

Eight (8) Specialty Divisions' Proposals for House Bill no. 9061 filed by Representatives Tan (A.), Campos, et. al., and
 Senate Bill no. 2367 filed by Senator Sherwin Gatchalian, both named
 "An Act Providing for a Physician's Act Repealing for the Purpose Republic Act no. 2382,
 As Amended, Otherwise Known as the 'Medical Act of 1959'"

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<p>ARTICLE II. DEFINITION OF TERMS</p> <p>SEC. 5. Definition of Terms.</p> <p>...</p> <p>n) Post-graduate medical education - alternative track refers to a postgraduate medical education and training program of licensed physicians for a particular specialty of medicine in a Department of Health (DOH) accredited alternative track, consisting of preceptor ship, modular, mentorship, or clinical fellowship training of not less than two (2) years of clinical practicum and comprehensive direct specialty patient care;</p>	<p>DELETE the entire paragraph n).</p>	<p>Before this provision, paragraph l) defines "clinical track" as "a PRBM accredited training program in a hospital and community setting". It must be understood that it is the training program with its different resources (human, curricular, structural, equipment, support services, patient variety, conferences, audit system, etc.) that is being ACCREDITED by the PRBM-PGMEC to train future specialists. To maintain the quality of training and competency of graduates, there must only be ONE accreditation and certification standard.</p> <p>If passed, this provision will create confusion and discrimination as there will be 2 standards of training and accreditation of training programs, that of the DOH and the PRBM. We believe this will be a huge step backwards because the quality of our future specialists will be compromised.</p> <p>The goal should be to set a single standard for the training of specialists to provide the best quality of care for our Filipino patients.</p>
<p>ARTICLE II. DEFINITION OF TERMS</p> <p>SEC. 5. Definition of Terms.</p> <p>...</p> <p>p) Resident/Fellow trainee refers to a licensed physician undergoing post-graduate medical education and training in a particular specialty for resident or subspecialty for fellow of medicine in a <u>DOH-Retained Hospital or Professional Regulatory Board of Medicine (PRBM) and Integrated National Professionals of</u></p>	<p>DELETE "<u>DOH-Retained Hospital or</u>"; and</p> <p>EDIT the typographical error on the long name of INPOP to read as "<u>Integrated National</u></p>	<p>At the present time, some post-graduate medical training programs in DOH-retained hospitals are already accredited by relevant specialty division societies or specialty boards (and not by DOH itself) to provide various specialist training using one accreditation and certification standard for each specialty across different types of hospitals.</p> <p>Does this mean that the DOH will be empowered by this provision to accredit training programs in DOH-retained hospitals? What accreditation</p>

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<p><u>Physicians</u> (INPOP) accredited training institution;</p>	<p><u>Professional Organization of Physicians (INPOP)</u>".</p>	<p>and certification standards will DOH use? Is this not duplicating the function of PRBM-PGMEC?</p> <p>Moreover, for those not yet accredited, this provision purports to give undue advantage to DOH-retained hospitals. In effect, this discriminates other hospitals that are not DOH-retained, i.e., local government hospitals and private hospitals, which altogether far outnumber the DOH-retained ones.</p> <p>The proper long name for INPOP is Integrated National Professional Organization of Physicians as provided for in Article VIII.</p>
<p>ARTICLE II. DEFINITION OF TERMS</p> <p>SEC. 5. Definition of Terms.</p> <p>...</p> <p>s) <u>Telemedicine...</u></p>	<p>DELETE this item and instead ADD a new Section on "<u>Telemedicine</u>" under ARTICLE VII. REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION; see below for a proposed full text of the new Section...</p>	<p>The use of telemedicine as a new platform has understandably exploded in the light of this pandemic. Not only should the law define the practice but should also safeguard the patients' and their physicians' rights.</p>
<p>ARTICLE III. THE MEDICAL EDUCATION COUNCIL AND THE MEDICAL DEGREE PROGRAM</p> <p>SEC. 8. Minimum Required Course.</p> <p>...</p> <p>j) <u>General Surgery, and its divisions;</u></p> <p>...</p> <p>l) <u>Orthopedics;</u></p> <p>...</p> <p>w) <u>Radiology and other diagnostic imaging</u></p>	<p>MERGE the items "(j)" and "(l)" to read as "(j) <u>Surgery and its specialties</u>";</p> <p>MODIFY item "w)" to read as "<u>w) Diagnostic, Interventional and Therapeutic Radiology.</u></p>	<p>This will already include General Surgery and all other surgical specialties and their subspecialties, Orthopedics included.</p> <p>Orthopedics is traditionally and currently considered as a surgical specialty.</p> <p>From the previous diagnostics only, the specialty of Radiology has now expanded to include interventional and therapeutic modalities.</p>
<p>ARTICLE III. THE MEDICAL EDUCATION COUNCIL AND THE MEDICAL DEGREE PROGRAM</p> <p>SEC. 9. Admission Requirements and Publication of Academic Catalogue.</p> <p>...</p> <p>d) Certificate of <u>passing marks</u> of the national</p>		<p>The present NMAT result does not include a cut-off score for passing/failing but rather a Percentile Ranking of the examinee's performance. We believe that this is a far better reporting system than setting a numbered passing score.</p>

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<p>medical admission test and <u>psychometric test</u> prescribed or conducted by the CHED not more than two (2) years from the time of admission;</p>	<p>REPLACE "<u>passing marks</u>" with "<u>Percentile Ranking</u>"; and</p> <p>ADD the word "<u>result</u>" following "<u>psychometric test</u>".</p>	
<p>ARTICLE IV. THE PROFESSIONAL REGULATORY BOARD OF MEDICINE</p> <p>SEC. 13. Qualifications of the Members of the Board.</p> <p>...</p> <p>g) Has at <u>least eight (8) years' experience</u> as a faculty member of a college of medicine;</p>	<p>INCREASE the minimum teaching experience to a round figure of at least "<u>ten (10) years</u>";</p> <p>ADD a further qualification to this provision "<u>and preferably has obtained an academic rank of ASSOCIATE PROFESSOR during his/her teaching tenure;</u>"</p>	<p>We would like to ask for the basis for setting the minimum teaching experience at 8 years. To our mind, a longer teaching experience should be a plus factor. Since the Physician Licensure Examination is a written test to evaluate the candidate's knowledge, experience with modern test question construction, table of specifications formulation, item analysis, MPL determination, etc., would make the examination far more fair, valid, and reliable.</p> <p>We also believe that the PRBM's academic rank at the time of his/her teaching tenure is a testament to the person's integrity, commitment, intellectual capacity, and work ethic. The term "preferably" may also be removed to make this mandatory which makes an even better qualification.</p> <p>Both proposals are expected to further improve and professionalize the conduct and formulation of our Physician Licensure Examination.</p>
<p>ARTICLE V. PHYSICIAN LICENSURE EXAMINATION</p> <p>SEC. 21. Scope of Examination. - The Physician Licensure Examination shall cover the following thirteen (13) individual and/or combined/clustered subjects with the relative weights for each:</p> <p>...</p> <p>j) <u>Surgery, Orthopedic, Anesthesiology;</u></p>	<p>MERGE paragraphs j) and k) as a single subject cluster under the heading "<u>Surgery and its</u></p>	<p>The topic content of the current Physician Licensure Examination consists of 12 subject clusters of 100 items each. This is currently spread out over 4 examination days, covering a common 3 clusters per day. Increasing the present 12 to the proposed 13 clusters would make the distribution of topics per day uneven necessarily requiring an additional day for the examination. We believe this is going to be too long and exhausting.</p>

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<p>k) <u>Otorhinolaryngology, Ophthalmology;</u></p>	<p><u>specialties; Otorhinolaryngology; Ophthalmology; Anesthesiology and Pain Management</u>"; and</p> <p>ADD the following paragraph after the last subject cluster to read as follows: <u>The following topics must be integrated into ALL clinical subject clusters:</u></p> <p>a) <u>Diagnostic, Interventional and Therapeutic Radiology; and</u> b) <u>Rehabilitation Medicine</u></p>	<p>Moreover, separating and adding Otorhinolaryngology and Ophthalmology as one more cluster would necessarily add another 100-item test for these 2 subjects. We believe that 50 questions for each is inappropriate and unnecessary for basic physicians. In fact, the present clinical clerkship and medical internship curricula of most medical colleges/hospitals include rotations at these departments only for 1-2 weeks each out of an entire year or others as electives.</p> <p>We also observed that "Radiology" and "Rehabilitation Medicine" as topics are nowhere mentioned in this section. Since we understand and concede that Radiology has now evolved into a valuable component in the diagnostic and therapeutic armamentarium of modern physicians and Rehabilitation Medicine as an important therapeutic and palliative intervention, we believe that they MUST be integrated into all clinical subjects.</p>
<p>ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL</p> <p>SEC. 27. Creation of the Post-Graduate Medical Education Council. –</p> <p>...</p> <p><i>paragraph 3</i></p> <p>Permanent representatives of medical schools and hospitals associations shall be nominated by representatives of government agencies in the PGMEC: Provided , That the CHED shall appoint the permanent representative of medical schools, and the <u>DOH</u> for the hospital association: Provided, further, That the appointment shall be for a term of three (3)</p>	<p>REPLACE "DOH" with "<u>PRBM</u>"</p>	<p>Since the PGMEC is under the direct supervision and control of the PRBM, the better agency to determine the membership of PGMEC would be the PRBM.</p>

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<p>years and may be renewed upon renomination and reappointment.</p>		
<p>ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL</p> <p>SEC. 27. Creation of the Post-Graduate Medical Education Council. –</p> <p>...</p> <p><i>paragraph 5</i></p> <p>The medical practice groups shall be constituted for each medical field or discipline previously <u>identified</u> by the PRBM through a resolution with a <u>minimum of three (3) and maximum of six (6) members</u>. Each group shall be composed solely of physicians who are licensed to practice in the Philippines and <u>actively engaged in the practice of the same medical field or discipline</u>. The members of the medical practice groups shall be appointed by the INPOP for a term of three (3) years: Provided, That, no member shall serve for more than three (3) consecutive terms.</p>	<p>REPLACE “identified” with “<u>recognized</u>”;</p> <p>INCREASE the number of members to a “<u>minimum of eight (8) and maximum of twelve (12) members</u>”;</p> <p>INSERT “<u>and PRBM-certified</u>” to read as follows: “...actively engaged in the practice of <u>and PRBM-certified</u> in the same medical field or discipline.”</p>	<p>Instead of the three (3) committees named in paragraph 8, we propose to increase the committees to four (4) as stated below, necessitating a minimum of two (2) and a maximum of three (3) members per committee, thus, eight (8) to twelve (12) members each.</p> <p>The members of the medical practice groups must have been certified by the PRBM in their respective medical fields of specialization.</p>
<p>ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL</p> <p>SEC. 27. Creation of the Post-Graduate Medical Education Council. –</p> <p>...</p> <p><i>paragraph 7</i></p> <p>The INPOP shall promulgate the nomination process for all members of the medical practice groups which shall indicate a clear set of qualifications and credentials for each field or discipline <u>as respectively recommended by the sectors concerned</u>.</p>	<p>ADD the following to read as follows: The INPOP shall promulgate the nomination process for all members of the medical practice groups which shall indicate a clear set of qualifications and credentials for each field or discipline “<u>representing the following</u>:</p> <ol style="list-style-type: none"> 1) Those in general medical practice; 2) Those in non-clinical practice of medicine; 	<p>This further defines and clarifies the criteria and credentials of members of the medical practice groups of the PGMEC and ensures that all practicing physicians are represented when the INPOP is established and start nominating membership in these groups.</p>

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	<p><u>3) Eight (8) specialty organizations recognized by PRBM through Resolution no. 25 Series of 2015; and</u> <u>4) Other practice groups distinct from any of the above as endorsed by the INPOP and recognized by PRBM."</u></p>	
<p>ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL</p> <p>SEC. 27. Creation of the Post-Graduate Medical Education Council. –</p> <p>...</p> <p><i>paragraph 8</i></p> <p>A total of <u>three (3) Committees</u> shall be created where the members of the core group shall permanently sit. The members appointed to the medical practice groups in each medical field or discipline shall sit with the committees in equal distribution in order to assist the PGMEC in carrying out its functions <u>in their respective medical field or discipline:</u></p>	<p>REPLACE "three (3) Committees" with "<u>four (4) Committees</u>"; and</p> <p>ADD the following at the end of this paragraph "<u>... in collaboration with the PRBM-recognized specialty societies and their certifying bodies:</u>"</p>	<p>Explanation on the basis for increasing to four (4) committees is provided in the next row.</p>
<p>a) Committee on Accreditation - It shall be responsible for accrediting post-graduate medical education and training <u>and developing standards for approval of the PGMEC;</u></p> <p>b) Committee on Training and Certification - It shall <u>determine whether doctors and allied health professionals have satisfactorily completed post-graduate medical education and training and shall issue the certificate of completion of training to examinees who pass the certifying examination; and</u></p> <p>c) Committee on Policies, Standards and Ethics - It shall formulate <u>standards of post-</u></p>	<p>SEPARATE the "Committee on Training and Certification" into 2 distinct committees and MODIFY their respective functions to read as follows:</p> <p>a) Committee on Training - It shall <u>establish standards of training including the curriculum and necessary resources. It shall conduct regular in-service training examinations to determine the competencies achieved by residents, fellows or trainees per year level. Upon the recommendation of the accredited training institution, it shall issue the corresponding Certificates of Training to residents, fellows and other trainees upon</u></p>	<p>The Committee on Training's function and operations will be year-long. It shall include formulation of annual formative evaluation exercises for all residents and fellows in training in all specialties. This entails formulating questions, validating them, determining minimum pass levels and conducting the actual examinations of all the different medical specialties.</p> <p>The Committee on Certification, on the other hand, formulates and conducts post-training certifying examinations for all graduate residents and fellows in all specialties. These examinations are lengthy and consist of a written test, an oral exercise and in some instances, include a practical skill-based on-site</p>

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<p><u>graduate medical education and training</u> programs, policies on compensation and benefits and working conditions of <u>medical residents</u> and other policies related to the scope and practice of <u>medical residency</u>. It shall handle complaints of <u>medical residents</u> and patients and submit recommendations to the PRBM for approval and action regarding complaints filed. It shall also screen <u>foreign graduates of medicine</u> who would like to undergo <u>residency training</u> in the country.</p>	<p><u>satisfactory fulfillment of the prescribed training program requirements.</u></p> <p>b) Committee on Accreditation - It shall be responsible for accrediting post-graduate medical education training programs of <u>institutions based on the accreditation guidelines and subject to approval by the PGMEC. It shall issue a Certificate of Accreditation to accredited training institutions and monitor their compliance with the minimum accreditation requirements.</u></p> <p>c) Committee on Certification - It shall <u>formulate and conduct post-training certifying examinations (written, oral, or practical) to determine whether a graduate resident, fellow or trainee has satisfactorily attained the required proficiencies of a specialist or practitioner of the corresponding specialty, subspecialty or field of medicine. It shall issue Certificates of Competence to successful examinees.</u></p> <p>d) Committee on Policies, Standards and Ethics - It shall formulate <u>minimum standards on compensation, benefits and working conditions of residents, fellows or trainees and other policies related to the scope and practice of residency and fellowship 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.</u></p>	<p>component where the candidate is observed in real-time while performing actual procedures.</p> <p>Combining the functions of Training and Certification into one committee will be too taxing, burdensome and time-consuming for their members.</p>

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<p>ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL</p> <p>SEC. 28. Powers and Functions. –</p> <p>The PGMEC shall ensure the quality of post graduate medical education and training for all <u>disciplines, specialties, and sub-specialties of medical residents</u> and provide policies that will promote humane working conditions and better compensation for <u>medical residents</u>. Moreover, the PGMEC shall be tasked to ensure that the post graduate medical education and training of <u>doctors</u> shall be responsive to the current health service needs of the population. In particular, it shall perform the following functions:</p>	<p>MODIFY to read as follows:</p> <p>The PGMEC shall ensure the quality of post-graduate medical education and training of <u>residents and fellows in all disciplines, specialties, and sub-specialties of medicine</u> and provide policies that will promote humane working conditions and better compensation for <u>residents and fellows in training</u>. Moreover, the PGMEC shall be tasked to ensure that the post-graduate medical education and training of <u>physicians</u> shall be responsive to the current health service needs of the population. In particular, it shall perform the following functions:</p>	<p>The trainees accepted into the post-graduate medical education and training programs are more clearly identified: residents and fellows.</p> <p>The term “physician/s” is more appropriate instead of the generic term “doctor/s” since there are also doctors of other disciplines such as Doctor of Dentistry, Doctor of Optometry, Doctor of Philosophy, etc.</p>
<p>a) Set the standards of post graduate medical education and training;</p>	<p>MODIFY to read as follows:</p> <p>Set the standards of post-graduate medical education and training <u>programs including the curriculum and all necessary resources</u>;</p>	<p>The function is expanded and explained.</p>
<p>...</p> <p>c) Accredit post graduate medical education or training programs;</p>	<p>MODIFY to read as follows:</p> <p>Accredit post-graduate medical education and training programs, <u>issue a Certificate of Accreditation to accredited training institutions, and monitor their compliance through the Committee on Accreditation</u>;</p>	<p>It is the PGMEC under the PRBM who shall issue the Certificate of Accreditation for the training institutions. This certificate should be prominently displayed in the institution and shall indicate the specialty/discipline training for which the institution is accredited and the duration of its validity.</p>
	<p>ADD an essential function that was omitted:</p> <p><u>Conduct regular in-service training examinations in all specialties or disciplines of medicine to monitor the progress and competencies achieved by residents and fellows in training per year level through the Committee on Training</u>;</p>	<p>The in-service training examinations for residents and fellows is a formative evaluation process to determine the progress of their education and training. It measures the depth of knowledge of the trainees in a particular specialty and provides a basis for comparison with other accredited institutions. It is a</p>

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		necessary tool for quality assurance and systems evaluation.
d) Determine whether doctors <u>and allied health professionals</u> who have undergone post graduate medical education and training have satisfactorily completed the training;	MODIFY to read as follows: Determine whether <u>residents, fellows and other physicians who undertook</u> the post-graduate medical education and training program have satisfactorily completed <u>and fulfilled the prescribed requirements and issue the corresponding Certificates of Training upon the recommendation of the accredited training institution</u> ;	The PGMEC is the most appropriate government agency who can issue the Certificate of Training for graduate residents or fellows. However, this can only be issued upon the recommendation of the institution where the resident or fellow trained since it is the institution that actually trained the person. This is a law governing physicians and we believe allied health professionals should not be included.
e) Issue the corresponding certificates to residents who have satisfactorily completed the post graduate medical education and training in either government or private hospitals and have passed the certifying examinations conducted by the Committee on Training and Certification;	MODIFY to read as follows: <u>Formulate and conduct post-training specialty certifying examinations (written, oral, or practical) and issue the corresponding Certificates of Competence to graduate residents, fellows and other physicians who have satisfactorily acquired the requisite proficiencies in the practice of the corresponding specialty, subspecialty, or field of medicine</u> ;	The PGMEC issues the Certificate of Competence and is given after the resident or fellow has satisfactorily completed his training and has passed the certifying examinations. This ensures that our country is attuned to the Professional Qualification Framework of the ASEAN. Further, such certificate will now be recognized by other countries as it is government-issued.
f) Screen <u>foreign graduates of medicine</u> who will undergo post graduate medical education and training in the country and assess the equivalence of their basic medical education to the standard curriculum prescribed in Philippine schools of medicines;	REPLACE "foreign graduates of medicine" with " <u>foreign medical professionals</u> "	Some countries produce physicians who are not graduates of a medical course similar to what is done in our country; thus, the correct term for them is "Foreign Medical Professional".
g) In consultation with appropriate agencies, work for the provision of better compensation and benefits and humane working conditions for <u>residents</u> ;	REPLACE "residents" with " <u>residents and fellows</u> ".	This is a more appropriate delineation of trainees.
ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL	REPLACE "doctors" with " <u>physicians</u> ".	The term "physician/s" is more appropriate instead of the generic term "doctor/s" since there are also doctors of other disciplines such

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<p>SEC. 29. Accreditation of post graduate medical education and training programs. –</p> <p>...</p> <p>Furthermore, certificates shall be issued by PGMEC to <u>doctors</u> who have obtained their training and certification..."</p>		<p>as Doctor of Dentistry, Doctor of Optometry, Doctor of Philosophy, etc.</p>
<p>ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL</p> <p>SEC. 30. Training Curriculum of Post-graduate Medical Education Programs.</p> <p>The training officers or their equivalent shall prepare a training curriculum that shall meet the standards to be set by the <u>Committee on Policies, Standards and Ethics</u> of the PGMEC. The training curriculum shall be at par with international standards and shall be responsive to the health needs of the population. The <u>Committee on Policies, Standards and Ethics</u> shall be given one (1) year from the time of its creation to prepare uniform standards of post graduate medical education programs.</p>	<p>REPLACE "Committee on Policies, Standards and Ethics" with "<u>Committee on Training</u>".</p>	<p>See explanation for proposed Section 27, a). b) and c) above.</p>
<p>ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL</p> <p>SEC. 31. Qualifications of Applicants to Post Graduate Medical Education and Training Programs. - The following shall be the minimum qualifications of applicants to post-graduate medical education programs:</p> <p>...</p> <p>c) Clearance by the <u>Board</u> for <u>foreign graduates of medicine</u>.</p>	<p>REPLACE "Board" with "<u>PRBM</u>" and "foreign graduates of medicine" with "<u>foreign medical professionals</u>"</p>	<p>PRBM is more clearly identified instead of the generic term "Board."</p> <p>The term "physician/s" is more appropriate instead of the generic term "doctor/s" since there are also doctors of other disciplines such as Doctor of Dentistry, Doctor of Optometry, Doctor of Philosophy, etc. (see above: Section 28, f).</p>
<p>ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL</p>	<p>REPLACE "Foreign Medical Graduates" with</p>	<p>=ditto=</p>

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<p>SEC. 32. General Conditions for the Post-graduate Medical Education and Training of Foreign Medical Graduates.</p> <p>...</p>	<p><u>"Foreign Medical Professionals"</u> in the heading of Section 32;</p> <p>REPLACE all "foreign medical graduates" with <u>"foreign medical professionals"</u> in the paragraphs under this Section.</p>	
<p>ARTICLE VI. THE POST-GRADUATE MEDICAL EDUCATION COUNCIL</p> <p>SEC. 33. Working Conditions of Residents. -</p> <p>...</p>	<p>REPLACE "Residents" or "resident/s" with <u>"Residents and Fellows in training in the heading of Section 33"</u>;</p> <p>REPLACE all "resident/s" with <u>"resident/s and fellow/s in training"</u> in the paragraphs under this Section.</p>	<p>This is a more appropriate reference or usage of the term "residents".</p>
<p>ARTICLE VII. REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION</p>	<p>ADD a new Section on <u>"Telemedicine"</u> to read as follows:</p> <p><u>SECTION --. Telemedicine.</u> - <u>Telemedicine means the delivery of health care services or consultations directly to a person of a written or otherwise documented medical opinion concerning the diagnosis or treatment of that person for the purpose of patient care by a physician located at a distant site as a result of the outward transmission of individual patient data by electronic or other means from the originating site to that physician's site.</u></p> <p><u>It refers to the practice of medicine by means of electronic and telecommunications technologies such as by telephone, internet-enabled messaging, short messaging service (SMS), audio- and video-conferencing, real-time two-way interactive audio, visual communications, or store-and-forward technology to provide or support health care delivery in order to facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a</u></p>	<p>We envision that the practice of medicine through telemedicine will expand rapidly in the foreseeable future. Thus, this section must encompass not only present but include future technologies.</p> <p>We also anticipate that a multitude of problems due to this are bound to arise; thus, we think it is appropriate that the basic framework for this new platform in the practice of medicine be laid down in this law to safeguard both patients' and the physicians' rights.</p>

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	<p><u>patient that cannot otherwise be done face-to-face due to certain conditions such as the physical distance between the patient and the physician.</u></p> <p><u>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 with due consideration for its inherent limitations. It does not apply to a licensed physician at a distant site under the following circumstances:</u></p> <p><u>a) Consults with another licensed physician;</u></p> <p><u>b) Does not undertake the primary responsibility for diagnosing or rendering treatment to a patient at the originating site;</u></p> <p><u>c) Communicates with a patient consisting solely of an e-mail or facsimile transmission;</u></p> <p><u>d) Has an established physician-patient relationship with a person who is at the distant site temporarily and who requires the direct medical treatment by that physician;</u> <u>or</u></p> <p><u>e) Engages in the practice of medicine in an emergency.</u></p>	
<p>ARTICLE VII. REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION</p> <p>SEC. 40. Acts Constituting the Practice of Medicine. -</p> <p>...</p> <p>f) Conducting formal medical classes in medical schools, seminars, lectures, symposia and the like.</p>	<p>ADD the following phrase to this provision to read as follows:</p> <p>f) Conducting formal medical classes in medical schools, seminars, lectures, symposia and the like <u>unless the subject matter being taken up involves a basic science</u></p>	<p>Modern day physicians are not anymore the “know-it-all” experts like in the past. They now need to collaborate with experts in other fields especially where new knowledge and technology is being learned and developed for application in clinical medicine.</p> <p>We have Masteral/Doctorate degree holders who are experts in a particular field or basic science who are frequently invited to share their experiences and knowledge with medical</p>

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	<p><u>fundamental in the furtherance of its applications in clinical medicine.</u></p>	<p>students, trainees, or even consultant-specialists to help better understand complex clinical problems. Examples are: microbiologists, epidemiologists, bio-engineers, para-medical experts, information technology experts, researchers, data analysts, biochemists, nurses, etc.</p>
<p>ARTICLE VII. REGULATION OF THE PRACTICE OF THE MEDICAL PROFESSION</p> <p>SEC. 42. Exceptions. - 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 <u>and under presence</u> of a duly licensed physician.</p>	<p>DELETE "<u>and under presence</u>".</p>	<p>"Under the direct supervision and control" is already stated in the preceding statement, which makes this additional phrase redundant.</p>
<p>ARTICLE VIII. INTEGRATED PHYSICIANS ASSOCIATION OF THE PHILIPPINES</p> <p>SEC. 51. Integration of the Profession. –</p> <p>...</p> <p><i>paragraph 2</i></p> <p>Within six (6) months from the enactment of this law, there shall be <u>created</u> a Commission on Medical Profession Integration headed by the <u>PRC Chairperson or a duly authorized representative</u>, and representatives from <u>existing medical associations</u> as members, which shall supervise and oversee the integration of the medical profession into one national professional organization of Physicians, the creation of its constitution and by-laws and election of officers. The Commission shall cease to exist upon the establishment of the INPOP.</p>	<p>ADD more specifics to this provision to read as follows:</p> <p><i>paragraph 2</i></p> <p>Within six (6) months from the enactment of this law, the <u>Professional Regulation Commission (PRC)</u> shall create a Commission on Medical Profession Integration to be headed by the <u>PRBM Chairperson</u> or a duly authorized representative and <u>sixteen (16) members</u> representing all practicing physicians in the country. They shall supervise and oversee the integration of the medical profession into one national professional organization of physicians, the creation of its constitution and by-laws and election of officers. The Commission shall cease to exist upon the establishment of the INPOP.</p>	<p>In order to facilitate establishment of the INPOP, some basic guidelines need to be put in place especially for the group (Commission) tasked to formulate its fundamental structure, power and functions, and responsibilities.</p> <p>Our proposal takes into consideration due representation of all physicians in the practice of medicine as defined in this Act in a manner that is proportionate to their current numbers.</p>

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	<p><u>Composition of the Commission shall be as follows:</u></p> <p>a) <u>Four (4) members representing those in general medical practice to be nominated by the existing national medical organization;</u></p> <p>b) <u>Four (4) members representing those in the non-clinical practice of medicine to be nominated by a consensus among practitioners of these groups (researchers, academicians, healthcare and managed-care administrators, public health policy physicians, pharmaceutical physicians etc.); and</u></p> <p>c) <u>Eight (8) members representing the specialty organizations recognized by PRBM through Resolution no. 25 Series of 2015.</u></p>	
<p>ARTICLE IX. PENAL PROVISIONS</p> <p>SEC. 55. Medical Malpractice. – Any physician who recklessly fails to meet the standards demanded by the profession, or grossly deviates from the standard of care, and causes injury to the patient, which would have been a felony had it been intentional, shall be guilty of medical malpractice and be punishable by a fine ranging from <u>One Hundred Thousand Pesos (P100,000.00) to Two Hundred Thousand Pesos (P200,000.00) or imprisonment of three (3) months to six (6) months</u> upon the discretion of the court, or both.</p> <p>If malpractice results in permanent disability or irreversible injury, the violators shall be liable with a fine ranging from <u>Two Hundred Thousand Pesos (P200,000.00) to Five Hundred Thousand Pesos (P500,000.00) or six (6)</u></p>	<p>REDUCE the penalties and MODIFY the provision to read as follows:</p> <p>Any physician who recklessly fails to meet the standards demanded by the profession, or grossly deviates from the standard of care, and causes injury to the patient, which would have been a felony had it been intentional, shall be guilty of medical malpractice and be punishable by a fine ranging from <u>Fifty Thousand Pesos (P50,000.00) to One Hundred Thousand Pesos (P100,000.00) or imprisonment of up to three (3) months</u> upon the discretion of the court, or both.</p> <p>If malpractice results in permanent disability or irreversible injury, the violators shall be liable with a fine ranging from <u>One Hundred Thousand Pesos (P100,000.00) to Two Hundred Fifty Thousand Pesos (P250,000.00) or three (3)</u></p>	<p>We understand the difficulties that physicians undertook to obtain their MD degrees. Moreover, with the continuous discovery and explosion of new knowledge now required of them and the unintentional nature of their offense, we think that some consideration need to be extended to them, thus a reduction of the penalties.</p> <p>We also take the position that this section of Article IX is BEST DELETED since Negligence and Malpractice are already stipulated in our REVISED PENAL CODE, AS AMENDED (RA No. 10951), and need not be duplicated here in the Physician's Act.</p> <p>Even felonies in relation to negligence are contained in the REVISED PENAL CODE and there are specific acts by medical practitioners that are considered offenses, to name a few: Section 27. False Medical Certificate; Section 59. Abortion;</p>

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<p><u>months to one (1) year imprisonment</u>, or both, upon the discretion of the court.</p> <p>If malpractice results in death, the penalty shall be a fine ranging from <u>Five Hundred Thousand Pesos (P500,000.00) to Two Million Pesos (P2,000,000.00) or two (2) to five (5) years imprisonment</u>, or both, and revocation of license upon the discretion of the court.</p> <p>This is without prejudice to the filing of appropriate civil action for damages by the offended party before the courts of competent jurisdiction.</p>	<p><u>months to six (6) months imprisonment</u>, or both, upon the discretion of the court.</p> <p>If malpractice results in death, the penalty shall be a fine ranging from <u>Two Hundred Fifty Thousand Pesos (P250,000.00) to One Million Pesos (P1,000,000.00) or six (6) months to two (2) years imprisonment</u>, or both, and revocation of license upon the discretion of the court.</p> <p>This is without prejudice to the filing of appropriate civil action for damages by the offended party before the courts of competent jurisdiction.</p>	<p>Section 61. Slight physical injury and maltreatment.</p> <p>Likewise, the word negligence has been clearly defined by the Supreme Court in different scenarios from mere lack of informed consent to death of a patient. Everyone understands that the physician cannot guarantee 100% cure on patients nor 100% risk-free procedures. A Supreme Court Decision (G.R. No. 159132) stated that "Doctors are protected by special rule of law. They are not guarantors of care. They are not insurers against mishaps or unusual consequences specially so if the patient herself did not exercise the proper diligence required to avoid injury."</p> <p>It would be an injustice and discriminatory for physicians to have such a provision in a Physician's Act when the Nursing Law (RA No. 9173) does not contain a similar provision in the care of their patients.</p>