

Republika ng Pilipinas
(Republic of the Philippines)
MINISTRI NG EDUKASYON, KULTURA AT ISPORTS
(MINISTRY OF EDUCATION, CULTURE AND SPORTS)
Maynila

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MECS O R D E R
No. 5, s. 1986

ESSENTIALS AND REQUIREMENTS FOR MEDICAL SCHOOLS

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

1. The inclosed "Essentials and Requirements for Issuance of Authority to Operate a Medical School," as approved by the Board of Medical Education, is hereby issued for strict observance in the establishment of a medical school and in the grant of government authority for the operation of the four-year course leading to the degree of Doctor of Medicine (M.D.), beginning the school year 1986-87.

2. Existing medical schools shall take such action as may be necessary to meet the standards by the end of school year 1986-87. The determination of compliance or non-compliance shall be done by the Board of Medical Education, taking into consideration the findings and recommendations of the Commission on Medical Education and of the Accreditation Committee of the Association of Philippine Medical Colleges (APMC), which bodies shall discuss their studies and findings with each medical school concerned in the course of school year 1986-87.

3. The following sanctions shall be applied against any medical school, for failure to comply with the specific requirements of the Essentials, viz:

- a. Reduction in student quota, for Filipino and foreign students, beginning the school year 1987-88, for failure to satisfy the prescribed requirements in terms of school administration, library, faculty, student fees, and curriculum as of the end of the school year 1986-87.
- b. Ban on enrolment of first year students, beginning the school year 1987-88, for failure to comply with the prescribed minimum standards on clinical facilities.
- c. Withdrawal or cancellation of the school's government authority to operate, for failure to fully comply with the prescribed requirements after three (3) years from the last evaluation conducted on the school.

4. Upon request of the Ministry, the Accreditation Committee of the Association of Philippine Medical Colleges (APMC) may be further authorized and delegated to conduct visitation to and inspection of the medical schools, to determine their observance of or compliance with the requirements in the inclosed Essentials as well as other prescriptions as called for in other relevant policies and rules or standards of the Ministry.

5. It is understood that the standing policy of the Board of Medical Education against the opening of new medical schools shall continue to be in effect until further notice.

6. The cooperation of all concerned is hereby enjoined.

(SGD.) JAIME C. LAYA
Minister

Incl.:

As stated

Reference:

N o n e

Allotment: 1-3-4--(D.O. 1-76)

To be indicated in the Perpetual Index

under the following subjects:

ADMISSION or ENROLMENT

AUTHORITY

BOARD or COUNCIL

Course of Study, COLLEGIATE

HEALTH EDUCATION

POLICY

RULES & REGULATIONS

SCHOOLS

SOCIETY or ASSOCIATIONS

**ESSENTIALS AND REQUIREMENTS FOR ISSUANCE OF
AUTHORITY TO OPERATE A MEDICAL SCHOOL**

ORGANIZATIONAL

1. A medical school and its teaching hospital should be incorporated under the Corporation Code as a non-stock, non-profit corporation or be a part of a non-stock, non-profit incorporated educational institution with the status of a university as provided by law.
2. A medical school shall be governed by its Board of Trustees or by the Board of Trustees of the University of which it is a part in accordance with its incorporation papers.
3. 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.

ADMINISTRATION

4. 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.
5. 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.
 - 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 principle, to withstand the pressures of crisis situations and to have a broad view of the role of the institutions in national life. He must be neither a reckless innovator nor an ivory-tower idealist.
 - 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 legitimately, and is thus credible in an institution of learning and in the teaching community.
6. 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.
 - b. To recommend 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 prescribed by the Board of Trustees.
 - d. To recommend the appointment of the secretary of the medical school and the other assistants needed.

- e. To approve assignments of the faculty members as recommended by the corresponding department chairman.
 - f. To recommend the separation of faculty members and other school personnel for cause.
7. The Dean shall be appointed by the Board of Trustees on nomination by the President of the college or university.
8. 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

9. The President may recommend to the Board of Trustees the organization of Academic Units (Departments or Divisions) which the dean may deem necessary to attain the aims of medical education. Depending on the curricular structure adopted by the school, these units may be organized either along the lines of traditional disciplines or according to integrated multi disciplinary lines. In either case, the expertise of members of the academic units should be such as to enable them to provide instruction in basic or clinical sciences as described in the corresponding section in this document.

The traditional disciplines are the following:

Anatomy	Surgery
Biochemistry	Medicine
Physiology	Pediatrics
Pharmacology	Obstetrics-Gynecology
Pathology	Ophthalmology
Presentive Medicine and Public Health	Otorhinolaryngology
	Psychiatry

10. The Unit Heads shall have the following duties and responsibilities:
- a. To supervise all the activities in his department.
 - b. To organize his 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 screen the staff of his department and recommend their appointment to the Dean.
 - d. To head as the Chairman of a clinical department, the corresponding clinical services in the hospital owned by the medical school, to supervise the students' activities in the corresponding services of affiliated hospitals.
 - e. To prepare the budget for his department for recommendation to the Dean.
 - f. To assess the performance of his staff and the achievement of the students in his department.
 - g. To improve the methods of teaching and encourage research in his department.

FACULTY

11. The medical school should have a competent teaching staff. Appointment to the Faculty should be based on thorough academic training, teaching ability and/or research potentialities.
12. Nominations for faculty appointments should originate from the Dean after consultation with the department head concerned, and should include the corresponding designation or rank of the appointee.

(over)

13. Recommendations for promotion to a higher rank and/or salary rate of a faculty member should be made by the Dean in consultation with the department head concerned and should take into consideration the teaching ability of the candidate, his research activity, professional growth, dedication to duty and responsibility, abiding interest in his work, and moral integrity and good personal character and conduct.
14. Each faculty member shall enjoy the rights and privileges granted by law.
15. The academic rank and minimum qualifications of the faculty members of a medical college shall be as follows:
 - a. Instructor - Any individual with a degree of M.D. 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 of lecture hours, 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.
 - 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 scholarship or science.
16. The appointment of a faculty member at any level of the academic ranks may be made without passing through the antecedent ranks if warranted by his training, productivity, demonstrated ability, maturity or eminence in the particular field of study.
17. 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 appointment, provided that the total length of the probation 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.
18. Each department shall have a chairman and additional faculty members at the ratio of 1 to 25 students in the laboratory and 1 to 15 students in clinical-preceptorship.
19. Full-time faculty is defined as a faculty member who renders 40 hours a week of service to the medical school inclusive of academic and administrative responsibilities.
20. Faculty with a full teaching load is defined as a faculty who participates regularly in academic activities of the institution for at least three days a week for a total of 20 hours per week, exclusive of administrative duties. Academic activities include lectures, supervision of laboratory courses, participation in clinical conferences and seminars, teaching rounds, training consultations, research work of not more than 5 hours related to school-approved research program and such activities as are generally accepted in academic medicine as teaching and training.

CURRICULUM

21. The main purpose of the undergraduate curriculum should be to provide the students with a sound foundation in the fundamentals of medicine on which he can in the future build himself in general or specialty practice or in scientific investigation and teaching. He should acquire such habits of mind and through that he will continue to educate himself throughout his life. By the end of the undergraduate medical course, the student should have matured sufficiently to assume the responsible duties of the profession.

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.

2. The medical course shall be at least four academic years and shall provide for adequate instruction, among others, in the following subjects;

Anatomy;
Anesthesiology;
Biochemistry and Nutrition;
Clinical Pathology or Laboratory Diagnosis;
Gynecology;
Legal Medicine, Medical Jurisprudence, Economics and Ethics;
Medicine and Therapeutics;
Microbiology;
Neurology and Psychiatry;
Obstetrics;
Ophthalmology and Otorhinolaryngology;
Parasitology;
Pathology;
Pediatrics;
Pharmacology;
Physical Medicine and Rehabilitation;
Physiology;
Preventive Medicine and Public Health;
Radiology; and
Surgery.

The fourth year of the medical course should be a 12-month clerkship.

3. In the clinical years, there is no substitute for the case method of clinical instruction, in which individual students work up individual cases in the hospital wards and in out-patient clinics under guidance. Such assignments should occupy most of the time and energy of senior medical students. Lecture and demonstrations of patients to large classes are important, but only as adjuncts to the direct study of patients by the students. Such case studies should serve as the point of departure for informal conferences, rounds and reading. No system of formal lectures, no matter how well organized and presented, can be an adequate substitute of the case method.
4. 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.
 - b. The students' needs.
 - c. It is urged that faculties carefully weigh the value to the students of old and new knowledge and study and employ the best methods for its presentation and timing in the curriculum.
 - d. Mastering of some special techniques and procedures should be left for residency period and postgraduate training.
 - e. The curriculum should be designed to enable the student to follow the same patient both as an out-patient and as an in-patient.

- f. The out-patient department of teaching hospitals should be designed and organized for teaching and for efficient and effective care of patients.

MINIMUM STANDARDS FOR CLINICAL FACILITIES

25. The school must own or control at least a 100-bed secondary care hospital* with competent teaching staff and sufficient clinical material to provide adequate instruction in the major clinical disciplines. By control is meant the power to appoint all medical staff members of the major clinical departments, namely: Medicine, Pediatrics, Surgery and Obstetrics-Gynecology.
26. This base hospital should be located within reasonable distance from the medical school for students to comply with class schedules.
27. The chairman or head of each academic department in the school should also be the head of the corresponding department in the base hospital.
28. The teaching staff of each of the major clinical departments should include, for every one hundred (100) students enrolled in the clinical courses, at least three (3) full-time members, one of whom has had board certified specialty training in the discipline. In the meantime, three (3) part-time members who are board certified and are actively engaged in teaching will be considered equivalent to one full-time member.
29. Clinical material should be provided by 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 provided that at least 1/3 of such beds are in the base hospital.
30. The base hospital must have an accredited residency program in each of the our major departments.
31. In Obstetrics, at least 10 maternity cases should be followed through to delivery by each clinical clerk who should have actual charge of these cases under supervision of the clinical instructor.
32. Community Medicine - The medical school should provide facilities for instruction of medical students in Community Medicine, either independently or in cooperation with the Ministry of Health or other agencies.

MINIMUM STANDARDS ON BASIC SCIENCE FACILITIES

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

34. MICROBIOLOGY-PARASITOLOGY

a. Staff

Four faculty members per 100 students at any given academic period. Must include at least one full-time microbiologist with formal training in Microbiology for at least one year if he is an M.D. (2 years, if non-M.D. or with at least 3 years experience in teaching Microbiology on a full-time basis (5 years if part-time); must also include at least one full-time parasitologist with formal training in Parasitology for at least one year if he is an M.D. (2 years if non-M.D.) or with at least 3 years experience in teaching Parasitology on a full-time basis (5 years if part-time). At least one full-time faculty member should be an M.D.

*Secondary Care Hospital (as defined by Ministry of Health hospital standards) - A hospital equipped with skills of general licensed physician with non-specialty training and necessary equipment to render services in the fields of General Medicine, Obstetrics-Gynecology, Pediatrics and Surgery; and accredited by the MOH.

b. Laboratory:

For every 4 students: 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.

For every 50 students: one waterbath, one table centrifuge, one portable incubator, 3 microscopes for demonstrations.

BIOCHEMISTRY

a. Staff:

One faculty member for 40 students at any given academic period but at least two (2) faculty members for more than 80 students. 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.

b. Laboratory:

For every six students: a set of glasswares 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, Sahli pipette.

For every 100 students: one table centrifuge, one analytical balance, one balance-platform, 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:

Three faculty members per 100 students at any given academic period. 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 (5 years if part-time). At least one member of the staff should be an M.D.

b. Laboratory:

One previously unused cadaver per 8 students at any given academic period; in lieu of deficiency of cadavers, one whole body model for every 40 students.

One articulated skeleton per 100 students;

One set of disarticulated bones per 30 students;

One dissecting table per cadaver;

One preserved human brain per 15 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:

Three faculty members per 100 students at any given academic period. 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 (or 5 years if part-time). At least one member of the staff should be an M.D.

b. Laboratory:

For every 8 students: one physiology set consisting of small kymograph, stimulator, timer, muscle lever, frog board, turtle board, sphygmomanometer, stethoscope, heart lever.

For every 40 students: one long kymograph, a manometer set with cannulae of various sizes for the arteries and trachea of dog or cat, one pneumograph for dog or cat, one respirator for dog or cat.

For every 100 students: one polygraph or multi-channel recorder with accessories, one electric stimulator, one weighing scale for human subjects, one weighing scale for cat and dog, one weighing scale for rat and mouse.

38. PATHOLOGY

a. Staff:

Three faculty members per 100 students at any given academic period. There should be at least one full-time member of the staff who is 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 (5 years if part-time).

b. Laboratory:

For every two students: one microscope and locker.

For every six students: a box of at least 60 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.

LIBRARY

39. A well developed medical library of at least 500 titles with at least 2000 volumes under a full-time professional librarian is essential in a modern medical school. This medical library should be separate from the general library.

40. 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.

41. 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 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.

42. The library should have copies of recent reference and textbooks and the commonly used indices and serviceable card catalogues.

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

44. 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: 4 in basic sciences of Pathology, Pharmacology, Physiology and Biochemistry, and two (2) in each of the major clinical disciplines of Internal Medicine, Pediatrics, Surgery and Obstetrics-Gynecology, and 3 others.

45. These journals should be put on display and accessible to students and faculty.
46. The library should subscribe regularly to Index Medicus.
47. The library should have at least one copying machine to reduce pilferage and vandalism.
48. The librarian should set up a system to inform faculty and students of the arrival of new acquisitions.
49. For a student body of more than 500, another full-time trained librarian is needed.

SCHOOL PLANT

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

MISCELLANEOUS PROVISIONS

51. The above requirements will serve as basis for evaluation of minimum standards to justify issuance of a permit or recognition.
52. For a medical school to maintain its recognized or accredited status, it is obligated to move above and beyond these minimum standards towards the quest for excellence. The graduates should demonstrate an acceptable passing rate in each Board of Medicine examinations. The acceptable passing rate will be determined on a year to year basis jointly by the Board of Medical Education and Board of Medicine, Professional Regulation Commission.
53. For renewal of accreditation, an acceptable passing rate should be demonstrated in the Board of Medicine examinations in the interval between visitations.
54. No school shall operate the medical education course without the authority issued pursuant to law. As a general rule, there should be established only one (1) medical school within the area of each of the existing regions of the country.

Approved June 14, 1985 during Board of Medical Education Meeting DAP, Pasig,
Metro Manila.

/ell/1/23/86