

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

January 23, 1996

CHED MEMORANDUM ORDER

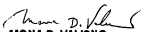
No. 6  
Series of 1996

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

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

This set of Policies and Standards was officially endorsed by the sub-technical panel for Medical Education with inputs from the representatives of COCOPEA, PASUC and DOST. Hence, all concerned specifically the heads/deans/faculty of all HEIs both public and private offering medical education program including those falling within the administrative supervision of the Commission as well as the pertinent professional organizations are expected to be guided accordingly.



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## POLICIES 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 Commission for Higher Education shall operate medical education programs.

SECTION 2. All curricular programs in medical education must have proper authorization from the Commission for Higher Education 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, research, administration and community development.

It shall develop in the student a sound foundation in the fundamentals of basic and primary medicine so that he can assume any of the following roles in the health care system: health care provider, academician/teacher, researcher, administrator and/or social mobilizer.

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 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 would enable them to engage in life time activities.

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 the intellectual challenge and spirit of inquiry as characterized by the community of scholars that constitutes a 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 have its training hospital, it shall be required to enter into affiliation arrangement with an appropriate hospital in the same geographical area. The school shall be responsible for controlling and planning the activities of the students of the medical school in the affiliate hospital.

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

SECTION 3. Among others, the functions of the Board of Trustees in addition to those provided by law are:

- 3.1 To set the policies for the medical school and teaching hospital.
- 3.2 To approve the budget for the medical school and its teaching hospital as submitted by the President upon recommendation of the Dean.
- 3.3 To confirm the appointment or separation of administrative personnel and faculty members submitted by the President, upon the recommendation of the Dean.
- 3.4 To approve the rules and regulations of the medical school and its teaching hospital as proposed by the President and Dean.
- 3.5 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 by training and experience, is able to interpret the prevailing standards in medical education and is clothed with sufficient authority to carry them out.

SECTION 5. The following are the qualities and qualifications of a Dean of a medical school:

- 5.1 He 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.

- 5.2 He must have leadership qualities.
- 5.3 He must have had experience in administrative positions.
- 5.4 He must possess professional standing.

SECTION 6. The duties and responsibilities of the Dean, include the following:

- 6.1 To prepare the annual budget of the school.
- 6.2 To recommend the appointment of the medical and teaching personnel of the medical school and its teaching hospital.
- 6.3 To supervise the admission of students in accordance with the criteria approved by the Board of Trustees as recommended by the faculty.
- 6.4 To periodically review the curriculum and make recommendations towards improvement of the curriculum and standards of instructions.
- 6.5 To plan the organizational structure of the college of medicine and to recommend the appointment of the secretary of medical school and the other assistants needed.
- 6.6 To approve assignments of the faculty members as recommended by the corresponding departments.
- 6.7 To recommend the separation of faculty members and other school personnel for cause.
- 6.8 To promote faculty development.
- 6.9 To initiate, upgrade and maintain research, library and laboratory facilities as well as establish scholarships and professorial chairs.
- 6.10 To secure/obtain endowments/grants and the like, for research and/or educational purposes.
- 6.11 To create committees whose function is to assist in the implementation of plans and policies.

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

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

### Academic Organization

SECTION 9. The President shall recommend to the Board of Trustees the organization of Academic Units which shall serve as the academic structure necessary to attain the aims of medical education. The academic units 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/ Family Medicine	Psychiatry Legal Medical Humanities (Legal Medical, Bioethics)

Plus other units deemed necessary by the medical college.

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

- 10.1 To supervise all activities in his unit/department.
- 10.2 To organize his unit/department to attain the objectives of medical education within his department and in accordance with the policies of the Board of Trustees.
- 10.3 To evaluate and select the staff of his unit/department and recommend their appointment/promotion/separation to the Dean based on set criteria.
- 10.4 To prepare the budget for his unit/department for recommendation to the dean.
- 10.5 To review periodically or upgrade the curriculum as well as teaching methods and evaluation techniques.

- 10.6 To encourage the faculty staff and participate in research activities in his unit/department.

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

- 10.7 To head the corresponding clinical department/services in its own teaching hospital.
- 10.8 To supervise the staff and student activities in the corresponding services of affiliated hospitals.
- 11.9 To develop and maintain an approved residency 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 trained faculty members in subjects they are supposed to teach.

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

SECTION 3. Recommendations for promotion of faculty members shall be based on the following: the teaching ability of the candidate, his research activity, professional growth, dedication to duty and responsibility, abiding interest in his work, moral integrity and good personal character and conduct, peer acceptance and availability of position.

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 a medical college shall be in addition to existing rules and regulations of the Institution as follows:

- 5.1 Instructor - A licensed doctor of medicine or a graduate in a relevant or related discipline with good scholastic record.

- 5.2 Assistant Professor - At least three (3) years successful tenure as instructor or equivalent training and experience.
- 5.3 Associate Professor - 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.
- 5.4 Full Professor - At least three (3) years successful tenure as associate professor or equivalent training and experience, and must have shown outstanding achievement in scholastic and research as evidenced by being the author or co-author of at least three (3) scientific papers published in scientific journals or a book.

SECTION 6. 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 including research publications, demonstrated ability, maturity or eminence in the particular field of study, without violating existing university regulations.

SECTION 7. 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 15 students per session in clinical preceptorship. Each department shall develop its own pool of faculty.

SECTION 8. The definition of full-time faculty shall be left to the Institution, provided a minimum number of 20 hours per week, including administrative functions. At least one faculty member shall be full-time in each department.

Medical school faculty member who teaches or occupies regular positions in more than two (2) medical schools shall be discouraged.

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

SECTION 10. Full time Heads of departments 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 objective of the undergraduate curriculum is to develop in the student:

- 1.1 critical thinking and problem-solving skills
- 1.2 decision-making and leadership ability
- 1.3 communication and technical skills
- 1.4 desire and capability for self-learning
- 1.5. desirable attitudes, moral values and ethical behavior including love of country, social responsibility, caring and compassion, honesty, integrity and justice.
- 1.6 capability to use the wholistic approach to patient care
- 1.7 team spirit and ability to work with other health personnel and community workers

SECTION 2. The curriculum shall have the following characteristics:

- 2.1 it is competency-based and student centered
- 2.2 it embodies the concept of primary health care and emphasizes health promotion and disease prevention
- 2.3 it promotes learning of principles and process rather than mastery of facts

SECTION 3. The curriculum shall be at least four years consisting of three years of didactic teaching-learning activities and one year of practicum. At least one and a half year shall be devoted to basic biomedical science in the first and second year and one and a half year to clinical sciences in the second and third year. The fourth year shall be a full clinical clerkship.

SECTION 4. The curriculum shall include the following:

- 4.1 Anatomy (including Microscopic Anatomy, Neuroanatomy and Developmental Anatomy)
- 4.2 Anesthesiology
- 4.3 Biochemistry, Molecular Biology and Nutrition
- 4.4 Clinical Pathology or Laboratory Diagnosis
- 4.5 Legal Medicine, Medical Jurisprudence, Health Economics and Medical Ethics
- 4.6 Medicine



- 4.7 Microbiology
- 4.8 Neurology
- 4.9 Obstetrics-Gynecology
- 4.10 Ophthalmology and Otorhinolaryngology
- 4.11 Parasitology
- 4.12 Pathology
- 4.13 Pediatrics
- 4.14 Pharmacology and Therapeutics
- 4.15 Physical Medicine and Rehabilitation
- 4.16 Physiology
- 4.17 Family and Community Medicine
- 4.18 Psychiatry
- 4.19 Radiology
- 4.20 Surgery

SECTION 5. The teaching-learning activities shall be held in a 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. For practicum in the clinical departments, and community and family medicine, the setting shall be as similar as possible to actual places of practice.

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 Technical Panel for Medical Education for recommendation for approval by the Commission. Renewal, termination and amendments of the contract shall be duly forwarded to the TPME.

SECTION 6. 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 clinic under guidance. Such assignments should occupy most of the time and energy of senior medical students. Such case studies shall serve as the point of departure for informal conferences, rounds and reading. Lecture and demonstrations of patients to large classes are important, but 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, honesty, truth, justice, love, ethical and spiritual values, social responsibility, economic efficiency, and global solidarity.

SECTION 8. 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.

SECTION 9. The curriculum in schools using the problem-based learning (PBL) strategy will present a systematic series of clinical modules that will cover as extensively as possible the whole field of medical knowledge. Such modules demand prior training of faculty so that the students can be supervised appropriately. The modules may be presented as disease entities involving different organ systems as well as metabolic, congenital, genetic, immunologic, infectious and other disorders sequentially as such disorder are seen in the specialties of internal medicine, pediatrics, obstetrics and gynecology, surgery and other disciplines. Clinical aspects must be integrated with basic science aspects (Anatomy, Physiology, Pharmacology, Microbiology, Parasitology, etc.) Modular teaching must be reinforced by laboratory and library activities, by mini-lectures on different topics, as well as actual patient contact.

## 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 shall 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 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 his proficiency in the subject based on reasonable rules and standards of the school.

SECTION 4. The school must implement its training program in a 100-bed secondary care hospital, and with the 4 major departments: Medicine, Pediatrics, Obstetrics and Gynecology, and Surgery.

SECTION 5. For every 100 students in a class of a major clinical department, there must be at least one (1) full-time faculty members who must be board-certified in his specialty. 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 6. Clinical materials shall 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 7. To provide for more clinical materials, other hospitals formally affiliated with the Medical School 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 8. In Obstetrics, at least 10 maternity cases shall be followed through to delivery by each clinical clerk who should have actual charge of these cases under the supervision of the clinical instructor.

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

## Anatomy

1. microscope - 1 per student per laboratory session
2. histology slides - 1 set per student per laboratory session (70/set)
3. video facilities - for demonstration purposes
4. demonstration slides - 1 set per class  
(Special stains rare specimens)
5. articulated skeleton - 1 per 100 students
6. disarticulated bones - 1 set per 6-10 students
7. preserved human brains - 1 per 6-10 students
8. cadavers  
- 1 per 8 students; however, if cadavers are not available, schools are encouraged to prepare prosected cadavers and to make use of alternative strategies such as the use of computer-generated anatomy teaching/learning aids.

## Biochemistry

1. spectrophotometer - 1 per 25 students at any one time
2. Mettler or pan balance - 1 per 50 students
3. centrifuge - 1 per group depending on the capacity of machine
4. refrigerator/freezer - 1 per department
5. drying oven - 1 per department
6. timer - 1 per 25 departments
7. exhaust hood - 1 per department
8. basic glassware needed for each experiment plus the other needed pieces of equipment needed to make use of the machinery.

## Microbiology and Parasitology

1. 1 microscope - 1 per student per laboratory session

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|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| 2. demonstration microscope-                                            | 10 per class                                                           |
| *3. waterbath                                                           | - 1 per 50 students                                                    |
| *4. centrifuge                                                          | - 1 per 25-50 students,<br>depending on the capacity<br>of the machine |
| *5. incubator                                                           | - 1 per 25-50 students,<br>depending on the capacity<br>of the machine |
| 6. autoclave (big)                                                      | - 1 per class                                                          |
| 7. drying oven (big)                                                    | - 1 per class                                                          |
| 8. refrigerator for<br>specimen                                         | - 1 per department                                                     |
| 9. refrigerator for media                                               | - 1 per department                                                     |
| *10. timer                                                              | - 1 per 25 students                                                    |
| 11. set of mounted<br>parasitology slides                               | - 1 per student at any one<br>laboratory session                       |
| 12. set of stock cultures<br>of common pathogenic<br>bacteria and fungi | - 1 set per group of 25<br>students                                    |

#### Pharmacology

- |                            |                                                                     |
|----------------------------|---------------------------------------------------------------------|
| *1. centrifuge             | - 1 per 100 students<br>depending on the capacity<br>of the machine |
| 2. analytic balance        | - 1 per class of 100                                                |
| 3. animal balance, big     | - 1 per class of 100                                                |
| 4. animal balance, small   | - 1 per class of 100                                                |
| 5. spectrophotometer       | - 1 per class of 100                                                |
| 6. pH meter                | - 1 per class of 100                                                |
| *7. hot plate              | - 1 per group of 25 students                                        |
| 8. refrigerator w/ freezer | - 1 per class of 100                                                |

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\* At any laboratory session.

- \*8. stop watch (timer) - 1 per group of 25 students
- 10. exhaust hood - 1 per school
- 11. polygraph - 1 per school
- \*12. kymograph - 1 per group of 25 students
- 13. blender/osterizer - 1 per class
- 14. instruments for animal experiments

#### Physiology

- \*1. kymograph set - 1 per 25 students
- 2. electrocardiograph - 1 per class of 100
- \*3. spirometer - 1 per 50 students
- \*4. urinometer - 1 per 25 students
- \*5. hemocytometer w/  
accessories - 1 per 25 students
- 6. microcentrifuge - 1 per class
- 7. hematocrit reader - 1 per class
- 8. spectrophotometer - 1 per class
- 9. refrigerator w/ freezer - 1 per class
- 10. instruments for animal experiments
- \*11. necessary glassware to be able to use the  
equipment and or perform the experiments.

#### Pathology

- 1. microscope - 1 per student at any one  
laboratory session
- 2. pathology slides - 1 set per student at any  
(representing all of laboratory session  
the common diseases  
found in the Philippines)

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\* At any laboratory session

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.

SECTION 2. The library shall be open at least twelve (12) hours a day on school days.

SECTION 3. All income from the students library fee shall be placed 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 shall be earmarked for library books and journals; this amount shall be equivalent to the average library fee of other schools multiplied by the total number of students enrolled.

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

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

SECTION 6. There shall be a continuous subscription to foreign journal in each of the major disciplines, four in the sciences of Pathology, Pharmacology, Physiology and Biochemistry, and one in each of the major clinical disciplines of Internal Medicine, Pediatrics, Surgery, and Obstetrics-Gynecology or its equivalent. Some of the journals or medical indices may be substituted with CD ROM and/or Internet or Herdin.

There shall be continuous subscription to at least ten (10) leading local journals of different disciplines.

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

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

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

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

SECTION 11. The librarian shall 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 medical study preferably in areas responding to national health problems.

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. A student may 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. 1987, entitled "Guidelines on Transfer of Medical Students."

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 Commission on Higher Education 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 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 may either be within or in addition to the baccalaureate degree requirement:

Mathematics (Algebra, Trigonometry & Statistics)	9 units
Social Sciences	9 "
Natural Sciences:	25 "
Chemistry (General & Organic)	10 units
Biology:	15 "
Zoology (General & comparative Ver- tebrate anatomy	10 units
Botany	5 "
Physics	5 "
Total	----- 48 units

- c. he/she must have taken the National Admission Test (NMAT).
- d. he/she must present a birth certificate and certificates of good moral character from two (2) professors in college.
- e. he/she must submit a transcript of records showing completion of a degree course.
- f. For graduates of private schools, the transcript is validated by a special order from CHED.  
For graduates of public schools, the diploma or certificate of graduation must be presented.

SECTION 5. Admission policy shall take into account

the faculty resources and facilities of the school.

Article X  
Residence and Unit Requirements

SECTION 1. As a general rule, no degree shall be conferred upon a student unless he has taken the last two (2) curriculum years of the Medicine Course 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 should be strictly observed by medical institutions. No student shall be permitted to take any subject until he has satisfactorily passed the pre-requisite subjects.

SECTION 3. No student shall be promoted to the upper curriculum year if he has deficiency in the lower curriculum year. 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 minor load, provided, that the rules on pre-requisite of the subject is followed.

SECTION 4. A student who failed in at least forty percent (40%) of his total annual load, by hours, at any year level is considered debarred and shall be dropped from the rolls of the college of medicine. However, a medical school, may prescribe a more stringent policy on debarment of students. A medical student who fails in the same subject twice in any year level is automatically debarred from that school.

SECTION 5. Regular classes in the medical education program shall not be allowed or permitted except during clerkship.

SECTION 6. Admission and/or enrolment of students whether as transferees or those enrolling for the first time in the middle of the school year or during the second semester shall not be allowed.

SECTION 7. If a student obtains a grade of "Incomplete" for non-compliance with some requirements of the course, he shall not be given any credit for the subject unless he satisfactorily removes the incomplete grade within one year from the date it was obtained. The completion grade and incomplete grades not so removed within one year shall be recorded and submitted immediately on a supplementary form (Form IX). No school shall give a final grade of "4" or "conditioned".

Article XI  
Miscellaneous Provisions

SECTION 1. The above requirements shall serve as basis for evaluation of minimum standards to justify issuance of a certificate of recognition.

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

SECTION 2. Under no circumstances shall a medical school withhold the credentials of any student who has graduated so as to prevent the same from taking the physician licensure examination. Accordingly the program showing the list of graduates during the investiture shall be submitted annually to the CHED.

SECTION 3. As provided for in Batas Pambansa 232, otherwise known as the "Education Act of 1982", medical schools must release the diploma and transcript of records upon request of the students within thirty (30) days after completion of all requirements for graduation.

SECTION 4. CHED encourages innovation in medical education for relevance. Medical schools that wish to innovate may apply to the Commission on Higher Education for appropriate action.

Article XII

Effectivity

SECTION 1. This set of Policies and Standards for Medical Education shall take effect beginning school year 1996-97.

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