

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony COMMENTING on HB1977
RELATING TO PHYSICIAN SHORTAGE.

REP. JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: January 28, 2020

Room Number: 329

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health (DOH) acknowledges the provider
3 shortage in Hawaii and appreciates bold and creative proposals such as a foreign medical school
4 sponsorship program. To that end, DOH provides the following comments.

5 Appropriations

6 DOH estimates the following staffing model will be required to implement the University of
7 Northern Philippines College of Medicine program:

- 8 • One Program Specialist VI to supervise the program and staff;
- 9 • Three Program Specialist VI/V to vet applicants, including primary source verification;
- 10 • One Accountant to manage accounts receivables, disbursements, and collections;
- 11 • One Contracts Specialist to administer contracts with participating foreign schools of
12 medicine; and
- 13 • Three Office Assistants to manage paperwork relating to the application process,
14 financial aid, loan status, marketing, employment status, and job placement.

15 Operational funds are also required for basic office equipment, international travel for quality
16 assurance, and contracting with collections agencies.

17 It should be noted that the Hawaii Department of Health has no experience nor other resources
18 related to directly managing graduate medical education programs. If this concept moves

1 forward, resources may be more effectively and efficiently utilized if the department is
2 authorized to sub-contract with a private entity, such as a local private university or other private
3 non-profit agency, to administer the program.

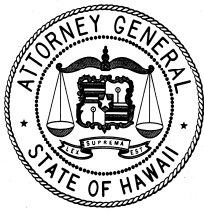
4 Competitiveness with US Medical Graduates

5 The Department of Health defers to the University of Hawaii John A. Burns School of Medicine
6 regarding standards of practice for medical education curricula, supervision, and training and the
7 adequacy thereof for the University of Northern Philippines College of Medicine, as well as to
8 the Hawaii Board of Medical Examiners for licensing standards.

9 A potential issue for foreign medical education program graduates is diminished competitiveness
10 with graduates from accredited schools in the United States, both of whom will compete for the
11 same limited number of residencies in Hawaii, as well as subsequent employment by hospitals
12 and health systems.

13 Thank you for the opportunity to testify.

14



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTIETH LEGISLATURE, 2020**

ON THE FOLLOWING MEASURE:

H.B. NO. 1977, RELATING TO PHYSICIAN SHORTAGE.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH

DATE: Tuesday, January 28, 2020 **TIME:** 9:15 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Clare E. Connors, Attorney General, or
Andrea J. Armitage, Deputy Attorney General

Chair Mizuno and Members of the Committee:

The Department of the Attorney General provides the following comments.

The purpose of this bill is to alleviate Hawaii's physician shortage by requiring the Department of Health to establish, develop, and implement a program to sponsor medical students who attend the College of Medicine of the University of Northern Philippines. The program would pay for tuition, fees, books, room, board, travel expenses, and a stipend for students in this program in exchange for a ten-year commitment to practice medicine in Hawai'i after graduation.

The Department of the Attorney General is concerned that this bill is limited to students attending a particular school in the country of the Philippines, and directly benefits only that school. This potentially runs afoul of the Hawai'i State Constitution and statutes that prohibit the State from providing funds to non-state entities.

Article VII, section 4, of the Hawai'i State Constitution states:

No tax shall be levied or appropriation of public money or property made, nor shall the public credit be used, directly or indirectly, except for a public purpose. No grant shall be made in violation of Section 4 of Article I of this constitution. No grant of public money or property shall be made except pursuant to standards provided by law.

While the bill states a legitimate public purpose of alleviating the State's current physician shortage, the means of accomplishing that purpose may call into question its purpose. To address this concern, the Legislature might consider not specifying a

specific college, and opening the program to a more generally described range of accredited educational programs.

Further, section 42F-103, Hawaii Revised Statutes (HRS), provides the legal standards by which the Legislature may grant public money to private entities. Those requirements include that the entity be incorporated under the laws of the State, and that it be determined a nonprofit organization by the Internal Revenue Service. To the extent that the bill identifies only the College of Medicine of the University of Northern Philippines, which may lead to the conclusion that it would be a direct recipient of public funds, this school does not meet either of these requirements.

Thank you for the opportunity to share these comments.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Health
Tuesday, January 28, 2020 at 9:15 a.m.

By
Jerris Hedges, MD, MS, MMM
Professor & Dean
John A. Burns School of Medicine
And
Michael Bruno, PhD
Provost
University of Hawai'i at Mānoa

HB 1977 – RELATING TO PHYSICIAN SHORTAGE

Chair Mizuno, Vice-Chair Kobayashi and members of the committee:

HB 1977 requires the Department of Health to establish, develop and implement a program to sponsor medical students who attend the College of Medicine of the University of Northern Philippines in exchange for a ten-year service commitment to practice medicine in Hawai'i after graduation. We offer the following comments on this measure.

The University of Hawai'i is committed to providing opportunities for students from Hawai'i to become physicians and to increase the number of physicians in Hawai'i to help address the growing physician shortage in Hawai'i. The John A. Burns School of Medicine (JABSOM) of the University of Hawai'i at Mānoa has at its heart, a mission to train highly qualified physicians who will serve the people of Hawai'i by providing excellent healthcare. Workforce analyses have demonstrated that the medical students most likely to practice medicine in Hawai'i are those who have lived most of their lives in our state and have family ties that serve as an inducement to remain in Hawai'i. Thus, to meet its mission, JABSOM must first attract Hawai'i's best college seniors (or previous college graduates) and if accepted, induce these accepted applicants to matriculate at JABSOM.

The most effective method to recruit accepted applicants to JABSOM and help grow the medical school education within Hawai'i is through scholarships to JABSOM. To that end, JABSOM has crafted a tuition support program that functionally serves as a scholarship and may be awarded for part or all of a student's tuition at JABSOM. In return for tuition support, students are required to practice in Hawai'i after completing the needed additional training for medical licensure and specialty certification. At this point in time, JABSOM has been wholly dependent upon private donations to sustain this tuition support program. State support for this program, especially for neighbor

island students to attend JABSOM would greatly assist Hawai'i's effort to retain talent in Hawai'i.

HB 1977 proposes to use Hawai'i state taxpayer dollars to fund medical education in the Philippines. Although the graduates of international medical schools can occasionally successfully compete for post-graduate medical education programs (i.e., a "residency" position) in the U.S., these graduates are much less likely to receive a residency "match" as required for subsequent licensing and practice in the U.S.

According to the 2019 National Residency Match Program results, the match rate for U.S. medical school Seniors was 93.9% compared to the 59% match rate for U.S. citizen graduates of international medical schools attempting to secure a residency match in the U.S. If someone does not match immediately after graduation from medical school, it is highly unlikely they will be able to enter and complete a residency program in subsequent years.

In order for an international medical school graduate to be eligible for a Hawai'i physician license, the applicant must complete their medical school education, be certified by the Educational Commission for Foreign Medical Graduates, complete two years of an ACGME-accredited residency program in the U.S. or Canada and complete U.S. physician licensure examinations.

The greatest challenge to increasing the supply of practicing physicians is the availability of residency positions in Hawai'i and elsewhere in the United States. There are more applicants for these residency positions than there are available positions. Obtaining significantly more residency positions in Hawai'i would require new Federal legislation and fundamental changes in policies concerning the financing of graduate medical education by the U.S. Federal Government Centers for Medicare and Medicaid Services. Nonetheless, students who complete their medical school in Hawai'i are significantly more competitive for the few residency positions offered in Hawai'i.

Measure 1977 also places the Department of Health (DOH) at the heart of making the determination as to whether a student is qualified to attend a medical school. The DOH may not be the ideal entity for this purpose. An experienced and qualified selection committee and admissions process is required in order to determine the best qualified applicants. There should be an experienced admissions officer (with appropriate background and credentials) as well as a selection committee of physicians who are able to review all components of an application in order to determine if an applicant should be offered interviews. This initial pre-interview process takes at least several hours of review per application (review requires more than source document verification). If interviews are offered, additional hours of careful review and deliberations are required to determine the best-qualified applicants. The selection committee considers the potential for academic and personal success in medical school and for a successful future career in medicine.

There are elements of HB 1977 worthy of consideration if enacted WITHIN Hawai'i. Specifically, were the state to fund a full-ride scholarship program for Hawai'i residents admitted to JABSOM that was coupled to a subsequent practice payback requirement, the school could attract more of the 30-40 Hawai'i residents who take medical school offers elsewhere in the U.S.

We have learned that approximately 70% of students who obtain their medical degrees from JABSOM and go on to complete their residency with JABSOM remain in the state to practice. With more stable and enhanced investment in the operations of JABSOM, further expansion of the class size and support of neighbor island practice and training programs could be enhanced.

Thank you for the opportunity to provide testimony on this matter.



HAWAII MEDICAL ASSOCIATION

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www.hawaiimedicalassociation.org

To:

HOUSE COMMITTEE ON HEALTH

Rep. John Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Date: January 28, 2020

Time: 9:15 a.m.

Place: Conference Room 329

From: Hawaii Medical Association

Michael Champion, MD, President

Christopher Flanders, DO, Executive Director

Re: HB1977 Relating to Physician Shortage

Position: SUPPORT

The Hawaii Medical Association supports the intent of this innovative out-of-the box approach to easing the physician shortage crisis in the state. It has become obvious that efforts now in place are insufficient to solve the physician shortage, and that new, creative approaches must be discussed and explored.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD Secretary – Thomas Kosasa, MD

Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD

Executive Director – Christopher Flanders, DO

HB-1977

Submitted on: 1/26/2020 9:15:22 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Ching, MD, MPH	American Academy of Pediatrics, Hawaii Chapter	Comments	No

Comments:

January 26, 2020

Re: House Bill 1977. Relating to Physician Shortage

Position: Comments

Dear Representative Mizuno and Honorable Members of the Committee on Health:

We are writing to provide comments on HB 1977, which would establish the University of Northern Philippines College of Medicine scholarship program. The purpose of the program would be to help address the physician shortage in the State by sponsoring medical students at the University of Northern Philippines College of Medicine who make a specified service commitment to Hawai'i.

We are acutely aware of the looming physician shortage in our state and welcome creative efforts such as this to address this shortage. A program such as this should focus on medical areas of greatest need including primary care. We also believe that programs should leverage funding to best support geographic areas of unmet need on the neighbor islands and parts of Oahu (e.g., Waianae coast, Waimanalo, Kalihi).

Please feel free to contact me at 808-432-5605 if you have any questions or comments.

Very respectfully,

Michael S.L. Ching, MD, MPH, FAAP

President

Hawaii Chapter, American Academy of Pediatrics

HB-1977

Submitted on: 1/27/2020 8:54:45 AM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
ELIZABETH ANN IGNACIO	Individual	Support	No

Comments:

HB-1977

Submitted on: 1/25/2020 11:23:46 AM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Grosskreutz, M.D.	Individual	Support	No

Comments:

Hawaii has a critical shortage of physicians, estimated at 820 currently. The Big Island has a 44% shortage of 231 doctors. We estimate this shortage worsening to 440 doctors, by 2040 as Hawaii County's population is projected to increase to 310,000. Currently many local students leave Hawaii for medical school or residency, never to return. Therefore new solutions must be considered to solve our healthcare access crisis.

Currently due to the high costs of providing medical services, low levels of reimbursements and high levels of taxation, starting a private practice in Hawaii is unattractive to many new doctors. Many medical practices operate on razor thin margins, especially for treating Medicare and Medicaid patients. The 4.7% GET and County surcharges on gross practice revenues often place private practice budgets in the red, resulting in doctors leaving Hawaii and closing their practice. Doctors trained in the U.S. typically have educational debt in the hundreds of thousands of dollars. I would love for my daughter and son-in-law, both in residency training on the mainland, to practice in Hawaii. But with \$400,000 of debt between them, they would have to choose between buying a home or paying their loans in Hawaii, with our local levels of reimbursement.

As Hawaii has an unattractive environment for recruiting doctors to our state, this bill offers the possible of recruiting new doctors, who do not have huge amounts of debt to service. It should be noted that according to www.nrmp.org, there were only 35,000 residency positions offered in the U.S. for 44,600 new doctors who applied. For new graduate doctors to be trained, new residency positions must be created, ideally in Hawaii. Doctors who complete their training in state are much more likely to practice in Hawaii. The article below discusses overseas medical schools:

Dr. Richard Liebowitz

Tens of thousands of Americans apply to U.S. medical schools each year. Only a fraction gain admission. The University of Arizona, for instance, posted a 1.9 percent acceptance rate in 2018. UCLA, Florida State University, and Wake Forest accepted fewer than 3 percent of applicants.

Many U.S. medical schools are proud of their microscopic admission rates. But they have negative ramifications for the nation's healthcare system. The United States will need up to 121,900 more physicians by 2032 to care for its aging population. U.S. medical schools aren't producing enough graduates to meet that demand -- and don't have the capacity to expand anywhere close to that degree.

International medical schools are America's best hope for addressing its physician workforce needs. They're a crucial alternative for the thousands of qualified students who find themselves on the wrong end of a med school admissions decision as a result of the mismatch between qualified applicants and available seats. Applying to med school has become a numbers game. In the 2018-2019 cycle, U.S. medical schools received over 850,000 applications from nearly 53,000 students. The average student applies to 16 schools.

Many students who would make terrific doctors fall through the cracks. In a recent interview with U.S. News and World Report, Dr. Robert Hasty, the founding dean and chief academic officer of the Idaho College of Osteopathic Medicine, said, "We hear from high-quality applicants every day . . . and these are people with really high MCAT scores and GPAs, that this is their second year, third year or even fourth year applying to medical schools. And years ago, they would have gotten accepted the first time through, but the demand is just incredible."

In other words, the status quo is failing thousands of qualified applicants -- and the U.S. healthcare system, which needs more doctors. U.S. medical schools don't appear capable of growing to address this problem. Enrollment is up only 7 percent over the past five years. That kind of modest growth won't get us anywhere close to narrowing our nation's projected shortage of physicians. International medical schools can address these issues, providing opportunity to talented students and supplying the physicians America needs.

Many international schools provide an education every bit as good as those offered by U.S. schools. For example, 96 percent of first-time test takers from St. George's University in Grenada -- the school I lead -- passed Step 1 of the U.S. Medical Licensing Exam in 2018. That's the same rate as graduates of U.S. medical schools.

Research confirms that international schools produce high-caliber doctors. According to one study published by the BMJ, a leading medical journal, patients treated by doctors trained overseas had lower mortality rates than those treated by U.S.-educated doctors. Internationally trained doctors also practice where the U.S. healthcare system needs them most. In areas where per-capita income is below \$15,000 annually, more than four in ten doctors received their degrees abroad.

Americans are increasingly turning to international schools. More than 60 percent of licensed medical graduates of international schools in the Caribbean are U.S. citizens. Three-quarters of the medical students at St. George's are U.S. citizens. The odds of gaining admission to U.S. medical schools are growing longer. But bright young Americans don't have to give up their dreams of becoming doctors. They can turn to top-notch international medical schools. Their future patients will surely thank them.

Dr. Richard Liebowitz is vice chancellor of St. George's University www.sgu.edu. He previously served as president of New York-Presbyterian Brooklyn Methodist Hospital.

HB-1977

Submitted on: 1/26/2020 1:03:39 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Kingdon	Individual	Oppose	No

Comments:



**HEALTH COMMITTEE
TESTIMONY IN SUPPORT OF HB 1977**

The Honorable John M. Mizuno,
Representative Bertrand Kobayashi, Vice Chair, and
Members of the House Committee on Health:

Aloha mai kakou:

I am Melodie Aduja, Chair of the Health Committee of the Democratic Party of Hawai`i. The Democratic Party is the major political not-for-profit organization in the State of Hawai`i; its membership is approximately 75,000 members strong. The Legislative body comprises of predominately democratic members with only one republican senator and five republican members of the House. As such, the will of this Legislative body should reflect the voice, Platform and Resolutions of the Democratic Party of Hawai`i. Mahalo for this opportunity to address you.

The Health Committee of the Democratic Party of Hawai`i strongly supports HB 1977. The purpose of this Act is to require the department of the health to establish, develop, and implement a program to sponsor medical students who attend the College of Medicine of the University of Northern Philippines in exchange for a ten-year service commitment to practice medicine in Hawai`i after graduation.

As noted in a Civil Beat article entitled, [Limited Training Options Worsen Hawaii's Doctor Shortage](https://www.civilbeat.org/2019/08/limited-training-options-worsen-hawaiis-doctor-shortage/), by Eleni Gill, dated August 16, 2019, (please see, link below), "officials estimate the state needs 800 more physicians, but the training pipeline for future doctors would need to expand three-fold to begin filling the gap." This article goes on to say that the limited training opportunities in Hawai`i are exacerbating the doctor shortage in this state and that we need to double or triple both the number of medical students and the number of resident graduate doctors to sustain our medical system. "If we look at the supply and demand lines, we're diverging, so yes, we need more medical school training and residency training," per Kelley Withy, Director of the Hawaii/Pacific Basin Area Health Education Center.

HB 1977 would offer a vehicle in which to increase our supply of medical school opportunities to fill the enormous gap between the supply and demand for medical doctors in this state.

1. <https://www.civilbeat.org/2019/08/limited-training-options-worsen-hawaiis-doctor-shortage/>

HB-1977

Submitted on: 1/27/2020 3:49:16 PM

Testimony for HLT on 1/28/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
amy agbayani	Individual	Support	No

Comments:

Harry Kim
Mayor



Roy Takemoto
Managing Director

Barbara J. Kossow
Deputy Managing Director

County of Hawai'i Office of the Mayor

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LATE

January 27, 2020

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
Committee on Health

Dear Chair Mizuno, Vice Chair Kobayashi, and Committee Members:

RE: HB 1977, Relating to Physician Shortage

Assuring a high quality of life in Hawai'i is simple to say, and almost too obvious a goal to highlight, but nevertheless it is the most important part of the task facing our elected community leaders. For this reason alone, I want to thank and praise any effort to deal with one of the most critical issues that we must confront, and that is our crisis in healthcare caused by our physician shortage. We are justly proud of the Hawai'i Prepaid Healthcare Act, but how valuable is insurance if you cannot find a provider? How can we expect our people, especially our aging population, to live comfortably, if they believe that quality healthcare is only available if they have the time and ability to travel to the mainland? How can we attract more providers when they realize they will be expected to work extraordinary hours because there is not a reasonable number of other providers to share the burden? And to what extent do we limit our primary economic driver, tourism, when visitors are warned "Don't get sick in Hawai'i"?

I am not smart enough to know how to solve our physician shortage problem, especially whether HB 1977 is a partial answer. I am told, and do believe, that eliminating the General Excise Tax on healthcare services would be a very positive step in improving the economics for healthcare providers, and I hope you will address that proposal during this legislative session. Whether partnering with the College of Medicine of the University of Northern Philippines is also a good way to go, I defer to others.

Thank you for this opportunity to testify.

Respectfully Submitted,

Harry Kim
MAYOR

LATE

LATE TESTIMONY

LATE TESTIMONY

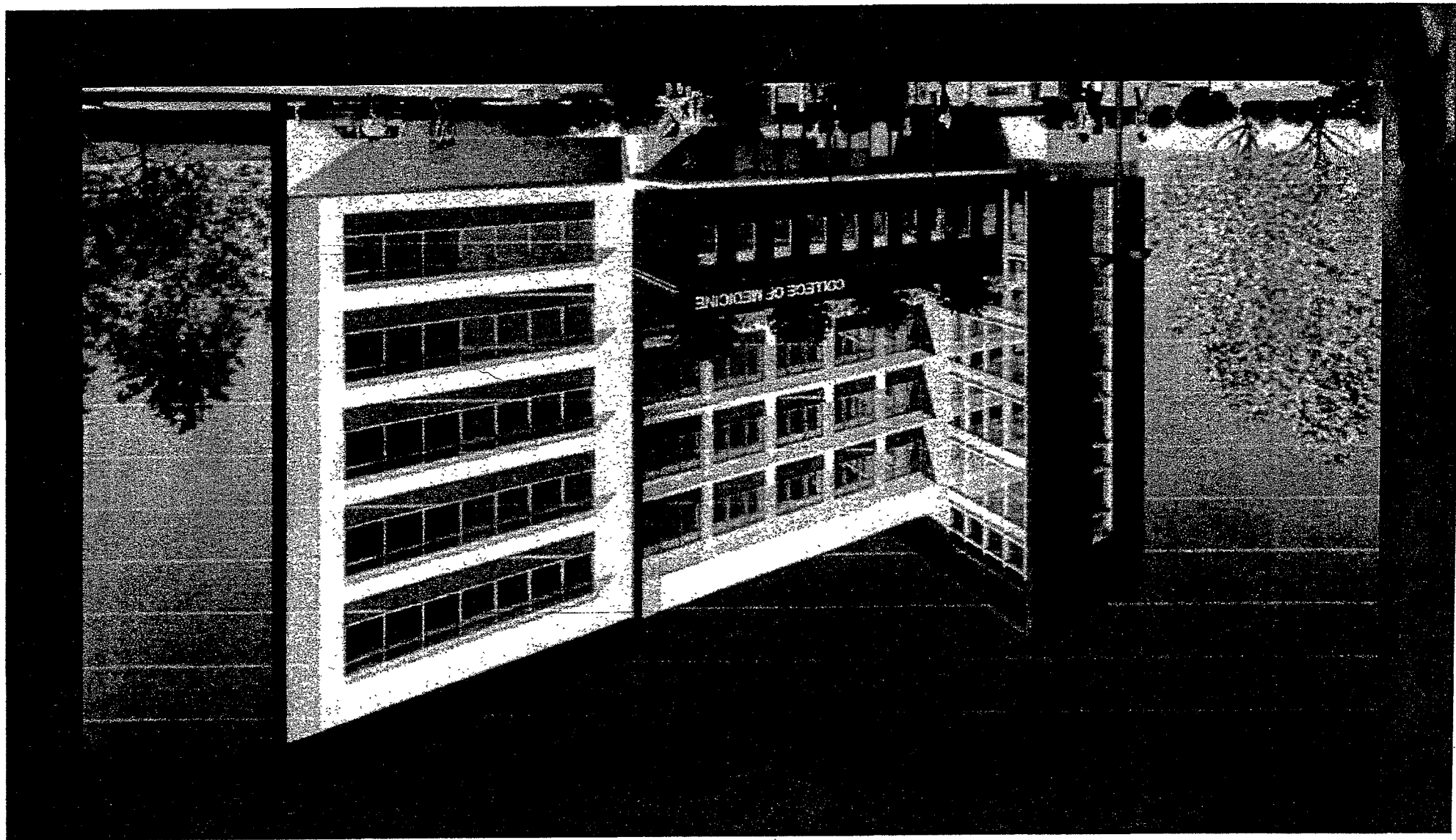
1/28/20 9:15 AM HZT comm

H. B. 1977

Proposal to Address

Physician Shortage

Representative ROMY M. CACHOLA
Hawaii State House of Representatives
District 30

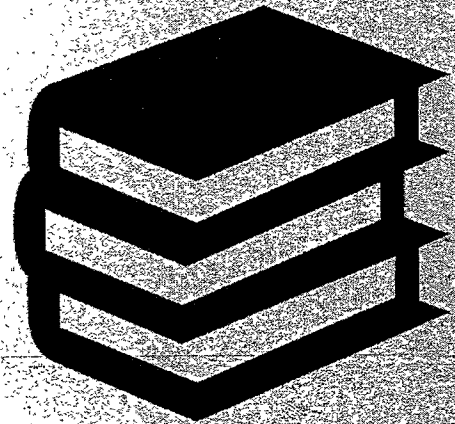


LATE TESTIMONY

LATE TESTIMONY

H. B. 1977

Addresses Hawaii's Physician shortage by a Medical Student Sponsorship program with the University of Northern Philippines. Sponsored Hawaii Residents shall make a ten year commitment to practice medicine in Hawaii.



THE PROBLEM



- ▶ There is not enough Doctors in Hawaii
- ▶ Medical school is Expensive in the United States and Hawaii

The Proposal

- ▶ Five Students per County – Total of twenty Students
- ▶ Students must have minimum GPA 3.25
- ▶ State will subsidize tuition, room, and allowance
- ▶ \$156,000 per year for twenty students
- ▶ After four year course they will do their internship and residency program in Hawaii and will no longer receive subsidies since recipients will receive salary as such

Tuition Cost

Breakdown

- Tuition \$3,000 per year or \$1,500 per semester per student (\$12,000 for four years)
- \$200 per month for room and board \$2,400 annually per student (\$9,600 four years)
- \$200 monthly allowance \$2,400 a year per student (\$9,600 four years)
- \$9,600+\$9,600+\$12,000= \$31,200 per student (four years)
- \$31,200 x 20 students= \$624,000 Total cost for four years

UNIQUE FEATURES OF THE SCHOOL

The premiere state university of the far north which is one of the first in the nation to offer the medical course under DOH partnership, graduating eventually into the distinctly separate College of Medicine it is now. It boasts of a rapidly growing student population every year due to an increase in foreign students and as well as Filipino students coming from outside the province. The continuous improvement in the academic standards has attracted more applicants each year despite its modesty in tuition fees.

POPULATION OF THE COLLEGE OF MEDICINE SY 2019-2020

First Year

- Filipino – 237
- Indonesian – 3
- Indian – 72

Second Year

- Filipino – 200
- Indonesian – 1
- Haitian – 1
- Indian – 104

Third Year

- Filipino – 147
- Indonesian – 5
- Nigerian – 3

Clerkship

- Filipino – 152
- Nigerian – 2
- Indonesian – 2
- Indian - 224

MINIMUM QUALIFICATIONS FOR ADMISSION

Applicants seeking admission to the medical education program must have the following qualifications:

- Holder of at least a baccalaureate degree
- Must have taken the National Medical Admission Test (NMAT) not more than two (2) years from the time of admission, with a percentile score of Fifty (50).
- The applicant shall submit the following documents to the medical schools:
 - Birth certificate and certificate of good moral character from two (2) professors in college
 - Official transcript of record
 - Xerox of Diploma
 - Certificate of class ranking and General Weighted Average.
 - Honorable Dismissal
 - I.D picture 2x2. 5pcs. White background and 1x1.5pcs white background taken within sixty (60) days as of the date of application.



PROGRAM DESCRIPTION:

The Doctor of Medicine program is a program consisting of basic science and clinical courses. It shall be a full-time study of at least four (4) years, the fourth year of which shall be a complete 12-month rotating clinical clerkship undertaken mainly in the base hospital with level III DOH classification with accredited residency training programs in medicine, surgery, pediatrics, and OB- Gyn. The program should be at least 1,440 hours per year level for the first 3 years and 2,080 hours for the fourth year or Clinical Clerkship for a total of 6,400 hours for the entire MD program.

DOCTOR OF MEDICINE PROGRAM

MEDICINE I FIRST SEMESTER

Subject Code	Subject	Prerequisite	Descriptive Title	Units	Hours
MD 101	History of Medicine	None	Genesis of Medicine	2 unit	40hrs
MD 102	Gross Anatomy (Yearly)	None	Human Anatomy Lecture Laboratory	4 units 2 units	80hrs 40hrs
MD 103	Histology (Yearly)	None	Human Histology Lecture Laboratory	4 units 2 units	80hrs 40hrs
MD 104	Embryology	None	Developmental Anatomy	3 units	60hrs
MD 105	Physiology (Yearly)	None	Human Physiology Lecture Laboratory	4 units 2 units	80hrs 40hrs
MD 106	Biochemistry (Yearly)	None	Medical Biochemistry, Molecular Biology & Introduction to Human Genetics Lecture Laboratory	4 units 3 units	80hrs 60hrs
MD 107-A	Preventive, Family and Community Medicine IA	None	Introduction to Preventive, Family and Community Medicine Concepts	2 units	40hrs
MD 108	Bioethics I	None	Moral Principles in the Practice of Medicine	2 units	40hrs
MD 109-A	Neurosciences IA	None	Neuroanatomy and Neurophysiology	3 units	60hrs
TOTAL NO. OF UNITS & HOURS				37 UNITS	740 HOURS

**MEDICINE I
SECOND SEMESTER**

Subject Code	Subject	Prerequisite	Descriptive Title	Units	Hours
MD 102	Gross Anatomy (Yearly)	None	Human Anatomy Lecture Laboratory	4 units 2 units	80hrs 40hrs
MD 103	Histology (Yearly)	None	Human Histology Lecture Laboratory	4 units 2 units	80hrs 40hrs
MD 105	Physiology (Yearly)	None	Human Physiology Lecture Laboratory	4 units 2 units	80hrs 40hrs
MD 106	Biochemistry (Yearly)	None	Medical Biochemistry, Molecular Biology & Genetics Lecture Laboratory	4 units 3 units	80hrs 60hrs
MD 107-B	Preventive, Family and Community Medicine IB	Family and Community Medicine IA	Basic Epidemiology	2 units	40hrs
MD 109-B	Neurosciences IB	Neurosciences IA	Neuro Physical Diagnosis	3 units	60hrs
MD 110	Research I	None	Introduction to Medical Research (EBM & Medical Informatics)	3 units	60hrs
MD 111	Pediatric Nutrition and Child Protection	None	Pediatric Nutrition and Child Protection	3 units	60hrs
TOTAL NO. OF UNITS & HOURS				36 UNITS	720 HOURS

**MEDICINE II
FIRST SEMESTER**

Subject Code	Subject	Prerequisite	Descriptive Title	No. Units	No. Hours
MD 201	Pharmacology and Therapeutics (Yearly)	Physiology Biochemistry	Pharmacology & Pharmacotherapeutics	4 units	80hrs
MD 202	Microbiology (Yearly)	Physiology Biochemistry	Medical Microbiology Lecture Laboratory	3 units 2 units	60hrs 40hrs
MD 203	Pathology (Yearly)	Anatomy Histology Physiology	General and Systemic Pathology Lecture Laboratory	3 units 2 units	60hrs 40hrs
MD 204	Pediatrics I (Yearly)	Physiology Developmental Anatomy	Basic Principles and Physical Diagnosis in Pediatrics	4 units	80hrs
MD 205	Surgery I (Yearly)	Anatomy Histology Physiology, Biochemistry	Introduction to Surgery, Anesthesia and Pain Management	4 units	80hrs
MD 206	Medicine I (Yearly)	Physiology	Introduction to Medicine and Physical Diagnosis	4 units	80hrs
MD 207-A	Preventive, Family and Community Medicine IIA	Family and Community Medicine I	Introduction to Clinical Medicine in General Practice	2 units	40hrs
MD 208	Obstetrics I (Yearly)	Anatomy Histology Developmental Anatomy	Normal Sexual Functions and Reproduction and Physical Diagnosis	4 units	80hrs
MD 209-A	Neurosciences IIA	Neurosciences I	Clinical Neurology	2 units	40hrs
MD 210	Research II-A	Research I	Research Methodology and Ethics in Research	2 units	40hrs
TOTAL NO. OF UNITS & HOURS				36 UNITS	720 HOURS

11

**MEDICINE II
SECOND SEMESTER**

Subject Code	Subject	Prerequisite	Descriptive Title	Units	Hours
MD 201	Pharmacology and Therapeutics (Yearly)	Physiology Biochemistry	Pharmacology & Pharmacotherapeutics	4 units	80hrs
MD 202	Microbiology (Yearly)	Physiology Biochemistry	Medical Microbiology Lecture Laboratory	3 units 2 units	60hrs 40hrs
MD 203	Pathology (Yearly)	Anatomy Histology Physio	General and Systemic Pathology Lecture Laboratory	3 units 2 units	60hrs 40hrs
MD 204	Pediatrics I (Yearly)	N/A	Basic Principles and Physical Diagnosis in Pediatrics	4 units	80hrs
MD 205	Surgery I (Yearly)	Anatomy Histology Physiology Physiology	Introduction to Surgery, Anesthesia and Pain Management	4 units	80hrs
MD 206	Medicine I (Yearly)	Physiology	Introduction to Medicine and Physical Diagnosis	4 units	80hrs
MD 207-B	Preventive, Family and Community Medicine IIB	Family and Community Medicine IB	Preventive Medicine	2 units	40hrs
MD 208	Obstetrics I (Yearly)	Anatomy Histology Developmental Anatomy	Normal Sexual Functions Reproduction and Women Health Physical Diagnosis	4 units	80hrs
MD 209-B	Neurosciences IIB	Neurosciences IA	Clinical Neurology	3 units	60hrs
MD 211	Clinical Pathology	Anatomy Biochemistry Histology	Clinical Pathology Lecture Laboratory	3 units 2 units	60hrs 40hrs
MD 212	Research II-B	Research I	Research Methodology, Data Gathering and Management	2 units	40hrs
MD 213	Parasitology	N/A	Parasitology and Tropical Diseases Lecture Lab	2 units 2 units	40 hrs 40 hrs
TOTAL NO. OF UNITS & HOURS				46	920
				UNITS	HOURS

**MEDICINE III
FIRST SEMESTER**

Subject Code	Subject	Prerequisite	Descriptive Title	Units	Hours
MD 301	Medicine II (Yearly)	Medicine I	Clinical Reasoning in Cardiology, Pulmonology, Gastroenterology, Nephrology, Geriatrics, Tropical in Infectious Diseases, Oncology & Endocrinology	6 units	120hrs
MD 302	Surgery II (Yearly)	Surgery I	Specific Considerations in Surgery	6 units	120hrs
MD 303	Pediatrics II (Yearly)	Pediatrics I	Integral Approach to Disorders in Pediatrics With Clinical Correlation	6 units	120hrs
MD 304	Obstetrics II (Yearly)	Obstetrics I	Alterations in Sexual Function and Reproduction	4 units	80hrs
MD 305	Legal Medicine & Medical Jurisprudence, Forensic Medicine	N/A	Legal Medicine & Medical Jurisprudence, Forensic Medicine (Lecture)	2 units	40hrs
MD 306	Research III	Research II	Thesis Writing	3 units	60hrs
MD 307-A	Preventive, Family and Community Medicine IIIA	Family and Community Medicine IIA	Family Health Care	2 units	40hrs
MD 308	Ophthalmology	Anatomy Histology Physiology	Disorder of the eye	2 units	40hrs
MD 309	Dermatology	Anatomy Histology Physiology	Dermatology	2 units	40hrs
MD 310	Radiology	N/A	Radiology	2 units	40hrs
MD 311	Bioethics	N/A	Applied Clinical Ethics	2 units	40hrs
MD 312	Orthopedics	Anatomy Histology Physiology	Orthopedics	2 units	40hrs
TOTAL NO. OF UNITS & HOURS				39UNITS	780 HOURS

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**MEDICINE III
SECOND SEMESTER**

Subject Code	Subject	Prerequisite	Descriptive Title	Units	Hours
MD 301	Medicine II	Medicine I	Clinical Reasoning in Cardiology, Pulmonology, Gastroenterology, Nephrology, Geriatrics, Tropical in Infections Diseases, Oncology & Endocrinology	6 units	120hrs
MD 302	Surgery II	Surgery I	Specific Considerations in Surgery	6 units	120hrs
MD 303	Pediatrics II	Pediatrics I	Integral Approach to Disorders in Pediatrics With Clinical Correlation	6 units	120hrs
MD 304	Obstetrics II	Obstetrics I	Alterations in Sexual Function and Reproduction	4 units	80hrs
MD 308	Gynecology	Obstetrics I	Gynecology (Lecture)	4 units	80hrs
MD 306-B	Research III	Research II	Thesis Writing	3 units	60hrs
MD 307-B	Preventive, Family and Community Medicine IIB	Family and Community Medicine IIB	Community Oriented Primary Care in General Practice of Medicine 2: Socio-biological Approach to Care in Primary Care Setting	2 units	40hrs
MD 308	Ears, Nose & Throat	Anatomy Histology Physiology	Basic Otorhinolaryngology	3 units	60hrs
MD 315	Medical Nutrition	Biochemistry	Medical Nutrition	2 units	40hrs
MD 316	Physical and Rehabilitation Medicine	Anatomy Histology Physiology	Physical and Rehabilitation Medicine	2 units	40hrs
TOTAL NO. OF UNITS & HOURS				38 UNITS	760 HOURS

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**MEDICINE IV
Clinical Clerkship**

Subject Code	Subject	Descriptive Title	Months	Weeks	No. of Contact Hours	No. of Units
Med 401 Clinical Clerkship	MAJOR ROTATIONS		10 Months			
	General Surgery with Orthopedics (ITRMC)		2 Months	8 Weeks	400 Hours	20 units
	Internal Medicine (ITRMC)		2 Months	8 Weeks	400 Hours	20 units
	Pediatrics (ITRMC)		2 Months	8 Weeks	400 Hours	20 units
	Obstetrics & Gynecology (ITRMC)		2 Months	8 Weeks	400 Hours	20 units
	Family Medicine (ITRMC)		1 Month	4 Weeks	200 Hours	10 units
	Community Medicine (ITRMC)		1 Month	4 Weeks	160 Hours	8 units
	MINOR ROTATIONS		2 Months			
	Otorhinolaryngology Head and Neck Surgery (ITRMC)			2 Weeks	100 Hours	5 units
	Ophthalmology (ITRMC)			2 Weeks	100 Hours	5 units
	Psychiatry (BGH)			2 Weeks	100 Hours	5 units
	Elective Rotations (UNP)			2 Weeks	80 Hours	4 units
	Total No. of Months			12 Months	48 Weeks	2,340 Hours

LIST OF FACULTY

FULL TIME MEDICAL FACULTY		
No.	NAME	SPECIALIZATION
1	PABLO R. QUIDADO, MD	GENERAL PRACTITIONER
2	LIZ GREGORIA L. VELASCO, MD	INTERNAL MEDICINE
3	DOMINETTA S. GONZALO, MD	INTERNAL MEDICINE - PULMONOLOGY
4	GLENDA O. TAGORDA, MD	INTERNAL MEDICINE
5	BRENDO V. JANDOC, MD	OPHTHALMOLOGY - OTORRHINO - LARYNGOLOGY
6	ERNESTO R. TAGORDA Jr., MD	GENERAL SURGEON
7	IRWINA M. LAZO, MD	PEDIATRICS
8	ALYN L. AGDEPPA, MD	PEDIATRICS
9	IY C. BELLO, MD	OBSTETRICS AND GYNECOLOGY
PART - TIME FACULTY		
1	ISAIAS P. ALIPIO, MD	REHABILITATION MEDICINE
2	ABRAHAM ACBERON B. AUSTRIA, MD	INTERNAL MEDICINE - PULMONOLOGY
3	CONRADO M. ANDAL, MD	GENERAL SURGEON
4	BENITO F. ARCA, MD	FAMILY AND COMMUNITY MEDICINE
5	LESLIE ASUNCION-VIADO, MD	INTERNAL MEDICINE CARDIOLOGY GENERAL SURGERY THORACO - CARDIOVASCULAR SURGEON
6	MICHAEL C. BACCAY, MD	OBSTETRICS AND GYNECOLOGY
7	GEMMA J. BARBERO, MD	OPHTHALMOLOGY
8	ROLANDO VERMUEZ, MD	INTERNAL MEDICINE CARDIOLOGY
9	MAX GERONIMO T. BUTARDO, MD	INTERNAL MEDICINE - DIABETOLOGY
10	MARSHA MICHELLE LAGMAY-CABUENA, MD	GENERAL SURGEON
11	MARK ANTHONY M. CUEVAS, MD	INTERNAL MEDICINE - PULMONOLOGY
12	MICHELLEEN CORRALES-DEL ROSARIO, MD	RADIOLOGY
13	NESTER P. FELICIANO, MD	PATHOLOGY
14	PROCESA R. GAMILDE, MD	INTERNAL MEDICINE
15	LORALIE E. GALERA, MD	INTERNAL MEDICINE
16	MA ELENA VICTORIA L. LAHOZ, MD	GENERAL SURGERY
17	ESPERANZA R. LAHOZ, MD	NEUROLOGY
18	ELTON O. ONG, MD	INTERNAL MEDICINE-GASTROENTEROLOGY
19	MA TILLEN B. PASCUA, MD	INTERNAL MEDICINE
20	JOSEPH I. PASCUA, MD	INTERNAL MEDICINE - NEPHROLOGY
21	VIVENCIO R. REFUERZO, MD	PUBLIC HEALTH
22	AMOR RIJEA QUILALA-NARAG, MD	UROLOGY
23	ROSALINDA A. QUISADA, MD	PATHOLOGY
24	LESLIE V. RAFANAN, MD	PATHOLOGY
25	GAIL DOMEQC C. TANAWIT, MD	RADIOLOGY
26	SHERYL O. RACELIS, MD	RADIOLOGY
27	ANTHONY R. VERA-CRUZ, MD	GENERAL PEDIATRICS - NEUROLOGY
28	JOAN R. VIADO, MD	NEURO-SURGERY
29	CRISPIN ALLAN T. VIADO, MD	NEURO-SURGERY

30	IVY C. VALDEZ, MD	GENERAL PEDIATRICS
31	AMADO A. VIESTA, MD	PSYCHIATRY
32	JOHANN D. YEE, MD	GENERAL PRACTITIONER
33	DALVIE A. CASILANG, MD	PUBLIC HEALTH
34	LA PAZ L. PEREDO, MD	OBSTETRICS AND GYNECOLOGY
35	GLENDA P. RABINO, MD	PEDIATRICS
36	MARY GRACE ASUNCION, MD	OBSTETRICS AND GYNECOLOGY
37	KRISTEL PAULANE FLEUR LUBRIN DANDASAN, MD	INTERNAL MEDICINE
38	KRISTAL F. MENDOZA, MD	PEDIATRICS
39	PRINCESS S. SALIGANAN, MD	OBSTETRICS AND GYNECOLOGY
40	EMMA RUTH P. AQUITANIA, MD	NEUROLOGY
41	STEVE S. ARELLANO, MD	GENERAL PRACTITIONER
42	DEXTER BRYAN E. CANCINO, MD	INTERNAL MEDICINE - GASTROENTEROLOGY
43	MA. FATIMA B. SABATEN, MD	ENT-HNS HEAD & NECK SURGERY
44	NICANOR B. LACUESTA, MD	ANESTHESIOLOGIST
45	NELLA C. PLETE, MD	ANESTHESIOLOGIST
46	GERALDINE C. SANCHEZ, MD	OBSTETRICS AND GYNECOLOGY
47	SHARA Z. CAÑERO, MD	PEDIATRICS
48	JOSHUA H. GABOY, MD	INTERNAL MEDICINE - ENDOCRINOLOGY
49	JEAN ABIGAILE C. CARINGAL, MD	RADIOLOGY
50	BERNADETTE L. BATO, MD	DERMATOLOGY
51	EUGENIO R. PIPO III, MD	FAMILY & COMMUNITY MEDICINE
52	MARVIN F. MUNAR, MD	FAMILY MEDICINE
53	MELISSA MUNAR-ABADO, MD	INTERNAL MEDICINE - CARDIOLOGY
54	PEEBLE NARITA G. AGDAMAG, MD	ANESTHESIOLOGY
55	JEFFREY L. LEAL, MD	GENERAL PRACTITIONER
56	GAY LAARNI M. BATULAN, MD	ENT-HNS HEAD & NECK SURGERY
57	JESSON G. CABRERA, MD	OPHTHALMOLOGY
58	PAYE S. NAVARRETE, MD	GENERAL PRACTITIONER
59	DIA ANGELA S. NOLASCO, MD	GENERAL SURGERY
60	CIRILO J. TEJANO JR., MD	ORTHOPEDIC - SPINE SURGEON
61	ERWIN V. GUZMAN, MD	INTERNAL MEDICINE
62	ERIC AUGUSTIN P. LAZO, MD	GENERAL SURGEON
63	CESAR S. BERNABE, MD	PEDIATRICS
64	JEISELA B. GAERLAN, MD	OBSTETRICS AND GYNECOLOGY
65	RICHARD RONALD B. CACHO, MD	FAMILY AND COMMUNITY MEDICINE
66	JAN PAULETTE VELASCO-SANDRINO, MD	INTERNAL MEDICINE - PULMONOLOGY
67	QUILVIC TIRSO S. ASPIRAS, MD	PEDIATRICS
68	MARY CHRISTINE VILLARENA-VILLAR	PLASTIC & RECONSTRUCTIVE SURGERY
69	ANA PATRICIA P. VILLANUEVA-DE GRANO, MD	ANESTHESIOLOGY
70	KATHLEEN O. BALMILERO, MD	ANESTHESIOLOGY
71	CONSTANTE M. RABE II, R.Ph., MD	PEDIATRICS - NEONATOLOGY
72	ROCHELLE BALLESTEROS-CARTA, MD	ORTHOPEDICS
73	GLORIFINO M. JUAN Jr., MD	INTERNAL MEDICINE - INFECTIOUS DISEASE
74	ROLAND I. ZARA, MD	

75	MARIMEJLE A. BUENO, MD	GENERAL PRACTITIONER
76	MARY ELAINE P. GUERRERO, MD	OBSTETRICS AND GYNECOLOGY
77	MARIA VERENA R. REMUDARO, MD	MEDICAL ONCOLOGY
78	CHRISTIAN ADAM P. ESPIRITU, MD, PhD	GENERAL PRACTITIONER, BIOCHEMISTRY
79	KARLA MAE P. ABAYA, MD	PEDIATRICS
80	KHRISTINE LAYGO, MD	PEDIATRICS
81	RODELA NENITA P. QUITTEVIS, MD	GENERAL PRACTITIONER
82	KAREEN ALNA L. SANCHEZ, MD	INTERNAL MEDICINE
83	RHODA MAY Z. DUKINAL, MD	FAMILY AND COMMUNITY MEDICINE
84	JEMUEL C. LAYGO, MD	SURGEON
85	JUDY PIPO-DEVEZA, MD	PEDIATRICS
86	ROSARIO LAHOZ-GARCIA, MD	OPHTHALMOLOGY
87	NIÑO REALIN, MD	SURGEON
88	GUALBERTO M. BASCO, MD	ORTHOPEDICS
89	CHARLES ANGELO L. YOUNG, MD	OPHTHALMOLOGY
90	MARY GRACE PADILLA, MD	PEDIATRICS
91	MARIA ELOISA SALVADOR, MD	PEDIATRICS
92	MARIA FE ROSARIO A. ESGUERRA RND, MD	ANESTHESIOLOGIST
93	DENNIS RETUTA RAGASA, MD	
94	RIA JANE UJANO UCLARAY, MD	PEDIA-SURGEON
95	FRANCES JANINE B. VERA CRUZ, MD	OBSTETRICS & GYNECOLOGY
96	MARJORIE FARINAS, MD	OBSTETRICS & GYNECOLOGY
97	DAPHNE CHRISTY RUPISAN-LABAO, MD	OBSTETRICS & GYNECOLOGY
98	ALLEN O. CUDIAMAT, MD	
99	NOREEN K. ESCOBAR, MD	OBSTETRICS & GYNECOLOGY
100	MELANI GALLERO, MD	INTERNAL MEDICINE - NEPHROLOGY
101	GRETCHEN AGDAMAG-CALDERON, MD	OPHTHALMOLOGY
102	MILALYN RUTH DELIZO, MD	GENERAL SURGERY
103	NOVELYN B. AVILA-RAFANAN, MD	GENERAL PRACTITIONER
104	CHARMAINE A. TABIN, MD	GENERAL PRACTITIONER
105	STEPHEN A. UJANO, MD	GENERAL PRACTITIONER
106	IRENE CLAIRE P. AGOD, MD	GENERAL PRACTITIONER
107	RYAN Z. CORPUZ, MD	GENERAL PRACTITIONER



107 Full time and Part time Faculty Doctors on Staff from all fields of expertise

