



Republic of the Philippines
OFFICE OF THE PRESIDENT
COMMISSION ON HIGHER EDUCATION

CHED MEMORANDUM ORDER (CMO)

No. 36

Series of 2001

**SUBJECT: UPDATED POLICIES AND STANDARDS FOR
MEDICAL EDUCATION**

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In accordance with the pertinent provisions of Republic Act No. 7722, otherwise known as the "Higher Education Act of 1994", all Presidents/ Heads of Higher Education Institutions (HEIs) concerned are hereby directed to comply with the following "Updated Policies and Standards for Medical Education."

**ARTICLE I
AUTHORIZATION**

SECTION 1. Only schools, colleges and universities, duly authorized by the Commission on Higher Education shall be allowed to operate medical education programs.

SECTION 2. All curricular programs in medical education must have proper authorization from the Commission on Higher Education prior to the offering of such programs.

**ARTICLE
MISSION STATEMENT**

SECTION 1. The main purpose of basic medical education is to produce physicians and thereby satisfy the health human resource needs of the country.

It shall:

- 1) provide students with the knowledge, skills, and attitudes in consonance with the concept of a primary care physician;
- 2) prepare medical students for post-graduate study, research, teaching and specialty training;

- 3) inculcate in the students an appreciation of the use of community and indigenous resources to promote health;
- 4) promote the integration of health services into the training of medical students; and
- 5) develop in the students such habits and attitudes that will enable them to engage in lifetime continuing medical education responsive to changing needs and developments.

The graduate shall, furthermore, be capable of embarking on further training in any field of medicine, including research, teaching, community development and administration.

ARTICLE III ORGANIZATION/ADMINISTRATION

SECTION 1. The program in medical education leading to the Doctor of Medicine (M.D.) degree shall be conducted in an environment that fosters intellectual challenge and spirit of inquiry as characterized by the community of scholars that constitutes a college/university. A medical school and its teaching hospital shall be incorporated as one under the Corporation Code, as a non-stock, non-profit corporation. When the school does not own its training hospital, it shall be required to enter into an affiliation arrangement with an accredited hospital in the same geographic area and shall be responsible for planning, controlling and monitoring/evaluation of the activities of its students therein.

SECTION 2. A medical school shall be governed by its Board of Trustees/ Regents in accordance with its incorporation papers.

SECTION 3. The functions of the Board of Trustees/ Regents in addition to those provided by law are:

- a) to set the policies for the medical school and teaching hospital;
- b) to approve the budget for the medical school and its teaching hospital as submitted by the President/Chief Executive Officer(CEO) upon the recommendation of the Dean;
- c) to confirm the appointment or separation of administrative personnel and faculty members submitted by the President/CEO, upon the recommendation of the Dean;
- d) to approve the rules and regulations of the medical school and its teaching hospital as proposed by the President and the Dean; and
- e) to insure the viability of the medical school .

SECTION 4. The medical school shall be under the immediate administration and supervision of a Dean, who acts as its Chief Academic Officer and who, by training and experience, is capable to interpret the prevailing standards in medical education and possesses sufficient authority to implement them.

SECTION 5. The qualities and qualifications of the Dean:

- a) must be a licensed doctor of medicine with a minimum teaching experience of five (5) years in a college of medicine and holds at least the rank of Assistant Professor;
- b) must have leadership qualities;
- c) must have experience in administrative positions; and
- d) must possess professional standing commensurate with the position

SECTION 6. The duties and responsibilities of the Dean:

- a) to prepare and recommend the annual budget of the school for the consideration of the Board of Trustees;
- b) to recommend the appointment of the medical and teaching personnel of the medical school and its teaching hospital;
- c) to supervise the admission of students as recommended by the committee on admission which screens applicants based on criteria proposed by the faculty and approved by the Board of Trustees/Regents;
- d) to periodically review the curriculum and make the necessary recommendations for its improvement;
- e) to plan the organizational structure of the college of medicine and to recommend the appointment of the secretary of medical school and the other assistance that may be deemed needed for the consideration of the Board of Trustees;
- f) to approve assignments of the faculty members as recommended by the corresponding department heads/chairpersons;
- g) to recommend disciplinary actions on erring faculty members and other school personnel after observing the due process required by law;
- h) to promote faculty development;
- i) to initiate, upgrade and promote research, upgrade library and laboratory facilities;
- j) to establish scholarships and professorial chairs; and
- k) to secure/obtain endowments/grants and the like, for research and/or educational purposes.

SECTION 7. The Dean shall be appointed by the Board of Trustees/ Regents or by the President/CEO of the college or university.

SECTION 8. The tenure of the Dean shall be determined by the Board of Trustees/ Regents

Academic Organization

SECTION 9. The President/CEO shall recommend to the Board of Trustees/ Regents the organization of academic units which shall serve as the academic structure necessary to attain the aims of medical education.

SECTION 10. The Unit Head or Department Chairman shall hold the rank of at least Assistant Professor and shall have the following duties and responsibilities:

- a) to supervise all activities in the unit/department;
- b) to organize the unit/department towards the attainment of the objectives of medical education in accordance with the policies set by the Board of Trustees/ Regents;
- c) to evaluate and select the staff of the unit/department and recommend their appointment/promotion/separation to the Dean based on set criteria;
- d) to prepare the budget for the unit/department for recommendation to the Dean;
- e) to review periodically or upgrade the curriculum as well as teaching methods and evaluation techniques; and
- f) to encourage the faculty staff to participate in research activities.

Heads of clinical units/departments shall have the following additional responsibilities:

- g) to head the corresponding clinical department/services in its own teaching/ affiliated hospital;
- h) to supervise the staff and student activities in the corresponding services of affiliated hospitals; and
- i) to develop and maintain an accredited residency training program.

ARTICLE IV FACULTY

SECTION 1. The medical school shall have a competent teaching staff. Appointment to the faculty shall be based on academic and professional qualifications, teaching ability and/or research potentials.

For authority to operate, a medical school shall submit a list of qualified faculty members in subjects they intend to teach.

SECTION 2. Nominations for faculty appointments shall originate from the concerned unit/department head and submitted to the Dean. The Dean subsequently transmits the necessary recommendation together with the proposed designation or rank of the appointee to the appointing authority. In the absence of duly constituted departments, the Dean will nominate and directly recommend faculty members for appointment.

SECTION 3. Recommendations for promotion of faculty members shall be based on: teaching ability, research productivity, academic and professional development/ potentials, dedication/ commitment to duty and responsibility, abiding interest in work, moral integrity and good personal character and conduct, and peer acceptance.

SECTION 4. Each faculty member shall enjoy academic freedom within the purview of institutional policies and other rights and privileges granted by law.

SECTION 5. The academic ranks and their corresponding minimum qualifications, in addition to existing rules and regulations of the institution, specifically, on pedagogic skills, are as follows:

- a) Instructor - A licensed Doctor of Medicine or a graduate of a relevant or related discipline with at least a Master's degree;
- b) Assistant Professor - At least three (3) years successful tenure as Instructor;
- c) Associate Professor - At least three (3) years successful tenure as Assistant Professor or an equivalent training and experience and must be a co-author of at least one publication in a peer reviewed scientific journal;
- d) Full Professor - At least three (3) years successful tenure as Associate Professor or an equivalent training and experience, and must have shown outstanding achievement in scholastic and research as evidenced by being author of at least three (3) scientific papers published in a peer reviewed scientific journal or book.

SECTION 6. The appointment of faculty member at any level of the academic ranks may be made without passing through antecedent ranks if warranted/ justified by the applicant's training, productivity including research publications, demonstrated ability, maturity or eminence in the particular field of study without violating existing college/ university regulations.

SECTION 7. Each department shall have a chairman/ head and a complement of faculty members necessary to effectively implement the curriculum. In general, the faculty—student ratio (total full time and part time—total student enrolment) is 1: 4.

SECTION 8. The definition of full-time faculty shall be left to the institution; provided however, that a minimum of twenty (20) hours per week, including administrative functions is regularly rendered. At least one faculty member shall be full-time in each department.

A faculty member who teaches or occupies regular positions as full-time in more than two (2) medical schools shall not be allowed.

SECTION 9. The Dean and Assistant/ Associate Dean, shall confine themselves to teaching and performing administrative function in their own medical school.

SECTION 10. Heads of departments/ units shall not be allowed to hold administrative positions in any other educational institution although they may be allowed to teach in the latter.

ARTICLE V CURRICULUM

SECTION 1. The objectives of the undergraduate curriculum are:

- a) To provide students with the core knowledge needed by a primary care physician to:
 - 1) promote the health of communities
 - 2) prevent onset of disease
 - 3) cure disease and/ or mitigate its consequences
 - 4) utilize the broadest range of health interventions to achieve the foregoing

- b) To develop in the students the following skills/ attitudes:
 - 1) critical thinking and problem-solving skills
 - 2) decision-making and leadership ability
 - 3) communication and technical skills
 - 4) commitment for life long self-learning and professional development
 - 5) desirable attitudes, moral values and ethical behavior including love of country, social responsibility, honesty, integrity and justice, and sensitivity to the world of the patient
 - 6) capability to use the holistic approach to patient care
 - 7) team spirit and ability to work with other health personnel and community workers

SECTION 2. The curriculum shall have the following characteristics:

- a) competency-based and student-centered
- b) promotes learning of principles and processes rather than mastery of facts
- c) encourages self-directed learning
- d) utilizes evidence based medicine, promotes research and allows students to choose from electives
- e) allocates adequate time for both theory and practice

SECTION 3. The curriculum shall be at least four (4) years, the fourth year of which shall be a full clinical clerkship.

SECTION 4. The following disciplines shall be included in the curriculum:

- a) Human Anatomy (including Gross and Microscopic Anatomy, and Developmental Anatomy)
- b) Anesthesiology (including Pain Management)
- c) Biochemistry, Molecular Biology, Genetics, and Nutrition
- d) Legal and Forensic Medicine, Health Economics and Bioethics
- e) Internal Medicine
- f) Microbiology, Parasitology and Immunology
- g) Neurosciences (basic and clinical)
- h) Obstetrics-Gynecology (including Women's Health)
- i) Ophthalmology and Otorhinolaryngology
- j) Pathology (Clinical and Anatomic)
- k) Pediatrics (including Child Protection)
- l) Pharmacology and Therapeutics (including Alternative Medicine)
- m) Physical Medicine and Rehabilitation
- n) Human Physiology
- o) Family and Community Medicine (including Preventive Medicine)
- p) Behavioral Medicine (Psychiatry)
- q) Radiological Sciences (including Imaging Modalities)
- r) Surgery
- s) Research and Clinical Epidemiology

SECTION 5. The teaching-learning activities shall be held in variety of appropriate settings. These shall include adequately lighted, ventilated and equipped classrooms and laboratories, ambulatory care clinics, hospital wards and other units, community and family settings, etc. Overcrowding in the classroom, laboratory and other venues for instruction, needless to say, is not conducive to learning, and must not be allowed. For practicum in the clinical departments and Community and Family Medicine, the setting shall be as similar as possible to actual intended future places of practice.

Medical schools may affiliate with hospitals and health facilities/ clinics accredited for undergraduate medical education by the Technical Committee for Medical Education.

SECTION 6. Clinical instructions shall be primarily case-based utilizing the problem solving approach and emphasizing direct patient care under the guidance of a preceptor.

SECTION 7. No rigid curriculum for accomplishing the aforesaid objectives can be prescribed. On the contrary, it is essential that there shall be a continuous study of the curriculum by the faculty and school administration with the introduction of modifications and new methods and materials to take proper cognizance of the

advances in medical sciences and medical education including the changing pattern of medical practice. The existence of a functioning Curriculum Committee or its equivalent is highly desirable.

SECTION 8. In schools utilizing innovative teaching- learning strategies (e.g. PBL, IMC, etc.), the curriculum will cover as extensively as possible the whole field of medical knowledge as enumerated in Section 4 hereof.

ARTICLE VI INSTRUCTIONAL STANDARDS

SECTION 1. The medical college shall maintain a high standard of instruction, utilizing a variety of appropriate instructional methods which contribute to the total effectiveness of medical students preparation for future professional practice.

SECTION 2. A system of supervision shall be instituted and implemented for the purpose of evaluating medical competence of students.

SECTION 3. The institution shall provide for a systematic plan of evaluation of student progress through a grading system that is consistent and congruent with the educational objectives set by the institution. Methods of formative and summative assessments including clinical examinations shall be developed and validated for this purpose.

Institutional policies shall be made known to the medical students to serve as their guide in preparing for their courses. The grade or rating of a student in each course shall be fair and just and shall reflect proficiency in the subject based on reasonable rules and standards of the school.

SECTION 4. The school must implement its clinical training program in at least a secondary care hospital with a minimum capacity of 100 beds, and where the four (4) major clinical departments— Internal Medicine, Pediatrics, Obstetrics and Gynecology and Surgery— functionally exist.

SECTION 5.

A. Traditional

For every 100 students, there must be at least one (1) full-time faculty member who must be specialty board certified in each of the four (4) major clinical departments.

For the various teaching- learning activities, the maximum faculty- student ratio is as follows:

Lectures—1: 100

Laboratory Sessions—1: 25

Small Group Discussions (SGD)—1: 15

B. PBL (Problem-Based Learning)—

For a maximum of ten (10) students there must be at least one faculty facilitator.

SECTION 6. Clinical materials shall be provided by the out-patient services with a load of at least fifty (50) patients per day and an in-patient services of one (1) occupied hospital bed per clinical clerk (4th year student) at any given time.

SECTION 7. To provide for more clinical materials, other duly accredited hospitals formally affiliated with the medical school may be utilized. However, the clinical program in such affiliated hospitals must conform with the course objectives set forth by the medical school. Faculty members or clinical coordinators shall be assigned to supervise the clinical clerks.

SECTION 8. In Obstetrics, at least ten (10) maternity cases shall be followed through to delivery by each clinical clerk who must have actual charge of these cases under the supervision of a clinical preceptor.

SECTION 9. The medical school shall provide extension services for instruction of medical students in Community Medicine either independently or in cooperation with the Department of Health or other agencies.

SECTION 10. The medical school shall provide an adequate number of appropriate teaching facilities and equipment which are necessary to assure the attainment of its educational objectives.

ARTICLE VII LIBRARY RESOURCES

SECTION 1. The medical school library shall have journals, textbooks, and other reference materials adequate to meet the curriculum and research needs of its students and faculty.

SECTION 2. Computer based reference systems shall be provided and Internet access shall be made available to students for at least a minimum of twenty (20) hours per semester.

ARTICLE VIII RESEARCH

SECTION 1. The medical school shall actively engage in research activities which must be supported by the administration through funding, providing requisite facilities, special privileges and other benefits for the faculty such as reduced teaching load, protected time and/or their equivalent.

SECTION 2. The school shall inculcate in the students an attitude of inquiry and desire to test theory against scientific evidence.

SECTION 3. The school shall require the students to do research. The student research outputs shall be widely disseminated by means of publication and/or oral presentation. Faculty generated research must be submitted for publication in peer-reviewed local or international journals.

ARTICLE IX ADMISSION REQUIREMENTS

SECTION 1. Students seeking admission to the medical education program must have the following qualifications:

- a) holder of a bachelor's degree in the sciences or arts (AB/BS).
- b) must have taken the National Medical Admission Test (NMAT) and have obtained a score above the percentile cut-off set by CHED as recommended by the Technical Panel for Medical Education on a yearly basis.

SECTION 2. The applicant shall submit the following documents to CHED:

- a) birth certificate and certificates of good moral character from two (2) professors in college
- b) official transcript of records showing completion of a degree course
- c) For graduates of private schools, the transcript of records is validated by a Special Order from CHED while graduates of public schools, the diploma or certificates of graduation must be presented
- d) Certified true copy of NMAT score

SECTION 3. On the basis of the foregoing documents, CHED will issue the appropriate certificate of eligibility for medicine (CEM) which the applicant shall submit to the medical schools which he/she is seeking admission

SECTION 4. The medical schools shall admit only transfer students with certificate of honorable dismissal.

SECTION 5. The Commission through its Technical Panel for Medical Education shall set a freshman quota for each medical school based on its faculty resources and adequacy of teaching facilities available.

**ARTICLE X
RESIDENCE AND UNIT REQUIREMENTS**

SECTION 1. No degree shall be conferred upon a student unless the last two (2) curriculum years of the medicine course was taken in the college which is to confer the degree

SECTION 2. Guidelines on pre-requisites shall be made part and parcel of the academic policies of the school. The rules on pre-requisite courses shall be strictly observed by medical institutions. No student shall be permitted to take up any subject until the pre-requisite courses are passed.

SECTION 3. No student shall be promoted to the next year level in case of an outstanding deficiency in the current year level. On a case to case basis and at the discretion of the Dean, a student who failed in a major subject may be given additional advanced minor loads, provided that the rules on pre-requisites are strictly observed.

SECTION 4. A student who fails in forty percent (40%) or more of the total annual academic load, in hours, at any year level shall be dismissed from the college. A medical student who fails in the same subject/ course twice at any year level shall be automatically dropped from the rolls.

Medical schools may, however, prescribe a more stringent policy on dismissal due to academic deficiency.

SECTION 5. New students shall be accepted only in the first semester of the academic year.

SECTION 6. If a student obtains a grade of "Incomplete," no credit shall be given for the subject unless such incomplete grade is satisfactorily removed within one (1) year from the date it was obtained. The incomplete grades removed within one year shall be recorded and submitted immediately on a supplementary form (Form IX).

**ARTICLE XI
MISCELLANEOUS PROVISIONS**

SECTION 1. CHED encourages innovation in medical education for relevance.

SECTION 2. As provided for in Batas Pambansa 232, otherwise known as the "Education Act of 1982", medical schools must release the diploma, transcript of records and all other credentials upon request of a students within thirty (30) days after completion of all requirements for graduation.

SECTION 3. The foregoing requirements/ provisions in this "Updated Policies and Standards" shall serve as basis for determining existence of minimum standards which shall justify the issuance of a Certificate of Recognition.

**ARTICLE XII
EFFECTIVITY**

SECTION 1. This set of Policies and Standards for Medical Education shall take effect beginning school year 2001-2002.

SECTION 2. This Order supersedes all previous issuances concerning medical education which may be inconsistent or contradictory with any of the provisions hereof.

Pasig City, Philippines November 28, 2001



ESTER ALBANO-GARCIA
Chairperson