profession. They shall also be required to take the oath of membership in the National Integrated Professional Organization for Physicians (NIPOP) which is the PMA.

**SECTION 26. Registration, Issuance of Certificate of Registration and Professional Identification Card; National Integrated Professional Organization for Physicians (NIPOP) Card; Non-registration and Grounds Thereof** - All successful examinees, upon compliance with all legal requirements and payment of fees prescribed by the PRC, shall be registered and issued certificates of registration and professional identification cards. They shall likewise be deemed members of the Philippine Medical Association (PMA) as the National Integrated Professional Organization for Physicians (NIPOP) upon compliance with all requirements and payment of compulsory dues. Upon presentation of their certificates of registration and professional identification card, they shall be issued a separate PMA identification card for physicians.

The certificate of registration of a physician shall bear the registration number and the date of issuance and the signatures of the chairperson of the PRC and the members of the PRC-PRBM stamped with the seals of the PRC and the PRC-PRBM, certifying that the name of the person stated therein appears in the Registry/Roster/Roll of Physicians under the custody of the PRC; that the person has complied with all the legal requirements for registration as a physician; and that the person is entitled to exercise all the privileges appurtenant to the practice of medical profession.

Provided, that he/she does not violate this Act, the rules and regulations, the Code of Ethics of the Medical Profession of the PMA as approved by the PRC, and other regulatory issuances and policies of the PRC and the PRC-PRBM.

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

A successful examinee who has been finally convicted by a competent court of a criminal offense or found guilty by the PRC-PRBM of dishonorable or immoral conduct or declared by a court to be of unsound mind shall not be registered. The decision of the PRC-PRBM, finding the examinee guilty of dishonorable or immoral conduct may be appealed to the PRC within fifteen (15) days from receipt of the PRC-PRBM's decision or resolution, and

to the Court of Appeals within the same period from the receipt of the decision or resolution of the PRC. The facts and the reasons for refusal to register shall be clearly stated in writing, communicated to the examinee and duly incorporated in the records of the PRC.

## **ARTICLE VI**

### **THE POST-GRADUATE MEDICAL EDUCATION COUNCIL**

**SECTION 27. *Creation*** - There is hereby created the Post-Graduate Medical Education Council (PGMEC), under the Professional Regulatory Board of Medicine (PRC-PRBM), hereinafter referred to as the "PGMEC."

The members of the PGMEC shall perform their duties as such without compensation or remuneration, subject to reasonable *per diem* allowances as approved by the PRC-PRBM and subject to existing rules and regulations of the Department of Budget and Management (DBM). Members thereof who are not government officials or employees shall be entitled to necessary travelling expenses, *per diem* and representation allowances chargeable against the funds of the PRC, subject to existing rules and regulations of the DBM.

The PGMEC shall be composed of at least eleven (11) members, the Chair of which shall be the incumbent chair of the Professional Regulatory Board of Medicine (PRC-PRBM) or its duly authorized representative and the following:

- a) Secretary of the Department of Health (DOH) or its duly authorized representative;
- b) A permanent representative of the National Integrated Professional Organization for Physicians (NIPOP); and
- c) A representative from each of the professional specialty organizations recognized by the PRC-PRBM and the PMA to include but not limited to the following:
  - 1) Philippine Academy of Family Physicians;
  - 2) Philippine College of Physicians;
  - 3) Philippine College of Radiology;
  - 4) Philippine College of Surgeons;
  - 5) Philippine Obstetrical and Gynecological Society;
  - 6) Philippine Pediatric Society;
  - 7) Philippine Society of Anesthesiologists;
  - 8) Philippine Society of Pathologists; and

- 9) Other specialty groups distinct from any of the above as endorsed by the PMA that may be given recognition by PRC-PRBM.

**SECTION 28. *Powers and Functions.*** - The PGMEC shall ensure the quality of post-graduate medical education/training for all specialties and sub-specialties of medicine and provide policies that will promote humane working conditions and better compensation for resident/fellow trainees. Moreover, the PGMEC shall be tasked to ensure that the post-graduate medical education/training of physicians shall be responsive to the current health service needs of the population. In particular, it shall perform the following functions:

- a) To review and assess the post-graduate medical education/training standards, curriculum and desired outcomes formulated by the specialty training program providers;
- b) To ensure that the standards set for post-graduate medical education/training are aligned with the national health agenda and at par with international standards;
- c) To ensure that post-graduate medical education/training will always be responsive to the health needs of the population;
- d) To recognize only one (1) professional specialty organization and professional specialty board in an area or field of medicine in order to maintain high competency and professional standards in the practice of that medical specialty;
- e) To supervise, monitor and review the accreditation of post-graduate medical education/training programs through the PRC-PRBM-recognized professional specialty organizations/boards;
- f) To maintain a registry or database of resident/fellow trainees and accredited post-graduate medical education/training programs;
- g) To provide the PRC-PRBM with a list of trainees who have satisfactorily completed the post-graduate medical education/training for the issuance of a certificate of completion;
- h) To coordinate with PRC-PRBM regarding the post-graduate medical education/training of foreign medical graduates;
- i) To work, in consultation with appropriate agencies, for the provision of better compensation and benefits and humane working conditions for resident/fellow trainees;
- j) To receive and act on complaints of resident/fellow trainees as well as complaints of patients against resident/fellow trainees;

- k) To supervise, monitor and review the conduct of the specialty board certifying examination through the PRC-PRBM-recognized professional specialty organizations/boards;
- l) To require the submission of annual reports of the professional specialty boards, detailing the performance in the examinations, whether written, oral and/or practical, based on the passing percentages of graduates of the accredited training programs;
- m) To provide the PRC-PRBM with a list of candidates who have passed the specialty board certifying examination conducted by the corresponding PRC-PRBM-recognized professional specialty organization/board for the issuance of a joint certificate;
- n) To ensure quality assurance of all post-graduate medical education/training programs and specialty board certifying examination procedures;
- o) To seek or request the assistance and support of any government agency, office or instrumentality including government-owned or controlled corporations, local government units as well as non-governmental organizations or institutions in pursuance of its functions; and
- p) To formulate other policies as it may deem necessary in the pursuance of its functions in accordance with the national health agenda.

**SECTION 29.** *Qualifications of Applicants to Post-Graduate Medical Education Training Programs.* - The following shall be the minimum qualifications of applicants to post-graduate medical education/training programs:

- a) Passing score in the Physician Licensure Examination;
- b) No previous criminal and or administrative record;
- c) Clearance by the Professional Regulatory Board of Medicine (PRC-PRBM) for foreign graduates of medicine. The PRC-PRBM shall set such other qualifications that it may deem necessary; and
- d) Other requirements as may be determined by the PRC, PRC-PRBM, or the corresponding professional specialty organizations.

**SECTION 30.** *General Conditions for the Post-Graduate Medical Education/Training of Foreign Medical Graduates.* - The following general conditions shall be applied to foreign graduates of medicine undergoing post-graduate medical education/training in the Philippines:

- a) Accredited post-graduate medical education/training programs shall be allowed to accept foreign medical graduates in cases wherein no Filipino physicians are applying for the same vacancy. Filipino physicians shall be given the first priority in filling up vacancies for resident/fellow trainees;

- b) Foreign graduates of medicine shall secure clearance from the Professional Regulatory Board of Medicine (PRC-PRBM) prior to application to any accredited post-graduate medical education/training program;
- c) Foreign medical graduates shall undergo basic language course in Filipino and/or the dialect that is used in the locality where the accredited institution is located before commencing his/her post-graduate medical education/training. A certificate of proficiency in Filipino and the dialect of the locality shall be obtained by the foreign graduate of medicine from a CHED-accredited state university or tertiary education institution located in the locality where the foreign graduate in medicine wishes to undergo post-graduate medical education/training before the PRC-PRBM may issue a clearance to the foreign graduate of medicine. For accredited institutions located in areas wherein English is the language used and understood by the majority, proficiency in a dialect shall no longer be required; and
- d) Foreign graduates of medicine shall be required to undergo a seminar on Philippine history, culture and government as well as the Philippine health care delivery system prior to the commencement of his/her post-graduate medical education/training.

**SECTION 31.** *Working Conditions of Resident/Fellow Trainees.* -The following shall be strictly observed by all accredited post-graduate medical education/training institutions:

- a) No resident/fellow trainee shall be allowed to go on duty for more than twenty-four (24) hours straight, except in extraordinary cases to be determined by the corresponding hospital management;
- b) Resident/fellow trainees shall be entitled to one day off from hospital duty every week;
- c) Resident/fellow trainees shall be provided with standard quarters in the hospital where he/she can stay during his/her tour of duty;
- d) Resident/Fellow trainees shall only perform those functions that are related to his/her post-graduate medical education/training. As such, their superiors are hereby prohibited from issuing orders that are not related to the training of resident/fellow trainees or are demeaning to a resident/fellow trainee's dignity as a person. The PGMEC shall receive and investigate complaints of this nature from resident/fellow trainees;
- e) Resident/Fellow trainees are entitled to adequate periods for meal breaks and personal care during their tour of duty;
- f) Resident/Fellow trainees shall be supervised by their superior at all times especially when performing critical procedures to patients. In case of junior resident/fellow trainees, the senior resident/fellow trainee or consultant shall always be available for supervision and assistance and in the case of senior resident/fellow trainees, his/her consultants; and

- g) Resident/Fellow trainees shall be treated equally. No resident/fellow trainee shall be discriminated because of his/her gender, race, ethnicity or religion.

**SECTION 32. *Salary and Other Benefits.*** - The minimum base pay of all resident/fellow trainees in government hospitals shall be in accordance with existing civil service laws and regulations. For private training institutions, the minimum base pay shall be set in accordance with existing labor laws and regulations. Hazard pay shall be given as stipulated in Republic Act No. 7305, otherwise known as "The Magna Carta for Health Workers", for resident/fellow trainees of government or private hospitals.

**SECTION 33. *Professional Conduct of Resident/Fellow Trainees.*** -In addition to the Code of Ethics of the Medical Profession of the PMA as approved by the PRC, a resident/fellow trainee shall observe the following professional conduct at all times:

- a) Uphold the dignity, privacy and rights of his/her patient;
- b) Perform his/her functions with utmost diligence especially those related to care of patients so as not to inflict any harm on the patient;
- c) Refrain from engaging in unacceptable practices such as:
  - 1) Receiving any form of payment from their patients;
  - 2) Accepting commission from laboratories, diagnostic facilities, pharmacies for referring patients to these facilities;
  - 3) Obtaining excess and unused medicines, drugs and other materials from patients or the supply source, without proper permission;
  - 4) Selling medicines, drugs and other materials to patients or their relatives;
  - 5) Selling free samples of drugs or other medicines; and
  - 6) Receiving money or any form of incentives from any pharmaceutical company for prescribing their brand of drugs, medicines and other materials
- d) Treat his/her superiors, subordinates, co-workers and patient's relatives with utmost respect;
- e) Observe the provisions of Republic Act 6675 also known as the Generics Act of 1988 and Republic Act 9502 also known as the Cheaper and Quality Medicines Act of 2008; and
- f) Render full time/part time service as stipulated by the institution in the post-graduate medical education/training program agreement.

**SECTION 34. *Responsibilities of Accredited Post-Graduate Medical Education/Training Institutions.*** - In addition to the enforcement of the provisions of Section 31 of this Act,

accredited post-graduate medical education/training institutions shall have the following responsibilities:

- a) Regular submission of the names of resident/fellow trainees in their institution and such other relevant information to the Professional Regulatory Board of Medicine (PRC-PRBM);
- b) Provision of the necessary logistics, equipment, and other medical supplies to resident/fellow trainees while undergoing post-graduate medical education/training; and
- c) Conduct periodic evaluation of competencies acquired by resident/fellow trainees per year level.

**SECTION 35. *Grievance System.*** - The Post-Graduate Medical Education Council (PGMEC) may receive grievances/complaints from resident/fellow trainees and shall refer the same to the appropriate authority.

**SECTION 36. *Violations.*** - Any accredited post-graduate medical education/training institution that has been found violating any provisions of this Act shall have a penalty ranging from reprimand to revocation of accreditation of the training program.

## **ARTICLE VII REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION**

**SECTION 37. *Acts Constituting the Practice of Medicine.*** - The following are acts constituting practice of medicine:

- a) History taking and physically examining any person, and diagnose, treat, operate or prescribe any remedy or prevention of human disease, injury, deformity, physical, mental, psychological condition or any ailment, real or imaginary, regardless of the nature of the remedy or treatment administered, prescribed or recommended; or
- b) Offering or undertaking to diagnose, treat, operate or prescribe and administer any remedy for any human disease, injury, deformity, physical or mental condition either personally or by means of signs, cards or any written/printed matter via any form of communication; or
- c) Using or affixing "M.D.(Lic.);" with his/her name in written or oral communications. Unless specified, the letters "M.D. (Lic.);" shall mean Licensed Doctor of Medicine, provided that only those who have passed the physician licensure examination are allowed to use the title "M.D. (Lic.);" "

**SECTION 38. *Scope of Medical Practice.*** – The scope of the practice of medicine is the application of medical knowledge, skill, and judgment for the promotion of good health; the prevention and treatment of physical, mental, or psycho-social diseases, disorders, injuries, and conditions; the assessment and management of a physical, mental, or psycho-social disease, disorder, injury or condition of an individual or group of

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

a) Clinical Practice of Medicine

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

A General Physician or a Specialist may be a Primary Care Provider as long as he/she obtains the defined competencies in Primary Care as certified by the Department of Health (DOH) as provided for in Republic Act 11223 also known as the Universal Health Care Act.

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

- 2) Specialty Medical Practice refers to the professional practice of a Specialist Physician who is a licensed physician and has completed additional formal post-graduate medical education/training in a distinct clinical medical discipline focused on a defined group of patients, diseases, skills, or philosophy and has been certified by a PRC-PRBM-recognized professional specialty board. The scope of specialty medical practice refers to the diagnosis and management of specific conditions as defined by the corresponding PRC-PRBM-recognized professional specialty organization/board.

b) Non-Clinical Practice of Medicine

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

The scope and limitations of the practice of medicine shall be in accordance with the most recent Code of Ethics of the Medical Profession of the PMA as approved by the PRC and/or the Code of Ethics by the respective professional specialty organizations involved.

**SECTION 39. *Telemedicine.*** - Telemedicine means the delivery of health care services or consultations directly to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person for the purpose of patient care by a physician located at a distant site as a result of the outward transmission of

individual patient data by electronic or other means from the originating site to that physician's site.

It may be provided by means of real-time two-way interactive audio, and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, that facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.

A physician-patient relationship may be established through telemedicine and the health care services provided through this means shall be held to the same standards of practice and conduct as in-person services. It does not apply to a licensed physician at a distant site under the following circumstances:

- a) Who consults with another licensed physician;
- b) Who does not undertake the primary responsibility for diagnosing or rendering treatment to a patient at the originating site;
- c) Who communicates with a patient consisting solely of an e-mail or facsimile transmission;
- d) Who has an established physician-patient relationship with a person who is at the distant site temporarily and who requires the direct medical treatment by that physician; or
- e) Who engages in the practice of medicine in an emergency.

**SECTION 40. *Exceptions.*** -

- a) For purposes of this Act, medical students, clinical clerks, and medical interns attending to patients shall not be considered as engaging in the practice of medicine, provided, that they are attending to patients under the direct supervision and control and under the presence of a duly licensed physician.

Foreigners who intend to undergo or are undergoing post-graduate medical education/training or otherwise under training shall obtain the required special permit from the PRC.

- b) Any non-medical person trained, certified or licensed to carry out specific interventions in emergency situations to save lives and/or limbs according to the level of competence determined by their training and certifying examinations.
- c) Non-medical educators who have attained a master's or a doctoral degree on a specific field in the basic sciences of medicine.

**SECTION 41. *Reciprocity*** - A foreigner may be allowed to practice medicine in the Philippines without having to undergo the Physician Licensure Examination, if and when,

the country of which the foreigner is a citizen, allows Filipino citizens to practice medicine under the same conditions such as but may not be limited to the following:

- a) The country of which the foreigner is a citizen, imposes the same academic and training requirements for its citizens to be able to practice medicine;
- b) There is a reciprocity agreement, executive agreement or international agreement, or treaty to this effect, signed by both government of the Philippines and the country of which the foreigner is a citizen, and
- c) The foreigner must show documents that he/she is allowed by his/her country's regulatory body to practice medicine in his/her country. The documents may be equivalent to the PRC ID card or Certificate of Registration issued by the Philippine Professional Regulation Commission.

**SECTION 42.** *Special Permits to Practice Medicine in the Philippines.* - In the absence of reciprocity agreement, executive agreement or international agreement, or treaty, a foreigner may be allowed to practice in the Philippines subject to the following conditions:

- a) He/she must obtain a special permit from the Professional Regulation Commission (PRC);
- b) The special permit shall specify the purpose, the limitations, the place of practice of the foreigner and such other conditions as may be imposed by the Commission such as but not limited to:
  - 1) A period of not more than one (1) year subject to renewal or extension, provided, that the renewal or extension shall be under the same process and requirements as hereinabove described;
  - 2) The specific area of medical specialization;
  - 3) The specific place of practice, such as clinic, hospital, center, medical college as the case maybe;
- c) Payment of the required fees; and
- d) Undertaking that the foreigner shall conduct himself/herself according to the Code of Ethics of the Medical Profession of the PMA as approved by the PRC in the Philippines.

The PRC may issue a special permit to a foreigner not covered by reciprocity rule or under Section 41 hereof under the following guidelines:

- e) Physicians licensed in countries of which he/she is citizen, whose services are for free, provided however, that a reasonable honorarium may be allowed for his daily subsistence during his/her stay in the Philippines:

- f) Physicians who are internationally well-known specialists or publicly acknowledged as experts in any area of medical specialization;
- g) Physicians of foreign countries whose services are urgently necessary, owing to the lack of available local specialists/experts, or for the promotion or advancement of the practice of medicine including, but not limited to, the conduct of formal classes or training, acting as resource persons in medical seminars, fora, symposia and the like;
- h) Physicians licensed in foreign countries who intend to render free medical services to indigent patients in a particular hospital, center or clinic, provided, however, that they render such services under the direct supervision and control of a duly licensed Filipino physician; and
- i) Physicians licensed in foreign countries employed as exchange professors in any area of medical specialization.

**SECTION 43.** *Administrative Investigation and Disciplinary Actions.* — The PRC-PRBM shall have the power, upon proper notice and hearing, after finding of guilt, to suspend from the practice of profession or revoke the certificate of registration of a physician, or issue a reprimand or cancel the Special/Temporary permit or Temporary Training Permit issued to a foreign physician, for any of the following grounds/causes:

- a) Final conviction by a court of competent jurisdiction of any criminal offense involving moral turpitude;
- b) Immoral or dishonorable conduct;
- c) Mental incapacity;
- d) Fraud in the acquisition of the certificate of registration and the professional identification card or temporary/special permit or temporary training permit;
- e) Gross negligence, ignorance or incompetence in the practice of his/her profession, resulting in an injury to or death of the patient;
- f) Addiction to alcoholic beverages, to any habit-forming drug or to any form of illegal gambling, rendering him incompetent to practice his/her profession;
- g) Making or causing to be made false, misleading, extravagant or unethical advertisements or making or causing to be made advertisements wherein things other than his name, profession, limitation of practice, clinic hours, office and home address are mentioned;
- h) Issuance of any false statement or spreading any false news or rumor which is derogatory to the character and reputation of another physician without justifiable motive;

- i) Knowingly issuing any false medical certificates and/or findings or making any fraudulent claims with government or private health insurance;
- j) Performance of, or aiding in, any criminal abortion;
- k) Allowing one's self as the ghost physician or as tool of any person who is unqualified or unlicensed to practice general or specialty practice of medicine, except in aid of training of a medical student or resident/fellow trainee. Provided however, that this provision shall not apply when an act constituting the practice of general or specialty medicine is performed in a hospital, clinic or medical center as an accredited practitioner in the hospital, clinic or medical center. A ghost physician is one who makes it appear to be the person who has actually treated a patient when in fact it was another person other than him/her and on the basis of which he/she accepted a professional fee;
- l) Abetting or assisting in the illegal practice by a person who is not lawfully qualified to practice medicine, either general or specialty;
- m) Using or advertising any title or description tending to convey the impression to the general public that he/she is a specialist physician in a field of medical specialization when in fact he/she is not;
- n) Practicing his/her profession during the period of his/her suspension or during the period that his/her license is revoked;
- o) Willful failure or refusal to be a member of good standing of the National Integrated Professional Organization for Physicians (NIPOP); and
- p) Violation of any provision of the Code of Ethics of the Medical Profession as prescribed by the National Integrated Professional Organization for Physicians (NIPOP) which is the PMA and approved by the PRC;

**SECTION 44. *Rights of the Parties.*** — The private complainant and the respondent physician shall be entitled to counsel and be heard in person, to have a speedy and public hearing, to confront and to cross-examine witnesses, and to all other rights guaranteed by the Constitution and the rules of Court. All cases filed or pending under this Act, except those filed or pending in courts and other quasi-judicial and investigative bodies, shall not be discussed or taken up in any forum until after the same shall have been decided with finality.

**SECTION 45. *Appeal from Judgment.*** — The decision of the PRC-PRBM shall become final fifteen (15) days from the date of receipt of such decision by the parties or their counsel, whoever receives first. Within the same period, the aggrieved party may ask for a reconsideration of the decision for being contrary to law or for insufficiency of evidence. No second motion for reconsideration to the PRC-PRBM shall be allowed. A decision of suspension, revocation of the certificate of registration or removal from the roll by the PRC-PRBM as provided herein may be appealed to the PRC within fifteen (15) days from receipt thereof.

**SECTION 46.** *Re-issuance of Revoked Certificate of Registration and Professional Identification Card and Replacement of Lost Certificate of Registration and Identification Card.* — After two (2) years, the PRC-PRBM may order the reinstatement of any physician whose certificate of registration has been revoked, if the respondent has shown that he/she has acted in an exemplary manner in the community.

A new certificate of registration or professional identification card that has been lost, destroyed, mutilated or otherwise could no longer be used for its purpose, may be issued, subject to the rules imposed by the PRC.

**SECTION 47.** *Mandatory Use of Certificate of Registration, Professional and National Integrated Professional Organization for Physicians (NIPOP) Membership Card and Professional Tax Receipt Number.* - A registered physician shall indicate his/her certificate of registration number, the number and the expiry date of the professional identification card and his/her National Integrated Professional Organization for Physicians (NIPOP) membership card, and the Professional Tax Receipt number on the prescription and other documents he/she signs, uses or issues in connection with the practice of his/her profession.

**SECTION 48.** *Vested Rights.* — All physicians registered at the time this Act takes effect shall be automatically registered under the provisions hereof, without prejudice, if any, to the other requirements herein set forth.

All physicians whose names appear at the Registry/Roll/Roster of Physicians at the time of the effectivity of this Act shall automatically be registered by the PRC-PRBM and the Commission as physicians and, thereafter, by the National Integrated Professional Organization for Physicians (NIPOP) as its bona fide members pursuant to Section 26 of this Act.

**SECTION 49.** *Integration of the Profession.* — The profession shall be integrated into one (1) National Integrated Professional Organization for Physicians (NIPOP) herein known as the Philippine Medical Association (PMA) duly recognized by the PRC-PRBM and the PRC. A physician duly registered and licensed by the PRC-PRBM and the PRC shall be required to register as a member of the PMA, shall maintain his/her membership in good standing and shall receive the benefits and privileges appurtenant thereto upon payment of required fees and dues. Membership in the PMA shall not be a bar to membership in any other association of physicians.

**SECTION 50.** *Mandatory Continuing Professional Development.* — The PRC-PRBM shall implement a mandatory continuing professional development for physicians consistent with the guidelines of the Republic Act No. 10912 also known as the Continuing Professional Development Act of 2016 as shall hereafter be promulgated by the PRC.

## **ARTICLE VIII PENAL PROVISIONS**

**SECTION 51. Penalties.** — Except as otherwise allowed under this Act, no person shall practice or offer to practice the medical profession in the Philippines or be appointed as medical practitioner to any position without having previously obtained a valid certificate of registration and a valid professional license from the Commission (PRC).

The following shall be punishable by a fine of not less than Fifty Thousand Pesos (P50,000.00) nor more than One Hundred Thousand Pesos (P100,000.00) or imprisonment of not less than six (6) months nor more than five (5) years or both at the discretion of the court, shall be imposed upon:

- a) Any person who practices the medical profession in the Philippines without being certified in accordance with the provisions of this Act;
- b) Any person who represent or attempts to use as his own certificate of registration that of the other;
- c) Any person who gives any false or fraudulent evidence of any kind to the PRC-PRB Mor any member thereof in obtaining a certificate of registration as physician;
- d) Any person who impersonates any registrant of the same or different name;
- e) Any person who uses a revoked or suspended certificate of registration;
- f) Any person who, in connection with his name, otherwise assumes, uses or advertises any title or description tending to convey or conveys the impression that he/she is a physician without holding a valid certificate; and
- g) Any person who violates or who abets the violation of any of the provisions of this Act. The penalty of fine or imprisonment or both, as provided in this section, shall also apply to any clinic, hospital or any healthcare official who shall cause or be responsible for the commission of any of the above- enumerated acts.

**SECTION 52. Medical Malpractice and Medical Negligence.** — Medical practitioners are given carte blanche in using treatments that they believe will do good without first having evaluated them adequately to ensure they do no harm.

When the patient's wellness and well-being are made to depend on doctors, every reasonable step should be taken in order to stave off any maleficence and administer only beneficence.

There are cases when patients are given ill-medical advice inadvertently, which is contraindicative of the patient's condition. Such malpractice should not go unchecked.

If malpractice results in permanent disability or irreversible injury, the violators shall be slapped with a fine ranging from Two Hundred Thousand Pesos (P200,000.00) to Five Hundred Thousand Pesos (P500,000.00) and/or six (6) months to one (1)-year imprisonment.

If the malpractice results in death, the penalty shall be a fine ranging from Five Hundred Thousand Pesos (P500,000.00) to Two Million Pesos (P2,000,000.00) and/or two (2) to five (5) years imprisonment plus revocation of license.

**SECTION 53. *Cease and Desist Order.*** — Upon written motion by any interested party and after notice and hearing, the PRC-PRBM may issue cease and desist order to a person not authorized to practice medicine. However, if it is shown in the affidavit/s attached to the motion that the movant or the general public will suffer grave injustice or irreparable injury, the chairperson of the PRC-PRBM, or in his/her absence, any PRC-PRBM member holding office may issue within seventy-two (72) hours the cease and desist order. The Rules of the Court is suppletory for this purpose.

The PRC-PRBM and the PRC shall file an appropriate case for contempt of court against any person who failed, or refuse to obey, the cease and desist order.

## **ARTICLE IX MISCELLANEOUS PROVISIONS**

**SECTION 54. *Annual Report.*** — The PRC-PRBM shall, on or before the end of January of the year following the enactment of this Act, submit to the PRC its annual report of accomplishments on programs, projects and activities for the calendar year together with its appropriate recommendations on issues or problems affecting the practice of medicine.

**SECTION 55. *Appropriations.*** — The funds needed to implement the provisions of this Act shall be included in the annual General Appropriations Act.

**SECTION 56. *Implementing Rules and Regulations.*** — Within ninety (90) days after the approval of this Act, the CHED and PRC, in consultation and coordination with appropriate government agencies, representatives from the private sector, and other stakeholders, shall promulgate the necessary implementing rules and regulations for the effective implementation of this Act.

**SECTION 57. *Transitory Provisions.*** — The incumbent Board of Medicine shall continue to function in the interim until such time as the PRC-PRBM shall have been constituted pursuant to this Act.

**SECTION 58. *Separability Clause.*** — If any clause, provision, paragraph or part hereof be declared unconstitutional or invalid, such judgment shall not affect, invalidate or impair any other part hereof but such judgment shall be merely confined to the clause, provision, paragraph or part directly involved in the controversy in which such judgment has been rendered.

**SECTION 59. *Repealing Clause.*** — Republic Act No. 2382 also known as "The Medical Act of 1959", all laws amending the said Act, all other laws, decrees, executive orders and other administrative issuances and parts thereof which are inconsistent with the provisions of this Act are hereby modified, amended, superseded or repealed accordingly.

**SECTION 60.** *Effectivity Clause.* — This Act shall take effect after fifteen (15) days following its publication in the Official Gazette or in at least two (2) newspapers of general circulation in the Philippines.