

Republika ng Pilipinas
(Republic of the Philippines)
KAGANAPAN NG EDUKASYON, KULTURA AT ISPORTS
(DEPARTMENT OF EDUCATION, CULTURE AND SPORTS)
Manila

October 24, 1990

DECS ORDER
No. 119, s. 1990

POLICIES AND STANDARDS FOR MEDICAL EDUCATION

To: Bureau Directors
Regional Directors
Presidents of State Colleges and Universities
Heads of Private Schools, Colleges and Universities
Deans of Colleges of Medicine

1. Upon recommendation of the Board of Medical Education (now Technical Panel for Medical Education) and as approved by this Office, the enclosed "Policies and Standards for Medical Education" is hereby issued for implementation by all medical schools in the country, beginning school year 1991-92.

2. This set of policies and standards shall, likewise, serve as guidelines to be followed in the establishment of a medical school and grant of government authority for the operation of the four-year medical course leading to the degree of Doctor of Medicine (M.D.).

3. All existing colleges of medicine are hereby directed to take whatever action is necessary to meet the requirements in the enclosed policies and standards. Evaluation of medical schools shall be based on the degree of compliance or non-compliance to these policies and standards.

4. This Order supersedes all existing rules, regulations, and standards related to medical education.

5. Strict compliance with this Order is hereby enjoined.

(SGD.) ISIDRO D. CARINO
Secretary

Incl.:

As stated

Reference:

DECS Order No. 5, s. 1986

Allotments 1-3-0--(M.O. 1-87)

To be indicated in the Periodical Index
under the following subjects:

ADMISSION or ENROLLMENT
AMENDMENT
CHANGE
Course of Study, COLLEGIATE
CURRICULUM

OFFICIALS
ORGANIZATION
POLICY
RULES & REGULATIONS

(Inclosure to DECS Order No. 119, s. 1990, dated October 24, 1990)

FOLICIES AND STANDARDS FOR MEDICAL EDUCATION

The following rules and standards shall govern the operation of medical education programs in schools, colleges and universities in the Philippines:

Article I Authorization

SECTION 1. Only schools, colleges and universities duly authorized by the Secretary of Education, Culture and Sports shall operate medical education programs.

SECTION 2. All curricular programs in medical education must have proper authorization from the Department of Education, Culture and Sports prior to the offering of such programs.

Article II Mission Statement

SECTION 1. The main purpose of the medical education undergraduate program is to provide training for the necessary medical manpower needs of the country for health delivery, teaching and research.

It should develop a sound foundation in the fundamentals of medicine on which he can upon graduation competently practice basic medicine, begin training in specialty practice, in scientific investigation or teaching.

It shall:

1. provide students with the skills, knowledge, and attitudes in consonance with the concept of a basic physician;
2. prepare medical students for post-graduate study, research, teaching and specialty practice;
3. inculcate in the students the use of community and indigenous resources to promote health;
4. promote the necessity of integrating health services into the training of medical students; and
5. develop in the students such habits that would enable them to educate themselves throughout life.

Article III
Organization/Administration

SECTION 1. The program in medical education leading to the M.D. degree should be conducted in an environment that fosters the intellectual challenge and spirit of inquiry as represented by the community of scholars that constitutes a university. A medical school and its teaching hospital should be incorporated as one under the Corporation Code, as a non-stock, non-profit corporation and be a part of a university, as provided by law.*

SECTION 2. Being a corporation that should own real properties, like land and buildings where the medical school is located,

SECTION 3. A medical school shall be governed by its Board of Trustees or by the Board of Regents of the University of which it is a part in accordance with its incorporation papers.

SECTION 4. Among others, the functions of the Board of Trustees 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 upon recommendation of the Dean.
- c. To confirm the appointment or separation of administrative personnel and faculty members submitted by the President, 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 Dean.
- e. To insure the viability of the medical school.

SECTION 5. The medical school should be under the immediate administration and supervision of a Dean, who by training and experience, is able to interpret the prevailing standards in medical education and is clothed with sufficient authority to carry them into effect.

* However, existing schools that are not part of a University upon approval of this set of Policies and Standards for Medical Education are given three years grace period to be affiliated with a University or be chartered as such. In case of affiliation, it must be with the approval of DEOS. Such terms of affiliation shall be formulated by DEOS within 90 days after approval of these requirements. The affiliation should be with a locally-based university geographically adjacent to the medical school offering courses related to medicine and social sciences.

SECTION 6. The following qualities and qualifications present themselves as desirable and essential in a Dean of a medical school:

- a. He must be a 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 and preferably a diplomate or a member of the speciality society.
- b. He must have leadership qualities as proven by the ability to plan and organize, to guide people toward desired objectives, to maintain good relations with students, associates, superiors and the public, to make decisions without compromising principles, to withstand the pressures of crisis situations and to have a broad view of the role of the institutions in national life.
- c. He must have had experience in administrative positions where these qualities have been tested, and he was not found wanting.
- d. He must possess professional standing or recognition and is thus credible in an institution of learning and in the teaching community, and with a demonstrated peer acceptance.

SECTION 7. Among the duties and responsibilities of the Dean, the following shall be included:

- a. To prepare the annual budget of the school and its teaching hospital in consultation with the hospital administrator.
- b. To recommend the appointment of the medical and teaching personnel of the medical school and its college hospital.
- c. To supervise the admission of students in accordance with the criteria approved by the Board of Trustees as recommended by the faculty.
- d. To periodically review the curriculum and make recommendations towards improvement of the curriculum and standards of instruction.
- e. To plan the organizational structure of the college of medicine and to recommend the appointment of the secretary of the medical school and the other assistants needed.
- f. To approve assignments of the faculty members as recommended by the corresponding department chairmen.

- g. To recommend the separation of faculty members and other school personnel for cause.
- h. To promote faculty development.
- i. To initiate, upgrade and maintain research, library and laboratory facilities as well as establish scholarships and professorial chairs.
- j. To secure/obtain endowments/grants and the like, for research and/or educational purposes.

SECTION 8. The Dean shall be appointed by the Board of Trustees/Board of Regents on nomination by the President of the college or university.

SECTION 9. The tenure of the Dean shall be at least three (3) years without prejudice to reappointment and until his successor shall have been appointed and qualified.

Academic Organization

SECTION 10. The President upon the recommendation of the Dean may recommend to the Board of Trustees the organization of Academic Units (Departments or Divisions) which shall serve as the academic structure necessary to attain the aims of medical education. The academic units which should provide optimal instruction in the basic or clinical sciences shall be as follows:

Anatomy (including Microscopic Anatomy, Neuroanatomy and Developmental Anatomy)	Surgery
	Medicine
Biochemistry	Neurology
Physiology	Pediatrics
Pharmacology	Obstetrics-Gynecology
Pathology	Ophthalmology
Microbiology & Parasitology	Otorhinolaryngology
Preventive Medicine and Public Health/Community Medicine	Psychiatry

SECTION 11. The Unit Head or Department Chairman shall hold the rank of at least an Assistant Professor, preferably a diplomate or fellow of the specialty society and shall have the following duties and responsibilities:

- a. To supervise all activities in his unit/department.

- b. To organize his unit/department in the way he deems best to attain the objectives of medical education within his department and in accordance with the policies of the Board of Trustees.
- c. To evaluate and select the staff of his unit/department and recommend their appointment, promotion/separation to the Dean based on set criteria.
- d. To prepare the budget for his unit/department for recommendation to the Dean.
- e. To periodically review or upgrade the curriculum, teaching methods and evaluation techniques.
- f. To encourage and participate in research activities in the unit/department.

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

- a. To head the corresponding clinical department/services in the hospital owned or controlled by the medical school.
- b. To supervise the staff and student activities in the corresponding services of affiliated hospitals.
- c. To select, in consultation with the members of his unit/department, the clinical residents in his department.
- d. To develop and maintain an approved residency program.

Article IV Faculty

SECTION 1. The medical school should have a competent teaching staff. Appointment to the faculty should be based on academic and professional qualifications, teaching ability and/or research potential. All faculty members should have basic training in pedagogic methods.

SECTION 2. Nominations for faculty appointments should originate from the unit/department head and submitted to the Dean and should include the corresponding designation or rank of the appointee.

SECTION 3. Recommendations for promotion to a higher rank and/or salary rate of a faculty member should be made by the unit/department head and submitted to the Dean. The following

should be taken into consideration: the teaching ability of the candidate, the research activity, professional growth, dedication to duty and responsibility, ability to interact in his work, moral integrity and good personal character and conduct, and peer acceptance.

SECTION 4. Each faculty member shall enjoy academic freedom and other rights and privileges granted by law.

SECTION 5. The academic rank and minimum qualifications of the faculty members of the college shall be as follows in addition to existing rules and regulations of the University:

- a. Instructor - Any individual with a degree of M.A. or a graduate in a relevant discipline with good scholastic record may be appointed. For the purpose of gaining experience, an instructor may be allowed to handle a limited number teaching activities but under the supervision of a senior faculty member.
- b. Assistant Professor - Must have at least three (3) years successful tenure as instructor or equivalent training and experience.
- c. Associate Professor - Must have at least three (3) years successful tenure as assistant professor or equivalent training and experience and must be a co-author of at least one publication in a scientific journal.
- d. Full Professor - Must have at least three (3) years successful tenure as associate professor or equivalent training and experience, and must have shown outstanding achievements in scientific research as evidenced by having been an author or co-author of at least three (3) scientific papers published in scientific journals.

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

SECTION 7. The initial appointment of a faculty member to any academic rank shall be temporary in character and for a period not exceeding one (1) year without prejudice to his reappointment, provided that the total length of the probationary period shall not exceed three (3) years after which the faculty member is either terminated or becomes permanent, upon recommendation of the Dean and approved by the Board of Trustees.

SECTION 8. Each department shall have a chairman and additional faculty members so that there should be no more than 25 students per faculty member per session in the laboratory and no more than 10 students per session in clinical preceptorship. Each department shall develop its own pool of faculty.

SECTION 9. The definition of full-time faculty shall be left to the university, provided a minimum of 20 hours a week is complied with, including administrative duties. At least two faculty members shall be full-time in each department.

In reckoning with the faculty roster of each medical school, the Board of Medical Education will not credit or give due consideration in favor of any medical school faculty members who teach or occupy regular positions in more than two (2) medical schools.

SECTIONS 10. The Dean, Assistant/Associate Dean, Department Heads, and College Secretary should confine and devote themselves to the administrative functions of the medical school where they are employed and should not teach nor hold administrative position in another medical school.

Article V Curriculum

SECTION 1. The main purpose of the undergraduate medical curriculum is to prepare the students to learn the fundamental principles of medicine, to acquire skills of critical judgment based on evidence and experience, and to develop the ability to use principles and skills wisely in solving problems of health and disease. The curriculum, therefore, should be concerned not with presenting masses of factual data but with indicating the scope, potentialities, duties and responsibilities in medicine, both curative and preventive. It must emphasize with cogent illustration those basic principles which are indispensable to all forms of medical practice. It should be attuned to local aims, needs and resources and must be flexible enough to meet the changes that result from advances in medical technology.

It should include the standard medical and required clinical subjects. Students should also be provided learning experiences in innovative, preventive, and curative medicine.

SECTION 2. The curriculum should be student centered, competency-based, and at least problem-oriented if not problem based. In addition it should embody the concept of primary health care.

SECTION 3. In the preparation of the curriculum, the following points should be taken into account.

- A. The needs and resources of the country and developments in medical science and medical education.

- d. The characteristics and needs of the students.
- e. The value of old and new knowledge and the best methods for their presentation and timing in the curriculum.
- d. Curricular design that will enable the student to follow the same patient in the out-patient and hospital wards and even in the autopsy examination should the patient expire.
- e. The design and organization of the out-patient department of the teaching hospitals should be for teaching and for efficient and effective care of patients.
- f. The inclusion of a period during which students participate in community activities related to health. This includes the teaching and practice of maximal utilization of local resources to promote health.
- g. The opportunity of the students to participate in research and other scholarly activities of the faculty.

SECTION 4. The medical course shall be at least four academic years and shall provide for adequate instruction, among others, in the following areas:

Anatomy (including Microscopic Anatomy, Neuroanatomy and Developmental Anatomy)

Anesthesiology

Biochemistry, Molecular Biology and Nutrition

Clinical Pathology or Laboratory Diagnosis

Legal Medicine, Medical Jurisprudence, Health Economics and Medical Ethics

Medicine

Microbiology

Neurology

Obstetrics - Gynecology

Ophthalmology and Otorhinolaryngology

Parasitology

Pathology

Pediatrics
Pharmacology and Therapeutics
Physical Medicine and Rehabilitation
Physiology
Preventive and Community Medicine and Public Health
Psychiatry
Radiology
Surgery, including Orthopedics

SECTION 5. The fourth year of the medical course should be a full 12-month rotating clerkship, at least 80% of which should be spent in the base hospital and the school's community facilities with at least 2 months in each of the four (4) major services: Medicine, Pediatrics, Surgery, and OB-Gyne.

Medical schools may affiliate with other hospitals, provided that such hospitals shall have the following qualifications: (1) must offer specialty expertise not found in the base hospital or the base hospital is inadequate in, (2) must maintain a minimum of 100 beds, (3) must allow periodic supervision of the students by their respective faculty, and (4) a legally binding contract must be signed by the school and hospital and shall include the aforementioned provisions. A copy of the contract must be submitted by the medical school to the Board of Medical Education for approval. Renewal, termination and amendments of the contract shall be duly forwarded to the BME.

SECTION 6. In the clinical years, there is no substitute for the case method of clinical instruction, in which individual students work on individual cases in the hospital ward and in out-patient clinic under guidance. Such assignments should occupy most of the time and energy of senior medical students. Case studies should serve as the point of departure for informal conferences, rounds and reading. Lectures and demonstrations of patients in large classes are important, not only as adjuncts to the direct study of patients by the students. No system of formal lectures, no matter how well organized and presented, can be an adequate substitute of the case method, both hospital and community-based.

SECTION 7. The curriculum must inculcate desirable values namely: patriotism and nationalism, human dignity, health, truth, justice, love, ethical and spiritual values, social responsibility, economic efficiency, and global solidarity.

SECTION 9. No rigid curriculum for accomplishing these objectives can be prescribed. On the contrary, continuous study of the curriculum by the faculty with the introduction of modifications and new methods and materials to take proper cognizance of the advances in medical science and the changing conditions of medical practice is essential in the conduct of an acceptable medical school.

Article VI Instructional Standards

SECTION 1. The medical college shall maintain a high standard of instruction, utilizing a variety of appropriate instructional procedures which contribute to the effectiveness of medical students' preparation.

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

SECTION 3. The institution shall provide for a systematic and continuing plan of evaluation of student progress through a marking system that is consistent and congruent to the objectives set up by the institution. Institutional policies shall be made known to the medical education 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 the proficiency in the subject based on reasonable rules and standards of the school.

SECTION 4. The school must own and control the training program of a 100-bed tertiary care hospital with competent teaching staff and sufficient clinical material to provide adequate instruction in the major clinical disciplines.* A tertiary hospital as defined by the Department of Health is one where at least the four major clinical disciplines are departmentalized; each clinical department is preferably headed by a fellow of the concerned specialty society; has a complete and accredited residency program in the 4 major disciplines, namely: Medicine, Surgery, Pediatrics and OB-Gyne; and has an additional equipment for an ICU and CCU.

By control is meant the power to appoint all medical staff members of the major clinical departments, namely: Medicine, Pediatrics, Surgery and Obstetrics-Gynecology.

SECTION 5. The base hospital should be located within reasonable distance from the medical school for students and faculty to comply with class schedules.

*

A grace period of 3 years following the approval of this set of policies and standards will be given to allow medical schools to take necessary steps to comply with this requirement.

The chairman or head of each academic unit/department in the school should also be the head of the corresponding unit/department in the same hospital.

These shall take effect 5 years after the approval of this constitution and standards for medical education.

SECTION 6. For every 100 students in a class of a major clinical department, there must be at least three (3) full-time faculty members, one of whom has had board certified specialty training. Three (3) part-time faculty members who are board certified and are actively engaged in teaching will be considered equivalent to one full-time faculty member.

SECTION 7. Clinical materials should be provided by the out-patient services with a load of at least fifty (50) patients per day and in-patient services of one (1) occupied hospital bed per clinical clerk (4th year student) at any given time.

SECTION 8. To provide for more clinical materials, other hospitals formally affiliated with the Medical School as provided for in Article V, Section 3, may be utilized. Only clinical clerks may be rotated to such hospitals and not more than 30% of the clinical clerks at any given time. Faculty members should be assigned to supervise the clerks.

SECTION 9. In obstetrics, at least 10 maternity cases should be followed through to delivery or delivery by each clinical clerk who should have actual charge of these cases under the supervision of the clinical instructor.

SECTION 10. The medical school should 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 11. There should be clinical materials to enable all medical students to acquire sufficient and correct clinical attitudes and habits. To attain these objectives the following are considered as the minimum requirements:

MICROBIOLOGY-PARASITOLOGY

a. Staff:

Must include at least one full-time microbiologist with formal training in Microbiology for at least one year if he is an M.D. In case of a non-M.D., he must have at least two years training in Microbiology; he a bachelor's degree holder in Biology, Zoology, Chemistry or other health related courses and be at least a candidate for M.S. Identical requirements shall apply in Parasitology. At least one full-time

faculty member should be an M.D. and a member in good standing of the academic society of microbiology.

The faculty-student ratio must be as defined in Article IV, Section 5 of this Policies and Standards.

b. Laboratory:

One microscope, one inoculating loop, one Bunsen burner, 10 petri dishes, pipettes (10 ml, 5 ml, 1 ml), 20 test tubes, 2 test tube racks, beakers (400 ml, 250 ml, 100 ml, 50 ml), Erlenmeyer flasks (250 ml, 125 ml), graduated cylinder (100 ml), a set of permanent mounted or preserved parasites particularly of diagnostic stage (roundworms, flatworms, malaria, schisto, amoeba, a set of common pathogenic bacteria and fungi, commonly used stains).

One waterbath, one table centrifuge, one portable incubator, 3 microscopes for demonstrations.

BIOCHEMISTRY

a. Staff:

There should be at least one full-time member of the staff who has had at least one year formal training in Biochemistry if an M.D. (2 years if non-M.D.) or who has had at least 3 years experience in teaching Biochemistry on a full-time basis (5 years if part-time). At least one member of the staff must be an M.D. or Ph.D. and preferably a member of the Academic Society of Biochemistry.

The faculty-student ratio must be as defined in Article IV, Section 5 of this Policies and Standards.

b. Laboratory:

A set of glassware consisting of beakers (400 ml, 250 ml, 100 ml, 50 ml), Erlenmeyer flasks (250 ml, 125 ml), graduated cylinder (100 ml), measuring pipettes (10 ml, 5 ml, 1 ml), centrifuge tubes (5 ml, 10 pcs), test tubes (25 ml, 20 pcs; 5 ml, 10 pcs), one thermometer, one Bunsen burner, Giff's pipette, chemicals for frequently performed experiments.

One table centrifuge, one analytical balance, one balance-plate, one waterbath, one refrigerator with freezer, one drying oven, one spectrophotometer, one water distiller or any source of distilled water, fuel gas source.

ANATOMY

a. Staff:

There should be at least two full-time members of the staff who have had at least one year formal training in Anatomy if an M.D. (2 years if non-M.D.) or have had at least 3 years experience in teaching Anatomy on a full-time basis (3 years if part-time). At least one member of the staff should be an M.D. and at least one full-time member of the faculty staff should be a fellow/diplomate of the Philippine Society of Anatomists.

The faculty-student ratio must be as defined in Article IV, Section 8 of this Policies and Standards.

b. Laboratory:

One preserved, unopened cadaver per 30 students at any given academic period. In case of deficiency of cadavers, one whole body model must be provided for every 40 students at any given time.

One articulated skeleton per 100 students.

One set of disarticulated bones per 30 students.

One dissecting table per cadaver.

One preserved human brain per 10 students; in case of deficiency of human brains, one articulable model of human brain for 20 students.

One microscope per 4 students.

One set of (at least 60) histology slides per 4 students.

PHYSIOLOGY

a. Staff:

At least one full-time member of the staff must have had at least one year formal training in Physiology if an M.D. (2 years if non-M.D.) or must have had at least 3 years experience in teaching Physiology on a full-time basis (3 years if part-time). At least one member of the staff should be an M.D. and at least one full-time faculty member should be a fellow/diplomate of the Philippine Society of Physiology.

The faculty-student ratio must be as defined in Article IV, Section 9 of this Policies and Standards.

b. Laboratory:

One physiology set consisting of small kymograph, stimulator, timer, muscle lever, frog board, turtle board, sphygmomanometer, stethoscope, heart lever.

One lung kymograph, a manometer set with capillaries of various sizes for the arteries and trachea of dog or cat, one pneumograph for dog or cat, one respirator for dog or cat.

One polygraph or multi-channel recorder with accessories, one electric stimulator, one weighing scale for cat and dog, one weighing scale for rat and mouse.

PHARMACOLOGY

a. Staff:

At least one full-time member of the staff must have had at least one year formal training in Pharmacology if an M.D. (2 years if non-M.D.) or must have had at least 3 years experience in teaching Pharmacology on a full-time basis (or 5 years if part-time). At least one member of the staff should be an M.D., at least one full-time faculty member should be a fellow/diplomate of the Philippine Society of Experimental and Clinical Pharmacology.

The faculty-student ratio must be as defined in Article IV, Section 9 of this Policies and Standards.

b. Laboratory:

One centrifuge, one refrigerated centrifuge, one analytical balance, one big and small animal balance, one spectro-photometer, one pH meter, one microscope, one hot plate, one distilling apparatus, one oven, one refrigerator, one stop watch, one exhaust, one mixer, one waterbath, one polygraph and accessories including standard solutions and reagents, one set of apparatus to test for a drug, two kymograph, and a set of apparatus which includes beakers, pipettes, flasks, droppers, mortars and pestles, stirring rods, and test tubes.

PATHOLOGY

a. Staff:

There should be at least one full-time member of the staff who is a certified pathologist by the Philippine Board of Pathology or who has had at least 3 years' experience in teaching Pathology on a full-time basis (3 years if part-time).

The faculty-student ratio must be as defined in Article IV, Section 8 of the Policies and Standards.

b. Laboratory:

For every two students: one microscope and locker.

For every six students: a box of at least 20 slides showing the more basic lesions in anatomic pathology. There should be a morgue and autopsy room for at least 10 autopsies per academic year. A museum collection of different gross specimens should be available. A photo-microscope should be made available.

PREVENTIVE MEDICINE/COMMUNITY MEDICINE/PUBLIC HEALTH

There should be at least 1 full-time member of the staff who has had special training in community health or community medicine or public health or preventive medicine or who has had at least 3 years' experience in teaching Preventive Medicine/Community Health on a full-time basis (3 years if part-time).

The faculty-student ratio as stated in Article IV, Section 8 of this Policies and Standards shall at least be maintained in all learning activities.

SECTION 12. The school should have adequate buildings sufficient in size to provide lecture/discussion rooms, class laboratories, small laboratories for the members of teaching staff, administrative offices and a medical library, among others.

Article VII Library

SECTION 1. A well-developed medical library of at least 500 titles with at least 2,000 volumes under a full-time professional librarian is essential in a modern medical school. This medical library should be separate and distinct from the general library.

SECTION 2. The library should be open at least twelve (12) hours a day on school days and at least four (4) hours on Sundays and Holidays.

SECTION 3. All income from the students' library fee should be put in a separate account and spent strictly for the acquisition of medical books, journals and other publications. For those who do not charge a separate fee, a percentage of the general fund should be earmarked for library books and journals; this amount should be equivalent to the average library fee of other schools multiplied by the total number of students enrolled.

SECTION 4. The library should have copies of recent references and textbooks and the commonly used indices and serviceable card catalogues.

SECTION 5. There should be at least one (1) set of textbooks and one (1) set of reference books for every 50 students. At least 90 percent of the standard books should be of the latest edition.

SECTION 6. There should be a continuous subscription to at least ten (10) leading local medical journals of different disciplines and to at least fifteen (15) foreign medical journals divided as follows: four in the basic sciences of Pathology, Pharmacology, Physiology and Biochemistry, and two in each of the major clinical disciplines of Internal Medicine, Pediatrics, Surgery, and Obstetrics-Gynecology and three others.

SECTION 7. These journals should be put on display and accessible to students and faculty.

SECTION 8. The library should subscribe regularly to Index Medicus.

SECTION 9. The library should have at least one copying machine.

SECTION 10. Audio-visual facilities and preferably computers should be available in the library or a learning resource unit or its equivalent.

SECTION 11. The librarian should set up a system to inform faculty and students of the arrival of new acquisitions.

SECTION 12. For student body of more than 500, another full-time librarian is needed.

Article VIII

Research

SECTION 1. The medical education preparation course, shall imbue in the students an attitude of inquiry and willingness to test theory against the evidence of the most carefully scrutinized and representative body of facts; to engage in research in any field of study.

SECTION 2. The strength of a medical college shall be based most securely on the quality and quantity of research work undertaken or currently being undertaken by faculty and students and on the kind of institutional administrative and financial support given to such undertakings.

SECTION 3. Scholarly work and reports of research activities shall be published and disseminated within and outside of the institution to encourage exchange of ideas research findings, and development in medical education.

SECTION 4. Faculty members actively engaged in relevant and significant research work in medical education shall be afforded special privileges and benefits such as reduced teaching load and/or its equivalent.

Article IX Admissions Requirements

SECTION 1. Every student has the right to enroll in any school, college or university upon meeting its specific requirements and reasonable regulations; transfer of medical students from one medical school to another medical school for reason of academic deficiencies shall be governed by the provisions contained in DECS Order No. 49, s. 1967, entitled "Guidelines on Transfer of Medical Students." No Student shall be allowed to transfer without the prior approval of the Bureau of Higher Education, DECS Central Office.

SECTION 2. As a general rule, no applicant shall be enrolled in the medical education program unless he submits to the admitting medical school a Certificate of Eligibility for Medicine (CEM) issued by the Department of Education, Culture and Sports before the end of the enrolment period or within the first semester of any given school year.

SECTION 3. All medical education institutions must have a system of selective admission and retention of students to insure that those who enter the medical education profession possess a reasonably high level of scholastic and achievement and certain special aptitudes, interests, and personality traits. There shall be well-defined criteria for admission into the medical education program.

SECTION 4. Students seeking admission to the medical education program must have the following qualifications:

- a. he/she must be a holder of a bachelor's degree in science or arts (AB/BS) conferred upon by a duly recognized educational institution.
- b. he/she must have earned credits in the following subjects which could either be within or in addition to the baccalaureate degree requirement:

Gen. Chemistry I
 Organic Chemistry
 Physics
 Gen. Zoology
 Comp. Vert. Anatomy
 Botany
 Microbiology
 Trigonometry
 Statistics
 Social Sciences

4. He/she must have taken the National Admission Test for Health Education (NATE) and achieved a minimum score of 70% on the test. The score will be determined by the Board of Health Education and will be a condition of admission.

SECTION 5. Admission policy shall take into account the student's academic record, the student's financial resources, and the student's ability to succeed in the program.

Article X
Residence and Other Requirements

SECTION 1. As a general rule, no degree shall be conferred upon a student unless he/she has taken the last two (2) years of the curriculum and is in good standing at the time of the degree.

SECTION 2. All students enrolling in the program shall be required to complete the prerequisite courses for the program. The prerequisites for the program shall be strictly enforced by the institution. No student shall be permitted to take any subject until he/she has satisfactorily passed the prerequisite subjects.

SECTION 3. No student shall be promoted to the upper division level of the program until he/she has completed the lower division level of the program. On a case-by-case basis and at the discretion of the dean, a student who fails in a lower subject may be given additional laboratory hours or additional laboratory work to complete the subject. The student must be in good standing at the time of the subject.

SECTION 4. A student who fails in more than forty percent (40%) of his total annual load, by course, at any year level is considered to have failed and should be dropped from the rolls of the college of medicine. However, a medical school may prescribe a probationary program for students who fail in any year level at any time in the program. A student who fails in any year level at any time in the program is automatically dropped from the rolls of the school.

SECTION 5. Summer classes in the medical education program are not allowed or permitted during clerkship.

SECTION 6. In view of the complexity of the medical education program wherein mastery of the subjects are on a yearly basis, administration of the students whether as transfer or those enrolling for the first time in the middle of the school year or during the second semester should not be allowed or permitted.

SECTION 7. If a student obtains a grade of "Incompetent" for non-compliance with some required course of the course, he shall not be given any credit for that subject unless he satisfactorily repeats the course within one year from the date of the original examination. The completed and incomplete grades for the course shall be recorded and reported immediately on a supplementary form (Form IX). No school shall give a final grade of "4" or "conditional".

Article XI Miscellaneous Provisions

SECTION 8. The above requirements will serve as basis for evaluation of minimum standards to qualify schools of a category of recognition.

SECTION 9. For a medical school to maintain its recognized status, it must demonstrate a weighted average passing rate of at least 70% of its graduates in the subjects listed in the examination. Medical schools who fail to obtain this shall be placed on probation for one year. During this period, the school must show improvement in its performance to a level of at least 70%. If during the probation period the school fails to improve to the required level, it shall be placed on suspension. Under the provisions of the recognition act, 1907, no school shall be recognized for a period of less than one year. The Department of Education, Culture and Sports.

SECTION 10. The foregoing requirements are minimum for recognition and all medical schools are expected to go above and beyond these requirements.

SECTION 11. In accordance with the amended Medical Act of 1907, medical schools shall submit to the Board of Medical Education annually their curriculum and syllabus for the subjects listed in the examination, including the number of hours of instruction for each subject and the number of students for each subject. The curriculum and syllabus shall be submitted to the Board of Medical Education for approval.

SECTION 12. Under the provisions of the amended Medical Act of 1907, medical schools shall submit to the Board of Medical Education annually a list of the names of the graduates of the school and the names of the students who are on probation. The list of graduates shall be submitted to the Board of Medical Education for approval.

SECTION 6. As provided for in Order Number 142, otherwise known as the "Education Act of 1961", medical schools must release the diploma and transcripts of records upon request of the students within thirty (30) days after completion of all requirements for graduation.

Article XII
Effectivity

SECTION 1. This set of Policies and Standards for Medical Education shall take effect beginning school year 1991-92.

SECTION 2. This Order supersedes all previous resolutions concerning medical education.