

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
1st Regular Session

HOUSE BILL NO. 6573



Introduced by HONORABLE MARICEL G. NATIVIDAD-NAGAÑO, MD

EXPLANATORY NOTE

This bill seeks to repeal Republic Act No. 2382 or the Philippine Medical Act of 1959 with the intention of coming up with a new law defining the parameters in regulating the education of and medical practice of physicians at a period when advances in medical science and technology is predominant necessitating proportionate and proactive response by the state as a whole and by Congress of the Philippines in particular.

This representation is hopeful that when enacted into law, this measure will provide the answers in our quest to produce globally competitive Filipino doctors in support of the goal to provide the best medical services for all.

To reiterate, this bill was approved on third and final reading during the 12th, 13th, 14th and 15th Congresses, underwent exhaustive discussions, extensive debates in both the committee and plenary levels but unfortunately failed to see the light of day for lack of material time on the part of the Senate.

The immediate passage of this bill is therefore earnestly sought.


MARICEL G. NATIVIDAD-NAGAÑO, MD

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HOUSE BILL NO. _____

Introduced by **HONORABLE MARICEL G. NATIVIDAD-NAGAÑO, MD**

AN ACT

REGULATING THE EDUCATION AND LICENSURE OF PHYSICIANS AND THE PRACTICE OF MEDICINE IN THE PHILIPPINES, REPEALING FOR THE PURPOSE REPUBLIC ACT NO. 2382, AS AMENDED, AND FOR OTHER PURPOSES

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 “Physicians Act of 2020”.

SEC. 2. Declaration of Policy. – The state recognizes the vital role of physicians in the preservation, maintenance, safeguard, cure and enhancement of life, health, and general welfare of the citizenry. Physicians' professional services shall, therefore, be promoted as an indispensable component of the total health care system.

SEC. 3. Objectives. – This Act provides for and shall govern the:

- (a) Standardization, upgrading, and regulation of the medical education including postgraduate internship and residency training program.
- (b) Conduct of the physician's licensure examination, licensure and registration of the physicians.
- (c) Supervision and regulation of the practice of medicine.
- (d) Integration of the profession under one national Accredited Professional Organization (APO) of Physicians; and
- (e) Upholding of competence, moral values and professional ethics of members of the medical profession.

SEC. 4. *Enforcement.* – For the purpose of implementing the provisions of this Act, there shall be created the following: Council of Medical Education hereinafter referred to as the CME, Professional Regulatory Board of Medicine, hereinafter referred to as the PRBM; and Medical Residency Board, hereinafter referred to as the MRB.

ARTICLE II THE COUNCIL OF MEDICAL EDUCATION

SEC. 5. *Creation* – The Council of Medical Education shall be created and composed of the following:

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

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

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

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

SEC. 6. *Functions and Duties.* – The Council of Medical Education shall have the following functions and duties:

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

- (k) To approve hospitals or specific departments of certain hospitals for medical education and internship training that comply with the minimum requirement for physical facilities as provided for in subparagraph (b) hereof; and
- (l) To promulgate, prescribe and enforce the necessary rules and regulations for the proper implementation of the forgoing functions.

SEC. 7. *Minimum Required Course.* – The medical course leading to the degree of Doctor of Medicine shall be five (5) years inclusive of clinical clerkship and internship. Provided however, that there shall be no tuition fee for internship, and shall consist of the following subjects:

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

- (t) Research, Evidence-based Medicine and Medical Informatics;
- (u) Legal Medicine, Medical Jurisprudence and Forensic Medicine; and
- (v) Radiology and other diagnostic imaging

Provided, that the CME may recommend to the CHED the re-clustering or integration of subjects as may be necessary to fit into the five-year course of Doctor of Medicine.

SEC. 8. Admission Requirements and Publication of Academic Catalogue. – A medical school may admit any student who has not been finally convicted by a court of competent jurisdiction of any criminal offense involving moral turpitude and who presents all the following:

- a. Record showing completion of a bachelor's degree in Science or Arts;
- b. Certificate of eligibility for entrance to a school of medicine from the Board of Medical Education;
- c. Certificate of good moral character issued by two (2) former professors in the college offering the pre-medical course(s);
- d. Birth Certificate duly authenticated by the Philippine Statistics Authority (PSA); and
- e. Proof of successfully passing the National Medical Admission Test (NMAT) based on cut-off score prescribed by the CHED.

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

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

For the purpose of this Act, the term "Medical School" shall mean to include faculty of medicine, institute of medicine, school of medicine and other similar institution which has complied with the standards and requirements set forth by the Council offering a complete medical course leading to the degree of Doctor of Medicine.

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

1. Date of publication
2. Calendar of academic year

3. Roll of faculty members indicating whether on full time or part time basis and their curriculum vitae
4. Requirements for admission
5. Grading system
6. Requirements for promotion
7. Requirements for graduation
8. Curriculum and description of course by department; and
9. Number of students enrolled in each class in the preceding year

ARTICLE III

THE PROFESSIONAL REGULATORY BOARD FOR MEDICINE

SEC. 9. *Creation.* – There is hereby created a Professional Regulatory Board of Medicine, hereinafter referred to as the PBRM, under the administrative control and supervision of the Professional Regulations Commission (PRC). The PBRM shall be composed of a Chairperson, a Vice Chairperson and five (5) members. Each vacant position of the PBRM shall be filled by the President of the Republic of the Philippines from a list of three (3) nominees submitted by the AIPO of physicians, as provided under Section 48 of this Act. The PBRM shall be organized not later than six (6) months from the effectivity of this Act.

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

- (a) Supervise, control and regulate the practice of medicine in the Philippines;
- (b) Determine and evaluate qualifications of the applicants for the physician's licensure examinations and applicants for special permits to practice medicine in the Philippines;
- (c) Prepare the questions in physicians' licensure examinations in accordance with recognized principles of evaluation and of pertinent provisions of Section 19 Article IV of this Act; prescribe the syllabi of the subjects and their relative weights for the licensure examinations, conduct the examination; correct and rate the examination papers;
- (d) In the formulation of test questions, the PBRM shall see to it that the questions shall have relevant distributions as to the knowledge, skill and attitude of the examinees;

- (e) Determine, amend or revise the requirements for the subjects in the physician licensure examination and their relative weights and the manner of giving the examination, subject to the approval of the PRC;
- (f) To explore and develop ways on how to measure and evaluate the clinical competence of applicants and to introduce and integrate the same into the physician's licensure examination to ensure not only the theoretical knowledge but also the clinical skills of successful examinees
- (g) Register successful examinees on the physician licensure examination in the rolls of physician and issue the corresponding certificates of registration;
- (h) Issue special/temporary permits to foreign physicians to practice medicine for specific projects, duration of time and place of practice;
- (i) Administer the qualifying examinations for foreign physicians who wish to train in the Philippines for a specialty or field of practice;
- (j) Monitor the conditions affecting the practice of medical profession, adopt measures for the enhancement of the quality of the education and practice of medicine in coordination with the appropriate regulatory bodies;
- (k) In coordination with the CHED, monitor the performance of medical schools and their compliance with the rules and regulations of the Council of Medical Education;
- (l) In coordination with the AIPO of physicians, promulgate rules and regulation including a Code of Ethics for Physicians, administrative policies, orders and issuances to carry out the provisions of this Act;
- (m) Conduct regular quality assurance programs and activities to ensure quality medical education;
- (n) Investigate violations of this Act, Code of Ethics, and the pertinent rules and regulations, administrative policies, orders and issuances. The rule on administrative investigation promulgated by the PRC shall govern in such investigation.
- (o) Issue *subpoena ad testificandum* or *subpoena duces tecum* to secure attendance of respondents or witnesses as well as the production of documents. *Provided*, that failure of the party to whom a subpoena has been issued to comply therewith shall be punishable by way of indirect contempt. For this purpose, the PBRM is hereby vested the power to cite any party for contempt which may be exercised pursuant to the applicable provisions of Rule 71 of the Rules of Court;
- (p) Delegate to the Chairperson, Vice Chairperson or any member of the PBRM, with the assistance of the legal division of the PRC, the hearing of an administrative

case. If the case concerns strictly the practice of medicine as defined in Section 38, Article VI hereof, the investigation shall be presided over by a member of the PBRM with the assistance of the legal division of the PRC;

- (q) After due notice and hearing, cancel examination papers and/or bar any examinee from future examination; refuse or defer his/her registration; reprimand the registrant with stern warning; suspend one from the practice of the profession; revoke the certificate of registration; cancel special/temporary training permit; remove his/her name from the roll of physicians for continuous non-payment of annual registration fees and non-compliance with the continuing Professional Development (CPD) requirements, reinstate or reenroll his/her name in the said roll, and reissue or return his/her certificate of registration and professional identification card. A decision of suspension, revocation of the certificate of registration or removal from the roll by the Board as provided herein may be appealed to the Commission within fifteen (15) days from receipt thereof;
- (r) Administer the Physician's Oath pursuant to Sec. 24, Rule IV herein;
- (s) Institute and prosecute or cause to be instituted and prosecuted any and all criminal action against any violation of this Act and/or the rules and regulations of the Board subject to the provisions of Section 5, Rule 110 of the Rules on Criminal Procedure, as amended;
- (t) Adopt an official seal;
- (u) Coordinate with the CME and the AIPO of physicians in prescribing, amending and/or revising the courses in a medical program;
- (v) Assist the PRC in implementation of its prescribed guidelines and criteria on the Continuing Professional Education (CPE) for registered licensed physicians;
- (w) Set the standards and guidelines for the issuance and re-issuance of certificates of registration including but not limited to compliance with the PRBM's CPD program; and
- (x) Perform such other functions and duties as may be necessary to efficiently and effectively implement the provisions of this Act.

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

SEC. 11. *Qualifications.* – Each PRBM member must, at the time of his/her appointment:

- (a) be a natural born Filipino citizen and resident of the Philippines for at least (10) consecutive years;
- (b) be at least fifty (50) years old;
- (c) be a holder of a valid certificate of registration and a valid professional identification card as a physician;
- (d) be a practitioner for at least ten (10) years;
- (e) be a *bona fide* member of the AIPO of physicians;
- (f) not have been convicted by final judgment by a competent court of a criminal offense involving moral turpitude.
- (g) has an experience of at least five (5) years as a faculty member of a college of medicine;
- (h) is not a current member of the faculty of an institute, school, or college of medicine
- (i) is not connected with or has a pecuniary interest in a review center, school, group or association offering classes or lectures in preparation for the physician licensure examination.

SEC. 12. *Term of Office.* – The members of the PBRM shall hold office from the date of their appointment for a term of three (3) years or until their successors shall have been appointed and qualified. They may, however, be reappointed for three (3) year term but not for a third three (3) year term. Appointments to fill up vacant positions for reasons other than through expiration of regular terms shall be for the unexpired period only. Each member shall take an oath of office before the performance of his/her duties. The incumbents whose terms have not yet expired or who are merely holding over, at the effectivity of this Act, shall be allowed to serve the unexpired portion of their terms or may be re-appointed under this Act.

SEC. 13. *Compensation.* – The Chairperson, Vice Chairperson and members of the PBRM shall receive compensation and allowances or other benefits pursuant to the provisions of the “PRC Modernization Act of 2000” and other pertinent laws and comparable to the compensation and allowances received by the Chairperson and Members of existing professional regulatory boards.

SEC. 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 the following grounds:

- (a) Neglect of duty or incompetence.

- (b) Unprofessional, unethical or dishonorable conduct.
- (c) Manipulation or rigging of results of any physician licensure examination, divulging of secret information, or disclosure of the said examination, or tampering of the grades therein; and
- (d) Final conviction by the court of any criminal offense involving moral turpitude.

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

The PRC shall designate the Secretary of the PBRM and shall provide the secretariat and other support services to implement the provisions of this Act.

ARTICLE IV PHYSICIAN LICENSURE EXAMINATION

SEC. 16. *Prerequisites to the Practice of Medicine.* – No person shall engage in the practice of medicine in the Philippines unless he/she:

- (a) Holds a valid certificate of registration and a valid professional identification card issued by the PRC;
- (b) Holds a valid special/temporary permit issued by the PBRM subject to approval by the PRC, or unless he/she is exempted by this Act from holding any of the foregoing certificates of registration; and
- (c) Is a member of good standing of the AIPO of physicians;

Any foreign doctor who intends to undergo residency / fellowship training in the practice of medicine must pass the qualifying examination given by the PRBM.

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

SEC. 18. *Qualifications of Applicants for the Physicians Licensure Examination.* – All applicants for the physicians' licensure examination must possess all the following qualifications and none of the disqualifications hereunder set forth as follows:

- (a) Must be a citizen and resident of the Philippines or a citizen of a foreign country / state that observes reciprocity in the practice of medicine with the Philippines
- (b) Must be mentally, emotionally and physically sound with a certificate of good moral character signed by the Dean of the school where he/she is a graduate;

- (c) Must not have been convicted by final judgment by a court of any criminal offense; and
- (d) Must be a holder of the degree of Doctor of Medicine conferred by a college of medicine established in the Philippines and duly recognized by the CHED or a degree conferred by a college of medicine abroad and accredited by the CHED as substantially equivalent to the degree of Doctor of Medicine offered by medical schools in the Philippines.

SEC. 19. *Scope of Examination.* – The physicians licensure examination shall cover the following thirteen (13) individual and/or combined/clustered subjects with the relative weights for each:

- (a) Anatomy and Histology
- (b) Physiology
- (c) Biochemistry and Molecular Biology
- (d) Pharmacology and Therapeutics
- (e) Microbiology and Parasitology
- (f) Internal Medicine; Neurology, Dermatology, Oncology, Geriatric;
- (g) General and Clinical Pathology
- (h) Obstetrics and Gynecology
- (i) Pediatrics and Nutrition
- (j) Surgery, Orthopedic, Anesthesiology, Pain Management
- (k) Otorhinolaryngology, Ophthalmology;
- (l) Family and Community Medicine, Preventive Medicine and Public Health and Health Economics; and
- (m) Legal Medicine, Medical Jurisprudence, Medical Ethics, and Medical Informatics.

In case there is need or when circumstances require, in order to conform to technological advancements and other developments, the PRBM, the CME, and the AIPO of physicians 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 examinations. The PRBM shall apply each syllabus after a lapse of three (3) months reckoned from the concurrence of all the following requisites:

- (a) Consultation with the association of medical schools;
- (b) Approval by the PRC
- (c) Publication of the PRBM resolution in a newspaper of general circulation, and
- (d) Dissemination to all medical schools;

Sec. 20. Venues and Schedule of Examinations. – The PRBM shall give examinations for the registration of physicians at least twice a year in such places as the PRC may designate in accordance with the provisions of Republic Act No. 8981, otherwise known as the “PRC Modernization Act of 2000”. An applicant may be allowed to take the examinations in two parts, the first part shall consist of questions from Basic Medicine which are from subjects of the first and second year medicine proper, and the rest may be taken up in the second part, provided however, that the two-part examinations must be taken in one (1) and the same year.

SEC. 21. Rating in the Examination – To pass the physician licensure examination, an examinee must be obtain a general average rating of at least seventy-five percent (75%) in all thirteen (13) subjects, provided, however, there is no rating obtained in any subject below fifty percent (50%).

SEC. 22. 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 indicating their respective schools / colleges and the names of the schools / colleges obtaining top percentage of successful examinees shall be published by the PRC in the major daily newspapers of general circulation.

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

SEC. 23. Oath – All successful examinees shall be required to take their oath before the PRBM or any person authorized by the PRC to administer oath before they are issued their certificates of registration and professional identification cards or before they start the practice of the medical profession.

SEC. 24. *Registration, Issuance of Certificate of Registration and Professional Identification Card; APO Membership Card; Grounds For Non-Registration.* – 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 duly recognized AIPO of physicians upon compliance with all requirements and payment of compulsory dues. Upon

presentation of their certificates of registration and professional identification card, they shall be issued a separate AIPO identification cards for physicians.

The certificate of registration of a physician shall bear the registration number and date of issuance and the signatures of the chairperson of the PRC and the members of the PRBM stamped with the seals of the PRC and the PRBM, certifying that the name of the person stated therein appears in the Registry/Roster/Roll of Physicians under the custody of the PRC; that the person has met or 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 the profession;

Provided, that he/she does not violate this Act, the rules and regulations, Code of Ethics for Physicians, and other regulatory policies of the PRC and the PRBM.

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

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

THE MEDICAL RESIDENCY BOARD

SEC. 25. Creation – There is hereby created the Medical Residency Board (MRB), under the Department of Health, hereunder referred to as the “MRB”.

The MRB shall consist of a core group and specialty groups. The core group, which shall have the voting powers, shall be headed by the Secretary of the Department of Health (DOH), as Chairperson, and the Chairperson of the Professional Regulation Commission (PRC), as Vice Chairperson, and the following as members:

- (a) Chairperson of the Civil Service Commission (CSC)
- (b) Secretary of the Department of Labor and Employment (DOLE)
- (c) A permanent representative of the AIPO of physicians
- (d) A permanent representative of the association of medical colleges

- (e) A permanent representative of public hospital association; and
- (f) A permanent representative of private hospital association

Permanent representatives of medical schools and hospital associations shall be nominated by the government agency representatives of the MRB for appointment by the Secretary of Health for a term of three (3) years and may be renewed upon re-nomination and reappointment.

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

The specialty groups shall be constituted for each medical field or discipline with a minimum of three (3) and maximum of five (5) non-voting members. Each group shall be composed solely of physicians who are licensed to practice in the Philippines and actively engaged in the practice of the same specialty. Each specialty group may include additional experts as may be necessary.

The members of the specialty groups shall be appointed by the Secretary of Health for a term of three (3) years. Provided, that, no member shall serve for more than three (3) consecutive terms.

The DOH shall promulgate the nomination process for all specialty group members with a clear set of qualifications, credentials and recommendations from the sectors concerned.

A total of three (3) Committees with a minimum of seven (7) members each shall be created by the MRB from the core group of members to assist in carrying out its functions:

(a) Committee on Accreditation – It shall be responsible for accrediting medical residency training and developing standards for approval of the Board;

(b) Committee on Training and Certification – It shall determine whether doctors and allied health professionals have satisfactorily completed medical residency training and shall issue certificate of completion training, if appropriate; and

(c) Committee on Policies, Standards and Ethics – It shall formulate standards of medical residency training programs, policies on compensation / benefits and working conditions of medical residents and other policies related to the scope and practice of medical residency. It shall handle complaints of medical residents and patients and submit recommendations to the Board for approval and action regarding complaints filed. It shall screen foreign graduates of medicine who would like to undergo residency training in the country.

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

The DOH shall provide a Secretariat for the MRB to be composed of both technical and administrative staff. The Secretariat shall coordinate the activities of the different committees and provide technical and administrative support in the efficient and effective coordination of programs, projects and activities among the different committees of the MRB.

The members of the MRB shall receive an honorarium chargeable against the fund of the DOH in accordance with existing policies.

SEC 26. Powers and Functions. – The MRB shall ensure the quality of residency training for all specialties and sub-specialties of medical residents and provide policies that will promote humane working conditions and better compensation for medical residents. Moreover, the MRB shall be tasked to ensure that the residency training of doctors shall be responsive to the current health service needs of the population. It shall perform the following functions:

- (a) To set the standards of residency training;
- (b) To ensure that the standards set for residency training are at par with international standards;
- (c) To accredit residency training programs
- (d) To determine whether doctors and allied health professionals who have undergone residency training have satisfactorily completed the training;
- (e) To issue certificate to residents who have satisfactorily completed the residency training in either government and / or private hospitals
- (f) To screen foreign graduates of medicine who will undergo medical residency training in the country and assess the equivalence of their basic medical education to the standard curriculum prescribed in Philippine schools of medicine
- (g) To work, in consultation with appropriate agencies, for the provision of better compensation and benefits and humane working conditions for residents
- (h) To receive and act on complaints of residents as well as complaints of patients against residents
- (i) Ensure that residency trainings will always be responsive to the health needs of the population
- (j) To maintain a registry or database of residents and accredited residency training programs
- (k) To monitor and evaluate residency training programs regularly
- (l) To prescribe remedial measures to deficient residency training programs; and
- (m) To seek or request the assistance and support of any government agency, office or instrumentality including government-owned or controlled corporations,

local government units as well as non-governmental organizations or institutions in pursuance of its functions.

SEC. 27. Accreditation or Residency Training Programs – Residency training programs shall only be conducted in accredited residency training institutions. The MRB is the only recognized organization that shall be given full authority over residency training programs. Upon approval of the Implementing Rules and Regulations of this Act, a period of one (1) year shall be given to allow time for the transfer of accreditation from the different specialty and sub-specialty societies to the Committee on Accreditation of the MRB.

SEC. 28. Training Curriculum of Residency Training Programs – The Training Officers or their equivalent shall prepare a training curriculum that shall meet the standards to be set by the Committee on Policies, Standards and Ethics of the MRB. The training curriculum shall be at par with international standards and shall be responsive to the health needs of the population. The Committee on Policies, Standards and Ethics shall be given one (1) year from the time of its creation to prepare uniform standards of residency training programs.

SEC. 29. Qualifications of Applicants to Residency Training Programs – The following shall be the minimum qualifications of applicants to residency training programs:

- (a) Passing score in the licensure examination
- (b) No previous criminal and or administrative record, and
- (c) Clearance by the Board for foreign graduates of medicine

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

SEC. 30. General Conditions for the Residency Training of Foreign Medical Graduates – The following general conditions shall be applied to foreign graduates of medicine undergoing medical residency training in the Philippines:

(a) Accredited residency training programs shall be allowed to accept foreign medical graduates in cases wherein no Filipino physicians are applying for the same vacancy. Filipino physicians shall be given the first priority in filing up vacancy for medical residents

(b) Foreign graduates of medicine shall secure clearance from the Board prior to application to any accredited residency training program

(c) Foreign medical graduates shall undergo basic language course in Filipino and / or the dialect that is used in the locality where the accredited institution is located before commencing his / her medical residency. A certificate of proficiency in Filipino and the dialect of the locality shall be obtained by the foreign graduate of medicine from a CHED accredited state university or tertiary education institution located in the locality where the foreign graduate in medicine wishes to undergo medical residency training before the Board may issue a clearance to the foreign graduate of medicine. For accredited institutions located in areas wherein Filipino is the language used by the majority, proficiency in a dialect shall no longer be required; and

(d) Foreign graduates of medicine shall be required to undergo a seminar on Philippine history, culture and government as well as the Philippine health care delivery system prior to the commencement of his / her medical residency

SEC. 31. Working Conditions of Residents – The following shall be strictly observed by all accredited residency training institutions:

(a) No resident shall be allowed to go on duty for more than twenty-four (24) hours straight, except in extraordinary cases to be determined by the hospital administrator

(b) Residents shall be entitled to one (1) day off from hospital duty every week

(c) Residents shall be given standard quarters in the hospital where he / she can stay during his / her tour of duty;

(d) Residents shall only perform those functions that are related to his/her residency training. As such, their superiors are hereby prohibited from issuing orders that are not related to the training of residents or are demeaning to a resident's dignity as a person. The MRB shall receive and investigate complaints of this nature from residents

(e) Residents are entitled to adequate period of meal breaks and personal care during their tour of duty

(f) Residents shall always be supervised by their superior especially when performing critical procedures to patients. In case of junior residents, the senior resident or consultant shall always be available for supervision and assistance in the case of senior residents, his/her consultants, and

(g) Residents shall be treated equally. No resident shall be discriminated because of his / her gender, race and ethnicity.

SEC. 32. Salary and Other Benefits – The minimum base pay of all doctors in government hospitals shall not be lower than Salary Grade 22. They shall be entitled to overtime pay and night differential pay for services rendered beyond eight (8) hours or hours of duty beyond ten (10) in the evening to six (6) in the morning. Hazard pay shall be given as stipulated in Republic Act No. 7y305, otherwise known as the "The Magna Carta for Health Workers", for residents of public or private hospitals.

SEC. 33. Professional Conduct of Residents – A resident shall always observe the following professional conduct:

(a) Uphold the dignity, privacy and rights of his / her patient

(b) Perform his / her functions with utmost diligence especially those related to care of patients so as not to inflict any harm on the patient

(c) Refrain from engaging in unacceptable practices such as:

(1) Receiving any form of payment from their patients

- (2) Accepting commission from laboratories, diagnostic facilities, pharmacies for referring patients to these facilities
 - (3) Obtaining excess and unused medicines, drugs, and other materials from patients or the supply source, without proper permission
 - (4) Selling medicines, drugs and other materials to patients or their relatives
 - (5) Selling free samples of drugs or other medicines; and
 - (6) Receiving money or any form of incentives from any pharmaceutical company for prescribing their brand of drugs, medicines and other materials
- (d) Treat his / her superiors, subordinates or co-workers and patients' relatives with utmost respect; and
- (e) Observe the provisions of Republic Act 6675 also known as the Generics Act of 1988 and Republic Act 9502 also known as the Cheaper and Quality Medicines Act of 2008; and
- (f) Render full time service to the hospital where he / she is employed. As such, he / she shall not engage in any part time job outside the hospital

SEC. 34. Responsibilities of Accredited Residency Training Institutions – In addition to the enforcement of the provisions of Section 31 of this Act, accredited residency training institutions shall have the following responsibilities:

- (a) Regular submission of the names of residents in their institution to the Board; and such other relevant information
- (b) Provision of the necessary logistics, equipment, and other medical supplies to residents while undergoing residency training; and
- (c) Conduct periodic evaluation of competencies acquired by residents per year level

SEC. 35. 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 complaint must be filed with the Committee on Policies, Standards and Ethics, 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 Board within thirty (30) calendar days from receipt of the notice of resolution;
- (c) The Board 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 it 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 37 of this Act; and

(e) All decisions by the Board shall be final and executory.

SEC. 36. 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, failure to state the cause or action, or any other valid ground for the dismissal of the complaint after consultation with the MRB; 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-day period herein provided, the Committee, *motu proprio* or upon the motion of the complainant, render judgement 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 judgement may be rendered thereon without need of a formal hearing, it may proceed to render judgement 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 judgement, it shall set the case for hearing. At such hearing, witnesses whose affidavits were previously submitted may be asked clarificatory questions by the proponent and by the Committee 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, however, that the same may be appealable to the MRB within thirty (30) days from receipt of the copy of the judgement appealed from. An appellee shall be given fifteen (15) days from notice to file a memorandum after which the MRB shall decide on the appeal within sixty (60) days from the submittal of the said pleadings.

The decision of the MRB 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 MRB, 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 MRBN or the Committee on Ethics,

as the case may be, shall prescribe the necessary administrative sanctions.

In all its proceedings, the MRB or the Committee shall not be bound by the technical rules of evidence: Provided, however, that the Rules of Court shall apply with suppletory effect.

SEC. 37. Violations – Any accredited residency training institution and / or any of its resident that have been found violating any provisions of this Act shall have the following penalties:

First Offense – reprimand

Second Offense – suspension with duration depending on the gravity of the offense but not exceeding six (6) months

Third Offense – revocation of the accreditation of the training institution. In the case of residents, he / she shall not be given a certificate of completion of residency training by the Board and shall be removed from the residency training program.

ARTICLE VI

REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION

SEC. 38. Acts Constituting the Practice of Medicine – The following are acts constituting practice of medicine:

- a. Physically examining any person for any disease, injury and deformity, or diagnosing, treating, operating, prescribing or dispensing any remedy therefor
- b. Examining a person's mental condition for any ailment, real or imaginary, regardless of the nature of the remedy or treatment administered, prescribed or recommended
- c. Offering or undertaking to diagnose, treat, operate or prescribe and administer any remedy for any human disease, injury, deformity, physical or mental condition either personally or by any means of signs, cards or advertisements by way of mass media or any other means of communication
- d. Using or affixing "M.D." with his / her name in written or oral communications. Unless specified, the letters "M.D." shall mean Doctor of Medicine, provided that only those who have passed the physician's licensure examination are allowed to use the title M.D.; and
- e. Conducting formal medical classes in medical schools, seminars, lectures, symposia and the like

SEC. 39. Exceptions – (1) For purposes of this Act, medical students, clinical clerks, and interns attending to patients shall not be considered as engaging in the practice of medicine, provided, that they are attending to patients under the direct supervision and control and under presence of a duly licensed physician.

Foreigners who intend to undergo or are undergoing residency or fellowship training or otherwise under training shall obtain the required special permit from the Commission.

(2) Any non-medical person trained, certified, licensed to carry out specific interventions in emergency situations to save lives and / or limbs according to the level of competence determined by their training and certifying examinations.

(3) Non-medical educators who have attained a master's or a doctoral degree on a specific field on the basic sciences in the medical field.

SEC. 40. Reciprocity – A foreigner may be allowed to practice medicine in the Philippines without having to undergo the physician's licensure examination, if and when, the country of which the foreigner is a citizen, allows Filipino citizen to practice medicine under the same conditions such as but may not be limited to the following:

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

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

(c) The foreigner must show documents that he is allowed by his /her country's regulatory body to practice medicine in his country. The documents may be equivalent to the PRC ID card or Certificate of Registration issued by the Philippine Professional Regulations Commission.

SEC. 41. Special Permits to Practice Medicine in the Philippines. – In the absence of any reciprocity agreement, executive agreement or international agreement, or treaty, a foreigner may be allowed to practice in the Philippines subject to the following conditions:

(a) He / she must obtain a special permit from the Professional Regulation Commission

(b) The special permit shall specify the purpose, the limitations, the place of practice of the foreigner and such other conditions as may be imposed by the Commission such as but not limited to:

1. A period of not more than one (1) year subject to renewal or extension, provided, that the renewal or extension shall be under the same process and requirements as hereinabove described
2. The specific area of medical specialization
3. The specific place of practice, such as clinic, hospital, center, medical school as the case maybe

(c) Payment of the required fees; and

- (d) Undertaking that the foreigner shall conduct himself according to the Code of Ethics of Medical Practice in the Philippines.

The PRC may issue a special permit to foreigners not covered by reciprocity rule or under Section 40 hereof under the following guidelines:

- (1) Physicians licensed in countries of which he / she is a citizen whose services are for free, provided however, that a reasonable honorarium may be allowed for his daily subsistence during his / her stay in the Philippines
- (2) Physicians who are internationally well-known specialists or publicly acknowledged as experts in any area of medical specialization; and
- (3) Physicians of foreign countries whose services are urgently necessary, owing to the lack of available local specialists / experts, or for the promotion or advancement of the practice of medicine including, but not limited to, the conduct of formal classes or training, acting as resource persons in medical seminars, for a, symposia and the like
- (4) Physicians licensed in foreign countries who intend to render free medical services to indigent patients in a hospital, center or clinic, provided, however, that they render such services under the direct supervision and control of a duly licensed Filipino physician; and
- (5) Physicians licensed in foreign countries employed as exchange professors in any area of medical specialization

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

- (a) Final conviction by a court of competent jurisdiction of any criminal offense involving moral turpitude
- (b) Immoral or dishonorable conduct
- (c) Mentally incapacitated
- (d) Fraud in the acquisition of the certificate of registration and the professional identification card or temporary / special permit or temporary training permit
- (e) Gross negligence, ignorance or incompetence in the practice of his / her profession, resulting in an injury to or death of the patient
- (f) Addiction to alcoholic beverages, to any habit-forming drug or to any form of illegal gambling, rendering him incompetent to practice his / her profession
- (g) Making or causing to be made false, misleading, extravagant or unethical

advertisement or making or causing to be made advertisements wherein things other than his name, profession, limitation of practice, clinic hours, office and home address are mentioned

- (h) Issuance of any false statement or spreading any false news or rumor which is derogatory to the character and reputation of another physician without justifiable motive
- (i) Knowingly issuing any false medical certificates and / or findings or making any fraudulent claims with government or private health insurance provider
- (j) Performance of, or aiding in, any criminal abortion
- (k) Allowing one's self as the ghost physician or as tool of any person who is unqualified or unlicensed to practice general or specialty practice of medicine, except in aid of training of a medical student or resident physician. Provided, however, that this provision shall not apply when an act constituting the practice of general or specialty medicine is performed in a hospital, clinic or medical center as an accredited practitioner of a training hospital, clinic or medical center. A ghost physician is one who makes it appear to be the person who has actually treated the patient when in fact it was another person other than him and on the basis of which he accepted professional fees
- (l) Abetting or assisting in the illegal practice by a person who is not lawfully qualified to practice medicine, either general or specialty medicine
- (m) Using or advertising any title or description tending to convey the impression to the general public that he / she is a specialist in a field or medical specialization when in fact he / she is not. A specialist is a licensed physician who has undergone training in a residency training program of a specialty duly recognized by AIPO of physicians and has passed the corresponding specialty board certification
- (n) Practicing his / her profession during the period of his suspension or during the period that his / her license is revoked
- (o) Willful failure or refusal to be a member of good standing of the AIPO of physicians; and
- (p) Violation of any provision of the Code of Ethics for Physicians as prescribed by the AIPO of physicians, subject to approval by the Commission

SEC. 43. Rights of the Parties – The private complainant and the respondent physician shall be entitled to counsel and be heard in person, to have a speedy and public hearing, to confront and to cross-examine witnesses, and to all other rights guaranteed by the Constitution and the Rules of Court. All cases filed or pending under this Act, except those filed or pending in courts and other quasi-judicial and investigative bodies, shall not be discussed or taken up in any forum until after the same shall have been decided with finality.

SEC. 44 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, whoever receives first. Within the same period, the aggrieved party may ask for a reconsideration of the decision for being contrary to law or for insufficiency of evidence. No second motion for reconsideration to the PRBM shall be allowed. 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.

SEC. 45. Reissuance of Revoked Certificate of Registration and Professional Identification Card and Replacement of Lost Certificate of Registration and Professional Identification Card. – After two (2) years, the PRBM may order the reinstatement of any physician whose certificate of registration has been revoked, if the respondent has shown that he / she has acted in an exemplary manner in the community.

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

SEC. 46. Mandatory Use of Certificate of Registration, Professional and AIPO Membership Card and Professional Tax Receipt Number. – A registered physician shall indicate his / her certificate of registration number, the number and expiry date of the professional identification card and his / her AIPO for physician membership card, and the professional tax receipt number, on the prescription and other documents that he / she signs, uses or issues in connection with the practice of his / her profession.

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

All physicians whose names appear at the Registry / Roll / Roster of Physicians at the time of the effectivity of this Act shall automatically be registered by the PRBM and the Commission as physicians and, thereafter, by the AIPO of physicians as its bona fide members pursuant to Section 24 of this Act.

SEC. 48. Integration of the Profession – The profession shall be integrated into one (1) national Accredited Integrated Professional Organization (AIPO) of Physicians to be duly recognized and accredited by the PRBM and the PRC. A physician duly registered and licensed by the PRBM and the PRC shall automatically become a member of the AIPO of physicians and shall receive the benefits and privileges appurtenant thereto upon payment of required fees and dues. Membership in the AIPO of physicians shall not bar to membership in any other association of physicians.

SEC. 49. Mandatory Continuing Professional Development. – The PRBM shall implement a mandatory continuing professional development for physicians consistent with the guidelines of the Continuing Professional Development (CPD) as shall hereafter be promulgated by the PRC.

ARTICLE VI
PENAL PROVISIONS

SEC. 50. *Penalties.* – (a) The penalty of imprisonment of not less than one (1) year but not exceeding five (5) years or a fine of not less than Two Hundred Thousand Pesos (P200,000.00) but not exceeding Five Hundred Thousand Pesos (P500,000.00), or both upon the discretion of the court, shall be imposed upon:

1. Any person who practices or offers to practice medicine in the Philippines without a valid certificate of registration and a valid professional identification card, or a valid temporary/special permit / temporary training permit in accordance with the provisions of this Act;
2. Any person using or attempting to use as his / her own the certificate of registration or professional identification card or temporary/special permit/ temporary training permit duly issued to another;
3. Any person who shall give any false or forged documents, credentials and any other proof of any kind to the PBRM or PRC in order to obtain a certificate of registration or professional identification card or temporary/special permit/ temporary training permit;
4. Any person who shall falsely present himself or herself as any *bona fide* registrant with like or different name;
5. Any person who engages in the practice of medicine without complying with Section 38 hereof, and without any Certificate of Registration
6. Any person who shall attempt to use a revoked or suspended certificate of registration or a cancelled temporary/special permit.
7. Any person who shall use or advertise any title or description tending to convey the impression to the general public that he / she is a registered and licensed physician when in fact he / she is not;
8. When any of the acts defined in paragraphs 5 and 6 of this section is committed by a person against three (3) or more persons, or when any of such acts is committed by at least three (3) persons who conspire with one another, or when death occurs as a result of the commission of the prohibited act mentioned in paragraph (k), Section 42 of this Act, the offense shall be considered as a qualified violation of this Act and shall be punished by life imprisonment and a fine of not less than Two Million Pesos (P2,000,000.00). Prosecution of offense under this Act shall be without prejudice to a separate prosecution under the provisions of the Revised Penal Code and other laws.

SEC. 51. *Cease and Desist Order.* – Upon written motion by any interested party and after notice and hearing, the PBRM may issue a cease and desist order to a person not authorized to practice medicine. However, if it is shown in the affidavits attached to the motion that the movant or the general public will suffer grave injustice or irreparable injury, the Chairperson of the PRBM, or, in his / her absence, any PBRM member holding office, may issue within seventy two (72) hours the cease and desist order. The Rules of Court is suppletory for this purpose.

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

ARTICLE VII MISCELLANEOUS PROVISIONS

SEC. 52. *Annual Report.* – The PRBM shall, on or before the end of January of the year following the enactment of this Act, submit to the PRC its annual report of accomplishments on programs, projects and activities for the calendar year together with its appropriate recommendations on issues or problems affecting the practice of medicine.

SEC. 53. *Appropriations.* – The funds needed to implement the provisions of this Act shall be included in the annual General Appropriations Act.

SEC. 54. *Implementing Rules and Regulations.* – Within ninety (90) days after the approval of this Act, the CHED, PRC and DOH, in consultation and coordination with appropriate government agencies, representatives from the private sector, and other stakeholders shall promulgate the necessary implementing rules and regulations for the effective implementation of this Act.

SEC. 55. *Transitory Provisions.* – The incumbent Board of Medicine shall continue to function in the interim until such time as the PBRM shall have been constituted pursuant to this Act.

SEC. 56. *Separability Clause.* – If any clause, provision, paragraph or part hereof be declared unconstitutional or invalid, such judgment shall not affect, invalidate or impair any other part hereof, but such judgment shall be merely confined to the clause, provision, paragraph or part directly involved in the controversy in which such judgment has been rendered.

SEC. 57. *Repealing Clause.* – Republic Act. No. 2382 known as “The Medical Act of 1959”, all laws amending the said Act, all other laws, decrees, executive orders, and other administrative issuances and parts thereof which are inconsistent with the provisions of this Act are hereby modified, amended, superseded or repealed accordingly.

SEC. 58. *Effectivity Clause.* – This Act shall take effect after fifteen (15) days following its publication in the *Official Gazette* or in at least two (2) newspapers of general circulation in the Philippines.

Approved.