

**EIGHTEENTH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES**
Third Regular Session

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SECRET
Office of the Secretary

'21 AUG 26 A10 :37

SENATE

S.B. No. 2367

RECEIVED BY



Introduced by SEN. WIN GATCHALIAN

**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'**

EXPLANATORY NOTE

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

This bill seeks to squarely address these changing dynamics of the practice of modern medicine, focused on these key aspects: (1) upgrade of standards and regulations on basic medical education, medical internship,

and post-graduate medical education and training; (2) conduct of licensure and registration of physicians; (3) supervise and regulate the practice of medicine; (4) integrate the profession under one national professional organization of physicians; (5) uphold of the patient welfare and patient safety as the primary consideration in the practice of medicine; and (6) promote competence, moral values, and professional ethics of members of the medical profession.

The bill likewise provides for the creation of the Medical Education Council under the Commission on Higher Education; the Professional Regulatory Board of Medicine under the Professional Regulation Commission; the Post-Graduate Medical Education Council under the Professional Regulatory Board of Medicine; and the Integrated National Professional Organization of Physicians. These offices and agencies will ensure the development of the medical profession, which in effect can offer protection to the economic and social conditions of its practitioners.

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

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

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



WIN GATCHALIAN

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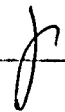
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**AN ACT
PROVIDING FOR A PHYSICIAN'S ACT REPEALING FOR THE PURPOSE
REPUBLIC ACT NO. 2382, AS AMENDED, OTHERWISE KNOWN AS THE
'MEDICAL ACT OF 1959'**

*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;

1 particular specialty or subspecialty of medicine through compliance with
2 a series of pre-defined, explicitly written standards;

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

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

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

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

28 f) **Innovative curriculum** refers to a curriculum that applies non-
29 traditional, flexible, creative, and open curricular frameworks, teaching-
30 learning models, and methods of evaluation and assessment applied to
31 basic medical education in real world situations as defined by the

1 Commission on Higher Education (CHED);

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

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

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

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

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

30 l) **Post-graduate medical education – clinical track** refers to a post-
31 graduate medical education or training program for licensed physicians

1 in a particular specialty or subspecialty of medicine in a PRBM accredited
2 training program in a hospital and community setting involving direct
3 patient care and may include residency or subspecialty fellowship
4 training;

5 m) **Post-graduate medical education – non-clinical track** refers to a post-
6 graduate medical education and training program for medical graduates
7 or licensed physicians in a higher education institution (HEI) conferring a
8 post-graduate academic degree involving basic medical sciences or other
9 health-related fields or disciplines without direct patient care and
10 includes, research, medical education, public health, health systems and
11 health-related administration;

12 n) **Post-graduate medical education - alternative track** refers to a post
13 graduate medical education and training program of licensed physicians
14 for a particular specialty of medicine in a Department of Health (DOH)
15 accredited alternative track, consisting of preceptorship, modular,
16 mentorship, or clinical fellowship training of not less than two (2) years of
17 clinical practicum and comprehensive direct specialty patient care;

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

23 p) **Resident/Fellow trainee** refers to a licensed physician undergoing post-
24 graduate medical education and training in a particular specialty for
25 resident or subspecialty for fellow of medicine in a DOH-Retained Hospital
26 or Professional Regulatory Board of Medicine (PRBM) and Integrated
27 National Professionals of Physicians (INPOP) accredited training
28 institution;

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

31 r) **Special permit** refers to the document secured by a foreign medical

- 1 professional in absence of a reciprocity agreement, executive agreement,
2 or treaty, to be allowed to practice medicine in the Philippines;
- 3 s) **Telemedicine** refers to the practice of medicine by means of electronic
4 and telecommunications technologies such as by telephone, internet-
5 enabled messaging, short messaging service (SMS), or audio- and video-
6 conferencing to deliver health care that cannot otherwise be done face-to-
7 face due to certain conditions such as the physical distance between the
8 patient and the physician, and;
- 9 t) **Temporary training permit** refers to the document secured by a foreign
10 medical professional after compliance with the requirements for medical
11 residency training or post graduate medical education training which
12 shall be valid for a period co-terminus with the medical residency or post-
13 graduate medical education training, unless sooner revoked for cause.

14 15 **ARTICLE III**

16 **THE MEDICAL EDUCATION COUNCIL AND THE MEDICAL DEGREE** 17 **PROGRAM**

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

- 20 a) Chairperson of the CHED or the Chairperson's duly authorized
21 representative as Chairperson of the MEC;
- 22 b) Secretary of the DOH or the Secretary's duly authorized
23 representative as member;
- 24 c) Chairperson of the PRC-PRBM or the Chairperson's duly authorized
25 representative as member;
- 26 d) President of the INPOP or the President's duly authorized
27 representative as member;
- 28 e) The president of the national association of medical schools duly
29 recognized by the CHED or the president's duly authorized
30 representative as member; and
- 31 f) The president of the national association of hospitals duly

1 recognized by the DOH or the president's duly authorized
2 representative as member.

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

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

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

20
21 **SEC. 7. Functions and Duties.** – The MEC shall have the following
22 functions and duties:

- 23 a) Authorize the opening of and recognize new medical schools
24 especially in areas of need upon compliance with the minimum
25 requirements;
- 26 b) Determine the minimum requirements for physical facilities of
27 medical colleges such as buildings, hospitals, equipment and
28 supplies, apparatus, instruments, appliances, laboratories and bed
29 capacity for instruction purposes, operating and delivery rooms,
30 facilities for out-patient services, community health services and
31 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
3 administrative and teaching personnel including student-teacher
4 ratio;
- 5 d) Determine the minimum required curriculum leading to the degree
6 of Doctor of Medicine, including internship;
- 7 e) Authorize the implementation of an acceptable innovative medical
8 curriculum or strategy in a medical college that has exceptional
9 faculty, equipment and facilities. Such medical college with an
10 innovative curriculum may prescribe admission and graduation
11 requirements other than those prescribed in this Act;
- 12 f) Determine the minimum requirements for admission into a
13 recognized college of medicine;
- 14 g) Develop and put into place programs as well as adopt and implement
15 policies which will encourage and allow applicants from marginalized
16 areas or groups, or both, as well as financially-challenged families to
17 be admitted into medical colleges and complete their medical
18 education;
- 19 h) Keep a registry of medical students enrolled in medical colleges, and
20 conduct tracer studies for medical graduates for up to five (5) years
21 from graduation;
- 22 i) Recommend to the CHED the closure or suspension of the degree
23 program for Doctor of Medicine of a medical college by reason of poor
24 performance in the physicians licensure examination over a given
25 period of time based on statistical data furnished by the PRBM, or
26 upon inspection of the medical school by the MEC for reasons of
27 various deficiencies or violations;
- 28 j) Promulgate, prescribe, and enforce policies and programs which will
29 ensure the proper and orderly operations and upkeep of medical
30 colleges in order to ensure that basic medical education is not treated
31 merely as a business enterprise but one with a social dimension;

- 1 k) Regulate, supervise and monitor the medical internship program;
2 and
3 l) Promulgate, prescribe and enforce the necessary rules and
4 regulations for the proper implementation of the foregoing functions.
5

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

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

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

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

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

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

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

- 28 a) Diploma or Certificate of completion of Bachelor's Degree in Science
- 29 or Arts or completion of secondary education for medical colleges
- 30 offering CHED approved innovative curriculum;
- 31 b) Certificate of good moral character issued by two (2) former

1 professors in the college where a bachelor's degree was obtained, or
2 by two (2) former teachers in high school for those entering in a
3 CHED-approved innovative curriculum, or by the head of the
4 indigenous peoples community;

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

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

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

12 Only medical colleges externally accredited by agencies recognized by the
13 MEC may accept foreign medical students.

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

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

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

23 a) Date of publication;

24 b) Calendar of academic year;

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

27 d) Requirements for admission;

28 e) Grading system;

29 f) Requirements for promotion;

30 g) Requirements for graduation;

31 h) Curriculum and description of course by department; and number

1 of students enrolled in each class in the preceding year.
2

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

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

16 a) Functions and Duties:

- 17 1) Formulate a one (1)-year standardized curriculum for medical
18 internship that may either be rotating hospital-based or
19 community-oriented, including accreditation standards for health
20 institutions;
- 21 2) Review the curriculum and accreditation standards at least every
22 four (4) years;
- 23 3) Formulate and implement regulations and procedures for
24 accredited health institutions including sanctions for non-
25 compliance;
- 26 4) Accredite hospitals and other health facilities or settings that will be
27 allowed to conduct a medical internship training program;
- 28 5) Regularly evaluate and monitor the compliance of accredited health
29 institutions with the prescribed curriculum and accreditation
30 standards, and institute mechanisms for program evaluation;
- 31 6) Assess a reasonable processing fee for eligible applicants to the

1 internship program and an administrative fee for accreditation for
2 health institutions;

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

14
15 **ARTICLE IV**

16 **THE PROFESSIONAL REGULATORY BOARD OF MEDICINE**

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

25
26 **SEC. 12. *Powers and Duties.*** – The PRBM shall be vested with the
27 following specific powers, functions, duties and responsibilities:

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

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

3 c) Prepare the test questions for the Physician's Licensure
4 Examinations in accordance with recognized principles of evaluation
5 and of pertinent provisions of Section 21, Article IV of this Act;
6 prescribe the syllabi of the subjects and their relative weights for the
7 licensure examinations; conduct the examination; correct and rate
8 the examination papers;

9 d) The PRBM shall ensure that the test questions are appropriately
10 formulated to assess the knowledge, skill, and attitude of the
11 examinees;

12 e) Determine, amend, or revise the coverage of the subjects in the
13 physician's licensure examinations and their relative weights, and
14 the manner of giving the examination, subject to the approval of the
15 PRC;

16 f) Explore and develop ways on how to measure and evaluate the
17 clinical competence of examinees, and integrate the same into the
18 physician's licensure examination;

19 g) Register successful examinees in the physician licensure
20 examinations in the roll of physicians and issue the corresponding
21 certificates of registration;

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

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

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

30 k) In coordination with the CHED, monitor the performance of medical
31 schools and their compliance with the rules and regulations of the

1 MEC;

- 2 l) In coordination with the INPOP, promulgate rules and regulations
3 including a Code of Ethics for Physicians, administrative policies,
4 orders and issuances to carry out the provisions of this Act;
- 5 m) Conduct regular quality assurance programs and activities to ensure
6 quality medical education;
- 7 n) Investigate meritorious cases of violations of this Act, Code of Ethics,
8 and the pertinent rules and regulations, administrative policies,
9 orders and issuances which are recommended for decision by the
10 INPOP. The rules governing administrative investigations
11 promulgated by the PRC shall govern the conduct of such
12 proceedings;
- 13 o) Issue subpoena *ad testificandum* or subpoena *duces tecum* to secure
14 attendance of respondents or witnesses as well as the production of
15 documents: *Provided*, That failure of the party to whom a subpoena
16 has been issued to comply therewith shall be punishable by way of
17 indirect contempt. For this purpose, the PRBM is hereby vested the
18 power to cite any party for contempt which may be exercised
19 pursuant to the applicable provisions of Rule 71 of the Rules of
20 Court;
- 21 p) Conduct hearings on cases filed with the PRBM: *Provided*, That a
22 majority of the members of the PRBM with the assistance of the Legal
23 Division of the PRC shall conduct the hearings. A member of the
24 PRBM shall be assigned to preside over a hearing;
- 25 q) After due notice and hearing, cancel examination papers or bar any
26 examinee from future examination, or both; refuse or defer the
27 registration of the examinee; reprimand the registrant with stern
28 warning; suspend the registrant from the practice of the profession;
29 revoke the certificate of registration; cancel a special or temporary
30 permit, or a temporary training permit; remove the name of a
31 physician from the roll of physicians on account of continuous non-

1 payment of annual registration fees and non-compliance with the
2 Continuing Professional Development (CPD) requirements; reinstate
3 or re-enroll a physician's name in the said roll; and re-issue or
4 return the physician's certificate of registration and professional
5 identification card.

6 r) A decision of suspension, revocation of the certificate of registration,
7 or removal from the roll by the PRBM as provided herein may be
8 appealed to the PRC within fifteen (15) days from receipt thereof;

9 s) Administer the physician's oath;

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

14 u) Adopt an official seal;

15 v) Coordinate with the MEC and the INPOP in prescribing, amending or
16 revising the courses in a medical program, or both;

17 w) Assist the PRC in the implementation of its prescribed guidelines and
18 criteria on the Continuing Professional Development (CPD) for
19 registered licensed physicians;

20 x) Set the standards and guidelines for the issuance and re-issuance of
21 certificates of registration including compliance with the PRBM's
22 CPD program; and

23 y) Perform such other functions and duties as may be necessary to
24 efficiently and effectively implement the provisions of this Act.

25 z) The policies, resolutions, rules and regulations issued or
26 promulgated by the PRBM shall be subject to the review, revision,
27 and approval by the PRC. The orders or decisions may be appealed
28 to the PRC, however, in case of imminent and immediate danger to
29 patients, the PRBM's final decisions, resolutions or orders rendered
30 in an administrative case shall be immediately executory.

31

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

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

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

1 Act.

2
3 **SEC. 15. Compensation.** – The Chairperson, Vice Chairperson and
4 members of the PRBM shall receive compensation and allowances or other
5 benefits pursuant to the provisions of Republic Act No. 8981 otherwise known
6 as the “PRC Modernization Act of 2000” and other pertinent laws and
7 comparable to the compensation and allowances received by the chairperson
8 and members of existing professional regulatory boards.

9
10 **SEC. 16. Suspension or Removal.** – The President, upon recommendation
11 of the PRC after giving the member an opportunity to be heard by himself or by
12 a counsel in a proper administrative investigation to be conducted by the PRC,
13 may suspend or remove any member of the PRBM on any of the following
14 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
18 examination, divulging of secret information or disclosure of the said
19 examination, or tampering of the grades therein; and
20 d) Final conviction by the court of any criminal offense involving moral
21 turpitude.

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

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

1 **ARTICLE V**

2 **PHYSICIAN LICENSURE EXAMINATION**

3 **SEC. 18. *Prerequisites to the Practice of Medicine.*** – No person shall
4 engage in the practice of medicine in the Philippines unless the person:

- 5 a) Holds a valid certificate of registration and a valid professional
6 identification card issued by the PRC;
7 b) Holds a valid special/temporary permit issued by the PRBM subject
8 to approval by the PRC, or unless exempted by this Act from holding
9 any of the foregoing certificates of registration; and
10 c) Is a member of good standing of the INPOP.

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

14
15 **SEC. 19. *Examination Required.*** – All applicants for registration prior to
16 the issuance of certificate of registration and a professional identification card as
17 a physician, shall be required to pass the licensure examination for physicians
18 as provided for in this Act, and shall be subject to the payment of the fees
19 prescribed by the PRC.

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

- 25 a) A citizen and resident of the Philippines or a citizen of a foreign country
26 or State that observes reciprocity in the practice of medicine with the
27 Philippines;
28 b) Is mentally, emotionally, and physically sound with a certificate of good
29 moral character signed by the Dean of the school where the applicant is
30 a graduate;
31 c) Has not been convicted by final judgment by a court of any criminal

1 offense; and

- 2 d) A holder of the degree of Doctor of Medicine (M.D.) or its equivalent for
3 innovative curriculum conferred by a College of Medicine established in
4 the Philippines and duly recognized by the CHED, or a degree conferred
5 by a college of medicine abroad and accredited by the CHED as
6 substantially equivalent to the degree of Doctor of Medicine conferred by
7 medical schools in the Philippines; and
8 e) Has completed a one (1)-year post graduate medical internship.

9
10 **SEC. 21. Scope of Examination.** – The physicians licensure examination
11 shall cover the following thirteen (13) individual or combined subjects with the
12 relative weights for each:

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

29 In case there is need or when circumstances require, in order to conform
30 to technological advancements and other developments, the PRBM, the MEC,
31 and the INPOP may revise the substance, format and the conduct of the

1 examinations.

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

6 a) Consultation with the association of medical schools;

7 b) Approval by the PRC;

8 c) Publication of the PRBM resolution in a newspaper of general
9 circulation; and

10 d) Dissemination to all medical schools.

11

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

22

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

27

28 **SEC. 24. *Report and Publication of the Results of Examination.*** - The
29 PRBM shall report the rating of each examinee to the PRC within ten (10) days
30 from the last day of examination or any other period granted by the PRC. The
31 official results of the examination containing the list of topnotcher examinees

1 indicating their respective schools or colleges and the names of the schools or
2 colleges obtaining top percentage of successful examinees shall be published by
3 the PRC.

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

7
8 **SEC. 25. Oath.** – All successful examinees shall be required to take the
9 physician's oath before the PRBM or any person authorized by the PRC to
10 administer it before they are issued their certificates of registration and
11 professional identification cards, or before they start the practice of the medical
12 profession.

13
14 **SEC. 26. Registration, Issuance of Certificate of Registration and**
15 **Professional Identification Card; Integrated National Professional**
16 **Organization of Physicians (INPOP) Membership; Non-registration and**
17 **Grounds Thereof.** – All successful examinees, upon compliance with all legal
18 requirements and payment of fees prescribed by the PRC, shall be registered
19 and issued certificates of registration and professional identification cards.
20 They shall likewise be deemed members of the INPOP upon compliance with all
21 requirements and payment of compulsory dues. Upon presentation of their
22 certificates of registration and professional identification cards, they shall be
23 issued a separate INPOP Membership card.

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

1 regulations issued to implement it, the Code of Ethics for Physicians, and other
2 regulatory issuances and policies of the PRC and PRBM.

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

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

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

21 22 **ARTICLE VI**

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

24 **SEC. 27. *Creation of the Post-Graduate Medical Education Council.*** –

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

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

- 31 a) Chairperson of the Civil Service Commission (CSC) or a duly

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

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

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

24 The medical practice groups shall be constituted for each medical field or
25 discipline previously identified by the PRBM through a resolution with a
26 minimum of three (3) and maximum of six (6) members. Each group shall be
27 composed solely of physicians who are licensed to practice in the Philippines
28 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
30 INPOP for a term of three (3) years: *Provided*, That, no member shall serve for
31 more than three (3) consecutive terms.

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

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

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

13 b) Committee on Training and Certification – It shall determine whether
14 doctors and allied health professionals have satisfactorily completed
15 post-graduate medical education and training and shall issue the
16 certificate of completion of training to examinees who pass the
17 certifying examination; and

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

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

29 The PRC shall provide a Secretariat for the PGMEC to be composed of both
30 technical and administrative staff. The Secretariat shall coordinate the activities
31 of the different committees and provide technical and administrative support in

1 the efficient and effective coordination of programs, projects and activities
2 among the different committees of the PGMEC.

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

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

12
13 **SEC. 28. Powers and Functions.** – The PGMEC shall ensure the quality
14 of post graduate medical education and training for all disciplines, specialties,
15 and sub-specialties of medical residents and provide policies that will promote
16 humane working conditions and better compensation for medical residents.
17 Moreover, the PGMEC shall be tasked to ensure that the post graduate medical
18 education and training of doctors shall be responsive to the current health
19 service needs of the population. In particular, it shall perform the following
20 functions:

- 21 a) Set the standards of post graduate medical education and training;
- 22 b) Ensure that the standards set for post graduate medical education and
23 training are at par with international standards;
- 24 c) Accredite post graduate medical education or training programs;
- 25 d) Determine whether doctors and allied health professionals who have
26 undergone post graduate medical education and training have
27 satisfactorily completed the training;
- 28 e) Issue the corresponding certificates to residents who have
29 satisfactorily completed the post graduate medical education and
30 training in either government or private hospitals and have passed the
31 certifying examinations conducted by the Committee on Training and

1 Certification;

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

26
27 **SEC. 29. Accreditation of post graduate medical education and**
28 **training programs.** – Post graduate medical education and training programs
29 shall only be conducted in accredited post graduate training institutions. The
30 PGMEC shall be the only recognized organization that shall have full authority
31 over post graduate medical education and training programs. Upon approval of

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

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

16
17 **SEC. 31. Qualifications of Applicants to Post Graduate Medical**
18 **Education and Training Programs.** – The following shall be the minimum
19 qualifications of applicants to post-graduate medical education programs:

- 20 a) Passing score in the licensure examination;
21 b) No previous criminal conviction or administrative liability, or both; and
22 c) Clearance by the Board for foreign graduates of medicine

23 The Board shall set such other qualifications that it may deem necessary.
24

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

- 29 a) Accredited residency training programs shall be allowed to accept foreign
30 medical graduates in cases wherein no Filipino physicians are applying
31 for the same vacancy. Filipino physicians shall be given the first priority

- 1 in filling up vacancy for medical residents;
- 2 b) Foreign graduates of medicine shall secure a clearance from the PRBM
3 before applying with any accredited residency training program;
- 4 c) Foreign medical graduates shall undergo basic language course in Filipino
5 or the dialect, or both, that is used in the locality where the accredited
6 institution is located before commencing medical residency. A certificate
7 of proficiency in Filipino and the dialect of the locality shall be obtained
8 by the foreign graduate of medicine from a CHED-accredited state
9 university or tertiary education institution located in the locality where
10 the foreign graduate in medicine wishes to undergo post graduate medical
11 education or training before the PRBM may issue a clearance. For
12 accredited institutions located in areas wherein Filipino is the language
13 used by the majority, proficiency in a dialect shall no longer be required;
- 14 d) Foreign graduates of medicine shall be required to undergo a seminar on
15 Philippine history, culture and government as well as the Philippine
16 health care delivery system prior to the commencement of post graduate
17 medical education or training; and
- 18 e) Foreign graduates of medicine must have no previous criminal conviction
19 or administrative liability in the Philippines and their country of origin
20

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

- 24 a) No resident shall be allowed to go on duty for more than twenty-four (24)
25 hours straight, except in extraordinary cases to be determined by the
26 hospital administrator;
- 27 b) Residents shall be entitled to at least one day off from hospital duty every
28 week;
- 29 c) Residents shall be given standard quarters in the hospital where they can
30 stay during their tour of duty;
- 31 d) Residents shall only perform those functions that are related to their post

1 graduate medical education or training. Their superiors are hereby
2 prohibited from issuing orders that are not related to the training of
3 residents or are demeaning to a resident's dignity as a person. The
4 PGMEC shall receive and investigate complaints of this nature from
5 residents;

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

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

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

15
16 **SEC. 34. Salary and Other Benefits.** – The salary grade of all doctors in
17 government hospitals and clinics shall not be lower than Salary Grade 22 in the
18 position classification and compensation system under Republic Act No 6758,
19 entitled “An Act Prescribing a Revised Compensation Position Classification
20 System in the Government and for Other Purposes, as Amended”. They shall be
21 entitled to overtime pay and night differential pay for services rendered beyond
22 eight (8) hours or for services rendered beyond ten o’clock in the evening to six
23 o’clock in the morning. Hazard pay shall be given as stipulated in Republic
24 Act No. 7305, otherwise known as the "Magna Carta for Public Health Workers",
25 for residents of public hospitals.

26
27 **SEC. 35. Professional Conduct of Residents.** – A resident shall observe
28 the following professional conduct at all times:

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

30 b) Perform assigned functions with utmost diligence especially those related
31 to care of 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,
- 4 pharmacies
- 5 for referring patients to these facilities;
- 6 3) Obtaining excess and unused medicines, drugs and other materials
- 7 from patients or the supply source, without proper permission;
- 8 4) Selling medicines, drugs and other materials to patients or their
- 9 relatives;
- 10 5) Selling free samples of drugs or other medicines; and
- 11 6) Receiving money or any form of incentives from any pharmaceutical
- 12 company for prescribing their brand of drugs, medicines and other
- 13 materials;
- 14 d) Treat superiors, subordinates, co-workers and patient's relatives with
- 15 utmost respect;
- 16 e) Observe the provisions of Republic Act 6675, otherwise known as the
- 17 Generics Act of 1988 and Republic Act 9502, otherwise known as the
- 18 Cheaper and Quality Medicines Act of 2008; and
- 19 f) Render full time service to the hospital where the resident is employed.
- 20 The resident shall not engage in any part-time job outside the hospital.
- 21

22 **SEC. 36. Responsibilities of Accredited Post Graduate Medical**

23 **Education/Training Institutions.** – In addition to the enforcement of the

24 provisions of Section 33 of this Act, accredited post graduate medical education

25 and training institutions shall have the following responsibilities:

- 26 a) Regularly submit the names of residents undergoing training in their
- 27 institution and such other relevant information to the PRBM
- 28 b) Provide the necessary logistics, equipment, and other medical supplies
- 29 to residents while undergoing post graduate medical education and
- 30 training; and
- 31 c) Conduct of periodic evaluation of competencies acquired by residents per

1 year level.

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

- 6 a) A complaint must be filed with the Committee on Policies, Standards and
7 Ethics, hereinafter referred to as the “Committee”. The Committee shall
8 rule on the complaint through a notice of resolution within sixty (60)
9 calendar days from receipt thereof;
- 10 b) An appeal from the decision of the Committee must be filed with the
11 PGMEC within thirty (30) calendar days from receipt of the notice of
12 resolution;
- 13 c) The PGMEC shall promptly and expeditiously issue its decision or
14 resolution on each appeal or grievance within sixty (60) days from the date
15 it is submitted to it for determination;
- 16 d) Non-observance of the periods set forth in this Section shall subject the
17 responsible officer or employee to the penalties prescribed under Section
18 39 of this Act.

19 All parties shall keep the proceedings confidential during the pendency of
20 the case before the Committee.

21
22 **SEC. 38. Hearing Procedures of the Committee.** – Upon the filing of the
23 complaint, the Committee, after consideration of the allegations thereof, may
24 dismiss the case outrightly due to lack of verification, or for failure to state the
25 cause of action, or any other valid ground for the dismissal of the complaint
26 after consultation with the PGMEC, or require the respondent to file a verified
27 answer within five (5) days from service of summons.

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

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

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

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

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

28 The Committee and the PGMEC, in the exercise of their quasi-judicial
29 functions can administer oaths, certify to official acts and issue subpoena to
30 compel the attendance and testimony of witnesses, and subpoena *duces tecum*
31 *and ad testificandum* to enjoin the production of books, papers and other

1 records and to testify therein on any question arising out of this Act. Any case
2 of contumacy shall be dealt with in accordance with the provisions of the
3 Revised Administrative Code and the Rules of Court. The PGMEC or the
4 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
7 the technical rules of evidence: *Provided, finally,* That the Rules of Court shall
8 apply with suppletory effect.

9

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

13 First Offense - reprimand;

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

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

20

21

ARTICLE VII

22

REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION

23

24

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

25

26

27

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

28

29

30

31

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

- 1 through electronic means or telemedicine;
- 2 c) Examining a person's mental condition for any ailment, real or imaginary,
3 regardless of the nature of the remedy or treatment administered,
4 prescribed, or recommended;
- 5 d) Offering or undertaking to diagnose, treat, operate or prescribe, and
6 administer any remedy for any human disease, injury, deformity, physical
7 or mental condition, either personally or by means of signs, cards or
8 advertisements by way of mass media or any other means of
9 communication;
- 10 e) Using or affixing "M.D." to the physician's name in written or oral
11 communications. Unless specified, the letters "M.D." shall mean Doctor
12 of Medicine, provided that only those who have passed the physician's
13 licensure examination are allowed to use the title "M.D."; and
- 14 f) Conducting formal medical classes in medical schools, seminars, lectures,
15 symposia and the like.

16

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

25 a) Clinical Practice of Medicine

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

31 A General Physician or a Specialist may be a Primary Care Provider as

1 long as the defined competencies in Primary Care as certified by the DOH
2 as provided for in Republic Act 11223, otherwise known as the Universal
3 Health Care Act, are obtained.

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

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

19 b) Non-Clinical Practice of Medicine

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

24
25 **SEC. 42. Exceptions.** – For purposes of this Act, the following shall not
26 be considered as engaging in the practice of medicine: *Provided*, That they are
27 attending to patients under the direct supervision and control and under
28 presence of a duly licensed physician.

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

30 b) Foreigners who intend to undergo or are undergoing post graduate
31 medical education and training or otherwise under training shall

1 obtain the required special permit from the PRC;

- 2 c) Any non-medical person trained, certified, licensed to carry out specific
3 interventions in emergency situations to save lives and prevent injury
4 according to the level of competence determined by their training and
5 certifying examinations;
- 6 d) Non-medical educators who have attained a master's or a doctoral
7 degree on a specific field in the basic sciences in the medical field; and
- 8 e) Practitioners of Traditional and Complementary Medicine Modalities or
9 systems who are regulated by the Philippine Institute of Traditional
10 and Alternative Health Care (PITAHC).

11

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

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

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

- 31 a) The foreigner must obtain a special permit from the PRC;

1 b) The special permit shall specify the purpose, limitations, place of
2 practice, and such other conditions as may be imposed by the PRC
3 such as:

4 1) A period of not more than one (1) year, subject to renewal or
5 extension: *Provided*, That the renewal or extension shall be under
6 the same process and requirements as hereinabove described;

7 2) The specific area of medical specialization;

8 3) The specific place of practice, such as clinic, hospital, center,
9 medical school as the case may be;

10 c) Payment of the required fees; and

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

13 The PRC may issue a special permit to a foreigner not covered by any
14 reciprocity agreement or treaty required under Section 43 hereof under the
15 following guidelines:

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

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

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

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

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

3
4 **SEC. 45. *Administrative Investigation and Disciplinary Actions.*** – The
5 PRBM shall have the power, upon proper notice and hearing, after finding of
6 guilt, to suspend from the practice of profession or revoke the certificate of
7 registration of a physician, or issue a reprimand or cancel the special or
8 temporary permit or temporary training permit issued to a foreign physician for
9 any of the following grounds or causes:

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

- 1 j) Performance of, or aiding in, any criminal abortion;
- 2 k) Allowing one's self as the dummy physician or as tool of any person
3 who is unqualified or unlicensed to practice general or specialty
4 medicine, except in aid of training of a medical student or resident
5 physician: *Provided however*, That this provision shall not apply when
6 an act constituting the practice of general or specialty medicine is
7 performed in an accredited hospital, clinic, or medical center or by an
8 accredited practitioner. A dummy physician is one who makes it appear
9 to be the person who has actually treated a patient when in fact it was
10 another person, and on the basis of which, accepted a professional fee;
- 11 l) Abetting or assisting in the illegal practice by a person who is not
12 lawfully qualified to practice medicine, either general or specialty
13 medicine;
- 14 m) Using or advertising any title or description tending to convey the
15 impression to the general public that one is a specialist in a medical
16 field when in fact one is not.
- 17 n) Practicing the profession during the period of one's suspension or
18 during the period one's license is revoked;
- 19 o) Willful failure or refusal to be a member of good standing of the INPOP;
20 and
- 21 p) Violation of any provision of the Code of Ethics for Physicians as
22 prescribed by the INPOP, subject to approval by the PRC;
- 23

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

1 same shall have been decided with finality.

2
3 **SEC. 47. Appeal from Judgment.** – The decision of the PRC shall become
4 final fifteen (15) days from the date of receipt of such decision by the parties or
5 their counsel. Within the same period, the aggrieved party may ask for a
6 reconsideration of the decision for being contrary to law or for insufficiency of
7 evidence. No second motion for reconsideration to the PRBM shall be allowed. A
8 decision of suspension, revocation of the certificate of registration or removal
9 from the roll of physicians by the PRBM as provided herein may be appealed to
10 the PRC within fifteen (15) days from receipt thereof.

11
12 **SEC. 48. Re-issuance of Revoked Certificate of Registration and**
13 **Professional Identification Card, and Replacement of Lost Certificate of**
14 **Registration and Identification Card.** – After two (2) years, the PRBM may
15 order the reinstatement of any physician whose certificate of registration has
16 been revoked if the respondent has shown or has acted in an exemplary manner
17 in the community.

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

20
21 **SEC. 49. Mandatory Use of Certificate of Registration, Professional**
22 **and Integrated National Professional Organization of Physicians (INPOP)**
23 **Membership Card and Professional Tax Receipt Number.** – A registered
24 physician shall indicate the certificate of registration number, the number and
25 the expiry date of the professional identification card and INPOP membership
26 card, and the Professional Tax Receipt number on the prescription and other
27 documents used or issued in connection with the practice of profession.

28
29 **SEC. 50. Vested Rights.** – All physicians registered at the time this Act
30 takes effect shall be automatically registered under the provisions hereof,
31 without prejudice to their compliance with other requirements herein set forth.

1 All physicians whose names appear at the roll of physicians at the time of
2 the effectivity of this Act shall automatically be registered by the PRBM and the
3 PRC as physicians and, thereafter, by the INPOP as its bona fide members
4 pursuant to Section 26 of this Act.
5

6 **ARTICLE VIII**

7 **INTEGRATED PHYSICIANS ASSOCIATION OF THE PHILIPPINES**

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

16 Within six (6) months from the enactment of this law, there shall be created
17 a Commission on Medical Profession Integration headed by the PRC
18 Chairperson or a duly authorized representative, and representatives from
19 existing medical associations as members, which shall supervise and oversee
20 the integration of the medical profession into one national professional
21 organization of Physicians, the creation of its constitution and by-laws and
22 election of officers. The Commission shall cease to exist upon the establishment
23 of the INPOP.
24

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

31 If the complaint appears to be meritorious, the organization shall issue a

1 recommendation and initiate proper charges against erring physicians before
2 the PRBM.

3 If the complaint does not merit action, or if the answer shows to the
4 satisfaction of the organization that the complaint is not meritorious, the same
5 may be dismissed upon their recommendation. The PRBM may review the case
6 *motu proprio* or upon timely appeal of the complainant filed within 15 days from
7 notice of the dismissal of the complainant.

8
9 **SEC. 53. *Mandatory Continuing Professional Development.*** – The
10 PRBM shall implement a mandatory continuing professional development for
11 physicians consistent with the guidelines of the Continuing Professional
12 Development (CPD) as shall hereafter be promulgated by the PRC.

13
14 **ARTICLE IX**
15 **PENAL PROVISIONS**

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

- 20 a) Any person who practices or offers to practice medicine in the Philippines
21 without a valid certificate of registration and a valid professional
22 identification card, or a valid temporary or special permit or temporary
23 training permit in accordance with the provisions of this Act;
- 24 b) Any person using or attempting to use as one's own the certificate of
25 registration or professional identification card or temporary/special
26 permit or temporary training permit duly issued to another;
- 27 c) Any person who shall give any false or forged documents, credentials and
28 any other proof of any kind to the PRBM or PRC in order to obtain a
29 certificate of registration or professional identification card or
30 temporary/special permit or temporary training permit;
- 31 d) Any person who shall falsely present oneself as a bona fide registrant with

1 like or different name;

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

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

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

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

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

30 If the malpractice results in death, the penalty shall be a fine ranging from
31 Five hundred thousand pesos (P500,000.00) to Two million pesos

1 (P2,000,000.00) or two (2) to five (5) years imprisonment, or both, and revocation
2 of license upon the discretion of the court.

3 This is without prejudice to the filing of appropriate civil action for damages
4 by the offended party before the courts of competent jurisdiction.
5

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

14 The PRBM and PRC shall file an appropriate case for contempt of court
15 against any person who fails or refuses to obey the cease and desist order.
16

17 **ARTICLE X**

18 **MISCELLANEOUS PROVISIONS**

19 **SEC. 57. Annual Report.** – The PRBM shall, on or before the end of
20 January of the year following the enactment of this Act, and every year
21 thereafter, submit to the PRC its annual report of accomplishments on
22 programs, projects and activities for the calendar year together with its
23 appropriate recommendations on issues or problems affecting the practice of
24 medicine.
25

26 **SEC. 58. Appropriations.** – The amount necessary to carry out the
27 provisions of this Act shall be included in the annual General Appropriations
28 Act.
29

30 **SEC. 59. Implementing Rules and Regulations.** – Within ninety (90)
31 days after the approval of this Act, the CHED and PRC, in consultation and

1 coordination with appropriate government agencies, representatives from the
2 private sector, and other stakeholders, shall promulgate the necessary
3 implementing rules and regulations for the effective implementation of this Act.
4

5 **SEC. 60. *Transitory Provisions.*** – The incumbent Board of Medicine shall
6 continue to function in the interim until such time as the PRBM shall have been
7 constituted pursuant to this Act.
8

9 **SEC. 61. *Separability Clause.*** – If any part or provision of this Act is held
10 invalid or unconstitutional, the remaining parts or provisions not affected shall
11 remain in full force and effect.
12

13 **SEC. 62. *Repealing Clause.*** – Republic Act No. 2382, otherwise known
14 as the Medical Act of 1959, Republic Act No. 1243, otherwise known as the law
15 on the Tenure of Office of Hospital Residents in Government Training Hospitals
16 under DOH, Republic Act No. 2251, amending Section 1 of Republic Act no.
17 1243, the Act Providing for the Tenure of Office of Hospital Residents in
18 Government Training Hospitals under the DOH, Republic Act No. 5901,
19 otherwise known as Forty Hours a Week of Labor for Government and Private
20 Hospitals or Clinic Personnel, Presidential Decree No. 1424, otherwise known
21 as the Hospital Residency Law, and all other laws, decrees, executive orders and
22 other administrative issuances and parts thereof which are inconsistent with
23 the provisions of this Act are hereby modified, superseded, or repealed
24 accordingly.
25

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

Approved,