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Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
Second Regular Session
HOUSE BILL No. 7540



Introduced by
BAYAN MUNA Representatives CARLOS ISAGANI T. ZARATE,
FERDINAND R. GAITE and EUFEMIA C. CULLAMAT,
ACT TEACHERS Party-List Representative FRANCE L. CASTRO,
GABRIELA Women's Party Representative ARLENE D. BROSAS
and KABATAAN Party-List Representative SARAH JANE I. ELAGO

AN ACT
PROVIDING FOR A COMPREHENSIVE PHYSICIANS' LAW TOWARDS AN
INTEGRATED QUALITY HEALTH CARE SYSTEM REPEALING FOR THE
PURPOSE REPUBLIC ACT NO. 2382, OTHERWISE KNOWN AS THE MEDICAL ACT
OF 1959, AS AMENDED, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

This Bill aims to address the issues and concerns of physicians and the medical profession taking into consideration their current status and the pressing health needs of the country, the changes in the practice of medicine brought about by scientific and technological advancement, global socioeconomic trends as well as the demands of professional development, and further contributing to the creation of a comprehensive, free, quality and accessible health services for all Filipino citizens especially the poor.

The health of our country depends on keeping the population healthy. The right to health is a fundamental human right. A well-functioning health care system depends upon sufficient resources including human health resources. With their unique knowledge and experience, physicians play a key role in providing quality care to all patients without discrimination and promoting health-related human rights.

Comprehensive and extensive planning on a national level is required in order to ensure that a country has an adequate medical workforce in all fields of medicine that meets the present and future health needs of the entire population of the country. The continuing maldistribution of our physicians aggravates the country's problem of limited access to health care services. This has never been more starkly highlighted than in the current era historically marked by the COVID-19 pandemic

1 According to the Professional Regulation Commission, there are 144,360 physicians in the country
2 as of December 31, 2019, of which 84,535 are active. There are 10,482 physicians working in the
3 Department of Health, with only 5, 484 doctors in field work at health centers catering to 44,000
4 municipalities. As a consequence of this maldistribution, six (6) out of ten (10) Filipinos die without
5 seeing a health professional.

7 In terms of place of work, the distribution of health workers in institutions is hospital-centric, thus
8 curative in nature. Among doctors, 91% work in hospitals and only 9% work in non-hospital and
9 primary care settings. This hospital-centered distribution of institution-based doctors and nurses
10 reflects a model of health care services that deviates from the ideal set-up adopted by most countries
11 where the first point of contact is at primary care level.

13 According to the Philippine Health System Review, health workers in general are poorly distributed
14 across and within regions. In 2014, the number of doctors per 100,000 population was 36.94
15 nationwide but varied from 102.68 (NCR) to 2.15 (ARMM). Among provinces, the worst doctor-
16 deprived provinces are Aurora (in Region III), Masbate (in Region V), Antique (in Region VI),
17 Compostela Valley (in Region XI) and Saranggani (in Region XII). Analysis of the density of Phil
18 Health -accredited specialists (1 specialist per 100,000 PhilHealth members) also shows serious
19 inequity in many specialties across regions. The most specialist-deprived regions appear to be
20 ARMM, Region IV-B, Region V and Region VIII.

22 Among the factors cited for the maldistribution of physicians are the massive brain drain among
23 doctors, preference for urban and hospital-based practice promoted by the medical establishment
24 and training institutions, inadequate salaries and benefits, contractualization, harassments, killings
25 and lack of protection among doctors serving in remote underserved communities.

27 Medical education in the country is among the most expensive, dominated by private, commercial
28 interests. There are 56 medical training institutions graduating about 3500 physicians every year.
29 However, for the past century medical education and training has been geared largely towards
30 curative, technology-dependent, specialty -oriented hospital-based practice aimed at global
31 competitiveness. This is certainly inconsistent with the country's need to provide essential health
32 services at the barangay and primary care level with generalist community-based physicians
33 dispensing comprehensive promotive, preventive, curative and rehabilitative care.

35 The diaspora and international migration of health personnel to seek employment in more
36 developed countries has been a long-standing problem. The Philippines is among the top exporter
37 of physicians to the rest of the world for the past decades. "The main push factors in the country
38 have not been addressed in the light of attractive pull factors. Among others, low salaries in both
39 the public and private sectors, poor working conditions and outdated health-care technologies in the
40 public sector, and inadequate career advancements are major push factors. Reported pull factors
41 from high-income countries are higher salaries, better working conditions and technologies, and
42 numerous job openings. International migration, lack of effective policies to retain the health
43 workforce in rural and underserved areas, such as government bonding (as most of the medical
44 schools are private and students are self-funded) are major factors for weak health delivery system."¹

¹ The Philippines Health System Review; Health Systems in Transition Vol. 8 No. 2 2018. The Philippines Health System Review The Asia Pacific Observatory on Health Systems and Policies, Manuel Dayrit MD, et. al

1
2 The inadequate numbers and maldistribution of health personnel constitute the main hindrance to
3 achieving an inclusive comprehensive health care service nationwide in addition to skewed policies
4 favoring commercialized, urban- and hospital-centered, and specialist-biased health care. For
5 physicians, added factors affecting their choices in location and fields of practice are the high cost of
6 setting up a medical practice and the additional burden of taxes recently imposed. Physicians in
7 general practice, who are the frontliners in the health care system in most countries, are not as well
8 recognized and valued as the specialists in the "specialty-minded" medical establishment in the
9 country.

10
11 The welfare and protection of the exceptional few who opt to practice in the communities as
12 primary care physicians in health centers are not addressed even by the government authorities
13 responsible for them. In fact, they have even been subjected to various forms of abuse such as lack
14 of respect for their rights as provided in the Republic Act No. 7305, otherwise known as the Magna
15 Carta for Public Health Workers such as harassment, red-tagging, and doctor shaming like in the
16 recent case of a young doctor in Cebu. The arbitrary orders for redeployment of doctors to the
17 barrios is another case in point. They also get caught in the middle with issues of local politics,
18 corruption and a number have made the ultimate sacrifice as a consequence of their decision to
19 remain in their posts for the sake of their marginalized and underserved patients. The killings of Dr.
20 Dreyfus Perlas, Dr. Sajid Sinolinding, Dr. George Repique, Jr. are just the most recent.

21
22 There are existing government structures and programs that are tasked to ensure the welfare and
23 protection as well as professional development of health personnel including physicians. Among
24 these is the Human Resources for Health Management and Development Programme (HRHMD) of
25 the Department of Health which observed that health workers in LGUs were cut off from possible
26 career mobility in the DOH and DOH-retained hospitals. This unit is in charge of career mapping
27 and position profiling of RHU positions such as doctors, nurses, midwives, dentists and medical
28 technologists as a guide for professional development and career promotion. Continuing
29 professional development is under the oversight of professional health regulatory boards, which are
30 mandated to have their own Professional Development Councils for the approval and accreditation
31 of activities and programmes such as formal postgraduate education, seminars and conventions.

32
33 Sadly, the functions of these government entities have been gradually taken over by various private
34 structures for business interests and monetary gains. Professionals are obliged to participate in
35 conventions and conferences charging registration fees, despite solicited financial support for these
36 activities from drug companies and suppliers of technological devices and equipment. Training
37 institutions and health facilities including state-owned universities and public hospitals have to pay
38 huge amounts for accreditation by private entities for the sake of global competitiveness and
39 recognition.

40
41 The Medical Act of 1959, which includes provisions for medical education and practice even if
42 amended, will not be able to address the current and emerging concerns, welfare and protection
43 issues of physicians and the need for the development of a national plan for Human Health
44 Resource Development.

1
2 There is a pressing need to repeal the Medical Act of 1959 to address the concerns of the medical
3 profession and make it more relevant to the needs of the people and the health care system
4 especially during this time of pandemic and health emergencies.
5

6 Passage of this bill, thus, is earnestly sought.

7 *Approved,*
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14 **REP. CARLOS ISAGANI T. ZARATE**

15 Bayan Muna Partylist
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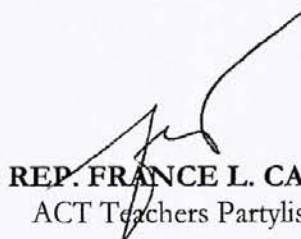
21 **REP. FERDINAND R. GAITE**

22 Bayan Muna Partylist
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27 **REP. EUFEMIA C. CULLAMAT**

28 Bayan Muna Partylist
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33 **REP. FRANCE L. CASTRO**

34 ACT Teachers Partylist
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REP. ARLENE D. BROSAS

GABRIELA Women's Party



REP. SARAH JANE I. ELAGO

Kabataan Partylist

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2 HOUSE OF REPRESENTATIVES
3 Quezon City

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5 EIGHTEENTH CONGRESS
6 Second Regular Session

7 HOUSE BILL No. 7540
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10 Introduced by

11 BAYAN MUNA Representatives CARLOS ISAGANI T. ZARATE,
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13 ACT TEACHERS Party-List Representative FRANCE L. CASTRO,
14 GABRIELA Women's Party Representative ARLENE D. BROSAS
15 and KABATAAN Party-List Representative SARAH JANE I. ELAGO

16
17
18 AN ACT

19 PROVIDING FOR A COMPREHENSIVE PHYSICIANS' LAW TOWARDS AN
20 INTEGRATED QUALITY HEALTH CARE SYSTEM REPEALING FOR THE
21 PURPOSE REPUBLIC ACT NO. 2382, OTHERWISE KNOWN AS THE MEDICAL ACT
22 OF 1959, AS AMENDED, AND APPROPRIATING FUNDS THEREFOR
23

24
25 *Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:*
26

27
28 ARTICLE I

29 TITLE, POLICY, OBJECTIVES AND ENFORCEMENT
30

31 SECTION 1. **Short Title.** – This Act shall be known as the “Medical Act of 2020.”
32

33 SECTION 2. **Declaration of Policy.** – The State recognizes that health is a basic human right and
34 a social responsibility. The State guarantees the provision of comprehensive, accessible, affordable
35 and available quality health care by ensuring the necessary and efficient human resources,
36 infrastructure and financial support for the essential tools of promotion, prevention, cure and
37 rehabilitation.
38

39 The State further recognizes the vital and strategic role of physicians in upholding, promoting,
40 protecting and defending the peoples' right to quality health care and in ensuring the Filipino
41 nation's health, well-being and societal development. Physicians have a pivotal role in strengthening
42 and enhancing the health care system through their professional services for comprehensive health
43 care consisting of health promotion and maintenance, preventive, curative and rehabilitative services
44

45 The State firmly believes that the health human resources constitute one of the most important
46 components of the health system that would ensure the protection and promotion of the people's
47 right to health. To ensure that the public good and the welfare and protection of physicians are

upheld, and public service is emphasized as a core value in the health system, the planning, regulation and supervision of the education and training of human health resources including physicians is deemed to be a function of the government and not relegated to private profit-oriented entities thereby ensuring that primacy is given to the actual needs of the Philippine citizenry rather than the dictates of global trends and market demands.

Finally, the State recognizes its function in accreditation, regulation and supervision of health sciences training institutions, including medical schools and health facilities, which therefore necessitates that human health resource development is strategically planned and needs-based.

SECTION 3. Objectives. – This Act aims to improve governance, introduce reforms to create an enabling environment, and facilitate standardization in processes and transparency in the development and regulation of all aspects of medical education, professional practice and related institutions. For this purpose, this Act shall provide for and shall govern the following:

- a) Formulation and implementation of a clear National Medical Workforce Development Plan that will provide policies and strategies based on population health needs;
- b) Creation of the National Medical Council under the Department of Health to ensure implementation of the National Medical Workforce Master Plan and provisions of this law;
- c) Standardization, upgrading and regulation of basic medical education, medical internship and post-graduate medical education/training, registration and licensing of physicians;
- d) Regulation and supervision of the practice of medicine within the country towards ensuring the professional growth, welfare and protection of all physicians; and
- e) Instilling and upholding core values of nationalism, patriotism, compassionate service and competence as integral to the professional ethics and code of conduct of physicians.

ARTICLE II THE NATIONAL MEDICAL COUNCIL

SECTION 4. Creation of the National Medical Council. – For purposes of implementing the provisions of this Act, there is hereby created a National Medical Council (NMC), hereinafter referred to as the Council, under the Department of Health to improve medical education and practice and address concerns among the medical workforce across the country as part of the development of a free, comprehensive and integrated health care system. It shall be responsible for all stages of medical education and practice, from entry to medical school to retirement. The Council shall act as a single point of responsibility from admission to medical school, through postgraduate training, to continued practice until retirement to ensure consistency of expectations and standards.

SECTION 5. Composition of the National Medical Council. – The Council shall be composed of the following twenty-five (25) members:

- a) Secretary of the Department of Health (DOH) or his/her authorized representative as the Chairperson of the Council

b) Ex-officio members:

1. Representative of the Civil Service Commission (CSC)
2. Representative of the Department of Labor and Employment (DOLE)
3. Representative of the Commission on Human Rights (CHR)
4. Representative of the Professional Regulation Commission (PRC)
5. Representative of the Commission on Higher Education (CHED)
6. Senate and congressional oversight committee representatives
7. Director of the University of the Philippines - National Institute of Health (UP-NIH)

c) Regular members:

1. Representatives from the organization of medical colleges: Alliance of Philippine Medical Colleges (APMC), Philippine Hospital Association (PHA), Public health physicians, doctor-to-the-barrios, Residents' organization, civil society/non-government organization (NGO) representative
2. Five (5) representatives from basic sectoral organizations - peasants, national minority groups, workers, women's organizations, medical students, senior citizens' organizations, PWD organizations, patients' advocacy groups
3. Five (5) representatives selected from the medical profession representing public and private sectors working in hospitals, the academe, community-based physicians, association of general practitioners and specialists.

Provided, that the regular members of the Council from the medical organizations and basic sectoral organizations in (c)1 and (c) 2, respectively, shall be chosen by their respective organizations and shall be appointed by the DOH.

Provided, further, that, representatives from the medical profession in public and private sectors in (c) 3 shall be appointed by the DOH from a list of at least three (3) nominees selected democratically by a caucus or consultative conference of their respective sectors/organizations.

Provided, further, that within sixty (60) days from the effectivity of this Act, the Council shall appoint an Executive Officer and Management Team to assist the Council in carrying out its functions and powers.

SECTION 6. Qualifications of the regular members of the Council. – The regular member of the Council 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) Has not been convicted by final judgment by a competent court of a criminal offense involving moral turpitude; and
- d) For members from the medical profession: Be a holder of a valid certificate of registration and a valid professional identification card as a physician and has been a medical practitioner for at least ten (10) years.
- e) For members not belonging to the medical profession: Has served as public official or officer of their respective organization for at least 3 years.

SECTION 7. Term of office. – The regular members of the Council shall each hold office a term of three (3) years with possible reappointment of another three (3) years. Any appointment to fill the vacancy in the Council arising from death, removal, retirement resignation shall be made only for the unexpired term.

The term of the Chairperson and the ex-officio members of the Council shall hold office during their incumbency in the respective institutions or associations that they represent.

SECTION 8. Benefits of the members of the Council. – The public officials shall perform their duties as such without compensation or remuneration, subject to reasonable per diem allowances as approved by the Council 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 DOH, as approved by the Council, subject to existing rules and regulations of the DBM.

SECTION 9. Objectives of the Council. – The objectives of the Council are as follows:

- a) Assess the country's current health needs and identify the appropriate medical workforce necessary to develop an integrated and comprehensive health care system;
- b) Facilitate and lead the formulation and implementation of a Medical Human Resource Master Plan that would entail coordination and linkage with concerned agencies and organizations;
- c) Enact measures to respond to the Medical Human Resources concerns and problems including welfare, career development and protection issues;
- d) Harmonize existing policies and programs on Medical Human Health Resource among different government agencies and non-government organizations; and
- e) Develop and maintain an integrated database containing pertinent information on physicians from generation, distribution, utilization up to retirement and migration.

SECTION 10. Powers and functions of the Council. – The Council shall take measures to determine and maintain the minimum standard of human resources in medical education. The measures may include (a) conducting studies to assess the needs of human resources in each region; (b) conducting national and regional intersectoral, multidisciplinary consultations; (c) providing grants to the national boards and committees; and (d) regulating the entry of foreign institutions in consultation with the National Board on Medical Education and Training, as created under Article III of this Act, and any law that may come into force. For this purpose, the Council shall have the following powers and functions:

- a) Formulate and implement a National Medical Workforce Master Plan;

- b) Set the standards for doctors, giving guidance on matters of professional conduct, performance and ethics;
- c) Establish and oversee standards and quality assurance in medical education and training by setting the standards, requirements and outcomes for medical education for undergraduate and postgraduate training;
- d) Oversee the conduct of medical licensure and certification procedures for postgraduate and specialty trainings;
- e) Manage the national medical register, certifying doctors who have successfully completed a full training programme by awarding them a professional registration certificate and identification card;
- f) Investigate and act on concerns about medical practice, make decisions about whether a physician should continue to hold a license to practice and take action to withdraw a physician's license if they do not meet the standards.

ARTICLE III

THE NATIONAL BOARD FOR MEDICAL EDUCATION AND TRAINING

SECTION 11. Creation of the National Board for Medical Education and Training. – There is hereby created a National Board for Medical Education and Training (NBMET) under the Council to ensure a consistent approach to education and training throughout physicians' careers.

SECTION 12. Composition of the NBMET. – The NBMET shall be composed of the following:

- a) Secretary of the DOH or his/her duly authorized representative as Chairperson, who act as the Chairperson of the Council;
- b) Chairperson of the Commission on Higher Education (CHED) or his/her duly authorized representative as Chairperson of the NBMET
- c) Members:
 - 1. Chairperson of the Professional Board of Physicians (PBP) or his/her duly authorized representative as member;
 - 2. President of a national organization of physicians in public health or his/her duly authorized representative as member;
 - 3. President of a national association of medical schools duly recognized by the Council or his/her duly authorized representative as member;
 - 4. President of a national association of hospitals duly recognized by the Department of Health (DOH) or his/her duly authorized representative as member.
 - 5. President of a national organization of medical students or his/her duly authorized representative as member;
 - 6. President of a national association of resident physicians or his/her duly authorized representative as member;

- 1 7. President of a national association of general practitioners or his/her duly authorized
2 representative as member;
3

4 The NBMET, within sixty (60) days after the effectivity of this Act, shall appoint a technical panel
5 composed of at least six (6) outstanding members of the academe and/or the profession from
6 different fields of medical practice whose responsibility is to assist the Council in carrying out its
7 functions and powers.
8

9 **SECTION 13. Term of office.** –The term of the Chairperson and the members of the NBMET
10 shall hold office during their incumbency in the respective institutions or associations that they
11 represent.
12

13 **SECTION 14. Benefits of the members of the Council.** – The public officials shall perform their
14 duties as such without compensation or remuneration, subject to reasonable per diem allowances as
15 approved by the Council and subject to existing rules and regulations of the DBM. Members thereof
16 who are not government officials or employees shall be entitled to necessary travelling expenses, per
17 diem and representation allowances chargeable against the funds of the DOH, as approved by the
18 Council, subject to existing rules and regulations of the DBM.
19

20 **SECTION 15. Powers and function of the NBMET.** – The NBMET shall have the following
21 powers and functions:
22

- 23 a) Set out requirements for the management and delivery of undergraduate and postgraduate
24 medical education and training;
25
26 b) Develop and implement a rationalization scheme for medical colleges and training facilities
27 to enable equitable opportunities for medical professional education and training for
28 underserved and disadvantaged regions of the country;
29
30 c) Implement a system of mapping out of medical schools and colleges, training hospitals and
31 facilities, recommending to the Council the establishment of state medical colleges in all the
32 regions of the country and approval to establish new medical educational and training
33 institution;
34
35 d) Set the standards of professional values, knowledge, skills and behaviors required of doctors
36 working in the country covering the fundamental aspects of a physician's role including
37 working in partnership with patients and treating them with respect, ensuring children's
38 rights are respected and that good care is provided to people who are reaching the end of
39 their lives;
40
41 e) Determine and approve the curricula for undergraduate and post graduate training courses
42 which describe outcomes as the knowledge, skills, capabilities, behaviors and expected levels
43 of performance a learner must acquire and demonstrate by the end of a period of education
44 or training be they generic, shared or specialty specific.
45
46 f) Determine the minimum requirements and conduct screening and assessment of admission
47 of students, interns and physicians into a recognized college of medicine and post graduate
48 training institutions;

- g) Set the outcomes students, medical interns and physicians in training should achieve;
- h) Set the standards expected of medical schools, training organizations and institutions including the curriculum content, the structure and the delivery, assessment, facilities and resources, provisions for student support and all that are necessary for didactic and practical instruction in accordance with current trends in learning and teaching;
- i) Set the standards for specialty including general practitioner training and ensuring quality assurance of the delivery of specialty including general practitioner training against those standards to make sure the standards and outcomes are being delivered;
- j) Undertake measures to facilitate academic studies and research in emerging areas of health education;
- k) 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 with prior approval by the NBMET;
- l) Develop and implement programs and 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 training institutions to complete their medical education and postgraduate training;
- m) Keep a registry of medical students enrolled in medical colleges;
- n) Recommend to the Council the closure or suspension of the degree of Doctor of Medicine program of a medical college by reason of poor performance in the physicians licensure process over a given period of time based on statistical data, or upon inspection of the medical school by the NBMET by reasons of various deficiencies or violations;
- o) Promulgate, prescribe and enforce policies and programs which will ensure adherence to the standards set by the NBMET for management and proper operations of medical colleges in order to ensure that basic medical education and training of physicians are imbued with a service orientation and social dimension and not treated merely as a commercial enterprise; and
- p) Promulgate, prescribe and enforce the necessary rules and regulations for the proper implementation of the foregoing functions.

SECTION 16. 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 and modalities;
- 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) General Surgery, and its divisions;
- k) Anesthesiology and Pain Management;
- l) Orthopedics;
- m) Otorhinolaryngology;
- n) Ophthalmology;
- o) Psychiatry and Behavioral Sciences;
- p) Basic and Clinical Neurosciences;
- q) Family and Community Medicine including Public Health, Social Medicine, Preventive Medicine and Health Economics;
- r) Physical and Rehabilitation Medicine;
- s) History and Perspectives in Medicine
- t) Research, Evidence-based Medicine and Medical Informatics;
- u) Legal Medicine, Medical Jurisprudence and Forensic Medicine; and
- v) Radiology and other diagnostic imaging.

The wholistic, biopsychosocial and community-oriented perspective incorporating the social determinants of health shall be embedded in the minimum curricular content regardless of the curriculum design and include the following topics that should be integrated in all medical courses:

- a) Bioethics, Professionalism and Good Clinical Practice;
- b) Patient Safety and Quality Assurance;
- c) Consultation Skills, Physical Diagnosis;
- d) Andragogy and Communication Skills;
- e) Disaster Risk Reduction and Management;
- f) Leadership and Management;
- g) Inter-professional Education; and
- h) Coaching and Mentoring.

Provided, that the NBMET may recommend to the Council 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 17. 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 NMC-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 the Council/CHED.

Provided, that 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.

Provided, further, that 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 18. Creation of a technical panel on Medical Internship Program. – The NBMET, within sixty (60) days after the effectivity of this Act, shall appoint a technical panel on medical internship program, hereinafter referred as the Panel, composing of a minimum of seven (7) deans of NMC/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.

SECTION 19. Benefits of the members of the Panel. – The members of Panel shall perform their duties as such without compensation or remuneration, subject to reasonable per diem allowances as approved by the Council and subject to existing rules and regulations of the DBM. Members thereof who are not government officials or employees shall be entitled to necessary travelling expenses, per diem and representation allowances chargeable against the funds of the DOH, as approved by the NBMET-NMC, subject to existing rules and regulations of the DBM.

SECTION 20. Powers and function of the Panel. – The Panel shall have the following powers and functions:

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

- e) To regularly evaluate and monitor the compliance of accredited health institutions with the prescribed curriculum and accreditation standards and institute mechanisms for program evaluation;
- f) To assess a reasonable processing fee for eligible applicants to the internship program and an administrative fee for accreditation for health institutions;
- g) 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;
- h) To formulate and implement a national internship matching program including mechanisms for transfers after having been matched;
- i) To develop and implement a system for accredited health institutions to monitor and evaluate the performance of their medical interns;
- j) To receive and resolve complaints from medical interns or host institutions; and
- k) To issue a certificate of completion of medical internship upon the recommendation of the accredited health institution.

ARTICLE IV PROFESSIONAL BOARD FOR PHYSICIANS

SECTION 21. Creation and Composition of the Board. – There is hereby created a Professional Board for Physicians (PBP) under the National Medical Council that will look into the professional development, regulation of medical practice, and welfare and protection of physicians.

SECTION 22. Composition of the PBP. – The PBP shall be composed of seven (7) members who shall elect among themselves a Chairperson and Vice Chairperson to serve for one (1) term each, without re-election. The DOH shall appoint the members of the PBP from among those recommended by the Council. *Provided*, that four (4) members of the PBP shall come from the different areas of medical practice, including education, clinical service and community, and one (1) member each from economics, legal and patient advocate.

SECTION 23. Qualifications of the members of the PBP. – The member of the PBP 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) For physicians, be a holder of a valid certificate of registration and a valid professional identification card as a physician;
- d) For physicians, has been a medical practitioner for at least ten (10) years; and

- e) Has not been convicted by final judgment by a competent court of a criminal offense involving moral turpitude.

SECTION 24. Term of Office. – The members of the PBP shall each hold office a term of six (6) years. *Provided,* that the first six (6) members of PBP appointed through this Act, three (3) of the members shall each hold office a term of three (3) years.

Any appointment to fill the vacancy in the Council arising from death, removal, retirement resignation shall be made only for the unexpired term. *Provided,* that 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. *Provided, further,* that all member shall take an oath of office before the performance of his/her duties

SECTION 25. Compensation, allowance and benefits of the members of the Council. – The Chairperson, Vice Chairperson and members of the PBP shall receive compensation and allowances or other benefits pursuant to the provisions of pertinent laws and comparable to the compensation and allowances received by the Chairperson and members of existing professional regulatory boards.

SECTION 26. Powers and Functions of the PBP. – The PBP shall supervise and regulate the practice of the medical profession and shall have the following powers and functions:

- a) Supervise, regulate and monitor the practice of medicine in the Philippines;
- b) Monitor the conditions affecting the practice of medical profession, recommend measures for the enhancement of the quality of the education and practice of medicine in coordination with the appropriate regulatory bodies;
- c) Promulgate a Code of Ethics that is responsive to the needs of the medical profession and the public;
- d) Prescribe and operationalize, via necessary infrastructures, a national Medical Career Progression Program ensuring free, relevant continuing professional development thereof, sourcing and utilizing funds earmarked for the health human resource development;
- e) Review and enforce existing welfare provisions for physicians such as the Magna Carta for Public Health workers and working for an equivalent one for the private medical practitioners, DOLE and other concerned government agency administrative orders and issuances;
- f) Create a committee for the protection of physicians in line of service looking into various issues including, but not limited to shaming, bullying, discrimination, human rights violations, harassment, threats and killings;
- g) Investigate meritorious cases of medical malpractice and violations of this Act, Code of Ethics, and the pertinent rules and regulations, administrative policies, orders and issuances governed by the rule on administrative investigation;

1 h) Institute and prosecute or cause to be instituted and prosecuted any and all criminal action
2 against any violation of this Act and/or the rules and regulations of the Board, subject to the
3 provisions of Section 5, Rule 110 of the Rules of Criminal Procedure, as amended; and
4

5 i) Perform such other functions and duties as may be necessary to efficiently and effectively
6 implement the provisions of this Act.
7

8 *Provided*, that the policies, resolutions, rules and regulations, orders or decisions issued or
9 promulgated by the shall be subject to the review, revision and approval by the Council. However, in
10 case of imminent and immediate danger to patients, the PBP final decisions, resolutions or orders
11 rendered in an administrative case shall be immediately executory.
12

13 **SECTION 27. Suspension and Removal.** – The Department of Health, upon recommendation
14 of the PBP, after giving the member a due process in a proper administrative investigation to be
15 conducted by the Council, may suspend or remove any member of the PBP on any of the following
16 grounds:
17

- 18 a) Neglect of duty or incompetence;
- 19 b) Unprofessional, unethical or dishonorable conduct; and/or
- 20 c) Final conviction by the court of any criminal offense involving moral turpitude.
21

22 **SECTION 28. Administrative Management, Custody of Records, Secretariat and Support**
23 **Services.** – The PBP shall be under the supervision and control of the NMC, with the NMC
24 Chairperson as the Chief Executive Officer thereof. All records of the PBP shall be under the
25 custody of the Council.
26

27 The Council shall designate the secretary of the PBP and shall provide the Secretariat and other
28 support services to implement the provisions of this Act.
29
30

31 **ARTICLE V.** 32 **PRACTICE OF MEDICINE** 33

34 **SECTION 29. Acts constituting the practice of medicine.** – The following are acts constituting
35 practice of medicine:
36

- 37 a) History-taking and physically examining any person for any disease, injury and deformity, or
38 diagnosing, treating, operating, prescribing or dispensing any remedy therefor;
39
- 40 b) Examining a person's mental condition for any ailment, real or imaginary, regardless of the
41 nature of the remedy or treatment administered, prescribed or recommended;
42
- 43 c) Offering or undertaking to diagnose, treat, operate or prescribe and administer any remedy
44 for any human disease, injury deformity, physical or mental condition either personally or by
45 means of signs, cards or advertisements by way of mass media or any other means of
46 communication;
47

- 1 d) Using or affixing "M.D." with his/her name in written or oral communications. Unless
2 specified, the letters "M.D." shall mean Doctor of Medicine, provided that only those who
3 have passed the physician's licensure examination are allowed to use the title M.D; and
4
5 e) Conducting formal medical classes in medical schools, seminars, lectures, symposia and the
6 like.
7

8 **SECTION 30. Scope of practice of medicine.** – The scope of the practice of medicine is the
9 application of medical knowledge, skill, and judgment for the promotion of good health; the
10 prevention and treatment of physical, mental, or psycho-social diseases, disorders, injuries, and
11 conditions; the assessment and management of a physical, mental, or psycho-social disease, disorder,
12 injury or condition of an individual or group of individuals at any stage of the biological life cycle,
13 including the prenatal and postmortem periods delivered either in clinical or non-clinical settings.
14

15 a) Clinical Practice of Medicine
16

- 17 1. General Medical Practice refers to the professional practice of a General Physician who
18 has completed basic medical education and medical internship, has obtained a license,
19 and is without or has not completed any formal post-graduate medical
20 education/training as defined in this Act.
21

22 A General Physician or a Specialist may be a Primary Care Provider as long as he/she
23 obtains the defined competencies in Primary Care as certified by the Department of
24 Health (DOH).
25

- 26 2. Limited Specialty Care Practice refers to the clinical practice of a General Physician with
27 additional credentials to independently provide particular emergency and essential
28 healthcare services in locations where specialist physicians are unavailable or inaccessible,
29 obtained after undergoing the necessary qualifications and training as may be determined
30 by the respective (BPWPBP)-recognized professional specialty organization/board and
31 monitored regularly by the same.
32
33 3. Specialty Medical Practice refers to the professional practice of a Specialist Physician
34 who is a licensed physician and has completed additional formal post-graduate medical
35 education/training in a distinct clinical medical discipline focused on a defined group of
36 patients, diseases, skills, or philosophy and has been certified by a (BPWPBP)-recognized
37 professional specialty board. The scope of specialty medical practice refers to the
38 diagnosis and management of specific conditions as defined by the corresponding PRC-
39 PRBM-recognized professional specialty organization/board.
40

41 b) Non-Clinical Practice of Medicine.
42

43 This refers to the practice of the profession wherein the physician is engaged in the
44 application of medical knowledge in the fields of health research, basic medical education,
45 public health and health systems, health communications, healthcare industry and
46 administration among others.
47

1 The scope and limitations of the practice of medicine shall be in accordance with the most recent
2 Code of Ethics of the Medical Profession.

3
4 **SECTION 31. Minimum Salary.** Professional doctors working in public and private health
5 institutions and agencies shall be provided with a minimum salary of Ninety Thousand Pesos
6 (PhP90,000.00).

7
8 **SECTION 32. Benefits.** All benefits provided for in the Magna Carta of Public Health Workers
9 and the Labor Code shall be provided to all professional medical doctors working in public or
10 private health institutions and agencies.

11
12 **SECTION 33. Right to Self-Organization and Freedom of Speech and Assembly.** Medical
13 doctors shall be accorded the right to form and join associations, unions and organizations and
14 conduct peaceful concerted actions, and the freedom of speech and assembly in their place of work.

15
16 **SECTION 34. Exceptions.** – For purposes of this Act,

- 17
18 a) Medical students, clinical clerks, and interns attending to patients shall not be considered as
19 engaging in the practice of medicine, provided, that they are attending to patients under the
20 direct supervision and control and under presence of a duly licensed physician. Provided,
21 that any foreigner who intends to undergo or is undergoing post graduate medical
22 education/training or otherwise under training shall obtain the required special permit from
23 the Commission.
24
25 b) Any non-medical person trained, certified, licensed to carry out specific interventions in
26 emergency situations to save lives and/or limbs according to the level of competence
27 determined by their training and certifying examinations.
28
29 c) Non-medical educators who have attained a master's or a doctoral degree on a specific field
30 in the basic sciences in the medical field.

31
32 **SECTION 35. Reciprocity.** - A foreigner may be allowed to practice medicine in the Philippines
33 without having to undergo the physicians' licensure examination, if and when, the country of which
34 the foreigner is a citizen, allows Filipino citizens to practice medicine under the same conditions
35 such as but may not be limited to the following:

- 36
37 a) The country of which the foreigner is a citizen, imposes the same academic and training
38 requirements for its citizens to be able to practice medicine;
39
40 b) There is a reciprocity agreement, executive agreement or international agreement, or treaty to
41 this effect, signed by both Government of the Republic of the Philippines and the country
42 of which the foreigner is a citizen, and
43
44 c) The foreigner must show documents that he is allowed by his/her country's regulatory body
45 to practice medicine in his country. The documents may be equivalent to the NMC ID card
46 or Certificate of Registration issued by the Council.

SECTION 36. 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;
- 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 school as the case maybe;
- c) Payment of the required fees; and
- d) Undertaking that the foreigner shall conduct himself according to the Code of Ethics of Medical Practice in the Philippines. *Provided*, that the Council may issue a special permit to foreigner not covered by reciprocity rule or under Section 43 hereof under the following guidelines:
 1. 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;
 2. Physicians who are internationally well-known specialists or publicly acknowledged as experts in any area of medical specialization; and
 3. 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;
 4. 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,
 5. Physicians licensed in foreign countries employed as exchange professors in any area of medical specialization.

SECTION 37. Administrative investigation and disciplinary actions. – The PBP 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) Mentally incapacitated;
- 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 physician. 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 practitioners of training 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 and on the basis of which he accepted professional fee;
- l) Abetting or assisting in the illegal practice by a person who is not lawfully qualified to practice medicine, either general or specialty medicine;
- m) Using or advertising any title or description tending to convey the impression to the general public that he/she is a specialist in a field of medical specialization when in fact he/she is not. A specialist is a licensed physician who has undergone training in a residency training program of a specialty duly recognized by national professional organization of physicians and has passed the corresponding specialty board certification;
- n) Practicing his/her profession during the period of his 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 professional organization of physicians; and
- p) Violation of any provision of the Code of Ethics for Physicians as prescribed by the national professional organization of physicians, subject to approval by the Commission;

SECTION 38. 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 39. Appeal from judgment. – The decision of the prosecutor 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 PBP shall be allowed. A decision of suspension, revocation of the certificate of registration or removal from the roll of physicians by the PBP as provided herein may be appealed to the Council within fifteen (15) days from receipt thereof.

SECTION 40. Re-issuance of revoked certificate of registration and professional identification card, and replacement of lost certificate of registration and professional identification card. – After two (2) years, the PBP 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 Council.

SECTION 41. Mandatory use of certificate of registration 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 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 42. 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 Council.

ARTICLE VI PENAL PROVISIONS

SECTION 43. Penalties. – The penalty of imprisonment of not less than one (1) year but not exceeding five (5) years, or a fine of not less than Two Hundred Thousand pesos (P200,000.00) but not exceeding Five Hundred Thousand pesos (P500,000.00), or both, upon the discretion of the court, shall be imposed upon:

- a) Any person who practices or offers to practice medicine in the Philippines without a valid certificate of registration and a valid professional identification card, or a valid temporary/special permit/temporary training permit in accordance with the provisions of this Act;
- b) Any person using or attempting to use as his/her own the certificate of registration or professional identification card or temporary/special permit/temporary training permit duly issued to another;
- c) Any person who shall give any false or forged documents, credentials and any other proof of any kind to the PRBM or PRC in order to obtain a certificate of registration or professional identification card or temporary/special permit/temporary training permit;
- d) Any person who shall falsely present himself or herself as any bona fide registrant with like or different name;

- 1
2 e) Any person who shall attempt to use a revoked or suspended certificate of registration or a
3 cancelled or expired temporary/special permit;
4
5 f) Any person who shall use or advertise any title or description tending to convey the
6 impression to the general public that he/she is a registered and licensed physician or
7 specialist when in fact he/she is not; and
8
9 g) When any of the acts defined in (a) to (e) of this Section is committed by a person against
10 three (3) or more persons, or when any of such acts is committed by at least three (3)
11 persons who conspire with one another, or when death occurs as result of the commission
12 of the prohibited act mentioned in Section 34 (k) of this Act, the offense shall be considered
13 as a qualified offense and shall be punished by life imprisonment and a fine of not less than
14 Five Hundred Thousand Pesos (P500,000.00) but not more than Two Million Pesos
15 (P2,000,000.00). Prosecution of offense under this Act shall be without prejudice to a
16 separate prosecution under the provisions of the Revised Penal Code and other laws.
17

18 **SECTION 44. Medical malpractice.** - Any physician who fails to meet the standards demanded
19 by his profession, or deviates from the standard of care, and causes injury to the patient shall be
20 guilty of medical malpractice and be punishable by a fine not less than One Hundred Thousand
21 Pesos (P100,000.00) but not more than Two Hundred Thousand Pesos (P200,000.00), and/or
22 imprisonment of not less than three (3) months but not more than six (6) months upon the
23 discretion of the court.
24

25 If malpractice results in permanent disability or irreversible injury, the violators shall be liable with a
26 fine not more than Two Hundred Thousand Pesos (P200,000.00) but not less than Five Hundred
27 Thousand Pesos (P500,000.00), and/or imprisonment of not less than six (6) months but not more
28 than one (1) year upon the discretion of the court.
29

30 If the malpractice results in death, the penalty shall be a fine not less than Five Hundred Thousand
31 Pesos (P500,000.00) but not more than Two Million Pesos (P2,000,000.00), and/or imprisonment of
32 not less than two (2) but not more than five (5) years, and revocation of license upon the discretion
33 of the court.
34

35 **SECTION 45. Cease and desist order.** - Upon written motion by any interested party and after
36 notice and hearing, the PBP may issue cease and desist order to a person not authorized to practice
37 medicine. *Provided*, that if it is shown in the affidavit/s attached to the motion that the movant or
38 the general public will suffer grave injustice or irreparable injury, the chairperson of the PBP, or in
39 his/her absence, any PBP member holding office, may issue within seventy-two (72) hours a cease
40 and desist order. The Rules of the Court is suppletory for this purpose.
41

42 The PBP and the NMC shall file an appropriate case for contempt of court against any person who
43 failed, or refuse to obey, the cease and desist order.
44
45
46

47 **ARTICLE VII**

48 **MISCELLANEOUS PROVISIONS**

1 **SECTION 46. Physician licensure examinations.** – The physicians licensure examinations will
2 be conducted for the next five years after which the rationalization scheme and standards of medical
3 education and training set by the Council shall be construed as implemented to ensure the quality of
4 graduates of basic medical education and postgraduate training and the conduct of examinations for
5 assessing competence to practice is no longer necessary.
6

7 **SECTION 47. Annual Report.** – The Council shall submit to the DOH its annual report of
8 accomplishments on programs, projects and activities for the calendar year together with its
9 appropriate recommendations on issues or problems affecting the practice of medicine on or before
10 the end of January of the year following the approval of this Act.
11

12 **SECTION 48. Appropriations.** – The funds needed to implement the provisions of this Act shall
13 be included in the annual General Appropriations Act.
14

15 **SECTION 49. Implementing Rules and Regulations.** – The DOH, in consultation and
16 coordination with appropriate government agencies, representatives from stakeholders, shall
17 promulgate the necessary implementing rules and regulations for the effective implementation of
18 this Act within ninety (90) days from the effectivity of this Act.
19

20 **SECTION 50. Transitory provision.** – The incumbent Board of Medical Education under CHED
21 and the Professional Board of Medicine under PRC shall continue to function in the interim until
22 such time as the National Board of Medical Education and Training, the Professional Board for
23 Physicians and the National Medical Council shall have been constituted pursuant to this Act.
24

25 All of the existing councils and regulatory bodies shall continue their function and facilitate the
26 turnover of all functions, duties and structures within two (2) years from the approval of this Act.
27

28 **SECTION 51. Separability Clause.** – If any part or provision of this Act is declared
29 unconstitutional or invalid, the other parts and provisions hereof which are not affected thereby
30 shall remain to be in full force and effect.
31

32 **SECTION 52. Repealing Clause.** – Republic Act No. 2382, Republic Act No. 1243, Republic
33 Act No. 2251, Republic Act No. 5901, PD. No. 1424, all other laws, decrees, executive orders and
34 other administrative issuances and parts thereof which are inconsistent with the provisions of this
35 Act are hereby modified, amended, superseded or repealed accordingly.
36

37 **SECTION 53. Effectivity Clause.** – This Act shall take effect after fifteen (15) days following its
38 publication in the Official Gazette or in at least two (2) newspapers of general circulation in the
39 Philippines.
40

41
42 *Approved,*