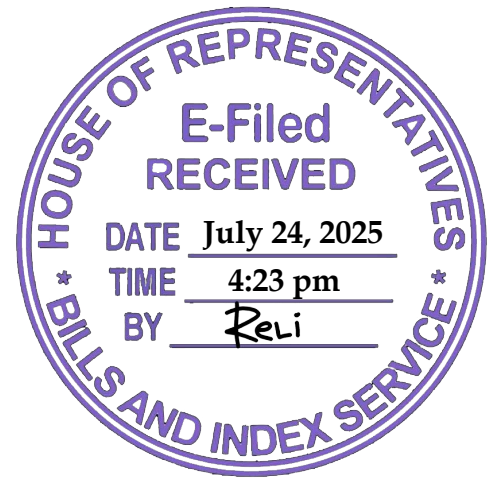




Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City, Metro Manila



**TWENTIETH CONGRESS**  
First Regular Session

HOUSE BILL NO. **2300**

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Introduced by **Representative MA. VICTORIA CO-PILAR**

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#### EXPLANATORY NOTE

The Constitution of the Republic of the Philippines, under Article II, Section 15, thereof provides that “the State shall protect and promote the right to health of the people and instill health consciousness among them.” In fulfilling this constitutional mandate, it is imperative for the State to ensure that its medical professionals are trained, licensed, and regulated under a modern legal framework that promotes competence, ethical conduct, and professional accountability.

The passage of the Philippine Medical Act is a long-overdue legislative response to the changing landscape of health care in the country and the world. While it is true that the Medical Act of 1959 (Republic Act No. 2382, as amended), was once groundbreaking, the outdated provisions thereof no longer respond adequately to contemporary health challenges, nor do they meet the standards expected in global medical education and practice. This bill seeks to repeal Republic Act No. 2382 and replace it with a new, responsive, and comprehensive law that governs the education, licensure, regulation, and ethical practice of physicians in the Philippines.

This proposed measure provides a holistic legal structure that balances regulatory control, academic excellence, professional ethics, and public welfare. By updating and expanding the scope of physician regulation, the Philippine Medical Act reinforces the State’s responsibility to ensure that only competent, ethical, and compassionate physicians are entrusted with the lives and well-being of the Filipino people.

In view of the foregoing, the immediate passage of this bill is respectfully and urgently sought.



- 1 (a) Standardization, upgrading and regulation of the basic medical  
2 education, medical internship, and postgraduate medical education  
3 and training;
- 4 (b) Licensure and the registration of physicians;
- 5 (c) Supervision and regulation of the practice of medicine;
- 6 (d) Integration of the medical profession under one national professional  
7 organization of physicians; and
- 8 (e) Upholding preventive, promotive and curative disease prevention and  
9 promotion of health, patient welfare and patient safety as the primary  
10 consideration in the practice of medicine and promoting competence,  
11 moral values, and professional ethics of members of the medical  
12 profession.

13 **SEC. 4. Enforcement.** – For purposes of implementing the provisions of this  
14 Act, there shall be created the following: Medical Education Council (MEC) under  
15 the Commission on Higher Education (CHED), Professional Regulatory Board of  
16 Medicine  
17 (PRBM) under the Professional Regulation Commission (PRC); Postgraduate  
18 Medical Education Council (PGMEC) under the PRBM, and the Integrated  
19 Philippine Medical Association (IPMA).

20 These entities may call upon or request any department, instrumentality, office,  
21 bureau, institution, or agency of the government including local government units  
22 (LGUs) to render such assistance as they may require to carry out, enforce, or  
23 implement the professional regulatory policies of the government or any program or  
24 activity they may undertake pursuant to the provisions of this Act.



1 program: Provided, That the same program outcomes are achieved that  
2 will lead to the same MD degree;

3 (e) **Integrated Philippine Medical Association (IPMA)** refers to the  
4 integrated national professional organization of physicians in the  
5 Philippines recognized and accredited by the PRBM of the PRC;

6 (f) **Medical College** refers to a learning institution which has complied with  
7 the standards and requirements set forth and duly recognized by the  
8 CHED to offer a complete basic medical education program leading to a  
9 degree of Doctor of Medicine. It may also be known as a college of  
10 medicine, faculty of medicine, institute of medicine, school of medicine  
11 or other similar names;

12 (g) **Medical Specialist** refers to a duly licensed physician who, after having  
13 completed the prescribed training in an accredited postgraduate  
14 education and training institution and passed the corresponding  
15 specialty board certifying examination, is qualified to practice a  
16 particular medical specialty or subspecialty;

17 (h) **Medical Specialty** refers to a major branch or discipline of medicine that  
18 is focused on a defined group of patients, diseases, or skills in which a  
19 physician-practitioner has special additional knowledge, skills,  
20 experience, and expertise acquired after completion of a formal  
21 postgraduate education and training program in a PRBM accredited  
22 training institution;

23 (i) **Physician Licensure Examination** refers to an evaluative process  
24 conducted by the PRBM of the PRC to eligible candidates to determine  
25 their competency to practice the profession as physicians and a successful

1 result thereof being a requirement for the issuance of a PRC professional  
2 license;

3 **(j) Postgraduate Medical Education and Training** refers to an educational  
4 program either through a clinical or non-clinical track, pursued after  
5 conferment of a Doctor of Medicine degree, and referring to any type of  
6 formal medical education or training in a hospital, community, facility,  
7 institute, or higher education institution (HEI) or any combination  
8 thereof leading to specialization;

9 **(k) Primary care** refers to initial contact, accessible, continuous,  
10 comprehensive, and coordinated health care or medical care that is  
11 accessible at the time of need including a range of services for all  
12 presenting conditions, and the ability to coordinate referrals to other  
13 health care providers in the health care delivery system, when necessary;

14 **(l) Resident or Fellow Trainee** refers to a duly licensed physician  
15 undergoing postgraduate medical education and training in a particular  
16 specialty or subspecialty of medicine in an accredited training institution;

17 **(m) Specialty Board Certifying Examination** refers to the evaluative  
18 process conducted at the end of the residency and fellowship training  
19 program;

20 **(n) Special Temporary Permit** refers to the privilege granted to a foreign  
21 Physician to be able to practice in the Philippines for a limited period of  
22 time, subject to limitations and conditions provided for by law;

23 **(o) Telemedicine** refers to the practice of medicine by means of  
24 electronic and telecommunications technologies such as by telephone,  
25 internet-enabled messaging, short messaging service (SMS), or audio-

1 and video-conferencing to deliver health care at a distance between a  
2 patient at an originating site, and a physician at a distant site; and

3 (p) **Temporary Training Permit** refers to the authority granted to a foreign  
4 medical professional by the PRBM and the PRC for the purpose of undergoing medical  
5 residency or fellowship training in the Philippines.

6  
7 **ARTICLE III**

8 **MEDICAL EDUCATION COUNCIL**

9 **SEC. 6. Creation.** – There is hereby created a Medical Education Council (MEC)  
10 under the CHED and shall be composed of the following:

11 (a) Chairperson of the CHED or the Chairperson’s duly authorized  
12 representative as Chairperson of the MEC;

13 (b) Secretary of Health or the Secretary’s duly authorized representative  
14 as member;

15 (c) Chairperson of the PRBM or the Chairperson’s duly authorized  
16 representative as member;

17 (d) President of IPMA or the President’s duly authorized representative as  
18 member;

19 (e) President of the association of Philippine medical colleges or its duly  
20 authorized representative as member;

21 (f) President of the national association of hospitals duly recognized by the  
22 Department of Health (DOH) or the President’s duly authorized  
23 representative as member; and

24 (g) The Dean of the University of the Philippines College of Medicine as  
25 permanent member.

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

3 The MEC shall, within sixty (60) days after the effectivity of this Act, appoint a  
4 Technical Panel on Medical Education (TPME) upon the recommendation of the  
5 IPMA. The TPME shall consists of a Chairperson and at least seven (7) outstanding  
6 members of the academe, the profession or both whose responsibility is to assist the  
7 MEC in carrying out its functions and powers on basic medical education, except for  
8 the medical internship program.

9 The MEC shall, within sixty (60) days after the effectivity of this Act, also appoint a  
10 Technical Panel on Medical Internship (TPMI) upon the recommendation of the  
11 IPMA. The TPMI shall consists of a Chairperson and at least seven (7) Deans of  
12 CHEDrecognized medical colleges or their representatives whose responsibility is to  
13 assist the MEC in carrying out its functions and duties on the medical internship  
14 program.

15 Members thereof who are not government officials or employees shall be entitled to  
16 per diem chargeable against the funds of the CHED, as approved by the MEC, subject  
17 to existing rules and regulations of the Department of Budget and Management  
18 (DBM). **SEC. 7. Functions and Duties.** - The MEC shall have the following functions  
19 and duties:

20 (a) Recommend the opening and recognition of new medical colleges  
21 especially in areas of need upon compliance with the minimum  
22 requirements;

23 (b) Determine the minimum requirements for physical facilities of medical  
24 colleges such as buildings, hospitals, equipment and supplies, apparatus,  
25 instruments, appliances, laboratories and bed capacity for instruction  
26 purposes, operating and delivery rooms, facilities for out-patient services,

1 community health services, and others that are necessary for didactic and  
2 practical instruction in accordance with recent trends;

3 (c) Determine the minimum number and the standard qualifications of  
4 administrative and academic teaching personnel including student-  
5 teacher ratio;

6 (d) Determine the minimum required curriculum leading to the degree of  
7 Doctor of Medicine, including medical internship;

8 (e) Recommend the implementation of an acceptable innovative medical  
9 curriculum or strategy in a medical college that has exceptional faculty,  
10 students, equipment, and facilities; such medical colleges with an  
11 innovative curriculum may prescribe admission and graduation  
12 requirements other than those prescribed in this Act;

13 (f) Determine the minimum requirements for admission into a recognized  
14 medical college;

15 (g) Develop and put into place programs as well as adopt and implement  
16 policies that will encourage and allow applicants coming from  
17 marginalized areas or groups as well as financially-challenged families to  
18 be admitted into medical colleges and complete their medical education;

19 (h) Maintain a registry of medical students enrolled in medical colleges, and  
20 conduct tracer studies for medical graduates for up to five (5) years from  
21 graduation;

22 (i) Recommend the closure or suspension of the degree of Doctor of Medicine  
23 program of a medical college by reason of poor performance in the  
24 Physician Licensure Examination over a given period of time based on  
25 statistical data furnished by the PRBM, or upon inspection of the medical  
26 college by the MEC for reasons of various deficiencies or violations;

1 (j) Promulgate, prescribe, and enforce policies and programs which will  
2 ensure the proper and orderly operations and upkeep of medical colleges  
3 in order to ensure that basic medical education is not treated merely as a  
4 business enterprise but one with a social dimension;

5 (k) Regulate, supervise, and monitor the medical internship program;

6  
7 (l) Recommend to the Unified Financial Assistance System (UniFAST) Board  
8 and  
9 CHED, policies and strategies for the effective implementation of Republic  
10 Act (RA) No. 10687, otherwise known as the “Unified Student Financial  
11 Assistance System for Tertiary Education (UniFAST) Act” and RA No.  
12 11509, otherwise known as the “Doktor Para sa Bayan Act” on matters  
13 related to government scholarships for medical education and prescribe  
14 mechanisms for the effective implementation of return-service agreements;  
15 and

16 (m) Promulgate, prescribe, and enforce the necessary rules and regulations for  
17 the proper implementation of the foregoing function.

18 **SEC. 8. Medical Internship Program.** – Medical Internship is a phase of the  
19 professional education of the physician to further hone the academic and technical  
20 proficiency in medicine. It is a twelve (12) month rotation conducted in an accredited  
21 health facility and community undertaken after graduation in most medical schools  
22 or can be incorporated in the final year of innovative medical programs. Medical  
23 Internship is under the supervision of CHED which delegates the authority to  
24 implement the program to the authorized association of Philippine medical colleges.  
25 The Technical Panel for Medical Internship shall have the following functions and  
26 duties:

- 1 (a) Formulate a one (1)-year standardized curriculum for medical internship that  
2 may be rotating hospital-based, community-oriented, or combination of both,  
3 including accreditation standards for health institutions;
- 4 (b) Review the medical internship curriculum and accreditation standards at least  
5 every four (4) years;
- 6 (c) Formulate and implement regulations and procedures for accredited health  
7 institutions including sanctions for non-compliance;
- 8 (d) Accredite hospitals and other health facilities or settings that will be allowed to  
9 conduct a medical internship training program;
- 10 (e) Regularly evaluate and monitor the compliance of accredited health  
11 institutions with the prescribed curriculum and accreditation standards, and  
12 institute mechanisms for program evaluation;
- 13 (f) Determine the reasonable processing fee for eligible applicants to the  
14 internship program and an administrative fee for accreditation of health  
15 institutions;
- 16 (g) Assist clinical clerks in coordination with their medical colleges, in making  
17 an informed choice when selecting a particular health institution for their  
18 medical internship;
- 19 (h) Formulate and implement a national internship matching program including  
20 mechanisms for transfers after having been matched;
- 21 (i) Develop and implement a system for accredited health institutions to monitor  
22 and evaluate the performance of their medical interns;
- 23 (j) Receive concerns and resolve complaints from medical interns or host  
24 institutions; and
- 25 (k) Recommend to the MEC for the issuance of a certificate of completion of  
26 medical internship to a medical intern upon the recommendation of the

1 accredited health institution following the satisfactory completion of the  
2 internship program.

#### 4 ARTICLE IV

##### 5 THE PROFESSIONAL REGULATORY BOARD OF MEDICINE

6 **SEC. 9. Creation.** – There is hereby created a PRBM, under the administrative  
7 control and supervision of the PRC. The PRBM shall be composed of a Chairperson,  
8 a Vice Chairperson and five (5) members. The Chairperson of the PRBM shall be  
9 elected from among themselves by the members at a meeting called for a purpose.  
10 The PRBM Chairperson shall serve for one (1) year and subject for re-election. Each  
11 vacant position of the PRBM shall be appointed by the President of the Republic of  
12 the Philippines from a list of three (3) nominees submitted exclusively by the PRC  
13 from recommendations coming from the IPMA, other professional organizations of  
14 physicians, or recognized medical colleges. The PRBM shall be organized not later  
15 than six (6) months from the effectivity of this Act.

16 **SEC. 10. Powers and Duties.** – The PRBM shall be vested with the following specific  
17 powers, functions, duties, and responsibilities:

- 18 (a) Supervise, regulate, and monitor the practice of medicine in the Philippines,  
19 including telemedicine;
- 20 (b) Determine and evaluate qualifications of the applicants for the Physician  
21 Licensure Examination and foreign applicants for special permits to practice  
22 medicine in the Philippines or temporary training permits for post-graduate  
23 medical education and training;
- 24
- 25 (c) Prepare the test questions in the Physician Licensure Examination in  
26 accordance with recognized principles of evaluation and pertinent provisions

1 of Section 18 of this Act; prescribe the syllabi of the subjects and their relative  
2 weights for the licensure examinations; conduct the examination; and  
3 determine the final rating of the examination papers of each examinee;

4 (d) Ensure that test questions in the Physician Licensure Examination are  
5 appropriately formulated to assess the knowledge, skills and attitudes of  
6 the examinees;

7 (e) Determine, amend or revise the coverage of the subjects in the Physician  
8 Licensure Examination and their relative weights, and the proper conduct of  
9 the examinations, including the security of the examination questions to  
10 ensure that there are no leakages in the system, subject to the approval of the  
11 PRC;

12 (f) Explore and develop ways on how to measure and evaluate the clinical  
13 competence of examinees and integrate the same into the Physician Licensure  
14 Examination;

15 (g) Register successful examinees in the Physician Licensure Examination in the  
16 roll of physicians and issue the corresponding certificates of registration;

17 (h) Issue special or temporary permits to foreign medical professionals to practice  
18 medicine for specific projects, duration of time, and place of practice;

19 (i) Administer the qualifying assessment for foreign medical professionals who  
20 intend to train in the Philippines for a particular specialty or sub-specialty  
21 field of practice;

22 (j) Monitor the conditions affecting the practice of the medical profession,  
23 respond to emerging needs, and adopt measures for the enhancement of the  
24 quality of the education and practice of medicine in coordination with the  
25 appropriate regulatory bodies;

- 1 (k) Monitor the performance of medical colleges and their compliance with the  
2 rules and regulations of the MEC, in coordination with CHED;
- 3 (l) Conduct inspection of establishments where physicians are practicing and in  
4 the case of medical schools, in coordination with the MEC as provided in  
5 Section 9 of  
6 RA No. 8981, otherwise known as the “PRC Modernization Act of 2000”;
- 7 (m) Promulgate rules and regulations including a Code of Ethics of the Medical  
8 Profession, administrative policies, orders, and issuances to carry out the  
9 provisions of this Act, in collaboration with the IPMA;
- 10 (n) Conduct regular quality assurance programs and activities to ensure quality  
11 medical education;
- 12 (o) Investigate meritorious cases of violations of this Act, Code of Ethics, and the  
13 pertinent rules and regulations, administrative policies, orders, and issuances  
14 which are recommended for decision by the IPMA. The rules on  
15 administrative investigation promulgated by the PRC shall govern the  
16 conduct of such investigations: Provided, That a majority of the members of  
17 the PRBM with the assistance of the Legal Division of the PRC shall conduct  
18 the hearings. A member of the PRBM shall be assigned to preside over each  
19 case for hearing;
- 20 (p) Issue subpoena ad testificandum or subpoena duces tecum to secure  
21 attendance of respondents or witnesses as well as the production of  
22 documents: Provided, That failure to comply therewith by the party to whom  
23 a subpoena has been issued shall be punishable by way of indirect contempt.  
24 For this purpose, the PRBM is hereby vested the power to cite any party for  
25 contempt which may be exercised pursuant to the applicable provisions of  
26 Rule 71 of the Rules of Court;

1 (q) After due notice and hearing, cancel examination papers or bar any examinee  
2 from future examinations, or both; refuse or defer the registration of an  
3 examinee; reprimand the physician with a stern warning; suspend the  
4 physician from the practice of the profession; revoke the physician's certificate  
5 of registration; cancel special or temporary permit; impose the payment of  
6 penalty fee, reprimand, suspend, or remove from the roll of physicians on  
7 account of continuous non-payment of annual registration fees, reinstate or  
8 re-enroll a physician's name in the said roll; and re-issue or return the  
9 physician's certificate of registration and professional identification card.

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

13 (r) Administer the physician's oath;

14 (s) Institute and prosecute or cause to be instituted and prosecuted any and all  
15 criminal action against any violation of this Act or the rules and regulations of  
16 the PRBM, or both, subject to the provisions of Section 5, Rule 110 of the Rules  
17 of Criminal Procedure, as amended;

18 (t) Adopt an official seal;

19 (u) Coordinate with the MEC in prescribing, amending or revising the curricular  
20 courses in a Doctor of Medicine program;

21 (v) Assist the PRC in the implementation of its prescribed guidelines and criteria  
22 on continuing professional development (CPD) for licensed physicians  
23 consistent with RA No. 10912, otherwise known as the "Continuing  
24 Professional Development Act of 2016";

25 (w) Set the standards and guidelines for the issuance and re-issuance of certificates  
26 of registration including compliance with the PRBM's CPD program; and

1 (x) Perform such other functions and duties as may be necessary to implement  
2 the provisions of this Act efficiently and effectively.

3 The policies, resolutions, rules and regulations, orders, or decisions issued or  
4 promulgated by the PRBM shall be subject to the review, revision, and approval by  
5 the PRC. The orders or decisions may be appealed to the PRC within the prescribed  
6 period. However, in case of imminent and immediate danger to patients, the PRBM's  
7 final decisions, resolutions or orders rendered in any administrative case shall be  
8 immediately executory.

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

- 11 (a) A natural born Filipino citizen and has been a resident of the Philippines for  
12 at least ten (10) consecutive years;
- 13 (b) A holder of a valid certificate of registration and updated professional  
14 identification card as a physician;
- 15 (c) Has been practicing medicine for at least ten (10) years;
- 16 (d) A continuing bona fide member of the IPMA;
- 17 (e) Has not been convicted by final judgment by a competent court of a criminal  
18 offense involving moral turpitude;
- 19 (f) Has at least ten (10) years' experience as a faculty member of a medical  
20 college and preferably with an academic rank of Associate Professor;
- 21 (g) Not a current member of the faculty staff of any medical college;
- 22 (h) Does not have any pecuniary interest in an institution which offers and  
23 operates a program for the degree of Doctor of Medicine; and
- 24 (i) Not connected with or has no pecuniary interest in a review center, school,  
25 group, or association offering classes or lectures as preparation for the  
26 Physician Licensure Examination.

1       **SEC. 12. Term of Office.** – The members of the PRBM shall hold office from the  
2       date of their appointment for a term of five (5) years or until their successors shall  
3       have been qualified and appointed, subject to reappointment for another term only.  
4       Appointments to fill up vacant positions for reasons other than through expiration  
5       of regular terms, including physical or mental incapacity shall be for the unexpired  
6       period only.

7       A successor to a member whose term of office has expired shall be appointed for  
8       the full term of five (5) years from the date of expiration of the term of office for which  
9       member’s predecessor was appointed.

10      Each member shall take an oath of office before the performance of their duties  
11      and responsibilities. The incumbents whose terms have not yet expired or who are  
12      merely on a hold over capacity, at the effectivity of this Act, shall be allowed to serve  
13      the unexpired portion of their terms or may be re-appointed under this Act.

14      **SEC. 13. Compensation.** – The Chairperson, Vice Chairperson, and members of  
15      the PRBM shall receive compensation and allowances or other benefits pursuant to  
16      the provisions of RA No. 8981, and other pertinent laws and comparable to the  
17      compensation and allowances received by the chairperson and members of existing  
18      professional regulatory boards.

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

23           (a) Neglect of duty or incompetence;

24           (b) Unprofessional, unethical, or dishonorable conduct;

1 (c) Manipulation or rigging the results of any Physician Licensure  
2 Examination, divulging of secret information, disclosure of the said  
3 examination, or tampering of the grades therein; or

4 (d) Final conviction by the court of any criminal offense involving moral  
5 turpitude.

6 **SEC. 15. Administrative Management, Custody of Records, Secretariat and**  
7 **Support Services.** – The PRBM shall be under the supervision and control of the  
8 PRC, with the PRC chairperson as the chief executive officer thereof. All records of  
9 the PRBM shall be under the custody of the PRC.

10 The PRC shall designate the secretary of the PRBM and shall provide the secretariat  
11 and other support services from the organic personnel of the PRC to implement the  
12 provisions of this Act.

13  
14 **ARTICLE V**

15 **PHYSICIAN LICENSURE EXAMINATION**

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

21 **SEC. 17. Qualifications for Applicants for the Physician Licensure**  
22 **Examination.** – All applicants for the Physician Licensure Examination must possess  
23 all qualifications and none of the disqualifications hereunder set forth as follows:

24 (a) A citizen and resident of the Philippines or a citizen of a foreign country  
25 or State that observes reciprocity in the practice of medicine with the  
26 Philippines;

1 (b) Is mentally, emotionally and physically sound with a certificate of good  
2 moral character signed by the Dean of the medical college from where  
3 the applicant graduated;

4 (c) Has not been convicted by final judgment by a court of any criminal  
5 offense;

6 (d) A holder of the degree of Doctor of Medicine or its equivalent for  
7 innovative curriculum, conferred by a medical college established in the  
8 Philippines and duly recognized by the CHED, or a degree conferred by  
9 a foreign college of medicine and accredited by the CHED as  
10 substantially equivalent to the degree of Doctor of Medicine conferred  
11 by medical colleges in the Philippines; and

12 (e) Has completed a one (1) year medical internship.

13 **SEC. 18. Scope of Physician Licensure Examination.** – The Physician

14 Licensure Examination shall cover the following fourteen (14) individual or  
15 combined subjects with the relative weights for each:

16 (a) Anatomy and Histology;

17 (b) Physiology;

18 (c) Biochemistry and Molecular Biology;

19 (d) Pharmacology and Therapeutics;

20 (e) Microbiology and Parasitology;

21 (f) Anatomic and Clinical Pathology;

22 (g) Internal Medicine, Neurology, Dermatology, Geriatrics, Oncology,

23 Psychiatry Behavioral Medicine, and Clinical Neuroscience;

24 (h) Obstetrics and Gynecology;

25 (i) Pediatrics and Nutrition;

26 (j) Surgery, Anesthesiology and Pain Management;

1 (k) Ophthalmology, Otolaryngology-Head and Neck Surgery, and  
2 Orthopedics;

3 (l) Family and Community Medicine, Preventive Medicine and Public  
4 Health Economics, Physical and Rehabilitative Medicine, Palliative Medicine;

5 (m) Medical Ethics; and

6 (n) Legal Medicine, Medical Jurisprudence, and Medical Informatics.

7 Diagnostic, Interventional and Therapeutic Radiology shall be integrated into all  
8 clinical subject clusters.

9 In case there is a need or when circumstances require, or to conform with  
10 technological advancements and other developments, the PRBM, in consultation  
11 with the MEC and recognized association of medical colleges, may revise the  
12 substance, format, and the conduct of the examinations.

13 Each of the fourteen (14) subjects shall have its syllabus or table of specifications for  
14 purposes of the Physician Licensure Examination. The PRBM shall apply the table of  
15 specifications after a lapse of three (3) months reckoned from the concurrence of all  
16 the following requisites:

17 (1) Consultation with the association of medical colleges;

18 (2) Approval by the PRC;

19 (3) Publication of the PRBM resolution in a newspaper of general  
20 circulation; and

21 (4) Dissemination to all medical colleges.

22 **SEC. 19. Venues and Schedule of Examinations.** – The PRBM shall  
23 administer the examinations for the registration of physicians at least twice a year  
24 in such places as the PRC may designate in accordance with the provisions of  
25 RA No. 8981. However, in case of a public health emergency, disaster, or calamity,

1 whether natural or human-induced, the PRBM may postpone such examinations to  
2 a later date.

3 An applicant may be allowed to take the examinations in two (2) parts. The first part  
4 shall consist of questions from basic medical courses enumerated in paragraphs (a)  
5 to (f) of Section 18 of this Act, and the rest may be taken up in the second part:  
6 Provided, however, That the two (2)-part examinations must be taken within one  
7 (1) and the same year.

8 **SEC. 20. Rating in the Examination.** – To pass the Physician Licensure  
9 Examination, an examinee must obtain a general average rating of at least seventy-  
10 five percent (75%) in all fourteen (14) subjects: Provided, That there is no rating  
11 obtained in any subject below fifty percent (50%): Provided, further, That any  
12 examinee who fail in the Physician Licensure Examination (PLE) for the third time  
13 shall be required to take a refresher course taken from an accredited medical school  
14 as a requirement prior to allowing such examinee to take subsequent PLE.

15 The PRBM shall issue specific guidelines on the refresher course requirement.

16 **SEC. 21. Report and Publication of the Results of Examination.** – The  
17 PRBM shall report the rating of each examinee to the PRC within ten (10) days from  
18 the last day of examination or any other period granted by the PRC. The official  
19 results of the examination containing the list of topnotcher examinees with their  
20 respective medical colleges and the names of the medical colleges obtaining the top  
21 percentage of successful examinees shall be published by the PRC.

22 The report of rating of every examinee shall be sent via registered mail to the  
23 examinee's given address, using the examinee's mailing envelope submitted prior to  
24 the examination.

25 **SEC. 22. Oath.** – All successful examinees shall be required to take the  
26 physician's oath before the PRBM or any person authorized by the PRC to administer

1 it before they are issued their certificates of registration and professional  
2 identification cards, or before they are allowed to start their practice of the medical  
3 profession.

4 They shall also be required to take their oath of membership in the IPMA.

5 **SEC. 23. Registration, Issuance of Certificate of Registration and**  
6 **Professional Identification Card; Integrated Philippine Medical Association**  
7 **Membership Card; Non-registration and Grounds Thereof.** - All successful  
8 examinees, upon compliance with all legal requirements and payment of fees  
9 prescribed by the PRC, shall be registered and issued certificates of registration and  
10 professional identification cards. They shall likewise be deemed members of the  
11 IPMA upon compliance with all requirements and payment of reasonable  
12 compulsory dues. Upon presentation of their certificates of registration and  
13 professional identification card, they shall be issued a separate IPMA membership  
14 card.

15 The certificate of registration of a physician shall bear the registration number and  
16 the date of issuance and the signatures of the chairperson of the PRC and the  
17 members of the PRBM. Moreover, this document must be stamped with the seals of  
18 the PRC and the PRBM, certifying that the name of the person stated therein appears  
19 in the Registry, Roster, or Roll of Physicians under the custody of the PRC; that the  
20 person has complied with all the legal requirements for registration as a physician;  
21 and that the person is entitled to exercise all the privileges appurtenant to the practice  
22 of medical profession: Provided, That the physician does not violate this Act, its  
23 implementing rules and regulations, the Code of Ethics of the Medical Profession,  
24 and other regulatory issuances and policies of the PRC and the PRBM.

25 The professional identification card shall bear the name of the registered licensed  
26 physician, the registration number, the date of issuance, and the date of the

1 expiration of the license. Together with the IPMA membership identification card,  
2 the physician is deemed qualified to practice medicine in the Philippines.

3 Updating of practice information such as location, affiliation, and field of practice  
4 and specialization shall be required for renewal of the PRC identification card and  
5 IPMA membership card.

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

15 **SEC. 24. Registration of Foreign Medical Graduates of Philippine Medical**

16 **Schools.** - A foreign student who has been conferred the Doctor of Medicine degree  
17 from a Philippine College of Medicine recognized by the Commission on Higher  
18 Education (CHED) and completed the 12-month internship in the Philippines is  
19 eligible for registration and practice. To this end, the CHED is hereby mandated to  
20 issue the required certification or appropriate documentation thereto.

21 The said foreign medical graduates who obtained their medical degrees in  
22 Philippine medical schools who opt to pursue medical practice in the Philippines  
23 shall be allowed to take the Physician Licensure Examination and upon passing the  
24 PLE, shall be entitled to practice medicine subject to the provisions of Section 40 or  
25 Section 41 of this Act.

26



1 To provide equal opportunity for representation, the IPMA shall select which  
2 MPGs will be represented in the PGMEC based on a yearly rotation mechanism for  
3 all existing MPGs.

4 Each MPG with the assistance of and in coordination with the corresponding  
5 professional specialty organization or specialty board shall constitute four (4)  
6 committees to assist the PGMEC in discharging its functions:

7 (a) Committee on Training

8 It shall establish standards of residency or fellowship training including the  
9 curriculum and all necessary resources for each medical specialty or  
10 subspecialty. It shall regularly monitor the performance and achievements of  
11 all trainees including the conduct of in-service training examinations to  
12 evaluate the competencies achieved by trainees per year level. It shall  
13 regularly review the training curriculum to keep up with emerging trends  
14 and new developments.

15 (b) Committee on Accreditation

16 It shall establish standard requirements for the accreditation of postgraduate  
17 medical education and training programs of healthcare institutions in a  
18 particular medical specialty or subspecialty and regularly review these in the  
19 light of emerging trends and new developments. It shall regularly monitor the  
20 compliance of training programs of healthcare institutions with the  
21 established guidelines. It shall screen, inspect, examine, assess and  
22 recommend the approval of new training programs. It may recommend  
23 sanctions including the withdrawal of accreditation for training programs  
24 with repeated or major deficiencies.

25 (c) Committee on Certification

1 It shall determine the eligibility credentials of graduate residents or fellows in  
2 training in preparation for the specialty board certifying examination. It shall  
3 formulate and conduct the specialty board certifying examinations to  
4 determine whether a graduate resident or fellow in training has satisfactorily  
5 attained the required proficiencies of a specialist or practitioner of the  
6 corresponding specialty or subspecialty of medicine.

7 (d) Review Committee

8 It shall formulate policies on compensation, benefits and working conditions  
9 of residents or fellows in training and other policies related to postgraduate  
10 medical education and training. It shall handle complaints of residents,  
11 fellows, patients, or physicians and submit recommendations to the PRBM for  
12 approval and action regarding complaints filed. It shall also screen foreign  
13 medical professionals who would like to undergo residency or fellowship  
14 training in the country. It shall establish guidelines for the recognition of new  
15 medical specialties or subspecialties and receive applications for such. It shall  
16 study, review, hear, and recommend the approval or disapproval of  
17 applications for recognition of a new medical specialty or subspecialty.

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

24 **SEC. 26. Powers and Functions of the PGMEC.** - The PGMEC shall ensure  
25 the quality, sustainability, and development of post-graduate medical education and  
26 training for all specialties and subspecialties of medicine. Through the respective

1     MPGs and the professional specialty organizations or specialty boards, it shall  
2     perform the following functions:

- 3           (a) Oversee the establishment of standards of postgraduate medical education  
4                     and training in all medical specialties or subspecialties including their  
5                     training curricula and desired outcomes;
- 6           (b) Ensure that the standards set for postgraduate medical education and  
7                     training are aligned with the Career Progression and Specialization  
8                     Program of the PRC and the PRBM, national health agenda, responsive to  
9                     the health needs of the population, and at par with international norms;
- 10          (c) Oversee the accreditation of postgraduate medical education and training  
11                     programs;
- 12          (d) Oversee the compliance of accredited postgraduate medical education and  
13                     training programs with established accreditation guidelines and prescribe  
14                     remedial measures for those with deficiencies;
- 15          (e) In consultation with appropriate agencies, work for the provision of better  
16                     compensation and benefits and humane working conditions for residents  
17                     and fellows in training;
- 18          (f) Screen foreign medical professionals who intend to undergo postgraduate  
19                     medical education and training in the country and monitor their  
20                     performance;
- 21          (g) Maintain a registry or database of accredited postgraduate medical  
22                     education and training programs, the residents and fellows including  
23                     foreign medical professionals training in those institutions;
- 24          (h) Receive and act on complaints and grievances of residents or fellows in  
25                     training against co-residents, co-fellows and their host healthcare  
26                     institution, as well as complaints of patients against trainees;

- 1 (i) Oversee the conduct of the specialty board certifying examinations  
2 including determination of each candidate's eligibility;
- 3 (j) Issue the corresponding Certificates of Accreditation to healthcare  
4 institutions that have complied with all requirements; Certificates of  
5 Training to resident and fellow trainees who have satisfactorily completed  
6 their postgraduate medical education and training; and Diplomas to  
7 eligible candidates who have successfully passed the professional specialty  
8 board certifying examinations;
- 9 (k) Seek or request the assistance and support of any government agency,  
10 office or instrumentality including government-owned or -controlled  
11 corporations, local government units as well as non-governmental  
12 organizations or institutions in pursuance of its functions; and
- 13 (l) Formulate other policies as it may deem necessary in pursuance of its  
14 functions.

15 **SEC. 27. Accreditation of Postgraduate Medical Education and Training**

16 **Programs.** - Postgraduate medical education and training programs shall only be  
17 conducted in PGMEC-accredited training institutions. The PGMEC shall be the only  
18 government agency who shall have authority over postgraduate medical education  
19 and training programs. Through the corresponding MPGs and the primary  
20 professional specialty organizations or specialty boards, it shall oversee the training  
21 and certification of medical specialists and subspecialists in the country.

22 Certificates of Competence or similar certifications issued by different professional  
23 specialty or sub-specialty organizations or specialty boards prior to the passage of  
24 this Act, shall be replaced with new Diplomas to be issued by PGMEC upon  
25 submission of the original or certified true copy of the original certificates.

1           **SEC. 28. Qualifications of Applicants to Postgraduate Medical Education**  
2 **and Training Programs.** – The following shall be the minimum qualifications of  
3 applicants to postgraduate medical education and training programs:

- 4           (a) Must be a registered and licensed Physician;
- 5           (b) Has no previous criminal conviction or administrative liability, or both;
- 6           (c) Has obtained temporary training permit from the PRBM in the case of foreign  
7           medical professionals; and
- 8           (d) Has complied with the other qualifications as may be required by the PRBM  
9           and the PRC.

10           **SEC. 29. General Conditions for the Postgraduate Medical Education and**  
11 **Training of Foreign Medical Professionals.** – The following general conditions  
12 shall be applied to foreign medical professionals undergoing postgraduate medical  
13 education and training in the Philippines:

- 14           (a) Accredited postgraduate medical education and training programs shall  
15           be allowed to accept foreign medical professionals only in cases wherein  
16           no Filipino physician is applying for the same vacancy. Filipino physicians  
17           shall be given the first priority in filling up vacancies for residency or  
18           fellowship trainee positions;
- 19           (b) Foreign medical professionals shall secure clearance from the PRBM prior  
20           to applying for a training position with any accredited postgraduate  
21           medical education and training program;
- 22           (c) Foreign medical professionals shall undergo basic language course in  
23           Filipino or the dialect that is used in the locality where the accredited  
24           training institution is located before commencing postgraduate medical  
25           education and training.           A certificate of proficiency in Filipino and  
26           the dialect of the locality shall be obtained by the foreign medical

1 professional from a CHED-accredited state university or tertiary education  
2 institution in the locality where the foreign medical  
3 professional intends to undergo postgraduate medical education and  
4 training before the PRBM may issue a clearance. For accredited institutions  
5 located in areas wherein English is the language used and understood by  
6 the majority, proficiency in a dialect shall no longer be required;

7 (d) Foreign medical professionals shall be required to undergo a seminar on  
8 Philippine history, culture, and government as well as the Philippine laws  
9 affecting the health care delivery system, such as RA No. 11223, otherwise  
10 known as the "Universal Health Care Act"; RA No. 10173, otherwise  
11 known as the "Data Privacy Act of 2012"; RA No. 11332, otherwise known  
12 as the "Mandatory Reporting of Notifiable Diseases"; RA No. 11058,  
13 otherwise known as the "Health Events of Health Correction Act," and  
14 among others prior to the commencement of postgraduate medical  
15 education and training; and

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

18 The PRBM, subject to the approval of the PRC, shall issue specific guidelines on the  
19 issuance of the Temporary Training Permit to foreign medical professionals  
20 intending to undergo residency training.

21 **SEC. 30. Working Conditions of Residents or Fellows in Training.** - The  
22 following shall be strictly observed by all accredited postgraduate medical education  
23 and training healthcare institutions:

24 (a) No resident or fellow trainee shall be allowed to go on duty for more than  
25 twenty-four (24) hours straight, except in extraordinary cases to be

1 determined by the corresponding hospital administrator or training  
2 program director;

3 (b) Resident and fellow trainees shall be entitled to one (1) day off from  
4 hospital duty every week; unless there is an agreement to the contrary  
5 between the hospital and medical resident;

6 (c) Resident and fellow trainees shall be provided with standard quarters in  
7 the hospital where they can stay and rest during their tour of duty;

8 (d) Resident and fellow trainees shall only perform those functions that are  
9 related to their education and training. As such, their superiors are hereby  
10 prohibited from issuing unrelated orders or are demeaning to a trainee's  
11 dignity as a person. The PGMEC shall receive and investigate complaints  
12 of this nature;

13 (e) Resident and fellow trainees are entitled to adequate periods for meal  
14 breaks and personal care during their tour of duty;

15 (f) Resident and fellow trainees shall always be supervised by their superiors  
16 especially when performing critical procedures on patients. In the case of  
17 a junior trainee, the more senior trainee or consultant shall be available for  
18 supervision and assistance, and in the case of senior trainees, their  
19 consultant; and

20 (g) Residents and fellow trainees shall be treated equally. No trainee shall be  
21 discriminated because of gender, race, ethnicity, or religion.

22 In any and all cases described above, it is the quality and continuity of patient  
23 care that should be the most important consideration.

24 **SEC. 31. Professional Conduct of Resident or Fellow Trainees.** – In addition  
25 to the Code of Ethics of the Medical Profession as jointly approved by the IPMA

1 and the PRC, a resident or fellow trainee shall always observe the following  
2 professional conduct:

- 3 (a) Uphold the dignity, privacy and rights of their patients;
- 4 (b) Perform their functions with utmost diligence especially those related to  
5 care of patients so as not to inflict any harm on them;
- 6 (c) Refrain from engaging in unacceptable practices such as:
  - 7 (1) Receiving any form of payment from their patients;
  - 8 (2) Accepting commissions from laboratories, diagnostic facilities, or  
9 pharmacies for referring patients to these facilities;
  - 10 (3) Obtaining excess and unused medicines, drugs and other materials  
11 from patients or the supply source, without proper permission;
  - 12 (4) Selling medicines, drugs and other materials to patients or their  
13 relatives;
  - 14 (5) Selling free samples of drugs or other medicines; and
  - 15 (6) Receiving money or any form of incentives from any  
16 pharmaceutical company for prescribing their brand of drugs,  
17 medicines, and other materials;
- 18 (d) Treat superiors, subordinates, co-workers, and patients' relatives with  
19 utmost respect;
- 20 (e) Observe the provisions of RA No. 6675, otherwise known as the "Generics  
21 Act of 1988" and RA No. 9502, otherwise known as the "Cheaper and  
22 Quality Medicines Act of 2008"; and
- 23 (f) Render full-time service to the healthcare institution where the trainee is  
24 employed and shall not engage in any part-time job outside the institution.

25 **SEC. 32. Responsibilities of Accredited Postgraduate Medical Education**  
26 **and Training Healthcare Institutions.** – In addition to the enforcement of the

1 provisions of this Act, accredited postgraduate medical education and training  
2 institutions shall have the following responsibilities:

- 3 (a) Regularly submit the names of residents and fellow trainees in their  
4 institution and such other relevant information to the PRBM;
- 5 (b) Provision of the necessary standard quarters, logistics, equipment, and  
6 other supplies to trainees while undergoing postgraduate medical  
7 education and training; and
- 8 (c) Conduct periodic evaluation of competencies acquired by resident and  
9 fellow trainees per year level.

10 **SEC. 33. Grievance System.** – A grievance system is hereby established,  
11 wherein any aggrieved party may seek redress in accordance with the following  
12 rules and procedures:

- 13 (a) A written complaint must be filed with the Review Committee of the  
14 respective MPG, hereinafter referred to as the Committee. The Committee  
15 shall rule on the complaint through a notice of resolution within sixty (60)  
16 calendar days from receipt thereof;
- 17 (b) An appeal from the decision of the Committee must be filed with the  
18 PGMEC within thirty (30) calendar days from receipt of the notice of  
19 resolution;
- 20 (c) The PGMEC shall promptly and expeditiously issue its decision or  
21 resolution on each appeal or grievance within sixty (60) days from the date  
22 it is submitted to it for determination; or employee to the penalties  
23 prescribed under Section 34 of this Act; and
- 24 (d) All parties shall keep the proceedings confidential during the pendency of  
25 the case before the Committee.

1           **SEC. 34. Hearing Procedures of the Committee.** – Upon the filing of the  
2 complaint, the Committee, after consideration of the allegations thereof, may dismiss  
3 the case outrightly due to lack of verification, or for failure to state the cause of action,  
4 or any other valid ground for the dismissal of the complaint after consultation with  
5 the PGMEC, or require the respondent to file a verified answer within five (5) days  
6 from service of summons.

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

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

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

1 within fifteen (15) days, and the case decided upon by the Committee within fifteen  
2 (15) days from such termination.

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

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

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

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

23 **SEC. 35. Violations.** - Any healthcare training institution or any of its resident  
24 or fellow trainees, or both, that have been found violating any provisions of this Act  
25 shall have the following penalties:

26 (a) First Offense - Reprimand;

1 (b) Second Offense - Suspension with duration depending on the gravity of the  
2 offense but not exceeding six (6) months; and

3 (c) Third Offense - Revocation of the accreditation of the training institution, or  
4 in the case of a resident or fellow in training, non-issuance of a Certificate of  
5 Training and removal from the postgraduate medical education and training  
6 program.

7  
8 **ARTICLE VII**

9 **REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION**

10  
11 **SEC. 36. Acts Constituting the Practice of Medicine.** - The following are  
12 acts constituting the practice of medicine:

13 (a) History taking and physical examination of any person for any disease,  
14 injury, or deformity; and diagnosing, treating, operating, prescribing, or  
15 dispensing any remedy therefor;

16 (b) History-taking and examination of any person through submission of  
17 photographs and videos or any communication through  
18 telecommunication or electronic means for any disease, injury, or  
19 deformity; diagnosing and prescribing or dispensing any remedy therefor  
20 through electronic means or telemedicine;

21 (c) History-taking and physical examination of any person's mental condition  
22 for any ailment, real or imaginary, regardless of the nature of the remedy  
23 or treatment administered, prescribed, or recommended;

24 (d) Offering or undertaking to diagnose, treat, operate, prescribe, or administer  
25 any remedy for any human disease, injury, deformity, physical or mental

1 condition, either personally or by means of signs, cards or advertisements  
2 by way of mass media, or any other means of communication;

3 (e) Using or affixing "M.D." to the person's name in written or oral  
4 communications. Unless otherwise specified, the letters "M.D." shall mean  
5 Doctor of Medicine: Provided, That only those who have passed the  
6 Physician Licensure Examination and licensed to practice the medical  
7 profession are allowed to use the title "M.D."; and

8 (f) Conducting formal medical classes in medical colleges, seminars, lectures,  
9 symposia and the like unless the subject matter being taken up involves  
10 basic science fundamentals in the furtherance of its applications in clinical  
11 medicine.

12 **SEC. 37. Exceptions in the Practice of Medicine.** – For purposes of this Act,  
13 the following shall not be considered as engaging in the practice of medicine:  
14 Provided, That they are attending to patients under the direct supervision and control  
15 of a duly licensed physician.

16 (a) Medical students, clinical clerks, and medical interns attending to  
17 patients;

18 (b) Foreigners who intend to undergo or are undergoing postgraduate  
19 medical education and training or otherwise under training with a valid  
20 special permit from the PRBM;

21 (c) Non-medical persons who perform specific interventions in emergency  
22 situations to save life or preserve limb according to their level of  
23 competence determined by their prior training and certification;

24 (d) Non-medical educators who have attained a Masters or Doctorate degree  
25 on a specific field in the basic sciences of medicine who conduct

1 teaching/learning activities for medical students, interns, or licensed  
2 physicians; and

- 3 (e) Practitioners of Traditional and Complementary Medicine Modalities or  
4 systems who are regulated by the Philippine Institute of Traditional and  
5 Alternative Health Care.

6 **SEC. 38. Scope of Medical Practice.** – The scope of the practice of medicine is  
7 the application of medical knowledge, skill, and judgment for the promotion of good  
8 health; the prevention and treatment of physical, mental, or psycho-social diseases,  
9 disorders, injuries, and conditions; the assessment and management of a physical,  
10 mental, or psycho-social disease, disorder, injury, or condition of an individual or  
11 group of individuals at any stage of the biological life cycle, including the prenatal  
12 and postmortem periods delivered either in clinical or non-clinical settings. (a)  
13 Clinical Practice of Medicine

14 (1) General Medical Practice refers to the professional practice of a General  
15 Physician who has completed basic medical education and medical  
16 internship, has obtained a PRC license, and has not completed any  
17 formal postgraduate medical education and training as defined in  
18 this Act.

19 (2) A General Physician or a Medical Specialist may serve as a Primary  
20 Care Provider as provided for in RA No. 11223, when the defined  
21 competencies in Primary Care as certified by the DOH are achieved.

22 (3) Limited Specialty Care Practice refers to the clinical practice of a  
23 General Physician with additional credentials to independently  
24 provide particular emergency and essential health care services in  
25 locations where specialist physicians are unavailable or inaccessible,  
26 obtained after undergoing the necessary qualifications and training as

1 may be determined by the corresponding MPGs and PGMEC in  
2 collaboration with the respective professional specialty organizations  
3 or specialty boards and monitored regularly by the same. The  
4 corresponding MPGs and PGMEC, in consultation with the DOH, shall  
5 determine the localities where specialist physicians are unavailable or  
6 inaccessible.

7 (4) Specialty Medical Practice refers to the professional practice of a  
8 Specialist Physician who is a licensed physician and has completed  
9 additional formal postgraduate medical education and training in a  
10 distinct clinical medical discipline focused on a defined group of  
11 patients, diseases, skills, or philosophy and has been certified by the  
12 PGMEC upon the recommendation of the corresponding MPGs. The  
13 scope of specialty medical practice refers to the diagnosis and  
14 management of specific conditions as defined by the corresponding  
15 MPG and PGMEC for a particular specialty or subspecialty: Provided,  
16 That those who have been in practice for at least ten (10) years in good  
17 standing by IPMA and with specific and sufficient specialty training  
18 prior to the effectivity of this Act shall be recognized and certified by  
19 the PGMEC as specialist physician.

20 (b) Non-Clinical Practice of Medicine

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

1 This Act shall not be construed to affect or prevent the practice of any other  
2 legally recognized profession.

3 The foregoing list notwithstanding any act that requires the application of  
4 medical knowledge, skills, training, and competence shall be deemed to constitute  
5 the practice of medicine.

6 **SEC. 39. Establishment of Physician-Patient Relationship.** - The physician  
7 and patient interacting through telecommunication services, for purposes of  
8 telemedicine practice, shall be considered to have established a physician-patient  
9 relationship, and all pertinent laws governing and related to the said relationship  
10 shall likewise apply.

11 A physician-patient relationship may be established through telemedicine and the  
12 health care services provided through this means shall be held to the same standards  
13 of practice and conduct as in-person services. The relationship is firmly established  
14 when the physician agrees to undertake diagnosis and treatment of the patient and  
15 the patient agrees to be treated, whether there has been an in-person encounter or  
16 not.

17 **SEC. 40. Reciprocity.** - A foreigner may be allowed to practice medicine in the  
18 Philippines without having to pass the Physicians Licensure Examination, if the  
19 country of which the foreigner is a citizen, allows Filipino citizens to practice  
20 medicine under the same conditions such as the following:

21 (a) The country of which the foreigner is a citizen, imposes the same  
22 academic and training requirements for its citizens to be able to practice  
23 medicine;

24 (b) There is a reciprocity agreement, executive agreement, or international  
25 agreement, or treaty to this effect signed by both governments of the  
26 Philippines and the country of which the foreigner is a citizen; and

1 (c) The foreigner must show documents equivalent to the PRC  
2 Identification Card or Certificate of Registration attesting that the foreign  
3 country's regulatory board of medicine has allowed the person to  
4 practice medical profession in their country.

5 **SEC. 41. Special Permits to Practice Medicine in the Philippines.** - In the  
6 absence of reciprocity agreement, executive agreement, international agreement, or  
7 treaty, a foreigner may be allowed to practice in the Philippines subject to the  
8 following conditions:

9 (a) The foreigner must obtain a special permit from the PRC;

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

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

15 (2) The specific area of medical specialization;

16 (3) The specific place of practice, such as clinic, hospital, center, medical  
17 college, as the case may be;

18 (c) Payment of the required fees; and

19 (d) Undertaking that the foreigner shall abide by the Code of Ethics of the  
20 Medical Profession in the Philippines.

21 The PRC may issue a special permit to a foreign medical professional not covered  
22 by any reciprocity agreement or under Section 40 hereof under the following  
23 guidelines:

24 (a) Physicians who are citizens of and licensed in foreign countries and who  
25 intend to render free medical services to patients, indigent or otherwise, in the  
26 Philippines in a particular local hospital, center, or clinic: Provided, That a

1 reasonable honorarium may be allowed for daily subsistence during their stay  
2 or service in the Philippines, and: Provided, further, That they render such  
3 services under the direct supervision and control of a duly licensed Filipino  
4 physician;

5 (b) Physicians who are internationally well-known medical specialists or publicly  
6 acknowledged as experts in any field of medical specialization;

7 (c) Physicians of foreign countries whose services are urgently necessary, owing  
8 to the lack of available local specialists or experts, or for the promotion and  
9 advancement of the practice of medicine including, the conduct of formal  
10 classes or training and acting as resource persons in medical seminars, fora,  
11 or symposia; and

12 (d) Physicians licensed in foreign countries who are employed as exchange  
13 professors in any area of medical specialization.

14 Other categories of foreign physicians as may be determined by the PRBM and  
15 the PRC.

16 **SEC. 42. Administrative Investigation and Disciplinary Actions.** – The  
17 PRBM shall have the power, upon proper notice and hearing, after finding of guilt,  
18 issue and reprimand, to suspend from the practice of profession, or revoke the  
19 certificate of registration of a physician, or cancel the special or temporary permit or  
20 temporary training permit issued to a foreign medical professional for any of the  
21 following grounds or causes:

22 (a) Final conviction by a court of competent jurisdiction of any criminal  
23 offense involving moral turpitude;

24 (b) Immoral or dishonorable conduct;

25 (c) Mental incapacity;

- 1 (d) Fraud in the acquisition of the certificate of registration and the  
2 professional identification card or temporary or special permit or  
3 temporary training permit;
- 4 (e) Gross negligence, ignorance, or incompetence in the practice of the  
5 profession, resulting in injury to or death of the patient;
- 6 (f) Addiction to alcoholic beverages, any habit-forming drug, or any form of  
7 illegal gambling, rendering the person incompetent to practice the  
8 profession;
- 9 (g) Making or causing to be made false, misleading, extravagant, or unethical  
10 advertisements, or making or causing to be made advertisements wherein  
11 things other than the physician's name, profession, limitation of practice,  
12 clinic hours, and office and home addresses are mentioned;
- 13 (h) Issuance of any false statement or spreading any false news or rumor  
14 which is derogatory to the character and reputation of another physician  
15 without justifiable motive;
- 16 (i) Issuing any false medical certificate or findings or making any fraudulent  
17 claims with government or private health insurance knowingly;
- 18 (j) Performance of, or aiding in, any criminal abortion;
- 19 (k) Allowing oneself to be substituted by an unqualified or unlicensed person  
20 to practice general or specialty medicine: Provided, however, That this  
21 provision shall not apply to accredited training programs where students,  
22 interns, or residents or fellows in training are allowed to perform tasks  
23 under supervision;
- 24 (l) Substituting for another medical practitioner in the professional care of the  
25 latter's patient without the patient's knowledge and consent;

1 (m) Abetting or assisting in the illegal practice by a person who is not lawfully  
2 qualified to practice the profession;

3 (n) Using or advertising any title or description tending to convey the  
4 impression to the general public that one is a medical specialist in a  
5 particular field of medicine when in fact the person does not possess the  
6 necessary qualifications to practice the specialty;

7 (o) Practicing the profession during the period of the suspension or during  
8 the period that the license is revoked;

9 (p) Willful failure or refusal to be a member in good standing of the IPMA;  
10 and

11 (q) Violation of any provision of the Code of Ethics of the Medical Profession  
12 as jointly approved by the IPMA and the PRC.

13 **SEC. 43. Rights of the Parties.** – The private complainant and the respondent  
14 physician shall have the right to be heard, to a counsel, to a speedy and impartial  
15 hearing, to confront and to meet the witnesses, to compulsory processes, to secure  
16 the attendance of witnesses and the production of evidence, and to all other rights  
17 guaranteed by the Constitution and the Rules of Court. All cases filed or pending  
18 under this Act, except those filed or pending in courts and other quasi-judicial and  
19 investigative bodies, shall not be discussed nor taken up in any other forum until  
20 after the same shall have been decided with finality.

21 **SEC. 44. Appeal from Judgment.** – The decision of the PRBM shall become  
22 final fifteen (15) days from the date of receipt of such decision by the parties or their  
23 counsel. Within the same period, the aggrieved party may ask for a reconsideration  
24 of the decision for being contrary to law or for insufficiency of evidence. No second  
25 motion for reconsideration to the PRBM shall be allowed. A decision of suspension,  
26 revocation of the certificate of registration, or removal from the roll of physicians by

1 the PRBM as provided herein may be appealed to the PRC within fifteen (15) days  
2 from receipt thereof.

3           **SEC. 45. Re-issuance of Revoked Certificate of Registration and**  
4 **Professional Identification Card and Replacement of Lost Certificate of**  
5 **Registration and Identification Card.** – After two (2) years, the PRBM may order  
6 the reinstatement of any physician whose certificate of registration has been revoked,  
7 if the respondent, for reasons of equity and justice and when the cause for revocation  
8 has disappeared or has been cured and corrected or has shown or has acted in an  
9 exemplary manner in the community, upon proper application therefor and the  
10 payment of the required fees, issue another copy of the certificate of registration and  
11 professional identification card.

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

16           **SEC. 46. Mandatory Use of Certificate of Registration Number, Professional**  
17 **ID Number, IPMA Membership Number, and Professional Tax Receipt Number.**  
18 – A registered licensed physician shall indicate the certificate of registration number, the  
19 number and the expiry date of the professional identification card, IPMA membership  
20 number, and Professional Tax Receipt number on the prescription and other  
21 documents used or issued in connection with the practice of profession.

22           **SEC. 47. Vested Rights.** – All physicians registered at the time this Act takes  
23 effect shall be automatically registered under the provisions hereof, without  
24 prejudice, if any, to the other requirements herein set forth.

25           All physicians whose names appear in the Registry, Roll, or Roster of  
26 Physicians at the time of the effectivity of this Act shall automatically be registered by

1 the PRBM and PRC as physicians, and thereafter by the IPMA as its bona fide  
2 members pursuant to Section 23 of this Act.

3

4

## ARTICLE VIII

5

### INTEGRATED PHILIPPINE MEDICAL ASSOCIATION

6

**SEC. 48. Integration of the Profession.** – For purposes of this Act, the existing

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Philippine Medical Association shall be integrated into the Integrated Philippine

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Medical Association (IPMA). All physicians, duly registered and licensed with the

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PRBM and PRC, shall automatically become members of the IPMA, maintain such

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memberships therein as a requisite to practice the profession, and receive benefits

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and privileges appurtenant thereto upon payment of the required reasonable fees

12

and dues. Membership in the IPMA shall not be a bar to membership in other

13

associations of physicians.

14

The objectives of the IPMA shall be as follows:

15

(a) Elevate the standards of the medical profession that is responsive to the

16

health needs of the population;

17

(b) Assist the PGMEC with the education, training and certification of medical

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specialists and subspecialists;

19

(c) Foster and maintain the high ideals of integrity, competence,

20

professionalism and compassion;

21

(d) Provide opportunities for continuing professional development and

22

research;

23

(e) Assist government health agencies in public health policy formulation,

24

implementation, and health care delivery;

25

(f) Promote the welfare and interests of its membership; and

1 (g) Promote encourage, and conduct medical outreach programs and projects  
2 to the marginalized sectors of the community.

3 **SEC. 49. The Integrated Philippine Medical Association.** – The IPMA shall  
4 have perpetual succession and shall have all legal powers appertaining to a juridical  
5 person, particularly the power to sue and be sued; to contract and be contracted with;  
6 to hold real and personal property as may be necessary for corporate purposes; to  
7 mortgage, lease, sell, transfer, convey and otherwise dispose of the same; to solicit  
8 and receive public and private donations and contributions; to accept and receive  
9 real and personal property by gift, devise or bequest; to levy and collect membership  
10 dues and special assessments from its members; to adopt a seal and to alter the same  
11 at pleasure; to have offices and conduct its affairs in the National Capital Region; and  
12 generally to do all such acts and things as may be necessary or proper to carry into  
13 effect and promote the purposes for which it was organized.

14 **SEC. 50. Investigative and Recommendatory Power of the Integrated**  
15 **Philippine Medical Association.** – The IPMA shall have the power to investigate  
16 complaints against physicians for violation of this Act, the Code of Ethics of the  
17 Medical Profession, and the pertinent rules and regulations, administrative policies,  
18 orders and issuances. The rules on administrative investigation promulgated by the  
19 IPMA shall govern in such proceeding.

20 If the complaint appears to be meritorious, the association shall issue a  
21 recommendation to file the proper charges before the PRBM.

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



1 (b) Any person who shall attempt to use a revoked or suspended certificate of  
2 registration or professional identification card, or a cancelled or expired  
3 temporary or special permit or temporary training permit;

4 (c) Any person using or attempting to use the certificate of registration or  
5 professional identification card or temporary or special permit or temporary  
6 training permit duly issued to another;

7 (d) Any person who shall give any false or forged documents, credentials, or any  
8 other proof of any kind to the PRBM or PRC in order to obtain a certificate of  
9 registration or professional identification card or temporary or special permit  
10 or temporary training permit;

11 (e) Any person who shall falsely present oneself as a bona fide licensed physician  
12 with like or different name;

13 (f) Any person who is not a licensed physician and who uses or advertises any  
14 title or description tending to convey the impression to the public that one is  
15 a registered and licensed physician or medical specialist; and

16 (g) When any of the acts defined in paragraphs (a) or (b) of this Section is  
17 committed by a person against three (3) or more persons, or when any of such  
18 acts are committed by at least three (3) persons who conspire with one  
19 another, or when death occurs, the offense shall be considered as a qualified  
20 offense and shall be punished by life imprisonment and a fine of not less than  
21 Five hundred thousand pesos (P500,000.00) but not more than Two million  
22 pesos (P2,000,000.00). Prosecution of an offense under this Act shall be  
23 without prejudice to a separate prosecution under the provisions of the  
24 Revised Penal Code and other laws.

25 **SEC. 54. Cease-and-Desist Order.** – The PRBM shall issue a cease-and- desist order  
26 after due notice and hearing, to enjoin any person illegally practicing medicine from

1 the performance of any act constituting the practice of the profession. Any such  
2 person who, after having been so enjoined, continues in the illegal practice of  
3 medicine, shall be charged and punished for contempt of court. The said injunction  
4 shall not relieve the person illegally practicing medicine from criminal prosecution  
5 and punishment as provided for in the preceding section.

6 However, if it is shown that the public will suffer grave injustice or irreparable  
7 injury, the chairperson of the PRBM, or in the chairperson's absence, any PRBM  
8 member holding office, may issue the cease-and-desist order within seventy-two (72)  
9 hours.

10 The Rules of the Court is suppletory for this purpose.

#### 11 **ARTICLE X MISCELLANEOUS PROVISIONS**

12 **SEC. 55. Annual Report.** - The PRBM shall, on or before the end of January of the  
13 year following the enactment of this Act, and every year thereafter, submit to the  
14 PRC its annual report of accomplishments on programs, projects, and activities for  
15 the calendar year together with its appropriate recommendations on issues or  
16 problems affecting the practice of medicine.

17 **SEC. 56. Appropriations.** - The amount necessary for the implementation of this  
18 Act shall be included in the annual General Appropriations Act.

19 **SEC. 57. Implementing Rules and Regulations.** - Within ninety (90) days after the  
20 approval of this Act, the PRC, in consultation and coordination with appropriate  
21 government agencies, representatives from the private sector, and other  
22 stakeholders, shall promulgate the necessary implementing rules and regulations for  
23 the effective implementation of this Act.

24 **SEC. 58. Transitory Provisions.** - The incumbent Professional Regulatory Board of  
25 Medicine shall continue to function in the interim until such time the new PRBM  
26 shall have been constituted pursuant to this Act.

1     **SEC. 59. Separability Clause.** – If any part or provision of this Act is declared  
2     invalid or unconstitutional, the remaining parts or provisions not affected shall  
3     remain in full force and effect.

4     **SEC. 60. Repealing Clause.** – RA No. 2382, otherwise known as the Medical Act of  
5     1959, RA No. 1243, as amended by RA No. 2251, otherwise known as the law on the  
6     Tenure of Office of Hospital Residents in Government Training Hospitals under  
7     DOH, RA No. 5901, otherwise known as Forty Hours a Week of Labor for  
8     Government and Private Hospitals or Clinic Personnel, Presidential Decree No. 1424,  
9     otherwise known as the Hospital Residency Law, and all other laws, decrees,  
10    executive orders, and other administrative issuances and parts thereof which are  
11    inconsistent with the provisions of this Act are hereby modified, superseded, or  
12    repealed accordingly.

13    **SEC. 61. Effectivity.** – This Act shall take effect fifteen (15) days after its publication in  
14    the Official Gazette or in a newspaper of general circulation in the Philippines.

15

16           Approved,