



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

Twentieth Congress
First Regular Session

HOUSE BILL NO. 2518



Introduced by Representative Giselle Mary L. Maceda

EXPLANATORY NOTE

The enactment of Republic Act No. 2382, otherwise known as “The Medical Act of 1959”, and its subsequent amendments under Republic Act Nos. 4224 and 5946, marked a historic milestone in the history of the Philippine medical profession. This landmark legislation provided the legal framework for the education, licensure, and professional regulation of medical practitioners in the country, and for more than six decades, it has served as the foundation and cornerstone of the practice of medicine in the Philippines.

However, it has been more than sixty (60) years since the enactment of this historic law. In the intervening decades, the fields of medical science and technology have undergone profound transformations and unprecedented advances. Innovations in diagnostic techniques, therapeutic modalities, medical devices, and healthcare delivery have revolutionized the way diseases are understood, treated, and managed. These changes have also deeply impacted the roles, responsibilities, and expectations of medical practitioners.

Given these remarkable advancements and the evolving landscape of healthcare, there is an urgent need to update the existing Medical Act of 1959 to reflect current realities and future needs. The proposed Philippine Medical Act aims to modernize and enhance the regulation of the medical profession by upgrading and updating the curriculum for medical education and training to equip future physicians with the latest knowledge and skills, providing an environment that fosters the continuous cultivation and enhancement of their expertise to raise the standards by which their practice is measured, and

promoting their welfare by offering stronger legal protection and support mechanisms.

Moreover, this bill envisions the integration of all facets of the medical profession into one cohesive framework – from medical education, internship, and residency training to licensure, registration, and practice. It also seeks to establish a unified and Integrated Philippine Medical Association to foster greater collaboration and standardization.

In summary, the proposed Philippine Medical Act aims to holistically enhance the quality, efficiency, and responsiveness of the medical profession in the Philippines. It ensures that Filipino physicians are not only well-equipped to deliver exemplary medical care but are also adequately supported and protected by a modern, comprehensive legal framework. This will ultimately translate to improved healthcare outcomes and better service to the Filipino people.

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



REP. GISELLE MARY L. MACEDA
4th District, Manila City



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

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

ARTICLE I
TITLE, POLICY, OBJECTIVES AND ENFORCEMENT

SECTION 1. *Short Title.* - This Act shall be known as the **PHILIPPINE MEDICAL ACT**.

SECTION 2. *Declaration of Policy.* - The State recognizes the vital role of physicians in the prevention, maintenance, safeguarding, treatment, and enhancement of the life, health and general welfare of the citizenry. The professional roles and services of physicians shall, therefore, be promoted and regarded as a fundamental pillar in a health care model that provides access to quality and cost-effective, preventive, promotive, curative, rehabilitative, and palliative health services.

SECTION 3. *Coverage.* - This Act provides for and shall govern the:

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

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

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

ARTICLE II DEFINITION OF TERMS

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

- a) *Accreditation* refers to the formal or official approval granted to a person, a program or organization, upon meeting essential requirements of achievement standard, including qualifications or units of a qualification, usually for a particular period of time, as defined by an accrediting body;
- b) *Basic Medical Education* refers to a post-baccalaureate program offered by a medical college recognized by the CHED composed of core curricular and clinical subjects, the completion of which leads to the conferment of the degree of Doctor of Medicine and grants the holder the eligibility to take the

Physician Licensure Examination inclusive of a one (1) year medical internship, offered by a medical college recognized by CHED;

- c) *Illegal Practice of Medicine* refers to the practice of the medical profession without the required valid certificate of registration and valid professional identification card as a Physician, or such other permits evidencing the authority to practice as may be issued by the PRC and the PRBM, including the Special Temporary Permit, or Temporary Training Permit;
- d) *Innovative Curriculum* refers to a curriculum that applies non-traditional, flexible, creative, and open curricular frameworks, teaching-learning models, and methods of evaluation and assessment applied to basic medical education in real world situations as defined by the CHED in its pertinent policies, standards and guidelines for medical education program; *Provided*, That the same program outcomes are achieved that will lead to the same MD degree;
- e) *Integrated Philippine Medical Association (IPMA)* refers to the integrated national professional organization of physicians in the Philippines recognized and accredited by the PRBM of the PRC;
- f) *Medical College* refers to a learning institution which has complied with the standards and requirements set forth and duly recognized by the CHED to offer a complete basic medical education program leading to a degree of Doctor of Medicine. It may also be known as a college of medicine, faculty of medicine, institute of medicine, school of medicine or other similar names;
- g) *Medical Specialist* refers to a duly licensed physician who, after having completed the prescribed training in an accredited postgraduate education and training institution and passed the corresponding specialty board certifying examination, is qualified to practice a particular medical specialty or subspecialty;
- h) *Medical Specialty* refers to a major branch or discipline of medicine that is focused on a defined group of patients, diseases, or skills in which a physician-practitioner has special additional knowledge, skills, experience, and expertise acquired after completion of a formal postgraduate education and training program in a PRBM accredited training institution;
- i) *Physician Licensure Examination* refers to an evaluative process conducted by the PRBM of the PRC to eligible candidates to determine their competency to practice the profession as physicians and a successful result thereof being a requirement for the issuance of a PRC professional license;

- j) *Postgraduate Medical Education and Training* refers to an educational program either through a clinical or non-clinical track, pursued after conferment of a Doctor of Medicine degree, and referring to any type of formal medical education or training in a hospital, community, facility, institute, or higher education institution (HEI) or any combination thereof leading to specialization;
- k) *Primary Care* refers to initial contact, accessible, continuous, comprehensive, and coordinated health care or medical care that is accessible at the time of need including a range of service for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary;
- l) *Resident or Fellow Trainee* refers to a duly licensed physician undergoing postgraduate medical education and training in a particular specialty or subspecialty of medicine in an accredited training institution;
- m) *Specialty Board Certifying Examination* refers to the evaluative process conducted at the end of the residency and fellowship training program;
- n) *Special Temporary Permit* refers to the privilege granted to a foreign Physician to be able to practice in the Philippines for a limited period of time, subject to limitations and conditions provided for by law;
- o) *Telemedicine* refers to the practice of medicine by means of electronic and telecommunications technologies such as by telephone, internet-enabled messaging, short messaging services (SMS), or audio-and-video conferencing to deliver health care at a distance between a patient at an originating site, and a physician at a distant site;
- p) *Temporary Training Permit* refers to the authority granted to a foreign medical professional by the PRBM and the PRC for the purpose of undergoing medical residency or fellowship training in the Philippines.

ARTICLE III MEDICAL EDUCATION COUNCIL

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

- a) Chairperson of the CHED or the Chairperson's duly authorized representative as Chairperson of the MEC;

- b) Secretary of Health or the Secretary's duly authorized representative as member;
- c) Chairperson of the PRBM or the Chairperson's duly authorized representative as member;
- d) President of IPMA or the President's duly authorized representative as member;
- e) President of the association of Philippine medical colleges or its duly authorized representative as member;
- f) President of the national association of hospitals duly recognized by the DOH or the President's duly authorized representative as member; and
- g) The Dean of the University of the Philippines College of Medicine as permanent member.

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

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

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

Members thereof who are not government officials or employees shall be entitled to *per diem* chargeable against the funds of the CHED, as approved by the MEC, subject to existing rules and regulations of the Department of Budget and Management (DBM)

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

- a) Recommend the opening and recognition of new medical colleges especially in areas of need upon compliance with the minimum requirements;
- b) Determine the minimum requirements for physical facilities of medical colleges such as buildings, hospitals, equipment and supplies, apparatus, instruments, appliances, laboratories and bed capacity for instruction purposes, operative and delivery rooms, facilities for out-patient services, community health services, and others that are necessary for didactic and practical instruction in accordance with recent trends;
- c) Determine the minimum number and the standard qualifications of administrative and academic teaching personnel including student-teacher ratio;
- d) Determine the minimum required curriculum leading to the degree of Doctor of Medicine, including medical internship;
- e) Recommend the implementation of an acceptable innovative medical curriculum or strategy in a medical college that has exceptional faculty, students, equipment, and facilities; such medical colleges with an innovative curriculum may prescribe admission and graduation requirements other than those prescribed in this Act;
- f) Determine the minimum requirements for admission into a recognized medical college;
- g) Develop and put into place programs as well as adopt and implement policies that will encourage and allow applicants coming from marginalized areas or groups as well as financially-challenged families to be admitted into medical colleges and complete their medical education;
- h) Maintain a registry of medical students enrolled in medical colleges, and conduct tracer studies for medical graduates for up to five (5) years from graduation;
- i) Recommend the closure or suspension of the degree of Doctor of Medicine program of a medical college by reason of poor performance in the Physician Licensure Examination over a given period of time based on statistical data furnished by the PRBM, or upon inspection of the medical college by the MEC for reasons of various deficiencies or violations;
- j) Promulgate, prescribe, and enforce policies and programs which will ensure the proper and orderly operations and upkeep of medical colleges in order to ensure that basic medical education is not treated merely as a business enterprise but one with a social dimension;

- k) Regulate, supervise, and monitor the medical internship program;
- l) Recommend to the Unified Financial Assistance System (UniFAST) Board and CHED, policies and strategies for the effective implementation of Republic Act (RA) No. 10687, otherwise known as the “Unified Student Financial Assistance System for Tertiary Education (UniFAST) Act” and RA No. 11509, otherwise known as the “Doktor Para sa Bayan Act” on matters related to government scholarships for medical education and prescribe mechanisms for the effective implementation of return-service agreements; and
- m) Promulgate, prescribe, and enforce the necessary rules and regulations for the proper implementation of the foregoing function.

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

- a) Formulate a one (1)-year standardized curriculum for medical internship that may be rotating hospital-based, community-oriented, or combination of both, including accreditation standards for health institutions;
- b) Review the medical internship curriculum and accreditation standards at least every four (4) years;
- c) Formulate and implement regulations and procedures for accredited health institutions including sanctions for non-compliance;
- d) Accredite hospitals and other health facilities or settings that will be allowed to conduct a medical internship training program;
- e) Regularly evaluate and monitor the compliance of accredited health institutions with the prescribed curriculum and accreditation standards, and institute mechanisms for program evaluation;

- f) Determine the reasonable processing fee for eligible applicants to the internship program and an administrative fee for accreditation of health institutions;
- g) Assist clinical clerks in coordination with their medical colleges, in making an informed choice when selecting a particular health institution for their medical internship;
- h) Formulate and implement a national internship matching program including mechanisms for transfers after having been matched;
- i) Develop and implement a system for accredited health institutions to monitor and evaluate the performance of their medical interns;
- j) Receive concerns and resolve complaints from medical interns or host institutions; and
- k) Recommend to the MEC for the issuance of a certificate of completion of medical internship to a medical intern upon the recommendation of the accredited health institution following the satisfactory completion of the internship program.

ARTICLE IV

THE PROFESSIONAL REGULATORY BOARD OF MEDICINE

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

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

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

- b) Determine and evaluate qualifications of the applicants for the Physician Licensure Examination and foreign applicants for special permits to practice medicine in the Philippines or temporary training permits for post-graduate medical education and training;
- c) Prepare the test questions in the Physician Licensure Examination in accordance with recognized principles of evaluation and pertinent provisions of Section 18 of this Act; prescribe the syllabi of the subjects and their relative weights for the licensure examinations; conduct the examination; and determine the final rating of the examination papers of each examinee;
- d) Ensure that test questions in the Physician Licensure Examination are appropriately formulated to assess the knowledge, skills and attitudes of the examinees;
- e) Determine, amend or revise of the coverage of the subjects in the Physician Licensure Examination and their relative weights, and the proper conduct of the examinations, including the security of the examination questions to ensure that there are no leakages in the system, subject to the approval of the PRC;
- f) Explore and develop ways on how to measure and evaluate the clinical competence of examinees and integrate the same into the Physician Licensure Examination;
- g) Register successful examinees in the Physician Licensure Examination in the roll of physicians and issue the corresponding certificates of registration;
- h) Issue special or temporary permits to foreign medical professional to practice medicine for specific projects, duration of time, and place of practice;
- i) Administer the qualifying assessment for foreign medical professionals who intent to train in the Philippines for a particular specialty or sub-specialty field of practice;
- j) Monitor the conditions affecting the practice of the medical profession, respond to emerging needs, and adopt measures for the enhancement of the quality of the education and practice of medicine in coordination with the appropriate regulatory bodies;

- k) Monitor the performance of medical colleges and their compliance with the rules and regulations of the MEC, in coordination with CHED;
- l) Conduct inspection of establishments where physicians are practicing and in the case of medical schools, in coordination with the MEC as provided in Section 9 of RA 8981, otherwise known as the "PRC Modernization Act of 2000";
- m) Promulgate rules and regulations including a Code of Ethics of the Medical Profession, administrative policies, orders, and issuances to carry out the provisions of this Act, in collaboration with the IPMA;
- n) Conduct regular quality assurance programs and activities to ensure quality medical education;
- o) Investigate meritorious cases of violations of this Act, Code of Ethics, and the pertinent rules and regulations, administrative policies, orders, and issuances which are recommended for decision by the IPMA. The rules on administrative investigation promulgated by the PRC shall govern the conduct of such investigations: *Provided*, That a majority of the members of the PRBM with the assistance of the Legal Division of the PRC shall conduct the hearings. A member of the PRBM shall be assigned to preside over each case for hearing;
- p) Issuance of *subpoena as testificandum* or *subpoena duces tecum* to secure attendance of respondents or witnesses as well as the production of documents: *Provided*, That failure to comply therewith by the party to whom a subpoena has been issued shall be punishable by way of indirect contempt. For this purpose, the PRBM is hereby vested with the power to cite any party for contempt which maybe exercised pursuant to the applicable provisions of Rule 71 of the Rules of Court; and
- q) After due notice and hearing, cancel examination papers or bar any examinee from future examinations, or both; refuse or defer the registration of an examinee; reprimand the physician with a stern warning; suspend the physician from the practice of the profession; revoke the physician's certificate of registration; cancel special or temporary permit; impose the payment of penalty fee; reprimand, suspend, or remove from the roll of physicians on account of continuous non-payment of annual registration fees, reinstate or re-enroll a physician's name in the said roll; and re-issue or return the physician's certificate of registration and professional identification card.

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

- r) Administer the physician's oath;
- s) Institute and prosecute or cause to be instituted and prosecuted any and all criminal action against any violation of this Act or the rules and regulations of the PRBM, or both, subject to the provisions of Section 5, Rule 110 of the Rules of Criminal Procedure, as amended;
- t) Adopt an official seal;
- u) Coordinate with the MEC in prescribing, amending or revising the curricular courses in a Doctor of Medicine program;
- v) Assist the PRC in the implementation of its prescribed guidelines and criteria on continuing professional development (CPD) for licensed physicians consistent with RA No. 10912, otherwise known as the "Continuing Professional Development Act of 2016";
- w) Set the standards and guidelines for the issuance and re-issuance of certificates of registration including compliance with the PRBM's CPD program; and
- x) Perform such other functions and duties as may be necessary to implement the provisions of this Act efficiently and effectively.

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

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

- a) A natural born Filipino citizen and has been a resident of the Philippines for at least ten (10) consecutive years;
- b) A holder of a valid certificate of registration and updated professional identification card as a physician;

- c) Has been practicing medicine for at least ten (10) years;
- d) A continuing bona fide member of the IPMA;
- e) Has not been convicted by final judgment by a competent court of a criminal offense involving moral turpitude;
- f) Has at least ten (10) years' experience as a faculty member of a medical college and preferable with an academic rank of Associate Professor;
- g) Not a current member of the faculty staff of any medical college;
- h) Does not have any pecuniary interest in an institution which offers and operates a program for the degree of Doctor of Medicine; and
- i) Not connected with or has no pecuniary interest in a review center, school, group, or association offering classes or lectures as preparation for the Physician Licensure Examination.

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

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

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

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

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

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

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

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

ARTICLE V PHYSICIAN LICENSURE EXAMINATION

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

SECTION 17. *Qualifications for Applicant for the Physician Licensure Examination.* – All applicants for the Physician Licensure Examination must possess all qualifications and none of the disqualifications hereunder set forth as follows:

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

- b) Is mentally, emotionally and physically sound with a certificate of good moral character signed by the Dean of the medical college from where the applicant graduated;
- c) Has not been convicted by final judgment by a court of any criminal offense;
- d) A holder of the degree of Doctor of Medicine or its equivalent for innovative curriculum, conferred by a medical college established in the Philippines and duly recognized by the CHED, or a degree conferred by a foreign college of medicine and accredited by the CHED as substantially equivalent to the degree of Doctor of Medicine conferred by medical colleges in the Philippines; and
- e) Has complete one (1) year medical internship.

SECTION 18. *Scope of Physician Licensure Examination.* – The Physician Licensure Examination shall cover the following thirteen (13) individual or combined subjects with the relative weights for each:

- a) Anatomy and Histology;
- b) Physiology;
- c) Biochemistry and Molecular Biology;
- d) Pharmacology and Therapeutics;
- e) Microbiology and Parasitology;
- f) Anatomic and Clinical Pathology;
- g) Internal Medicine, Neurology, Dermatology, Geriatrics, Oncology, Psychiatry Behavioral medicine, and Clinical Neuroscience;
- h) Obstetrics and Gynecology;
- i) Pediatrics and Nutrition;
- j) Surgery, Anesthesiology and Pain Management;
- k) Ophthalmology, Otolaryngology, Head and Neck Surgery, and Orthopedics;
- l) Family and Community medicine, Preventive Medicine and Public Health Economics, Physical and Rehabilitative Medicine, Palliative Medicine; and
- m) Legal Medicine, Medical Jurisprudence, Medical Ethics, and Medical Informatics.

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

In case there is a need or when circumstances require, or to conform with technological advancements and other developments, the PRBM, in consultation

with the MRC and recognized association of medical colleges, may revise the substance, format, and the conduct of the examinations.

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

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

SECTION 19. *Venues and Schedule of Examinations.* – The PRBM shall administer the examinations for the registration of physicians at least twice a year in such places as the PRC may designate in accordance with the provisions of RA 8981. However, in case of a public health emergency, disaster, calamity, whether natural or human-induced, the PRBM may postpone such examination to a later date.

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

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

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

SECTION 21. *Report and Publication of the Results of Examination.* – The PRBM shall report the rating of each examinee to the PRC within ten (10) days from the last day of examination or any other period granted by the PRC. The official results of the examination containing the list of topnotcher examinees with their respective

medical colleges and the names of the medical colleges obtaining the top percentage of successful examinees shall be published by the PRC.

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

SECTION 22. *Oath.* – All successful examinees shall be required to take the physician's oath before the PRBM or any person authorized by the PRC to administer it before they are issued their certificates of registration and professional identification cards, or before they are allowed to start in their practice of the medical profession.

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

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

The certificate of registration of a physician shall bear the registration number and the date of issuance and the signatures of the chairperson of the PRC and the members of the PRBM. Moreover, this document must be stamped with the seals of the PRC and the PRBM, certifying that the name of the person stated therein appears in the Registry, Roster, or Roll of Physicians under the custody of the PRC; that the person has complied with all the legal requirements for registration as a physician; and that the person is entitled to exercise all the privileges appurtenant to the practice of medical profession: *Provided*, That the physician does not violate this Act, its implementing rules and regulations, the Code of Ethics of the Medical Profession, and other regulatory issuances and policies of the PRC and the PRBM. The professional identification card shall bear the name of the registered licensed physician, the registration number, the date of issuance, and the date of the expiration of the license. Together with the IPMA membership identification card, the physician is deemed qualified to practice medicine in the Philippines.

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

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

ARTICLE VI

THE POSTGRADUATE MEDICAL EDUCATION COUNCIL

SECTION 24. *Creation.* – There is hereby created the Postgraduate Medical Education Council, herein referred to as the PGMEC, under the Professional Regulatory Board of Medicine (PRBM).

The PGMEC shall be headed by the incumbent chair of the PRBM or its duly authorized representatives and the following as members:

- a) Chairperson of the Civil Service Commission or a duly authorized representative;
- b) Secretary of Health or a duly authorized representative;
- c) Secretary of Labor and Employment or a duly authorized representative;
- d) One (1) representative from the IPMA;
- e) One (1) representative from the private hospital association; and
- f) Three (3) representatives, one (1) from each of three (3) different Medical Practice Groups.

The PGMEC shall constitute a Medical Practice Group (MPG) for each lead or primary medical specialty previously identified by the PRBM through a resolution. Each MPG shall be composed of a chairperson and at least six (6) but not to exceed twelve (12) members who must all be licensed physicians and actively engaged in the professional practice of the respective medical specialty.

The IPMA shall promulgate a nomination process for the membership of each MPH as recommended by the primary professional specialty organization or specialty board based on an explicit set of qualifications. It shall appoint the chairperson and members of each MPG for a term of two (2) years: *Provided*, That no chairperson nor member shall serve for more than three (3) consecutive terms.

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

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

a) Committee on Training

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

b) Committee on Accreditation

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

c) Committee on Certification

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

d) Review Committee

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

The member of the PGMEC shall perform their duties as such without compensation or remuneration, subject to reasonable per diem allowances as approved by the PRC 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 PRC, subject to existing rules and regulations of the DBM.

SECTION 25. *Powers and Functions of the PGMEC.* – The PGMEC shall ensure the quality, sustainability, and development of post-graduate medical education and training for all specialties and subspecialties of medicine. Through the respective MPGs and the professional specialty organizations or specialty boards, it shall perform the following functions:

- a) Oversee the establishment of standards of postgraduate medical education and training in all medical specialties or subspecialties including their training curricula and desired outcomes;
- b) Ensure that the standards set for postgraduate medical education and training are aligned with the Career Progression and Specialization Program of the PRC and the PRBM, national health agenda, responsive to the health needs of the population, and at par with international norms;
- c) Oversee the accreditation of postgraduate medical education and training programs;
- d) Oversee the compliance of accredited postgraduate medical education and training programs with established accreditation guidelines and prescribe remedial measures for those with deficiencies;

- e) In consultation with appropriate agencies, work for the provision of better compensation and benefits and humane working conditions for residents and fellows in training;
- f) Screen foreign medical professionals who intent to undergo postgraduate medical education and training in the country and monitor their performance;
- g) Maintain a registry or database of accredited postgraduate medical education and training programs, the residents and fellows including foreign medical professionals training in those institutions;
- h) Receive and act on complaints and grievances of residents or fellows in training against co-residents, co-fellows and their host healthcare institution, as well as complaints of patients against trainees;
- i) Oversee the conduct of the specialty board certifying examinations including determination of each candidate's eligibility;
- j) Issue the corresponding Certificates of Accreditation to healthcare institutions that have complied with all requirements; Certificates of Training to resident and fellow trainees who have satisfactorily completed their postgraduate medical education and training; and Diplomas to eligible candidates who have successfully passed the professional specialty board certifying examinations;
- k) Seek or request the assistance and support of any government agency, office or instrumentality including government-owned or controlled corporations, local government units as well as non-governmental organizations or institutions in pursuance of its functions; and
- l) Formulate other policies as it may deem necessary in pursuance of its functions.

SECTION 26. *Accreditation of Postgraduate Medical Education and Training Programs.*

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

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

SECTION 27. *Qualifications of Applicants to Postgraduate Medical Education and Training Programs.* – The following shall be the minimum qualifications of applicants to postgraduate medical education and training programs:

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

SECTION 28. *General Conditions for the Postgraduate Medical Education and Training of Foreign Medical Professionals.* – The following general conditions shall be applied to foreign medical professional undergoing postgraduate medical education and training in the Philippines:

- a) Accredited postgraduate medical education and training programs shall be allowed to accept foreign medical professionals only in cases wherein no Filipino physician is applying for the same vacancy. Filipino physicians shall be given the first priority in filling up vacancies for residency or fellowship trainee positions;
- b) Foreign medical professionals shall secure clearance from the PRBM prior to applying for a training position with any accredited postgraduate medical education and training program;
- c) Foreign medical professionals shall undergo basic language course in Filipino or the dialect that is used in the locality where the accredited training institution is located before commencing postgraduate medical education and training. A certificate of proficiency in Filipino and the dialect of the locality shall be obtained by the foreign medical professional from a CHED-accredited state university or tertiary education institution in the locality where the foreign medical professional intends to undergo postgraduate medical education and training before the PRBM may issue a

clearance. For accredited institutions located in areas wherein English is the language used and understood by the majority, proficiency in a dialect shall no longer be required;

- d) Foreign medical professionals shall be required to undergo a seminar on Philippine history, culture, and government as well as the Philippine laws affecting the health care delivery system, such as RA No. 11223, otherwise known as the “Universal Health Care Act”; RA 10173, otherwise known as the “Data Privacy Act of 2012”; RA 11332, otherwise known as the “Mandatory Reporting of Notifiable Diseases”; RA No. 11058, otherwise known as the “Health Events of Health Correction Act”, among others prior to the commencement of postgraduate medical education and training; and
- e) Foreign graduates of medicine must have no previous criminal conviction or administrative liability in the Philippines and their country of origin.

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

SECTION 29. *Working Conditions of Residents or Fellows in Training.* – The following shall be strictly observed by all accredited postgraduate medical education and training healthcare institutions:

- a) No resident or fellow trainee shall be allowed to go on duty for more than twenty-four (24) hours straight, except in extraordinary cases to be determined by the corresponding hospital administrator or training program director;
- b) Resident and fellow trainees shall be entitled to one (1) day off from hospital duty every week unless there is an agreement to the contrary between the hospital and medical resident;
- c) Resident and fellow trainees shall be provided with standard quarters in the hospital where they can stay and rest during their tour of duty;
- d) Resident and fellow trainees shall only perform those functions that are related to their education and training. As such, their superiors are hereby prohibited from issuing unrelated orders or are demeaning to a trainee’s dignity as a person. The PGMEC shall receive and investigate complaints of this nature;
- e) Resident and fellow trainees are entitled to adequate periods for meal breaks and personal care during their tour of duty;

- f) Resident and fellow trainees shall always be supervised by their superiors especially when performing critical procedures on patients. In the case of a junior trainee, the more senior trainee or consultant shall be available for supervision and assistance, and in the case of senior trainees, their consultant; and
- g) Residents and fellow trainees shall be treated equally. No trainee shall be discriminated because of gender, race, ethnicity, or religion.

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

SECTION 30. *Professional Conduct of Resident or Fellow Trainees.* – In addition to the Code of Ethics of the Medical Profession as jointly approved by the IPMA and the PRC, a resident or fellow trainee shall always observe the following professional conduct:

- a) Uphold the dignity, privacy and rights of their patients;
- b) Perform their functions with utmost diligence especially those related to care of patients so as not to inflict any harm on them;
- c) Refrain from engaging in unacceptable practices such as:
 - 1) Receiving any form of payment from their patients;
 - 2) Accepting commissions from laboratories, diagnostic facilities, or pharmacies for referring patients to these facilities;
 - 3) Obtaining excess and unused medicines, drugs and other materials from patients or the supply source, without proper permission;
 - 4) Selling medicines, drugs and other materials to patients or their relatives;
 - 5) Selling free samples of drugs or other medicines; and
 - 6) Receiving money or any form of incentives from any pharmaceutical company for prescribing their brand of drugs, medicines, and other materials.
- d) Treat superiors, subordinates, co-workers, and patients' relative with utmost respect;
- e) Observe the provisions of RA No. 6675, otherwise known as the "Generics Act of 1988" and RA No. 9502, otherwise known as the "Cheaper and Quality Medicines Act of 2008"; and

- f) Render full-time service to the healthcare institution where the trainee is employed and shall not engage in any part-time job outside the institution.

SECTION 31. *Responsibilities of Accredited Postgraduate Medical Education and Training Healthcare Institutions.* – In addition to the enforcement of the provisions of this Act, accredited postgraduate medical education and training institutions shall have the following responsibilities:

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

SECTION 32. *Grievance System.* – A grievance system is hereby established, wherein any aggrieved party may seek redress in accordance with the following rules and procedures:

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

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

SECTION 33. *Hearing Procedures of the Committee.* – Upon the filing of the complaint, the Committee, after consideration of the allegations thereof, may dismiss the case outrightly due to lack of verification, or for failure to state the cause of action, or any other valid ground for the dismissal of the complaint after consultation with the PGMEC, or require the respondent to file a verified answer within five (5) days from service of summons.

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

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

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

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

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

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

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

SECTION 34. *Violations.* – Any healthcare training institution or any of its resident or fellow trainees, or both, that have been found violating any provisions of this Act shall have the following penalties:

- a) First Offense - Reprimand;
- b) Second Offense – Suspension with duration depending on the gravity of the offense but not exceeding six (6) months; and
- c) Third Offense – Revocation of the accreditation of the training institution, or in the case of a resident or fellow in training, non-issuance of a Certificate of Training and removal from the postgraduate medical education and training program.

ARTICLE VII

REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION

SECTION 35. *Acts Constituting the Practice of Medicine.* – The following are acts constituting the practice of medicine:

- a) History taking and physical examination of any person for any disease, injury, or deformity; and diagnosing, treating, operating, prescribing, or dispensing any remedy therefor;
- b) History taking and physical examination of any person for any disease, injury, deformity, physical enhancement, or anti-aging treatment; and diagnosing, treating, operating, prescribing, or dispensing any remedy therefor including the use of needles or other percutaneous instruments to administer substances such as biologic biostimulators, neurotoxins, pharmaceutical drugs, or dermatologic fillers intended to alter, stimulate,

repair, or enhance tissue or physiological functions, as well as the operation of energy-based devices, including lasers, intense pulsed light (IPL), radiofrequency, ultrasound, microwave, plasma, cryotherapy, and electrocautery, for purposes such as tissue ablation, resurfacing, remodeling, tightening, coagulation, or any dermatologic, aesthetic, or surgical modification;

- c) History taking and examination of any person through submission of photographs and videos or any communication through telecommunication or electronic means for any disease, injury, or deformity; diagnosing, prescribing or dispensing any remedy therefor through electronic means or telemedicine;
- d) History taking and physical examination of any person's mental condition for any ailment, real or imaginary, regardless of the nature of the remedy or treatment administered, prescribed, or recommended;
- e) Offering or undertaking to diagnose, treat, operate, prescribe, or administer any remedy for any human disease, injury, deformity, physical or mental condition, either personally or by means of signs, cards or advertisements by way of mass media, or any other means of communication;
- f) Using or affixing "M.D." to the person's name in written or oral communications. Unless otherwise specified, the letters "M.D." shall mean Doctor of Medicine: *Provided*, That only those who have passed the Physician Licensure Examination and licensed to practice the medical profession are allowed to use the title "M.D."; and
- g) Conducting formal medical classes in medical colleges, seminars, lectures, symposia and the like unless the subject matter being taken up involves basic science fundamentals in the furtherance of its applications in clinical medicine.

SECTION 36. *Exceptions in the Practice of Medicine.* – For purposes of this Act, the following shall not be considered as engaging in the practice of medicine: *Provided*, That they are attending to patients under the direct supervision and control of a duly licensed physician:

- a) Medical students, clinical clerks, and medical interns attending to patients;
- b) Foreigners who intent to undergo or are undergoing postgraduate medical education and training or otherwise under training and with a valid special permit from the PRBM;

- c) Non-medical persons who perform specific interventions in emergency situations to save life or preserve limb according to their level of competence determined by their prior training and certification;
- d) Non-medical educators who have attained a Masters or Doctorate degree on a specific field in the basic sciences of medicine who conduct teaching-learning activities for medical students, interns, or licensed physicians; and
- e) Practitioners of Traditional and Complementary Medicine Modalities or systems who are regulated by the Philippine Institute of Traditional and Alternative Health Care.

SECTION 37. *Scope of Medical Practice.* – The scope of the practice of medicine is the application of medical knowledge, skill, and judgment for the promotion of good health; the prevention and treatment of physical, mental, or psycho-social diseases, disorders, injuries, and conditions; the assessment and management of a physical, mental, or psycho-social disease, disorder, injury, or condition of an individual or group of individuals at any stage of the biological life cycle, including the prenatal and postmortem periods delivered either in clinical or non-clinical settings.

a) Clinical Practice of Medicine

- 1) General Medical Practice refers to the professional practice of a General Physician who has complete basic medical education and medical internship, has obtained a PRC license, and has not completed any formal postgraduate medical education and training as defined in this Act.
- 2) A General Physician or a Medical Specialist may serve as a Primary Care Provider as provided for in RA No. 11223, when the defined competencies in Primary Care as certified by the DOH are achieved.
- 3) Limited Specialty Care Practice refers to the clinical practice of a General Physician with additional credentials to independently provide particular emergency and essential health care services in locations where specialist physicians are unavailable or inaccessible, obtained after undergoing the necessary qualifications and training as may be determined by the corresponding MPGs and PGMEC in collaboration with the respective professional specialty organizations or specialty boards and monitored regularly by the same. The corresponding MPGs and PGMEC, in consultation with the DOH,

shall determine the localities where specialist physicians are unavailable or inaccessible.

- 4) Specialty Medical Practice refers to the professional practice of a Specialist Physician who is a licensed physician and has completed additional formal postgraduate medical education and training in a distinct clinical medical discipline focused on a defined group of patients, diseases, skills, or philosophy and has been certified by the PGMEC upon recommendation of the corresponding MPGs. The scope of specialty medical practice refers to the diagnosis and management of specific conditions as defined by the corresponding MPG and PGMEC for a particular specialty or subspecialty.

b) Non-Clinical Practice of Medicine

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

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

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

SECTION 38. *Establishment of Physician-Patient Relationship.* – The physician and patient interacting through telecommunication services, for purposes of telemedicine practice, shall be considered to have established a physician-patient relationship, and all pertinent laws governing and related to the said relationship shall likewise apply.

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

SECTION 39. *Reciprocity.* – A foreigner may be allowed to practice medicine in the Philippines without have to pass the Physicians Licensure Examination, if the country of which the foreigner is a citizen, allows Filipino citizens to practice medicine under the same conditions such as the following:

- a) The country of which the foreigner is a citizen, imposes the same academic and training requirements for its citizens to be able to practice medicine;
- b) There is a reciprocity agreement, executive agreement, or international agreement, or treaty to this effect signed by both governments of the Philippines and the country of which the foreigner is a citizen; and
- c) The foreigner must show documents equivalent to the PRC Identification Card or Certificate of Registration attesting that the foreign country's regulatory board of medicine has allowed the person to practice medical profession in their country.

SECTION 40. *Special Permits to Practice Medicine in the Philippines.* – In the absence of reciprocity agreement, executive agreement, international agreement, or treaty, a foreigner may be allowed to practice in the Philippines subject to the following conditions:

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

The PRC may issue a special permit to a foreign medical professional not covered by any reciprocity agreement or under Section 39 hereof under the following guidelines:

- a) Physicians who are citizens of and licensed in foreign countries and who intend to render free medical services to patients, indigent or otherwise, in the Philippines in a particular local hospital, center, or clinic: *Provided, That* a reasonable honorarium may be allowed for daily subsistence during their stay or service in the Philippines: *Provided, further, That* they render such services under the direct supervision and control of a duly licensed Filipino physician;
- b) Physicians who are internationally well-known medical specialists or publicly acknowledge as experts in any field of medical specialization;
- c) Physicians of foreign countries whose services are urgently necessary, owing to the lack of available local specialists or experts, or for the promotion and advancement of the practice of medicine including the conduct of formal classes or training and acting as resource persons in medical seminars, for a, or symposia;
- d) Physicians licensed in foreign countries who are employed as exchange professors in any area of medical specialization; and
- e) Other categories of foreign physicians as may be determined by the PRBM and the PRC.

SECTION 41. *Administrative Investigation and Disciplinary Actions.* – The PRBM shall have the power, upon proper notice and hearing, after finding of guilty, issue and reprimand, to suspend from the practice of profession, or revoke the certificate of registration of a physician, or cancel the special or temporary permit or temporary training permit issued to a foreign medical professional for any of the following grounds or causes:

- a) Final conviction by a court of competent jurisdiction of any criminal offense involving moral turpitude;
- b) Immoral or dishonorable conduct;
- c) Mental incapacity;
- d) Fraud in the acquisition of the certificate of registration and the professional identification card or temporary or special permit or temporary training permit;
- e) Gross negligence, ignorance, or incompetence in the practice of the profession, resulting in injury to or death of the patient;
- f) Addition to alcoholic beverages, any habit-forming drug, or any form of illegal gambling, rendering the person incompetent to practice the 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 the physician's name, profession, limitation of practice, clinic hours, and office and home addresses 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) Issuing any false medical certificate or findings or making any fraudulent claims with government or private health insurance knowingly;
- j) Performance of, or aiding in, any criminal abortion;
- k) Allowing oneself to be substituted by an unqualified or unlicensed person to practice general or specialty medicine: *Provided, however,* That this provision shall not apply to accredited training programs where students, interns, or residents or fellows in training are allowed to perform tasks under supervision;
- l) Substituting for another medical practitioner in the professional care of the latter's patient without the patient's knowledge and consent;
- m) Abetting of assisting in the illegal practice by a person who is not lawfully qualified to practice the profession;
- n) Using or advertising any title or description tending to convey the impression to the general public that one is a medical specialist in a particular field of medicine when in fact the person does not possess the necessary qualifications to practice the specialty;
- o) Practicing the profession during the period of the suspension or during the period that the license is revoked;
- p) Willful failure or refusal to be a member in good standing of the IPMA; and
- q) Violation of any provision of the Code of Ethics of the Medical Profession as jointly approved by the IPMA and the PRC.

SECTION 42. *Rights of the Parties.* – The private complainant and the respondent physician shall have the right to be heard, to a counsel, to a speedy and impartial hearing, to confront and to meet the witnesses, to compulsory processes, to secure the attendance of witnesses and the production of evidence, 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 nor taken up in any other forum until after the same shall have been decided with finality.

SECTION 43. *Appeal from Judgment.* – The decision of the PRBM shall become final fifteen (15) days from the date of receipt of such decision by the parties or their counsel. 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 PRBM shall be allowed. A decision of suspension, revocation of the certificate of registration, or removal from the roll of physicians by the PRBM as provided herein may be appealed to the PRC within fifteen (15) days from receipt thereof.

SECTION 44. *Reissuance of Revoked Certificate of Registration and Professional Identification Card and Replacement of Lost Certificate of Registration and Identification Card.* – After two (2) years, the PRBN may order the reinstatement of any physician whose certificate of registration has been revoked, if the respondent, for reasons of equity and justice and when the cause for revocation has disappeared or has been cured and corrected or has acted in an exemplary manner in the community, upon proper application therefor and the payment of the required fees, issue another copy of the certificate of registration and professional identification card.

A new certificate of registration or professional identification card to replace a certificate or card that has been lost, destroyed, mutilated, or otherwise could not longer be used for its purpose, may be issued, subject to the rules of the PRC.

SECTION 45. *Mandatory Use of Certificate of Registration Number, Professional ID Number, IPMA Membership Number, and Professional Tax Receipt Number.* – A registered licensed physician shall indicate the certificate of registration number, the number and the expiry date of the professional identification card, IPMA membership number, and Professional Tax Receipt number of the prescription and other documents used or issued in connection with the practice of profession.

SECTION 46. *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 name appear in the Registry, Roll, or Roster of Physicians at the time of the effectivity of this Act shall automatically be registered by the PRBM and PRC as physicians, and thereafter by the IPMA as its bona fide members pursuant to Section 23 of this Act.

ARTICLE VIII

INTEGRATED PHILIPPINE MEDICAL ASSOCIATION

SECTION 47. *Integration of the Profession.* – For purposes of this Act, the existing Philippine Medical Association shall be integrated into the Integrated Philippine Medical Association (IPMA). All physicians, duly registered and licensed by the PRBM and PRC, shall automatically become members of the IPMA, maintain such

memberships therein as a requisite to practice the profession, and receive benefits and privileges appurtenant thereto upon payment of the required reasonable fees and dues. Membership in the IPMA shall not be a bar to membership in other associations of physicians.

The objectives of the IPMA shall be as follows:

- a) Elevate the standards of the medical profession that is responsive to the health needs of the population;
- b) Assist the PGMEC with the education, training and certification of medical specialists and subspecialists;
- c) Foster and maintain the high ideals of integrity, competence, professionalism and compassion;
- d) Provide opportunities for continuing professional development and research;
- e) Assist government health agencies in public health policy formulation, implementation, and health care delivery;
- f) Promote the welfare and interests of its members; and
- g) Promote, encourage, and conduct medical outreach programs and projects to the marginalized sectors of the community.

SECTION 48. *The Integrated Philippine Medical Association.* – The IPMA shall have perpetual succession and shall have all legal powers appertaining to a juridical person, particularly the power to sue and be sued; to contract and be contracted with; to hold real and personal property as may be necessary for corporate purposes; to mortgage, lease, sell, transfer, convey and otherwise dispose of the same; to solicit and receive public and private donations and contributions; to accept and receive real and personal property by gift, devise or bequest; to levy and collect membership dues and special assessments from its members; to adopt and seal and to alter the same at pleasure; to have offices and conduct its affairs in the National Capital Region; and generally to do all such acts and things as may be necessary or proper to carry into effect and promote the purposes for which it was organized.

SECTION 49. *Investigative and Recommendatory Power of the Integrated Philippine Medical Association.* – The IPMA shall have the power to investigate complaints against physicians for violation of this Act, the Code of Ethics of the Medical Profession, and the pertinent rules and regulations, administrative policies, orders and issuances. The rules on administrative investigation promulgated by the IPMA shall govern in such proceeding.

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

If the complaint does not merit action, or if the answer shows to the satisfaction of the association that the complaint is not meritorious, the same may be dismissed.

The PRBM may review the case *motu proprio* or upon timely appeal of the complainant filed within fifteen (15) days from notice of the dismissal of the complaint.

SECTION 50. *Mandatory Continuing Professional Development.* – The PRBM shall implement a mandatory continuing professional development for physicians consistent with RA 10912.

ARTICLE IX PENAL PROVISIONS

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

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 (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 with a fraudulent certificate of registration, professional identification card, or temporary or special permit or temporary training permit in accordance with the provisions of this Act;
- b) Any person who shall attempt to use a revoked or suspended certificate of registration or professional identification card, or a cancelled or expired temporary or special permit or temporary training permit;
- c) Any person using or attempting to use the certificate of registration or professional identification card or temporary or special permit or temporary training permit duly issued to another;
- d) Any person who shall give any false or forged documents, credentials, or 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 or special permit or temporary training permit;

- e) Any person who shall falsely present oneself as a bona fide licensed physician with like or different name;
- f) Any person who is not a licensed physician and who uses or advertises any title or description tending to convey the impression to the public that one is a registered and licensed physician or medical specialist;
- g) When any of the acts defined in paragraphs a) or b) of this Section is committed by a person against three (3) or more persons, or when any of such acts are committed by at least three (3) persons who conspire with one another, or when death occurs, the offense shall be considered as a qualified offense and shall be punished by life imprisonment and a fine of not less than Five hundred thousand pesos (P500,000.00) but not more than Two million pesos (P2,000,000.00). Prosecution of an offense under this Act shall be without prejudice to a separate prosecution under the provisions of the Revised Penal Code and other laws.

SECTION 52. *Cease-and-Desist Order.* – The PRBM shall issue a cease-and-desist order after due notice and hearing, to enjoin any person illegally practicing medicine from the performance of any act constituting the practice of the profession. Any such person who, after having been so enjoined, continues in the illegal practice of medicine, shall be charged and punished for contempt of court. The said injunction shall not relieve the person illegally practicing medicine from criminal prosecution and punishment as provided for in the preceding section.

However, if it is shown that the public will suffer grave injustice or irreparable injury, the chairperson of the PRBM, or in the chairperson's absence, any PRBM member holding officer, may issue the cease-and-desist order within seventy-two (72) hours. The Rules of Court is suppletory for this purpose.

ARTICLE X MISCELLANEOUS PROVISIONS

SECTION 53. *Annual Report.* – The PRBM shall, on or before the end of January of the year following the enactment of this Act, and every year thereafter, submit to the PRC its annual report of accomplishments on programs, projects, and activities for the calendar year together with its appropriate recommendations on issues or problems affecting the practice of medicine.

SECTION 54. *Appropriations.* – The amount necessary for the implementation of this Act shall be included in the annual General Appropriations Act (GAA).

SECTION 55. *Implementing Rules and Regulations.* – Within ninety (90) days after the approval of this Act, the PRC, in consultation and coordination with appropriate government agencies, representative from the private sector, and other stakeholders, shall promulgate the necessary implementing rules and regulations for the effective implementation of this Act.

SECTION 56. *Transitory Provisions.* – The incumbent Professional Regulatory Board of Medicine shall continue to function in the interim until such time the new PRBM shall have been constituted pursuant to this Act.

SECTION 57. *Separability Clause.* – If any portion or provision of this Act is declared unconstitutional or invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

SECTION 58. *Repealing Clause.* – RA 2382, otherwise known as the Medical Act of 1959, RA 1242, as amended by RA 2251, otherwise known as the law on the Tenure of Office of Hospital Residents in Government Training Hospitals under DOH, RA 5901, otherwise known as Forty Hours a Week of Labor for Government and Private Hospitals or Clinic Personnel, Presidential Decree No. 1424, otherwise known as the Hospital Residency Law, and all other laws, decrees, executive orders, and other administrative issuances and parts thereof which are inconsistent with the Provisions of this Act are hereby modified, superseded, or repealed accordingly.

SECTION 59. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,