

U.S. Department of Education

Philippines: Redetermination of Comparability

Prepared October 2011

**Background**

In March 1999, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Medical Education Accreditation Council (MEAC), the accrediting body that evaluates medical schools in the Philippines, were comparable to those used to evaluate programs leading to the M.D. degree in the United States.

At its September 2002 meeting, the NCFMEA was informed that the MEAC was no longer the accrediting body for the country and that the accrediting function was being performed by the Commission on Medical Education (CME), a review entity for medical education within the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). Concerned about the ability of the Philippines to continue to have comparable standards for the accreditation of medical schools, the NCFMEA requested that the Philippines submit a report on the accreditation activities involving Philippine medical schools since June 2002 [the date of the last report submitted by the Commission on Higher Education (CHED), the governmental regulatory body], and information on the standards and processes used by PAASCU to accredit Philippine medical schools for review at its March 2003 meeting. The NCFMEA also requested that it be given an opportunity to observe PAASCU conduct an accreditation review.

In March and September 2003 the NCFMEA questioned the agency about the standards and processes used by PAASCU in its accreditation activities, and the roles and responsibilities of the various entities involved in Philippine accreditation, which included the CHED, PAASCU and the CME. NCFMEA members also wanted to know more about PAASCU's review process to discover whether it focused on quality improvement, compliance with established standards, or both. The NCFMEA voted to defer acceptance of the agency's report and again requested a detailed description of PAASCU's standards and processes used in accrediting Philippine medical schools. It also requested once again that NCFMEA be invited to observe an accreditation review of a Philippine medical school in order to gain first hand knowledge of how the agency's standards and processes are implemented.

At the NCFMEA March 2004 meeting, the NCFMEA determined that the Philippines has, in operation, a system for the evaluation and accreditation of its medical schools that is comparable to the system used in the United States. It was understood after reviewing the separate roles of CHED and PAASCU in the

medical school evaluation process, that PAASCU was the designated body that is responsible for recurrent evaluation of the quality of medical education in the Philippines. The NCFMEA requested a report on PAASCU's accreditation activities for review at its September 2005 meeting. However, the NCFMEA would not meet again until March 2007.

At the NCFMEA March 2007 meeting, Dr. Munoz reported that his observation of the July 2005 site visit by PAASCU to the University of Santo Tomas Faculty of Medicine and Surgery in Manila was satisfactory and without issues.

Since the NCFMEA did not meet in September 2005 to consider the report requested at its March 2004 meeting, that report was reviewed at the NCFMEA September 2007 meeting. At that time, the country also provided updated information on their report to include its accreditation activities from 2005 to 2007.

Again at the NCFMEA January 2009 meeting the country submitted a report regarding the accreditation activities of its Commission on Medical Education, from September 2007 through December 2008. The NCFMEA accepted the report and determined that the country's accreditation activities during that period appeared to be consistent with NCFMEA guidelines.

### **Summary of Findings**

Based on a review of the responses to the questionnaire and information that the country provided to the Department, it appears that the Philippines has a system for the evaluation and accreditation of its medical schools that is comparable to the system used in the United States.

The accreditation system has substantially the same components of U.S. accreditation. The process entails a self study, site visit by peer evaluators, deliberation and decision-making against a set of written standards on a cyclical basis. In addition, the agency has and applies written standards that encompass the same content areas that appear to be of similar comprehensiveness and rigor as those in U.S. accreditation. That said, the Committee may want to explore further with agency representatives why the agency does not have a structured and recurring monitoring system in place to review medical schools' continued compliance with agency expectations between accreditation visits nor, in the same vein, no process to stay abreast of substantive changes that may occur at medical schools between accreditation visits. It is not clear that the PAASCU/CHED addresses the requirement for the humane care of animals when animals are used in teaching and research, faculty involvement in admissions, the review of student complaints, and the review of affiliation agreements with the same emphasis as is done by U.S. accreditors. The committee may want to ask for clarification in these areas.

## Staff Analysis

### PART 1: Entity Responsible for the Accreditation/Approval of Medical Schools

#### Section 1: Approval of Medical Schools, Question 1

##### **Country Narrative**

In the Philippines, there is only one entity whose consent must be obtained in order to open a medical school. A higher education institution that intends to offer the Doctor of Medicine program must first secure proper authorization from the Philippine Commission on Higher Education (CHED) and comply with existing rules and regulations before it can commence operations. The existing rules and regulations are found in Article II, page 2 of Exhibit 1 - CHED Memo Order No. 10, series of 2006 entitled "Policies, Standards and Guidelines for Medical Education"

##### **Analyst Remarks to Narrative**

The Commission on Higher Education (CHED) is the governmental body authorized to grant authority to operate State and Private medical schools in the Philippines. It does this via the issuance of a permit (registration). CHED's requirements, outlined in its Manual of Regulations for Private Higher Education of 2008, describe a process where the school applying for registration in the country must first provide a self-evaluation and undergo a site-evaluation by CHED. The permit is renewed annually until the first class is graduated in five (5) years then becomes permanent barring its being rescinded by CHED. The Country provided its Policies, Standards and Guidelines for Medical Education and its Manual of Regulations for Private Higher Education of 2008 that outline the country's approval and licensure process for Institutions of Higher Education in the Philippines.

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#### Section 1: Approval of Medical Schools, Question 2

##### **Country Narrative**

Yes, the CHED is the regulatory body that grants the medical school the license to operate.

##### **Analyst Remarks to Narrative**

The country's Policies, Standards and Guidelines for Medical Education identify CHED as the regulatory body for the approval and licensure of medical schools in the Philippines.

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## **Section 1: Approval of Medical Schools, Question 3**

### **Country Narrative**

CHED is the only entity in the Philippines authorized to close or revoke the license of a medical school.

### **Analyst Remarks to Narrative**

The country's Policies, Standards and Guidelines for Medical Education identify CHED as the sole authority for closing medical schools in the Philippines.

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## **Section 2: Accreditation of Medical Schools**

### **Country Narrative**

The entity responsible for conducting an in-depth evaluation of the quality of medical education in the Philippines is the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). PAASCU reviews the medical school's compliance not only with government's policies and standards but also the standards contained in the PAASCU Evaluation Instrument for Accrediting Medical Schools. PAASCU is a private, non-governmental accrediting agency established in 1957 and is recognized by the the Philippine Commission on Higher Education(CHED) as the entity that accredits medical schools in the country. The PAASCU Primer outlines the history of the organization.

### **Analyst Remarks to Narrative**

Article XIV (Accreditation) of CHED's Manual of Regulations for Private Higher Education (Exhibit 5) identifies the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU)as one of the designated bodies that is responsible for recurrent evaluation of the quality of higher education in the Philippines.

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## **Part 2: Accreditation/Approval Standards**

### **Section 1: Mission and Objectives, Question 1**

### **Country Narrative**

The main purpose of medical education in the Philippines is to produce physicians for the Philippine health care system. The graduates are expected to be health care providers to satisfy the health human resource needs of the country. The graduate of the Doctor of Medicine program is a primary physician who can go into different types of medical practice or undergo further training

and become a medical specialist.

Article I, page 1 of the CHED Memo Order No. 10, series of 2006: "Policies, Standards and Guidelines for Medical Education" requires that a medical school provide students with the knowledge, skills and attitudes in consonance with the concept of a primary care physician. The public is served by inculcating in the students an appreciation of the use of community and indigenous resources to promote health. The integration of health services into the training of medical students is part of the educational mission of the institution. The medical education program also seeks to develop in the students such habits and attitudes that will enable them to engage in lifetime continuing medical education responsive to changing needs and developments.

### **Analyst Remarks to Narrative**

The country policies emphasize that it requires institutions that provide medical education to produce physicians that satisfy the health human resources needs of the country. The country also provided a site visit report (Exhibit 10) verifying that PAASCU's site visiting team evaluates the institution's mission and objectives specifically if the institution has an educational mission that serves the public interest. PAASCU's evaluation guidelines (Exhibit 4) also require its site team evaluators to consider how a medical school determines its goals and objectives in admitting students and in offering them instruction, and if they are determined in the light of the needs of the community in which it exists. The purposes and objectives should be clearly stated in a catalog or prospectus readily available to prospective students and other persons concerned. Each medical school should include among its objectives the development of competence in the students at the time of completion of the medical course. These competencies should include those needed for the various roles of the physician, such as medical practitioner, academician/teacher, researcher, administrator, and social mobilizer, and should aim to foster awareness of social needs and involvement in social projects and to develop responsible citizens. The purposes and objectives should be in harmony with the goals of the whole institution, with national development goals and with desirable Filipino cultural values. There should be demonstrated evidence that the faculty subscribes to the purposes and objectives of the medical school and that the school orients new members to these purposes and objectives prior to their appointment. The country also provided an evaluation team chair report (exhibit 13) that addresses the medical school's stated purposes and objectives and how its educational program is appropriate to the mission of producing physicians needed in the country.

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## **Section 1: Mission and Objectives, Question 2**

### **Country Narrative**

All medical schools in the country are mandated to comply with Exhibit 1 which is the CHED Memo Order No. 10, series of 2006, pertaining to the Policies and Standards for Medical Education and Exhibit 3 which contains the Medical Act of 1959, as amended. In addition, a school applying for accreditation with PAASCU should also comply with the standards contained in Exhibit 4 which is the PAASCU Evaluation Instrument for Accrediting Medical Education.

### **Analyst Remarks to Narrative**

The country's criteria for the education and licensure of its medical students and MD graduates are outlined in the Country's Medical Act of 1959 and CHED's Policies, Standards and Guidelines for Medical Education which together provide for the standardization, regulation and evaluation of medical education; the examination and licensure of physicians; and the supervision, control and regulation of the practice of medicine in the Philippines.

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## **Section 2: Governance, Question 1**

### **Country Narrative**

Only schools, colleges and universities, duly authorized by the Philippine Commission on Higher Education are allowed to operate medical education programs in the country. All curricular programs in medical education must have prior authorization from the Commission before it can start offering the Medical Education program. The requirements for medical schools to be legally authorized are found in Exhibit 1 - Policies, Standards and Guidelines for Medical Schools.

### **Analyst Remarks to Narrative**

In accordance with the country's Higher Education Act and the Policies, Standards and Guidelines for Medical Education (Exhibit 1) CHED is the country's body responsible for the authorization and licensure of medical schools within the Philippines. CHED requires that medical schools and teaching hospitals be incorporated as non-stock, non-profit corporations governed by a board of trustees/regents and have prior approval from CHED of the schools medical education programs and its curriculum.

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## **Section 2: Governance, Question 2**

### **Country Narrative**

Administrators involved in the operation and success of the medical schools are accountable to the CHED which is mandated by law to regulate and supervise all institutions in the country. The CHED serves as the regulatory body for all institutions in the country. Exhibit 5 which is CHED Memo No. 40, s. 2008 serves as the Manual of Regulations for Private Higher Education Institutions in

the country.

### **Analyst Remarks to Narrative**

CHED policies and the country's Manual of Regulations for Private Higher Education Institutions require that the medical schools board of trustees/regents oversee the schools administration, finances and operation and be accountable to CHED for setting policies for the medical school and the teaching hospital; to approve the budget for the school and teaching hospital upon recommendation from the dean of the school; to confirm appointments or separations of administrators, faculty; and to ensure the viability of the medical school. CHED regulation and PAASCU policies require that the members of the board of trustees/regents have the appropriate academic credentials and experience and that they meet on a regular basis to involve themselves in the policy making and governance of the medical school.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 1**

#### **Country Narrative**

An educational institution should have an administrative organization and sufficient personnel to facilitate the attainment of its goals and objectives. Academic and professional qualification of administrators should be meet the requirements of the CHED.

The Board of Trustees/Regents shall govern a medical school in accordance with its incorporation papers. The Board/Regents have the responsibility of formulating the general policies of the institution. The policies should be implemented through an adequate number of regularly constituted and qualified officials. Article VI, Section 9, pages 8-9 of CHED Memo No. 10 entitled Academic Organization of Exhibit 1 outlines these requirements.

#### **Analyst Remarks to Narrative**

CHED requires that the country's medical schools be under the immediate supervision of a Dean, who is the chief academic officer of the medical programs and is appointed by the board of trustees/regents and by training and experience demonstrates an understanding of prevailing medical standards and the authority to implement them. The medical school dean's responsibilities are documented in CHED's Policies, Standards, and Guidelines for Medical Education. The PAASCU accreditation process includes standards and criteria that address the administrative organization of the medical school. However, documentation is insufficient to assess CHED and PAASCU's application of its requirements in this area of a medical school's operation.

#### **Country Response**

Every medical school applying for accreditation is required to submit an Administrative Manual which includes the organizational chart, the duties and responsibilities of the Governing Board, the Dean, Department Chairs and other administrative personnel. This is a basic requirement for accreditation. Exhibit 6 contains excerpts from the Administrative Manual of the Cebu Institute of Medicine which the school submitted to prove compliance with these standards.

In addition, the medical school should respond to PAASCU's standards and criteria which are found in the area of Administration of the Evaluation Instrument for Accrediting Medical Education. Attached is Exhibit 7 which is a copy of the Self-Survey Report of De La Salle College of Medicine for the area of Administration. The accreditors use all these materials to assess the school's compliance with the requirements in this subsection.

### **Analyst Remarks to Response**

In response to the staff's draft analysis the agency provided additional documentation to demonstrate their application of this requirement. The agency's petition includes site team reports of medical school programs (University of the East-Ramon Magsaysay; University of the Philippines, and De La Salle College of Medicine). The agency also provided a completed survey report of De La Salle demonstrating CHED and PAASCU's application of the review and evaluation of the country's medical schools administrative leadership and operations.

Staff Conclusion: Comprehensive response provided

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### **Subsection 3.1: Administrative Personnel and Authority, Question 2**

#### **Country Narrative**

Article VI, Section 9, pages 9-10 of CMO 10 (Exhibit 1) states that the "medical school shall be under the immediate administration and supervision of a Dean, who acts as its Chief Academic Officer and ... possesses sufficient authority to implement them. The Dean shall be appointed by the Board of Trustees/Regents or by the President/CEO of the college or university. The tenure of the Dean shall be determined by the Board of Trustees/Regents." The comprehensive list of duties and responsibilities of the Dean are outlined in the CMO and includes the preparation and recommendation of the annual budget, appointments of medical and teaching personnel of the medical school and its teaching hospital and many others.

#### **Analyst Remarks to Narrative**

CHED's Policies, Standards and Guidelines for Medical Education outline the authority and the processes available to the medical school's dean to access the school's President and its governing body and appropriately administer the duties of the school's chief medical officer as described in the country's narrative. The PAASCU accreditation process includes requirements pertaining to administrative organization lines of authority and communication between the medical school and the university. However, documentation is insufficient to assess CHED and PAASCU's application of its requirements in this area of a medical school's operation.

### **Country Response**

The job description of the Dean of the Cebu Institute of Medicine and the West Visayas State University (Exhibit 8) says that the Dean is given the authority to prepare and administer the budget for the College of Medicine. The Self-Survey Report of the De La Salle College of Medicine also attests to this fact. A copy of the Budget of the College is also attached as documentation to prove that accredited medical schools in the country comply with this criterion(Exhibit 9).

### **Analyst Remarks to Response**

In response to the staff draft analysis the agency provided a self survey report and visiting site team report of De La Salle Medical School demonstrating that PAASCU accreditation process assess the medical school's administrative organization lines of authority and communication between the medical school and the university. It also verifies CHED and PAASCU's application of its requirement in determining that the school's chief medical officer has the proper authority to administer the school's medical education program.

Staff Conclusion: Comprehensive response provided

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## **Subsection 3.1: Administrative Personnel and Authority, Question 3**

### **Country Narrative**

Article VI, Section 9, page 11 of CMO 10 (Exhibit 1) outlines the duties and responsibilities of the Heads of Clinical Departments/Units and Departments. Included among these are the selection of the staff of the unit or department, coordination and supervision of all activities in the unit or department, preparation of the budget for the department and periodic review of the curriculum as well as teaching methods and evaluation techniques.

### **Analyst Remarks to Narrative**

CHED's Policies, Standards and Guidelines for Medical Education outline the authority and the processes available to the medical school's department heads and senior clinical faculty members to access resources in order to appropriately administer their duties. These may include, for example, the selection of the staff of the unit or department, coordination and supervision of all activities in the unit or department, preparation of the budget for the department and periodic review of the curriculum as well as teaching methods and evaluation techniques.

The PAASCU accreditation process includes requirements pertaining to department heads and senior clinical faculty lines of authority. However, documentation is insufficient to assess CHED and PAASCU's application of its requirements in this area of a medical school's operation.

### **Country Response**

Exhibit 10 - The Far Eastern University Administrative Manual, (pp. 21 and 22) outlines the duties and responsibilities of the Department heads and senior clinical faculty members in the selection of staff of the department, coordination and supervision of all activities, preparation of the budget of the department and periodic review of the curriculum as well as teaching methods and evaluation techniques.

### **Analyst Remarks to Response**

In response to the staff's draft analysis, the agency provided additional documentation attesting to their compliance with this section. The agency's petition also includes site team reports of medical school programs from the University of the East-Ramon Magsaysay, University of the Philippines, and De La Salle College of Medicine. The agency also provided a completed survey report of De La Salle demonstrating that CHED and PAASCU assess their accredited medical schools compliance with the requirements of its Policies, Standards and Guidelines for Medical Education that there is the authority and processes available to the medical school's department heads and senior clinical faculty members to access resources in order to appropriately administer their duties.

Staff Conclusion: Comprehensive response provided

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### **Subsection 3.2: Chief Academic Official, Question 1**

#### **Country Narrative**

Article VI, Section 9, page 9 of CMO 10 (Exhibit 1) requires that the chief academic officer 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; must have leadership qualities; must have experience in administrative positions; and must possess professional standing commensurate

with the position.

### **Analyst Remarks to Narrative**

CHED's Policies, Standards and Guidelines for Medical Education outline the qualities and qualifications of those considered for the position of deans of the country's medical schools as-- a licensed doctor of medicine, having teaching experience, holding the rank of Assistant professor (at least) with leadership qualities, experience, and professional standing. . The PAASCU accreditation process states that the "academic and professional qualifications of the administrators should normally meet the requirements of the CHED. However, documentation is insufficient to assess CHED and PAASCU's application of its requirements in this area of a medical school's operation.

### **Country Response**

Page 8 of the Cebu Institute of Medicine Administrative Manual explicitly indicates that it is the Board that appoints a qualified dean and that appointment is made on the basis of merit. The curriculum vitae of the dean is submitted by every medical school applying for accreditation. This way, the accreditor can validate the academic credentials of the Dean. The CV forms part of the Self-Study Report submitted to PAASCU.

### **Analyst Remarks to Response**

In response to the staff's draft analysis the agency provided additional documentation clarifying its requirements for its medical schools chief academic officer. The agency's La Salle School of Medicine site team report and the schools self survey and report demonstrate that CHED/PAASCU assess the qualifications of the school's Chief Academic Official, such as the requirements to be-- a licensed doctor of medicine, having teaching experience, holding the rank of Assistant Professor, have leadership qualities, experience, and professional standing. The agency site team report verifies that the agency reviews the Curriculum Vitae of the Dean and his or her experience.

Staff Conclusion: Comprehensive response provided

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## **Subsection 3.2: Chief Academic Official, Question 2**

### **Country Narrative**

The selection process for the chief academic official usually starts with the creation of a search committee composed of various stakeholders. All sectors of the academic community and various stakeholders are consulted prior to the committee's recommendation to the Board. The chief academic officer is appointed by the Board of Trustees/Regents or by the President/CEO of the college or university.

### **Analyst Remarks to Narrative**

The country provided a brief explanation of a process in selecting the deans of its medical schools. However, it did not provide any documentation verifying that PAASCU has standards and expectations regarding the selection of deans and assesses that institutions adhere to a process that is consistent with PAASCU requirements.

### **Country Response**

Exhibit 11 include excerpts from the Minutes of a Meeting of the Board of Regents of the University of the Philippines which contain the policies and guidelines for the selection of deans.

### **Analyst Remarks to Response**

In response to the draft staff analysis the country provided documentation demonstrating that the Board of Regents has established guidelines for the qualifications and the selection process of the country's medical school's chief academic officers. These guidelines which are created by statute are included in PAASCU review of the school's administrative leadership. The agency also provided a site team report, self survey and survey report of De La Salle School of Medicine demonstrating that it evaluates the process for selecting the school's Chief Academic Official.

Staff Conclusion: Comprehensive response provided

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## **Subsection 3.3: Faculty**

### **Country Narrative**

The faculty members play a pivotal role in the decisions relating to admissions, curriculum, hiring, retention, promotion and the discipline of faculty. Article VI, Section 10, page 12 CMO 10 (Exhibit 1) mentions all these areas and focuses on the active participation of the faculty in decision making relative to all these areas. Page 16 of Exhibit 4 - The Evaluation Instrument for Accrediting Medical Education also requires that evidences be presented to show faculty participation in decisions related to curriculum development and evaluation and admission of students. The selection of faculty members is a cooperative process involving the administration, department heads and other faculty members.

### **Analyst Remarks to Narrative**

The focus of this section is to assess the extent to which medical school faculty are engaged in decisions related to student admissions, faculty hiring, retention, promotion and discipline of peer faculty members and in all phases of curriculum including clinical education. The citations provided in the narrative do not address the focus of this section. The documentation does not confirm that CHED or PASCU has standards/expectations or that it assesses the extent to which medical school faculty are engaged in decisions related to student admissions, faculty hiring, retention, promotion and discipline of peer faculty members and in all phases of curriculum including clinical education.

### **Country Response**

Faculty members are actively engaged in decisions relating to admissions, curriculum, hiring, retention, promotion and the discipline of faculty. Page 35 of Exhibit 12 which is the La Salle Catalog indicates the various committees within the school, e.g Committees on Admissions, Curriculum and Faculty. Minutes of the Admissions Committee meetings at De La Salle College of Medicine are also attached(Exhibit 13).

In instances where the school does not have a Curriculum Committee, the team includes this in the list of recommendations. Page 2 of the 2009 PAASCU Team Report to the University of Santo Tomas recommends the establishment of a Curriculum Committee (Exhibit 14) This recommendation appears in two areas - Faculty and Curriculum. Area reports pertaining to this issue are also attached. Page 7 of the Area Report on Faculty further recommends "vigilance in the selection of faculty with desirable professional values...".

### **Analyst Remarks to Response**

In response to the staff draft analysis PAASCU provided site evaluation team reports, a self study and a self study report from De La Salle College of Medicine demonstrating that it evaluates its accredited medical schools for their faculty participation in the areas required by this section.

Staff Conclusion: Comprehensive response provided

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## **Subsection 3.4: Remote Sites**

### **Country Narrative**

Article VI, Section 9, page 8 of CMO 10 (Exhibit 1) requires that a medical school and its teaching hospital shall be incorporated as one under the Corporation Code, as a non-stock, non-profit corporation. However, when a school does not own its training hospital, it shall be required to enter into an affiliation arrangement with an accredited hospital in the same geographic area and shall be responsible for planning, controlling and monitoring or evaluation of the activities of its students.

The heads of the clinical units/departments supervise the corresponding clinical department/services, as well as the staff and student activities, in its own teaching/affiliated hospital. They are responsible for developing and maintaining an accredited residency-training program. The evaluation instruments used are comparable to those being used in the main campus.

In 2009 and 2010, PAASCU conducted site visits to the Oceania University of Medicine (OUM), which has a main campus in Samoa and also has clinical training sites for some of its students in Australia, New Zealand, and the United States. Prior to PAASCU considering OUM's application for accreditation, PAASCU hired specialists in distance education to work on the evaluation instrument and include the elements that were required of OUM, such as the following:

It is absolutely critical that the institution has a strong leadership team that is in constant communication with faculty and students. Development and implementation of robust policies, systems and procedures ensure consistency across sites and safeguard the quality of the program. Use of learning and management software and technologies, such as Skype and Elluminate for conferencing, Central Desktop for documents, Moodle for curriculum content, using Web 2.0 technology and document repository, and PEPi for student accounts and records ensure that faculty, administration, and students in each site are in step with the central campus. Faculty and administrators can access and share data online, regardless of geographical location, using products that guarantee security of online data. Furthermore, senior administrators make regular visits to the various locations to confirm compliance with systems and procedures. There is a person in charge in every site to coordinate activities and learning experiences with the main campus.

Arrangements made with local physician mentors ensure uniform student exposure to research opportunities as well as clinical skills instruction and experiences. Student performance is monitored consistently in the student's location by utilizing a 'gold standard' assessment service such as Pearson Vue, and preparing students to meet the criteria for standardized licensing exams, such as AMC and USMLE. , .

### **Analyst Remarks to Narrative**

The CHED has a requirement that a medical school and its teaching hospital shall be incorporated as one under the Corporation Code, as a non-stock, non-profit corporation. However, when a school does not own its training hospital, "it shall be required to enter into an affiliation arrangement with an accredited hospital in the same geographic area and shall be responsible for planning, controlling and monitoring or evaluation of the activities of its students." PAASCU did not provide any documentation of application of this requirement.

PAASCU provided a team report of the evaluation of Oceania University of Medicine, an on-line medical school that is located and operated outside the

boundaries of the Philippines. The school is established and operated from Samoa to provide instruction to individuals and locations around the globe. As such, it is not an institution under the jurisdiction of the Philippines and cannot serve as documentation for the operation of institutions in the Philippines.

That said, this team report did not provide sufficient information to demonstrate how PAASCU assesses remote sites against its criteria to ensure the educational experiences at all sites are of comparable quality; that faculty in each discipline and at all sites are functionally integrated; and that there is consistency across student evaluations.

### **Country Response**

No medical school offers the curriculum in geographically separated locations.

### **Analyst Remarks to Response**

In response to the staff draft analysis the country reported that there are no parts of a medical education program offered in geographically separated locations. The agency's site team report of De La Salle Medical School demonstrates that it evaluates medical school programs and its clinical training service facilities for offerings only in community based facilities within the country, The agency's evaluation instruments do not allow for the evaluation of medical programs outside of the community or in remote sites..

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.1: Program Length, Question 1**

### **Country Narrative**

Article V, Section 6, p.6 of CMO No. 10 (Exhibit 1) states that the medical course leading to the M.D. degree is at least four (4) years. The course is offered in two semesters of seventeen weeks each in the first three (3) years and a full year (12 months equivalent to 52 weeks) of rotating clinical clerkship in the fourth year.

Section 8, p. 8 of the same CMO defines internship as the last phase of the basic training of the physician. It goes on to explain that this is a shared responsibility of the medical school and the hospital and consists of one calendar year, the nature of which is prescribed by the Board of Medical Education in the Philippines. As embodied in the Medical Act of 1959, the Doctor of Medicine degree shall be given after the fourth year. Postgraduate internship is a requirement before licensure.

### **Analyst Remarks to Narrative**

The country provided CHED policies and the Medical Act of 1959 (Exhibit 3) verifying the requirements for the established length of the MD degree program within the country's medical schools as a four year program that includes a 12-month rotating clinical clerkship in the 4th year. There was no documentation provided verifying that CHED and PASCU assess the program length of the medical program.

### **Country Response**

Every medical school that applies for accreditation is required to submit a copy of their curriculum which indicates the length of the medical program, the subjects and units taken per semester, including the course descriptions. Usually, this is contained in a catalog which the medical school submits to PAASCU together with the Self-Survey Report. The accreditors evaluate the program of studies using the documentation submitted by the school. Documentation in this subsection are the following: The University of La Salle College of Medicine catalog (pp. 47-61) and Exhibit 16 - Cebu Institute of Medicine (pp. 29-31). These exhibits indicate the subjects offered every semester for the 4-year program, units per semester and course descriptions.

### **Analyst Remarks to Response**

In response to the draft staff analysis the PAASCU provided supporting documentation of its evaluation of medical programs to determine if the MD programs are of proper length and rigor. The agency petition includes "The Medical Act of 1959" which also specifies the required length of Philippine medical school programs that is compliant with this section. The agency also included a site team report, a self study and self study report from its review of De La Salle medical school demonstrating its application of this requirement.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.1: Program Length, Question 2**

#### **Country Narrative**

Not applicable

#### **Analyst Remarks to Narrative**

The country does not need to respond to this section.

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### **Subsection 4.2: Curriculum, Question 1**

#### **Country Narrative**

The curriculum consists of 1) basic sciences, 2) clinical sciences, and 3) community medicine. The subject/discipline requirements are enumerated in Article 2, p. 402 of the Medical Act of 1959, and in Article V, Curriculum, pp. 6-7 of CMO 10. The specific requirements for each subject/discipline are set by the association of teachers of the discipline or practitioners of the specialty.

### **Analyst Remarks to Narrative**

The CHED outlines clear terminal competencies for graduates of medical education programs and allows institutions to adopt curricula design consistent with its mission and the expectation for research, scientific inquiry, and community service. The PAASCU has established clear expectations and requirements for the quality of the curriculum; however the documentation provided (summary section of a self study, team report of a Samoan on-line medical education institution, and the PAASCU survey instrument template) was insufficient to demonstrate its assessment of its quality expectations for curriculum in the accreditation process.

### **Country Response**

Pages 48-49 of the De La Salle College of Medicine Catalog indicates the various subjects being offered in the curriculum. The Basic Sciences components are all included in the curriculum and the course description for these subjects can be found from pages 49-61. These are explained in great detail: what the course consists of, how the topics are delivered, methodologies used, requirements for the course and terminal competencies expected of students. Another example comes from the Cebu Institute of Medicine Student Manual, pp 35-51.

In the PAASCU Evaluation instrument, there is an area for Curriculum and Instruction which medical schools must respond to. Attached is a sample Self-Study Report (Exhibit 16) which was submitted to PAASCU and which the accreditors used as the primary document to evaluate this area in tandem with the relevant materials such as catalogs and brochures. The accreditors review these materials thoroughly to assess whether the standards are being met and they observe classes, review syllabus and test questions to determine how these standards are carried out in actual instruction and evaluation of students.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided additional supporting documentation which includes a survey report of De La Salle medical school, and a site team report of the University of Santo Tomas demonstrating its assessment of its quality expectations for curriculum in the accreditation process.

**Staff Conclusion: Comprehensive response provided**

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## **Subsection 4.2: Curriculum, Question 2**

### **Country Narrative**

Article V-Curriculum, Section 6, p. 7 of CMO No. 10 lists down the subjects required for the basic sciences. The list is presented as Exhibit 6.

### **Analyst Remarks to Narrative**

The CHED has identified specific curricular content it expects to be included in all medical education programs that include the courses of the NCFMEA guidelines. However, there was insufficient documentation provided to verify that CHED and the PAASCU assess whether the medical education program includes all of the required subject areas.

### **Country Response**

Pages 48-49 of the De La Salle College of Medicine Catalog indicates the various subjects being offered in the curriculum. The Basic Sciences components are all included in the curriculum and the course description for these subjects can be found from pages 49-61.

The curriculum of the University of the Philippines is also sent as an attachment to show the various subjects that are included in the basic sciences (pp. 137-143).

The PAASCU requires that all schools applying for accreditation submit a copy of their curriculum including catalogs with course descriptions. The PAASCU team reviews these document thoroughly to ensure that all the required subjects are included in the curriculum. A review of the syllabi are also done to insure that the Basic Sciences components are covered.

### **Analyst Remarks to Response**

In response to the draft staff analysis, CHED reports that it requires all of the country's medical schools to include in their curriculum those basic science courses required by the NCFMEA guidelines. It provided specific documents where basic science curricular content required by the NCFMEA guidelines is listed. The agency's self study and site team evaluation report of De La Salle Medical School also demonstrates that CHED and PAASCU assess whether the medical education program includes all of the required subject areas.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.2: Curriculum, Question 3**

## **Country Narrative**

Enumerated below are the requirements for the laboratory portion of the basic sciences curriculum: Anatomy- Laboratory – cadaver dissection; microscopy of normal tissues; study of X-ray plates, disarticulated skeleton, models, intact and sectioned human brain and living human body; Physiology- human and animal experiments, case study; Biochemistry, Molecular Biology, Genetics and Nutrition Laboratory – human and animal experiments; Microbiology, Parasitology and Immunology Laboratory – culture, serology, microscopy, case study; Pathology (Anatomic & Clinical)Laboratory – case study, study of gross specimen, microscopy; Pharmacology & Therapeutics Laboratory – animal experiments, case study, herbal experiments; Preventive and Community Medicine Laboratory – statistics and epidemiology exercises

## **Analyst Remarks to Narrative**

While the country provided a list of the laboratory portion of the medical schools basic science curriculum it did not provide any documentation that verifies that the courses listed are required by PAASCU or CHED. The country needs to provide documentation verifying that these courses are a required component of a medical schools basic science curriculum and evidence of the nature of PAASCU's assessment of the laboratory component as part of the accreditation process.

## **Country Response**

Section 7.2 on the Method of Instruction(page 48 of the De La Salle College of Medicine Catalogue) states that "the 32-36 weeks per year of structured teaching-learning activities usually consist of morning didactic and afternoon laboratory or ward preceptorship sessions".

Section 7.3 on the Structured Curriculum of the same document shows the number of hours per week that are allocated for both lecture and laboratory components. All medical schools are required to follow these requirements. The PAASCU team verifies compliance with these requirements by reviewing the documents presented including syllabi of the various subjects. Assessment includes actual observation of laboratory classes in the various basic sciences subjects.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional information on what its accredited medical schools require in their laboratory portion of the curriculum. However, after review of CHED and PAASCU documents and the country's statutes, it is still not clear what the country's requirements for the laboratory portion of the basic science curriculum are. The NCFMEA may want to inquire further into the agency's requirements and review of laboratory courses in the basic sciences curriculum.

Staff Conclusion: Additional Information requested

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### **Subsection 4.3: Clinical Experience, Question 1**

#### **Country Narrative**

The required clinical subjects for the Medical Program are the following: Internal Medicine, Surgery, Pediatrics, Ophthalmology and Otorhinolaryngology, Neurosciences, Psychiatry, Family and Community Medicine (including Preventive Medicine).

#### **Analyst Remarks to Narrative**

The PAASCU listed Internal Medicine, Surgery, Pediatrics, Ophthalmology and Otorhinolaryngology, Neurosciences, Psychiatry, Family and Community Medicine (including Preventive Medicine) as required by CHED clinical subject standards areas. However, verification of this could not be found in the documentation provided, nor is there documentation demonstrating PAASU's review of an institution against these standards.

#### **Country Response**

Pages 48-49 of the De La Salle College of Medicine Catalog indicates the various subjects being offered in the curriculum which includes the clinical subjects. The course description for each subject can be found from pages 49-61. These are explained in great detail: what the course consists of, how the topics are delivered, methodologies used, requirements for the course and terminal competencies expected of students. In addition, Section 8 of the De La Salle Catalog explains in detail the Clinical Clerkship Program. Page 65 lists all the subjects that should be included in clinical sciences and the duration of each rotation.

The CIM Student Manual (pp. 29-51) is another example of materials submitted to PAASCU so it can assess whether standards are being met.

In the PAASCU Evaluation instrument, Area 3 is devoted to Clinical Training and the medical school must prove it is meeting the requirements in this area. Attached is a Self-Survey Report (Exhibit 17) which was submitted to PAASCU. This serves as the primary document used by the accreditors to evaluate this area in tandem with the relevant materials, such as catalogs, syllabus and other documents presented by the institution as evidences.

#### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional documentation verifying that the clinical subjects listed in this section are required by CHED's clinical subject standards areas. The agency's petition also contains the country's Policies, Standards and guidelines for Medical Education which list those courses required by this section as the minimum curricular content for all the country's medical schools. The agency also provided self study documents and site evaluation reports demonstrating the agency's review and its assessment of an institution against these standards.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.3: Clinical Experience, Question 2**

#### **Country Narrative**

Medical schools in the Philippines require 12 full months of clinical experience for their students in their 4th year of study. Facilities where students gain clinical experience represent a variety of settings that are similar to the actual place of medical practice. It includes community-based and ambulatory case facilities as well as in-patient care facility. Evaluation of clinical clerkship is done through written departmental examinations, clinical notations, practical skills & OSCE. Clinical experiences ensure and equip them with knowledge and clinical abilities to enter any field of graduate medical education. Please see pp. 24-28, Exhibit 4, PAASCU Evaluation Instrument for Accrediting Medical Education.

#### **Analyst Remarks to Narrative**

As noted in CHED requirements, the fourth year of the medical education program is a full clinical clerkship. CHED requires that clinical instruction be primarily case-based utilizing the problem solving approach and emphasizing direct patient care under the guidance of a preceptor. CHED establishes that a clinical training program be housed in, at least, a secondary care hospital with at least 100 beds and have at least, four major clinical departments functioning- internal medicine, pediatrics, obstetrics and gynecology and surgery. No documentation was provided to assess CHED application of its requirements in this area of a medical school's operation.

PAASU survey instrument states that clinical training facilities are an essential component of the medical education program. The school must implement the major components of its clinical training program in at least a secondary care hospital accredited by PAASCU. The document includes specific student expectations of three types of clinical experiences; community-based health facilities, ambulatory care facilities, and in-patient care facilities. All facilities are to demonstrate adequate student supervision by competent faculty and sufficient logistic support. However, no documentation was provided to verify and illustrate, with specificity, the review conducted by PAASCU of the clinical portion of the curriculum.

## **Country Response**

Section 8 (pp. 62-65) of the De La Salle Catalog has a whole section on the Clinical Clerkship Program which describes the hospitals where students go for training, the organizational chart for training, the objectives of the program, including a table which shows all the clinical departments and the duration of each rotation. The PAASCU Team reviews and validates this document thoroughly together with the school's Self-study report for Area 3: Clinical Training and Service Facilities. In addition to reviewing the documents presented to the accreditors during the visit, the accreditor visits the hospitals and institutions where the students go for training. Interviews are done in the various facilities to verify whether the institution has met the requirements for the clinical experience of students.

Appended to this report is the Self-Study Report for Clinical Training submitted by De La Salle for its Formal on-site visit. The first part of the report contains the previous recommendations of the survey team and indicates the action taken by the school on these recommendations. The accreditors validate compliance with these recommendations. This is followed by the accomplished survey instrument and the school's own best features and recommendations. Since accreditation by PAASCU is evidence-based, the school is required to append documentation to prove that they have complied with standards set by PAASCU. The self-survey report is reviewed by the accreditor for a month. During the actual visit, more documentation is presented by the school to the Team. New recommendations are given during the on-site visit.

Attached are copies of the PAASCU Team Reports for St. Louis University (Exhibit 18) and Xavier University (Exhibit 19) which include recommendations given by the PAASCU teams for the improvement of the clinical training program. The reports contains specific recommendations to improve the clinical experiences of the students.

## **Analyst Remarks to Response**

In response to the draft staff analysis the PAASCU provided site evaluation team reports demonstrating the review and evaluation conducted by PAASCU of the clinical portion of the curriculum.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.3: Clinical Experience, Question 3**

## **Country Narrative**

Organ system is implemented using discipline based and PBL (problem based learning). Curricular innovations and multidisciplinary approaches are also being used.

### **Analyst Remarks to Narrative**

While the country identified the approach to clinical instruction in organ systems, it did not provide any documentation demonstrating its review of the quality of the medical education clinical instruction with respect to organ systems and aspects of acute, chronic, continuing, preventive, and rehabilitative care.

### **Country Response**

The UP College of Medicine's curriculum focuses on Organ System Integration (INTARMED) Exhibit 20. The Cebu Institute of Medicine also uses this approach as explained in the CIM Student Manual, pp. 35-51.

The PAASCU team report for St. Louis University (p.1, pp 6-8) contains recommendations pertaining to the organ system approach.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided supporting documentation including the self study and self study report of De La Salle Medical College of its review and evaluation of the requirements of this section.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.3: Clinical Experience, Question 4**

### **Country Narrative**

Clinical instruction in the Medical schools takes many forms such as ambulatory experiences, emergency room and operating room cases and adopted community experiences. Please see pp. 24-28, Exhibit 4, PAASCU Evaluation Instrument for Accrediting Medical Education.

### **Analyst Remarks to Narrative**

The PAASCU has standards and criteria for evaluating the quality of the clinical experience. Exhibit 12 includes an assessment of the clinical portion of the educational program, however it is a self study conducted by the institution. Therefore, there was not sufficient evidence of PAASCU's application of its clinical standards and criteria in its assessment in the clinical education component of the medical education.

## **Country Response**

The De La Salle Catalogue, Section 8, pp 64-65, explains the Clinical Clerkship Program its objectives, competencies and learning activities undertaken by the clerks. There are also general policies and guidelines set by the school. All schools are required to prepare a Clinical Clerkship Program to ensure that students are equipped with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine. During the on-site visit, the PAASCU Team scrutinizes the program and verifies implementation of the program. Recommendations are then made when the Team discovers gaps or weaknesses in the program.

Every PAASCU Team report has a section which focuses on Clinical Training and recommendations are indicated in this area. Attached are five official PAASCU Team reports which serve as evidence for this subsection. The medical schools and the pages where the recommendations are found are as follows:

University of Santo Tomas, pp. 13-14; St. Louis University, p. 2, pp. 9-11 ; Xavier University, p.2., pp. 11-12; De la Salle, p. 2, pp. 10-12 (Exhibit 21); University of the Philippines, p.2. p.9 (Exhibit 22).

## **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided additional documentation which includes the site evaluation team report demonstrating its application of its clinical standards and criteria in its assessment in the clinical education component of the medical education.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.3: Clinical Experience, Question 5**

### **Country Narrative**

Each medical student in the out-patient department and emergency room is assigned to directly administer and supervise a patient. This way he/she gains first- hand experience in handling patients. Rotation and return demonstration skills are done.

### **Analyst Remarks to Narrative**

The PAASCU has standards and criteria for evaluating the quality of the clinical experience. Exhibit 12 appears to be an assessment of the clinical experience, but appears to be a self study conducted by the institution, not a PAASCU assessment. Therefore, there was insufficient evidence provided of PAASCU's application of its clinical standards and criteria in its assessment in the clinical

education component of the medical education program.

### **Country Response**

Five PAASCU Team Reports serve as evidences that PAASCU applies its clinical standards and criteria in its assessment of the clinical education component of the medical program. The medical schools and the pages where the recommendations can be found are:

University of Santo Tomas, pp. 13-14; St. Louis University, p. 2, pp. 9-11; Xavier University, p.2., pp. 11-12; De la Salle, p. 2, pp. 10-12; University of the Philippines, p.2, p.9.

### **Analyst Remarks to Response**

In response the draft staff analysis PAASCU provided site evaluation team reports demonstrating the assessment of the clinical experience, and application of its clinical standards and criteria in its assessment in the clinical education component of the medical education program.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.3: Clinical Experience, Question 6**

### **Country Narrative**

Specific patients having major and common types of diseases are assigned to each student to enable him/her to thoroughly study the cases and learn from them.

### **Analyst Remarks to Narrative**

While PAASCU has criteria for assessing that medical programs provide students with opportunities to conduct a thorough study of a broad scope of medical conditions and services and different patients; it did not provide documentation of its assessment.

### **Country Response**

The course descriptions for the core clinical subjects found in the De La Salle catalog indicate that exposures are required of the students to undertake a thorough study of selected patients having the major and common types of disease problems. The accreditors verify these practices when they visit the medical schools through actual observation and interviews of the interns.

An area report on Clinical Training submitted by the West Visayas State University in preparation for their preliminary survey visit on November 17-18,

2011 explains thoroughly the Training Program which follows the concepts and principles of primary health care, grounded on intended learning outcomes. Explanations cover Community Based Facilities, Ambulatory Care Facilities and In-Patient Care Facility (Exhibit 25)

The PAASCU Team reviews various documents and checks these against the criteria. Should the Team discover certain weaknesses, recommendations are made which the school should take action on and report compliance in the succeeding visit. Exhibit 10 is the De La Salle Self-Survey Report which was submitted for its Formal on-site visit.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided supporting documentation of its criteria for assessing that medical programs provide students with opportunities to conduct a thorough study of a broad scope of medical conditions and services and different patients. Site evaluation team reports demonstrate its assessment of the requirements of this section.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.4: Supporting Disciplines**

### **Country Narrative**

Varied educational opportunities are available through the basic sciences which are theoretical and the laboratory courses which are experiential and hands-on.

### **Analyst Remarks to Narrative**

The response was not sufficient to ascertain the extent and nature of education provided to students in disciplines that support the clinical subjects. The Department could not assess or verify the information provided.

### **Country Response**

Varied educational opportunities are available through the basic sciences which are theoretical and the laboratory courses which are experiential and hands-on. Teaching strategies include lecturettes, audio-visual presentations, hospital visits, performance and interpretation of laboratory procedures. Attached are course descriptions from pp 13-33 of Exhibit 24 which is the Bulletin of Information of West Visayas State University which describes the extent and nature of the educational experience provided to students.

### **Analyst Remarks to Response**

In response to the staff draft analysis the agency provided some clarification about the extent and nature of education provided to students in disciplines that support the clinical subjects. However, the Department is still unable to verify information that the requirements of this section are part of CHED and PAASCU requirements for accreditation, or how they are assessed during the accreditation process. The NCFMEA may wish to inquire further regarding the supporting disciplines and their review by CHED and/or PAASCU.

Staff Conclusion: Additional Information requested

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### **Subsection 4.5: Ethics, Question 1**

#### **Country Narrative**

Medical ethics and human values are part of the curriculum. Lectures, case discussions, readings, case scenarios and other materials are provided in all year level (4 years).

#### **Analyst Remarks to Narrative**

The CHED includes medical ethics in the curriculum requirements; it is unclear how CHED and PAASCU assess that the educational offering in this area (medical ethics) is of sufficient quality. More information is needed.

#### **Country Response**

Pages 48-49 of the De La Salle College of Medicine Catalog shows that Bio-ethics is offered every year as part of the curriculum. The course descriptions explain what is offered in the various subjects. The PAASCU team reviews the syllabi for these courses and goes into the classes to observe how these courses are delivered and assess its effectiveness. Page 49 of the Cebu Institute of Medicine Student Manual indicates clearly that Bio-ethics is offered and includes how student evaluation is done.

#### **Analyst Remarks to Response**

In response to the draft staff analysis the agency verifies that CHED includes medical ethics in the curriculum requirements; it also verifies that schools require ethics in the medical education program. In the site team evaluation report of the University of the East-Ramon Magsaysay Memorial medical Center, the evaluation team addresses the schools Ethical Review Board.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.5: Ethics, Question 2**

### **Country Narrative**

Each medical school has its own evaluation scheme which includes written examinations, oral examinations, observation sheets on students' behavior and role playing.

### **Analyst Remarks to Narrative**

While PAASCU does have a standard on ethics in research, it is unclear to the Department that PAASCU evaluates that its accredited medical schools monitor and evaluate the success of instruction in medical ethics and human values. More information is needed.

### **Country Response**

The course descriptions found on pages 48-49 of the De La Salle College Catalog and pages 49-50 of the Cebu Institute for Medicine Student Manual includes how monitoring and student evaluation is done through written examinations, small group discussions, participation in group activities, and conferences. The PAASCU team also reviews the syllabi for these courses and goes into the classes to observe how these courses are delivered and assess its effectiveness.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional information clarifying how medical schools classes deliver and assess the success of the instruction in medical ethics and human values. Department staff notes that Legal Medicine, (which includes jurisprudence, medical economics and ethics) is required by CHED in all medical school programs within the country and is a required part of the final exams. However, it is still unclear to the Department that PAASCU evaluates how its accredited medical schools monitor and evaluate the success of instruction in medical ethics and human values. The NCFMEA may wish to inquire further regarding the assessment of ethics instruction.

Staff Conclusion: Additional Information requested

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### **Subsection 4.6: Communication Skills, Question 1**

### **Country Narrative**

In the Philippines, our medium of instruction is English. Varied methodologies such as case reporting, discussions and case presentations in class and in conferences are provided to develop the communication skills of students.

### **Analyst Remarks to Narrative**

The Department could not verify that CHED or PAASCU requires and evaluates whether its accredited medical schools teach communication skills related to a physicians relationship with his or her patients.

### **Country Response**

The following subjects in the INTARMED Curriculum of the UP College of Medicine focus on the development of communication skills as these relate to patient care. The subjects are: IDC 191 - Introduction to Patient Care, Communication III, IDC 192 - Introduction to Patient Care: Awareness of Others, IDC 202 - Art of Medicine 3 - The Making of a Physician.

Clinical Medicine 1 (pp. 40-41) of the CIM Student Manual also focuses on the development of the communication skills and relationships between physicians and their patients. The course descriptions for each of these subjects are described in the catalog. The attachment Module 3 on Communication Skills and Establishing Rapport deals with a similar topic (Exhibit 25).

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation that demonstrates that its medical schools include instruction in communication skills as they relate to a physician's responsibilities and that students are trained in the ability to communicate with patients, other doctors and the community. The agency also requires its site evaluation team members to assess students' communication skills during review and evaluation of compliance with the agency's curriculum and instruction standards. This requirement is outlined in the agency's survey instrument for accreditation visits.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.6: Communication Skills, Question 2**

#### **Country Narrative**

There are course examinations and assessments to monitor this area. Each medical school has its own device and mechanisms to keep strengthening the communication skills of the students and to monitor and evaluate student progress in this area.

#### **Analyst Remarks to Narrative**

The Department could not verify that CHED or PAASCU has requirements for and evaluates whether the schools have processes for evaluating the success of its instruction in communication skills.

## **Country Response**

Exhibit 26 is a form used by West Visayas State University to evaluate interpersonal and communication skills, attitude and behavior of students. Exhibit 27 also shows a sample Rating Scale for Interpersonal Behavior of students. Accreditors review these forms when they visit the medical schools.

As seen in the course descriptions, students are also given quizzes, oral and written examinations to evaluate how well they have developed their communication skills. Discussions, case studies, role-playing are done to monitor and assess their communication skills. Module 3 entitled Communication Skills and Rapport also serves as a documentation for this subsection.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation that demonstrates that its medical schools monitor and evaluate progress of their students in communication skills as they relate to a physician's responsibilities. These evaluation methods seem to be specific to the institution and not as a result of any standard or expectation of CHED or PAASCU. As mentioned in the prior section analysis, the agency requires its site evaluation team members to assess students' communication skills during review and evaluation of compliance with the agency's curriculum and instruction standards. This requirement is outlined in the agency's survey instrument for accreditation visits

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 1**

### **Country Narrative**

Article VI, Section 9, pp. 10-11 of CMO 10 requires that the medical school implement an organizational structure that reflects the design of the curriculum in order to efficiently implement the educational program and achieve the objectives of medical education. It is recommended that academic units are organized in such a manner to assure integration of the curricular components. An office of medical education is highly desirable for supervision and coordination of the implementation of the program. Moreover, each medical school should have a committee to oversee the design (objectives, content, teaching/learning strategies and evaluation tools), implementation and evaluation of the curriculum. This group is composed of faculty with formal training and/or experience in medical education matters.

### **Analyst Remarks to Narrative**

CHED establishes that the Dean and the Department Head must periodically review the curriculum and make the necessary recommendations for its improvement. PAASCU standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. However, there was insufficient documentation provided to assess CHED or PAASCU's application of its requirement in this area.

### **Country Response**

Every medical school is required to have a Curriculum Committee that will take charge of the design, implementation and evaluation of its program of study. The minutes of a meeting at De Salle College of Medicine speaks of the need to formalize the Curriculum Committee (Exhibit 28) while Exhibit 29 is a Memorandum from the West Visayas State University containing the names of the Chair and members of the Technical Curriculum Review Committee.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation verifying that PAASCU standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. The agency also provided a self survey report and site evaluation reports demonstrating that CHED and PAASCU's application of its requirement in this area.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 2**

### **Country Narrative**

Yes, each medical school is required to have its own system for evaluating the effectiveness of its curriculum as indicated in Article VI, Section 9, p.11 of CMO 10 A curriculum committee exists in every medical school to ensure continuous curricular review and innovation. The curriculum is evaluated regularly and changes or innovations for improvement are done as it deems necessary.

### **Analyst Remarks to Narrative**

While CHED requires that Department Heads have a responsibility to review periodically or upgrade the curriculum, it is not clear that either CHED or PAASCU have requirements for the conduct of a systematic evaluation of the effectiveness of the curriculum based on student performance outcome data or other internal/external measurements. There was no documentation provided that illustrated or verified any assessment by medical schools or curriculum committees for program effectiveness.

## **Country Response**

The Self-Survey Report on the area of Curriculum and Instruction of De La Salle (Exhibit 19) has a whole section on the design, implementation and evaluation of the curriculum. Pages 8-15 of the same document contains the recommendations of the PAASCU Team pertaining to the curriculum committee. De La Salle submitted the minutes of meetings conducted where the Curriculum Committee discussed policies and guidelines (Exhibit 12).

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency clarifies CHED's requirements that institutions have a responsibility to periodically review and upgrade the curriculum. The agency evaluation instruments require PAASCU site evaluation team members to review whether or not an evaluation of the curriculum by the institution is done regularly. The agency provided a self study survey and site evaluation reports verifying the assessment by medical schools for curriculum effectiveness.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 3**

### **Country Narrative**

The role of the faculty is to ensure that the curriculum is properly implemented and regularly evaluated in order to be able to achieve the course objectives in line with the school's vision/mission. The faculty should keep abreast with new developments in medical science to have an updated and living curriculum.

### **Analyst Remarks to Narrative**

CHED establishes that the Dean and the Department Head must periodically review the curriculum and make the necessary recommendations for its improvement. PAASCU standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. However, there was insufficient documentation provided to assess CHED and PAASCU's application of its requirement of faculty involvement in the review of the curriculum process.

### **Country Response**

Page 35 of the De La Salle catalog explicitly states that faculty members are included in the Curriculum Committee. The West Visayas State University Memo Number 44 contains the names of faculty members who are part of the Technical Curriculum Review Committee.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation verifying medical school faculty involvement and participation in the periodic review of the medical school's curriculum. PAASCU standards/criteria include the requirement that faculty members participate in the evaluation of curricular and other programs of the medical school. The agency provided site evaluation reports and self study survey reports demonstration that CHED and PAASCU's application of its requirement of faculty involvement in the review of the curriculum process.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.7: Design, Implementation, and Evaluation, Question 4**

#### **Country Narrative**

Yes, the CHED sets policies and standards for all schools to follow and mandates the evaluation of the curriculum as indicated in Article VI, Section 9, pp. 10-11 of CMO 10. The institution then creates its own curriculum committee. Each department selects the faculty members who will be part of the curriculum committee. The committee regularly reviews, monitors and evaluates the implementation of the curriculum. For example, at the end of each training module, both the teaching faculty and the students do their evaluation of the just-concluded subject. The results of the evaluation are then submitted to the curriculum committee which analyses these and proposes solutions to address the various concerns.

#### **Analyst Remarks to Narrative**

In addition to CHED establishing that the Dean and Department Head conduct a review of the curriculum periodically, PAASCU standards/criteria include requirements that medical schools conduct regular evaluation of the curriculum and include the participation of faculty, students, and other stakeholders in the process. However, there was insufficient documentation provided and staff is unable to assess CHED and PAASCU's application of its standards and criteria regarding the regular evaluation of curriculum in the review of the curriculum.

#### **Country Response**

The Self-Survey report of De La Salle for the area of Curriculum and Instruction (pp. 8-11) is a proof of how PAASCU monitors the implementation of standards pertaining to the design, implementation and evaluation of the curriculum. Recommendations were given to De La Salle pertaining to this subsection and the school took action on the recommendations. The school's action of the creation of a Curriculum Committee is well documented.

## **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided supporting documentation verifying that its medical schools are required to conduct regular evaluation of the curriculum by a centralized body within the institution (Curriculum Committee) that include the participation of faculty, students, and other stakeholders. The agency also provided a self study survey and site team evaluation reports demonstrating the application of its standards and criteria regarding the regular evaluation of curriculum in the review of the curriculum.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 1**

### **Country Narrative**

Section 13, p. 15 of CMO No. 10 outlines the requirements for admission to medical school It states that a student seeking admission to medical schools should be a holder of any baccalaureate degree and must have taken the National Medical Admission Test (NMAT) and obtained a score above the percentile cut-off set the CHED as recommended by the Technical Panel for Medical Education on a yearly basis. Each medical school is expected to meet the general requirements specified by the CHED.

### **Analyst Remarks to Narrative**

CHED establishes a set of admissions requirements that all medical schools must adhere to and the Technical Committee for medical education establishes quotas for admissions for each school as outlined in the narrative. The authority for selecting entrants, within the parameters established by CHED is delegated to each medical school. It is unclear without further documentation, what is the role, if any, of the faculty in the admissions process. While PAASCU has standards and criteria for assessing the quality of the admissions process, it does not require faculty participation in the admissions process. The documentation does not provide sufficient evidence of CHED or PAASCU's application of its standards/criteria in this area as part of the accreditation process.

### **Country Response**

Medical schools set up their own Admissions Committee composed of faculty members. The Committee determines the the criteria for the selection of students. Page 45 of the De La Salle catalog also states that the Admissions Committee is composed of 8 faculty members. Minutes of the meetings of the Admission Committee are attached as Exhibit 30.

In the evaluation instrument of PAASCU, there is an entire section devoted to students. PAASCU indicates the standards and criteria for assessing the quality of the admission process and schools are required to respond to these criteria and submit documentation to meet the requirements. Attached is the self-study of the De La Salle for this area on Students (Exhibit 31).

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation verifying that its accredited institutions are guided by CHED requirements for admission to its medical schools. The agency reports that its admission committees must include faculty members. However, Department staff could not identify any agency standard or expectation if any, of the faculty's role in the admissions process. Faculty involvement in US medical school admissions is a standard activity. The NCFMEA may want to inquire further regarding the participation of faculty in medical school admissions.

Staff Conclusion: Additional Information requested

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 2**

### **Country Narrative**

Medical schools in the Philippines are allowed to establish their own standards for catalogues, publications and other advertising materials to promote its educational programs as long as these comply with CHED regulations pertaining to this matter.

### **Analyst Remarks to Narrative**

The Department was not able to verify that CHED or PAASCU have any guidelines for assessing medical school catalogs, publications, or advertising material.

### **Country Response**

Schools applying for accreditation submit Catalogues, Student Handbooks, Brochures and other publications and the accreditors review these documents to ensure that what is written therein is accurate and consistent with the policies and practices in the institution. Attached are samples of the catalogs of the De La Salle College Catalog, the Cebu Institute of Medicine Manual and the West Visayas State University Bulletin of Information.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation of its evaluation of student services and a school catalog. The agency reports that it reviews these documents to ensure that what is written therein is accurate and consistent with the policies and practices in the institution. However, Department staff could not identify any standards or expectations for assessing medical school catalogs, publications, or advertising material. The NCFMEA may wish to inquire further on PAASCU's review of these types of materials and their impact on the accreditation decision.

Staff Conclusion: Additional Information requested

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### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

Yes, students have access to their respective academic records. As provided for in Exhibit 7: Batas Pambansa 232, otherwise known as the "Education Act of 1982", medical schools must release the diploma, transcript of records and all other credentials upon request of a student within thirty (30) days after completion of all requirements for graduation

#### **Analyst Remarks to Narrative**

The country's polices and laws require that students have access to all their academic records. Specifically, the Education Act of 1982, Section 9. Right of Students in School states, "In addition to other rights, and subject to the limitation prescribed by law and regulations, and student and pupils in all schools shall enjoy the following rights: ...4. The right of access to his own school records, the confidentiality of which the school shall maintain and preserve." There was no documentation provided that illustrated or verified any assessment by CHED or PAASCU of institutions adherence to this requirement.

#### **Country Response**

This is covered by a law so it is mandated that students have access to their academic records. The Catalogs and Brochures mention the process of getting their transcripts. Some schools already have automated systems where students can gain access to their grades by logging into the system.

#### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided clarification on CHED requirements that students have access to all their academic records. Specifically, the Education Act of 1982. The agency also addresses this requirement in their Policies, Standards and Guidelines for Medical Education.

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

The Education Act of 1982 provides that a student shall have the right to access to his own records, the confidentiality of which the school shall maintain and preserve. These rights are individual rights, which means that they are rights conferred by law upon the student only. The CMOs Nos 10 and 40 (Exhibits 1 and 4) also contains provisions for access and confidentiality of student records.

#### **Analyst Remarks to Narrative**

The country provided a copy of its Education Act of 1982 which specifically prescribes a process in which its medical schools establish a process for students to access their academic records. PAASCU has standards for administration of the medical program that requires that the school have policies and procedures to protect the confidentiality of student records. However, PAASCU's application of this requirement in the assessment of a school for accreditation is not evident.

#### **Country Response**

The Education Act of 1982 provides that a student shall have the right to access to his own records, the confidentiality of which the school shall maintain and preserve. These rights are individual rights, which means that they are rights conferred by law upon the student only. CMO Nos 10 contains provisions for access and confidentiality of student records

#### **Analyst Remarks to Response**

In response to the draft staff analysis the agency clarified its Education Act of 1982 which specifically prescribes the way in which its medical schools establish a process for students to access their academic records. PAASCU has standards for administration of the medical program that require that the school have policies and procedures to protect the confidentiality of student records.. The NCFMEA may wish to inquire further on the country's monitoring of compliance with the law pertaining to confidentiality of student records.

Staff Conclusion: Additional Information requested

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### **Subsection 5.2: Student Achievement, Question 1**

#### **Country Narrative**

Exhibit 5 - Article XXII of the Manual of Regulations for Private Higher Education of 2008 states that the grading system of any higher education institution shall be based on existing institutional academic policies. The final grade or rating given to a student should be based solely on his scholastic performance in any subject/course. This means therefore that institutions in the country are given the freedom to evaluate student achievement.

### **Analyst Remarks to Narrative**

Review of the PASSCU narrative and supporting documentation suggest that while institutions are required to have grading systems, institutions are free to establish the grading scale. PAASCU's standards and criteria for student evaluation focus on an institution having policies regarding student evaluation that includes periodic evaluations that are both formative and summative, they are applied fairly and consistently on all students, and that there is effective communication to students regarding their academic progress. However, there is no documentation of PASSCUs' application of these requirements in its accreditation assessment of a medical school.

### **Country Response**

The Student Manuals and Catalogs contain information about academic policies and the grading system. Every student is given a copy of the student manual or handbook. The CIM Student Manual contains the grading system on pp. 13-16 while the De La Salle Catalog has the information on pp. 43-46. During the visit, the accreditors are able to assess compliance with the requirements regarding student achievement. Some of the Team Reports contain recommendations about this criterion.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided supporting documentation verifying that PAASCU has standards and criteria for student evaluation, and that the agency evaluates its institutions for compliance with its requirements. The agency also provided a self study survey and site evaluation team report demonstrating its application of these requirements in its accreditation assessment of a medical school.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.2: Student Achievement, Question 2**

### **Country Narrative**

Yes, medical schools are free to establish their own methods of evaluating student achievement. The medical school provides its own systematic plan of evaluation of student progress through a grading system, consistent and congruent with the educational objectives set by the medical school. Methods of formative and summative assessments include examinations (written, practical, oral, clinical, etc.), term papers, research projects, field activities and others. Institutional policies are made known to medical students to serve as their guide in preparing for their courses.

### **Analyst Remarks to Narrative**

The agency's policies (Exhibit 1) and PAASCU's evaluation instrument (Exhibit 4) demonstrate that the country allows its institutions to establish their own systems for evaluating student achievement. However, there is no evidence that/how PAASCU is assessing its requirements in its accreditation review.

### **Country Response**

Schools applying for accreditation have to submit a Student Handbook or Catalog which contains the explanation of their grading system. The accreditors review the grading system in the light of the agency's norms and standards. The grading systems of the following schools are found in their manuals or catalogs: CIM - pp. 13-16; and De La Salle - on page 43-46.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency clarifies the process of allowing its institutions to establish their own systems for evaluating student achievement. It cites those documents from the schools where they explain the student achievement process and includes self study surveys and evaluation team reports demonstrating how PAASCU is assessing its requirements in its accreditation reviews.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.2: Student Achievement, Question 3**

### **Country Narrative**

In the Philippines, there is a licensure board examination for Medicine which the medical school students must successfully hurdle before they can engage in the practice of medicine. The Professional Regulation Commission is the national government agency charged with the regulation and supervision of the professions. The tests are conducted by this entity and they take care of collecting, analyzing and disseminating the results of the licensure examinations. The results of the Board examinations are also now posted on the CHED website. PAASCU has an existing policy which states that a school that is

seeking accreditation should have a track record which shows that the performance of its graduates has been at par with or above the national passing average for a period of three to five years. A school that does not comply with this policy cannot be granted accreditation.

### **Analyst Remarks to Narrative**

Review of the documents suggests that CHED does not establish minimum student performance outcome standards; however, CHED does collect and publish licensure pass rate data. PAASCU has established a licensure exam pass rate threshold that it applies in the accreditation decision-making process. PAASCU's existing policy states that a school that is seeking accreditation should have a track record which shows that the performance of its graduates has been at par with or above the national passing average for a period of three to five years. However, there is no evidence of licensure pass rate data in any of the accreditation materials provided nor any documentation of PAASCU's application of its requirement in the accreditation review and decision-making process.

### **Country Response**

Exhibit 32 pertaining to the minutes of the 2008 PAASCU Board meeting record the decision that the De La Salle College of Medicine is eligible to apply for a formal survey visit only after it has improved its passing rates in the national licensure examinations for Physicians. Only schools which are above the national passing rate can be accredited by PAASCU.

The Consultancy Visit Report to De La Salle College also records the decision of the team not to grant accreditation until this requirement has been met (Exhibit 33).

It might be interesting to include in this section a research initiated by the Foundation for Advancement of International Medical Education and Research (FAIMER) on the Accreditation of Medical Education Programs in Mexico and the Philippines: Impact on Student Outcomes which was conducted last year (Exhibit 34). The results of the study showed that "for the sample that took at least one USMLE exam, first attempt passing rates on all USMLE exams were generally higher for individuals attending accredited schools, although there were differences in pass rates among the exams and between the two countries. The distinction was greatest for USMLE Step 1, where attending an accredited school was associated with a 15% increase in first attempt passing rates for Mexican citizens and 23% for Philippine citizens. For the sample that took all three exams, attending an accredited medical school was also associated with increased success of obtaining ECFMG certification for the Philippine cohort". The study concluded by saying "that the findings support the value and usefulness of accreditation in Mexico and the Philippines by linking these activities to improved student outcomes".

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided documentation demonstrating it reviews and evaluates student outcomes and exam pass rate data provided by the institution.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.3: Student Services**

### **Country Narrative**

There is a whole section in Exhibit 4 which is Evaluation Instrument for Accrediting Medical Schools which is entitled Students. This area covers support services offered to students so they are properly advised and counseled as to the directions they are supposed to take and the timetables to meet. Each school is expected to have a functional academic advising system, as well as grievance mechanism for medical students; a competent referral system to deal with the necessary services for all kinds of issues and problems; opportunities for financial assistance; satisfactory support for student organizations and available services such as guidance, dental, medical and others.

### **Analyst Remarks to Narrative**

PASSCU has standards and criteria regarding student support services. Each school is expected to have a functional academic advising system, as well as grievance mechanism for medical students; a competent referral system to deal with the necessary services for all kinds of issues and problems; opportunities for financial assistance; satisfactory support for student organizations and available services such as guidance, dental, medical and others.. However, no evidence of how the agency defines its expectation for those student services is provided nor is there any evidence of the assessment of student services in the accreditation review and decision-making process.

### **Country Response**

The Self-Survey Report for Students has a special section on p. S-8 which shows how La Salle College meets the standards set by PAASCU. The Narrative Report from pages 17-23 explains the various student services offered. The CIM Manual p. 28 mentions the health services, e.g. dental and medical and others which are offered to students. The accreditors review the documents presented and include recommendations for Student Services in instances where the standards are not met.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional documentation of its student services standards. The agency clarifies some of the student services offered by its medical schools and how the institutions provided this information to PASSCU. The agency provided its survey instrument that addresses what student services documentation the site evaluation team members need to verify. The agency also provided a self study survey and site evaluation team report which demonstrate that it assesses student services in the accreditation review and decision-making process.

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.4: Student Complaints, Question 1**

#### **Country Narrative**

Every higher education institution shall have the right to promulgate reasonable norms, rules and regulations it may deem necessary and consistent with the maintenance of school discipline. These norms, rules and regulations are found in Student Handbooks which every school is required to have. The procedures for filing complaints are also outlined in the Student Handbook. A copy of the Student Handbook is submitted to the accrediting agency, together with school's self-study report. The accreditors review the contents of the handbook and verify compliance with procedures through interviews with students and perusal of documents pertaining to student complaints. Exhibit 9 is an example of a student handbook.

#### **Analyst Remarks to Narrative**

PAASCU has a standard/criterion requiring institutions to have grievance mechanisms in place. However, it is not clear how this criterion is applied to institutions nor is there evidence of its inclusion in the accreditation review process. More information is needed.

#### **Country Response**

Pages 78-79 of the De La Salle catalog outlines the grievance procedure that the school has in place for filing, investigating and resolving complaints from students.

#### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided additional information and documentation clarifying its requirements that its accredited medical schools have grievance mechanisms in place. The agency also provided self study reports and site evaluation team reports demonstrating its application of this requirement in the accreditation review process.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.4: Student Complaints, Question 2**

### **Country Narrative**

During the on-site visit, the procedures for filing complaints by the students and the school's actions towards these are verified by the accrediting team through individual and group interviews with students.

### **Analyst Remarks to Narrative**

While PAASCU does require that its accredited medical schools have in place a grievance system in which its students may address any issues or problems with the institution, there is no evidence that PAASCU has a policy or procedures in place to accept complaints from students regarding an institution or that any other mechanism is provided to students that may enable students to refer complaints to a higher government entity for review and adjudication as is common practice in US accreditation.

### **Country Response**

During the interview with students which happen on the second day of the visit, the accreditors are able to listen to students and their concerns. Very often recommendations are made to address these concerns. Examples of these are found in the UE PAASCU Team Report, pp. 3 and 15 (Exhibit 35) and UST's Team Report, pp. 3 and 18.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided additional supporting documentation of its required grievance system within its accredited medical schools and that it meets with students during site reviews to hear their concerns. . The agency also provided site evaluation reports demonstrating that it evaluates student grievance procedures in the evaluation and accreditation process. However, there is no evidence that PAASCU has a policy or procedures in place for it to accept formal complaints from students regarding an institution or that any other mechanism is provided to students that may enable students to refer complaints to a higher government entity for review and adjudication as is common practice in US accreditation. The NCFMEA may wish to inquire further regarding the agency's thoughts on affording students the opportunity to address complaints against the institutions to PAASCU itself or to CHED.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 3**

#### **Country Narrative**

It is the Commission on Higher Education that has a written procedure for investigating student complaints. Page 7931 of the Manual of Regulation for Private Higher Education Institutions states that it is the CHED's role to resolve all conflicts in the academic community and establish an effective system for the resolution of disputes.

#### **Analyst Remarks to Narrative**

It is not clear that the reference cited in the narrative applies to student complaints. The Department staff could not verify that the language of the regulation identifying CHED's role in adjudicating complaints against private institutions of higher education also applies to public institutions and particularly to student complaints. No additional CHED procedures or other documentation are provided to clarify and inform the response.

#### **Country Response**

It is the Commission on Higher Education that has a written procedure for investigating student complaints. Page 7931 of the Manual of Regulation for Higher Education Institutions states that it is the CHED's role to resolve all conflicts in the academic community and establish an effective system for the resolution of disputes. Both public and private schools are covered by this regulation.

#### **Analyst Remarks to Response**

In the response to the draft staff analysis the agency reiterated its initial report that CHED is responsible for adjudicating student complaints. However, the Department could not clearly identify CHED's role in adjudicating complaints against the country's medical schools by the school's students. The NCFMEA may wish to inquire further to clarify CHED and PAASCU's role in receiving and adjudicating student complaints against the country's medical schools.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 4**

#### **Country Narrative**

During the panel interviews with the students and the accrediting team, the students speak up and inform the accreditors about some of their complaints, e.g. lack of computers, more current books in the library, availability of housing on campus, need for more consultation hours, etc. The accreditors write these up in their reports as recommendations to see to it that these issues are addressed.

### **Analyst Remarks to Narrative**

While the narrative lists the types of complaints made by students during the on-site review, it did not provide any documentation verifying the application and documentation of this process or any evidence that PAASCU assesses an institution on its record of student complaints in the accreditation review process.

### **Country Response**

We have not received any complaints the past year.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency reports that it has not had the opportunity to receive or review any complaints from medical students in the past year.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.4: Student Complaints, Question 5**

### **Country Narrative**

The accreditors review the record of student complaints and evaluates the effectiveness of the procedures used, including the time frame within which the school addresses these complaints. The recommendations made by the team in the various areas, e.g. Curriculum and Instruction or Student Services are monitored through progress reports submitted by the medical school to the accrediting agency.

### **Analyst Remarks to Narrative**

While the country explained the process PAASCU uses in monitoring an institution's timely resolution of complaints, it did not provide any documentation of the agency's monitoring of the process or evidence of its consideration of an institution's record of student complaints in the reaccreditation process

### **Country Response**

The accreditors review the record of student complaints and evaluates the effectiveness of the procedures used, including the time frame within which the school addresses these complaints. If the matter is serious, a recommendation will be made. The school is expected to address this issue in the next visit or if it is a matter of grave concern, the school may be asked to submit a progress report.

### **Analyst Remarks to Response**

In response to the draft staff analysis the country provided some specific scenarios for reviewing student complaints. However, the Department was unable to identify any agency processes or evidence that the agency reviews its institution's record of student complaints in the reaccreditation process. The NCFMEA may wish to inquire further regarding PAASCU's assessment of student complaints in its accreditation, reevaluation, and/or monitoring of its medical schools.

Staff Conclusion: Additional Information requested

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### **Subsection 6.1: Finances, Question 1**

#### **Country Narrative**

Privately owned medical schools are operated through tuition fees and miscellaneous expenses collected from students. The CHED has oversight on financial matters and the Securities and Exchange Commission is the government regulatory body which requires all institutions to submit annual audited Financial Statements.

During an on-site visit the accrediting team requires to school to submit copies of its audited financial statement for the last 3-5 years. These documents are analyzed and reviewed by the Team Chair to ensure there is fiscal responsibility and accountability on the part of the medical school.

#### **Analyst Remarks to Narrative**

While the narrative provides a brief statement on financing, the CHED documents do not address institutional financing. PAASCU does have standards and quality criteria regarding financial management, that include the clear delineation of business functions, the qualifications of the financial managers, preparation of the budget, and the expectation of effective financial management in carrying out the educational objectives. However, it is not clear how these expectations are defined in qualitative terms and applied to institutions nor is there documented evidence of their inclusion in the accreditation review process.

## **Country Response**

Attached is Exhibit 36 which contains some recommendations about budget preparation and budget performance reports while Exhibit 37 is a budget from De La Salle College that was submitted to the PAASCU team to show that the College of Medicine prepares its own budget.

## **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided additional supporting documentation of its review and evaluation of medical schools financial management operations. The agency demonstrates that it reviews financial documents and financial management procedures required by its Policies, Standards and Guidelines. Site evaluation team members evaluate the institutions budgeting, accounting process, auditing, requisitions and purchase of supplies and the preparation of financial reports. The agency provided self study reports and site evaluating team reports that also verify the agency's application of this requirement.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.1: Finances, Question 2**

### **Country Narrative**

There are certain guidelines to follow when it comes to the size and scope of the educational program. CMO No. 10 contains all these guidelines, policies and standards.

### **Analyst Remarks to Narrative**

CHED policies outline the minimum requirements (size/scope) for establishment and operation of a medical school. For example, a clinical program must be located in a secondary care hospital with a minimum capacity of 100 beds, for every 100 students in the clinical program there must be at least 3 specialty-board certified faculty members in each of the four major clinical departments. There is no evidence of how a review of these requirements is included in the accreditation review process.

### **Country Response**

All schools that are visited by PAASCU Teams are required to submit this information. In most cases, this information is included in the Catalog or Bulletin of Information. See Section 8, p. 62 of the De La Salle Catalog. The team reviews these documents to verify whether the CHED minimum requirements are met. In instances when the CHED minimum requirements are not met, accreditation cannot be granted. The case of St. Louis University (SLU) is an

example.

The CHED requires that at least one faculty member be full-time in each department. At the time of the visit in March 2011, the PAASCU Team discovered that only the Dean was full-time. Page 3 of the Chair's Report of SLU states that accreditation cannot be granted due to non-compliance with a CHED minimum requirement. The SLU Medical school was not granted accreditation. Minutes of the PAASCU Board meeting attest to this.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation verifying how the agency reviews and determines compliance with this section. A completed self study report from De La Salle College of Medicine which is included in the petition provides evidence of the schools self analysis. The report of compliance and various site evaluation team reports provided by the agency demonstrate how PAASCU reviews and evaluates CHED policies outlining the minimum requirements (size/scope) for establishment and operation of a medical school and its programs.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.2: Facilities, Question 1**

#### **Country Narrative**

Section 12, pp 14-15 of CMO 10 entitled Facilities and Equipment outlines all the requirements needed for a medical school. It states that the medical school shall have adequate physical plant and other resources to support the various educational activities. It shall have not only classrooms but also adequate laboratory spaces for the conduct of basic laboratory exercises. The laboratory should have the necessary instruments and equipment to support the instructional needs of the students.

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

Audio visual equipment and software should also be provided. The medical school should also have a skills laboratory.

## **Analyst Remarks to Narrative**

The CHED has identified facilities and equipment requirements it expects of an authorized medical school. PAASCU also has standards/criteria for library and clinical facilities. However, it is not clear that the CHED and PAASCU standards include the criteria (ii) and particularly (iii). Further, there is no evidence provided that demonstrates the application of CHED and PAASCU facility standards in the accreditation review process.

## **Country Response**

Exhibit 38 is the Self-Study Report of De La Salle on Facilities.(pp.1-33) which includes a comprehensive coverage of criteria ii and iii. In the PAASCU Team Report, a special section is devoted to Facilities and recommendations are always given to address issues in this area. Documentation for this subsection include the following: De La Salle, p. 3 and p. 23; St. Louis University, p.2 and 3, pp. 22-24; UST, p. 4, pp. 23-25.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation of its review and evaluation of the requirements of this section. The evaluation documentation provided demonstrates that CHED and PAASCU have specific facilities and equipment requirements it expects of an authorized medical school, and that it reviews and evaluates its medical schools for compliance with these requirements during the accreditation process. The agency also provided documentation demonstrating its review and evaluation of the medical school biomedical programs. However, the Department could not identify an agency standard or expectation for criteria (iii), " facilities for the humane care of animals when animals are used in teaching and research". The NCFMEA may wish to request that the country provided additional clarification on the requirement for the humane care of animals when animals are used in teaching and research

Staff Conclusion: Additional Information requested

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## **Subsection 6.2: Facilities, Question 2**

### **Country Narrative**

In the Evaluation Instrument for Accrediting Medical Schools, a whole section is devoted to Facilities. A school applying for accreditation fills out the forms in the process of conducting the self-study and submits the report to the accrediting agency. During the on-site visit, an accreditor takes charge of the area on Facilities and conducts an ocular visit of all facilities to determine whether the school complies with the requirements. In instances where improvements have to be done, recommendations are given by the visiting team which should be

attended to by the institution.

### **Analyst Remarks to Narrative**

The CHED has identified facilities and equipment requirements it expects of an authorized medical school. PAASCU also has standards/criteria for library and clinical facilities. However, it is not clear that these criteria are applied to institutions nor is there evidence of their inclusion in the accreditation review process.

### **Country Response**

The PAASCU Team Reports contain separate sections for the Library, Clinical Facilities and Other Resources. The medical schools are required to submit their Self-Survey Reports for these areas as seen in the preceding sections. The Library is considered a separate section. Attached is the Self-Survey Report for the Library Area (Exhibit 39). The accreditors review the Area Reports submitted to them and make the determination whether the standards are met.

Documentation for this subsection include the following: CIM Report, p. 3 and pp.23-26; De La Salle, p. 3 and p. 23; St. Louis University, p.2 and 3, pp. 22-24; UST, p. 4, pp. 23-25, University of the East, p.3, pp. 16-17, pp 20-21.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency clarified its process for the review of its facilities and equipment requirements including library facilities and clinical facilities. The agency's petition contains self evaluation studies of library facilities (included as support documentation for this section) and clinical facilities. The agency also provided site evaluation team reports demonstrating it review and evaluation these criteria in the accreditation review process.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.3: Faculty, Question 1**

#### **Country Narrative**

Section 14, p. 17 entitled Instructional Standards of CMO No. 10, indicates the faculty-student ratio for the following: For every 100 students, there must be at least 3 specialty-board certified faculty members in each of the four major clinical departments. For lecture classes the ratio is 1:100; for laboratory sessions - 1:25, small group tutorials or preceptorships - 1:10.

### **Analyst Remarks to Narrative**

CHED establishes the student to faculty ratio of its medical schools in proportion to its mission. However, there is no evidence of any review for adherence with the requirement during the accreditation review and decision process.

### **Country Response**

Every medical school is required to submit a Catalog/Manual or Bulletin which contains a list of the current faculty members. In addition, schools submit the Self-Survey report for Faculty (Exhibit 40) which contains data on the number of faculty members in the various departments. During the visit, the accreditors verify the data submitted and should it happen that the minimum standards for Faculty are not met, accreditation cannot be granted.

The case of St. Louis University is an example here. The CHED requires that at least one faculty member be full-time in each department. At the time of the visit in March 2011, the PAASCU Team discovered that only the Dean was full-time. Page 3 of the Chair's Report of SLU states that accreditation cannot be granted due to non-compliance with a CHED minimum requirement. The SLU Medical school was not granted accreditation.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation including self study reports and site evaluation team reports on faculty qualifications, size and ethical responsibilities demonstrating its review and evaluation of the requirements of this section.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.3: Faculty, Question 2**

#### **Country Narrative**

The minimum requirements needed to be appointed as faculty in a medical school are indicated in Section 10, pp 12-13 entitled Faculty of CMO No. 10. The minimum qualifications for the position of Instructor are: a licensed Doctor of Medicine or a graduate of a relevant or related discipline with at least a Master's Degree; Assistant Professor – at least three years successful tenure as Instructor; ; Associate Professor – at least three years successful tenure as Assistant Professor or an equivalent training and experience and must be a co-author of at least one publication in a peer reviewed scientific journal; Full Professor – at least three years successful tenure as Associate Professor or an equivalent training and experience and must have shown outstanding achievement in scholastic and research as evidenced by being author of at least three scientific papers published in a peer reviewed scientific journal or book.

The appointment of a faculty member at any level of the abovementioned

academic risks may be without passing through antecedent ranks if warranted/justified by the applicant's training, productivity including research publications, demonstrated ability, maturity or eminence in the particular field of study without violating existing rules and regulations of the medical school.

### **Analyst Remarks to Narrative**

Both CHED and PAASCU have standards and criteria regarding faculty qualifications. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

### **Country Response**

Every medical school is required to submit a Catalog/Manual or Bulletin which contains a list of the current faculty members and their qualifications. In addition, schools submit the Self-Survey report for Faculty(Exhibit 40) which contains data on the qualifications of the faculty. During the visit, the accreditor in charge of Faculty reviews the transcript and credentials of each faculty member. All data submitted pertaining to the faculty members are verified and recommendations are given to improve this area. Team reports of the following schools are appended as documentation - UST, p.3 and pp. 6-8. UE, p. 2, pp.5-6, and XU ppp. 1-2 and pp. 5-7.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation of its review and evaluation of CHED and PAASCU standards and criteria regarding faculty qualifications. The agency site evaluation reports document the agency application of this requirement in the accreditation process.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.3: Faculty, Question 3**

### **Country Narrative**

Conflict of interest by the faculty between personal and professional interests are prevented through a stringent selection process. Many people are consulted during the selection process and the procedures are airtight to ensure that conflict of interest issues are avoided. Every school has a Faculty Manual which contains the ethical norms for faculty to observe and sanctions for erring faculty members after due process are also included in the Faculty Manual which is prepared by a committee in consultation with the faculty members.

### **Analyst Remarks to Narrative**

The narrative describes how conflict of interest is prevented within the faculty. However, PAASCU did not provide any documentation demonstrating that it has written requirements guarding against conflict of interest among its medical school faculty.

### **Country Response**

Conflict of interest by the faculty between personal and professional interests are prevented through a stringent selection process. Many people are consulted during the selection process and the procedures are airtight to ensure that conflict of interest issues are avoided. Every school has a Faculty Manual which contains the ethical norms for faculty to observe. Exhibit 41 is the FEU Faculty Manual.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided a faculty manual that reflects the school's expectations of medical school faculty regarding ethical behavior.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.4: Library**

### **Country Narrative**

Section 11, p. 14 on Library Resources of CMO No. 10, mention the standards related to the quality of a medical school's library. It states the library should be administered and operated by qualified, competent librarians assisted by trained support personnel, adequate in number. The medical school library should have journals, textbooks and other reference materials adequate to meet the curriculum and research needs of its students and faculty. Computer based reference systems shall be provided and Internet access made available.

The Evaluation Instrument for Accrediting Medical Schools also has a separate section devoted to the area of Library which contains the standards related to the quality of the medical school's library.

### **Analyst Remarks to Narrative**

Both CHED and PAASCU have standards and criteria regarding library resources. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

### **Country Response**

The Self-Survey report of De La Salle on the Library area serves as the documentation for this subsection. The PAASCU Team Reports contain the results of the on-site visit. There is a separate section on the Library which includes recommendations which focus on compliance with standards related to the quality of the medical school's library. Documentation for this area include the PAASCU Team Reports for De La Salle, pp. 18-20, XU, pp. 16-18, UST, pp. 19-20 and UE, pp. 13-15.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation of its review and evaluation of both CHED and PAASCU standards and criteria regarding library resources. The agency provided site evaluation team reports demonstrating the application of these requirements during the accreditation review process.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.5: Clinical Teaching Facilities, Question 1**

### **Country Narrative**

Yes, affiliation agreements between medical schools and clinical teaching sites are required. These affiliation agreements are approved by the Board of Trustees. Section 14, p. 17 of CMO 10 states that "to provide for more clinical materials, other duly accredited hospitals formally affiliated with the medical school may be utilized. However, the clinical program in such affiliated hospitals must conform with the course objectives set forth by the medical school. The medical school shall be responsible for planning, controlling, monitoring/evaluation of the students therein.

### **Analyst Remarks to Narrative**

CHED establishes the requirement regarding affiliation agreements; PAASCU has no requirements regarding affiliation agreements. There is no evidence of review of affiliation agreements as a part of the accreditation review process.

### **Country Response**

Schools are required to show the affiliation agreements to the accreditors during the visit itself. The accreditors review the affiliation agreements and do ocular inspection of clinical training sites and interview the people concerned. If some weaknesses are noted, recommendations are made and written out in the Team Reports for Clinical Training and Services.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency describes its review of affiliation agreements during the evaluation process. It provided documentation demonstrating that it reviews and evaluates the schools clinical teaching facilities, however, there is no evidence of review of affiliation agreements as a part of the accreditation review process. This is an area that is typically reviewed by U.S. accrediting agencies. The NCFMEA may wish to inquire further regarding the agency's requirements and evaluation of these CHED requirements.

Staff Conclusion: Additional Information requested

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## **Subsection 6.5: Clinical Teaching Facilities, Question 2**

### **Country Narrative**

Section 9, p. 11, of CMO 10 states that "Heads of clinical departments or units should also head the corresponding clinical department/services in its own teaching/affiliated hospital and supervise the staff and student activities in the corresponding services of affiliated hospitals. Furthermore, Section 14, p. 18 of CMO 10, mandates that "Faculty members or clinical coordinators shall be assigned to supervise the clinical clerks." Faculty members or clinical coordinators shall be assigned to supervise the clinical clerks. In obstetrics, for example, it is required that at least ten (10) maternity cases shall be followed through to delivery by each clinical clerk who must have actual charge of these cases under the supervision of a clinical preceptor.

In addition, the PAASCU Evaluation Instrument for Accrediting Medical Schools has a special section on Clinical Training/Service Facilities. The standards for the clinical training sites are outlined from pp. 24-28.

### **Analyst Remarks to Narrative**

Both CHED and PAASCU have standards and criteria regarding clinical training resources. However, no documentation was provided evidencing the application of these requirements during the accreditation review process.

### **Country Response**

The PAASCU Team Reports include a section on Clinical Training and Service Facilities and recommendations are made when the school does not meet the standards required for clinical teaching facilities. Documentation for this subsection are the PAASCU Team Reports for CIM, p.2, pp.10-11 (Exhibit 42) and UE, p. 2 and pp. 10-12.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional documentation demonstrating that it reviews and evaluates a schools compliance with both CHED and PAASCU standards and criteria regarding clinical teaching facilities. The agency site evaluation team report provides evidence of the application of these requirements during the accreditation review process.

Staff Conclusion: Comprehensive response provided

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### **Part 3: Accreditation/Approval Processes and Procedures**

#### **Section 1: Site Visit, Question 1**

##### **Country Narrative**

PAASCU conducts a two-day site visit to the medical school prior to granting it accreditation. The evaluation of a medical school covers eight areas, namely: Faculty; Curriculum and Instruction; Clinical Training/Service Facilities; Research; Students; Library; Administration; and Physical Plant and Other Resources. The visit includes a comprehensive review of the school's admission's process, its curriculum, its faculty, the achievement of its students and graduates, the facilities and the support services available to the students.

##### **Analyst Remarks to Narrative**

This section requests information and evidence of PAASCU's policies, procedures and evidence of its conduct of on-site reviews as part of the accreditation review and decision-making process. While the narrative provides some brief description of a site visit it is not sufficiently comprehensive to assess its similarity to US accreditation. The excerpts from self studies do not address the information requested regarding site visits. The site team report from an institution not under the jurisdiction of the Philippines is not valid for assessing PAASCU's evaluation of Philippine medical schools, as it is not exemplary of traditional medical education as offered at Philippine schools resident medical schools.

No assessment can be made from the information provided.

##### **Country Response**

The site visit reports of seven medical schools show how extensive are the site visits undertaken by PAASCU. The evaluation of each medical school covers in depth the standards and requirements in eight areas, namely Faculty, Curriculum and Instruction, Clinical Training/Service Facilities, Research, Students, Library, Administration, and Facilities and Other Resources. Best Features and Recommendations are given for each of these areas, including a follow-up of the action taken by the school on previous recommendations. The visit includes a

comprehensive review of the school's admission process, its curriculum, clinical training, its faculty, the achievement of its students and graduates, the facilities and the support services available to the students. The reports of the following schools are appended as documentation for this section: University of the Philippines, University of the East, University of Santo Tomas, Cebu Institute of Medicine, De La Salle University, St. Louis University and Xavier University.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided specific documentation addressing the Department's concerns and verifying that the agency policies, procedures and evidence of its conduct of on-site reviews as part of the accreditation review and decision-making process are sufficiently comprehensive to assess its similarity to US accreditation.

Staff Conclusion: Comprehensive response provided

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### **Section 1: Site Visit, Question 2**

#### **Country Narrative**

Yes, the on-site reviews include both the main and branch campuses, the training hospital, clinical training sites, and the community where students stay for sometime. The PAASCU Evaluation Instrument requires that the school in its self-study include both the main campus and its satellite campuses, if any. The Section on Clinical Training covers all the sites, including those sites affiliated with the medical school. Ocular inspection is done by the accreditor assigned to the area and documentary evidence is required from the school.

#### **Analyst Remarks to Narrative**

While it is understood that a function of the site team may be to validate the information of the self study, it remains unclear what is the nature of the assessment the site team does against the PAASCU and CHED standards and requirements to verify that the information is accurate and reflects the quality expected by PAASCU for granting accreditation and how that assessment is documented by the site team . For example, do site team evaluators complete worksheets describing how the institution meets or does not meet accreditation requirements? More specific information and more comprehensive documentation is needed to assess its similarity to US accreditation which is a thoroughly documented process.

#### **Country Response**

Exhibit 43 on How to Use the Evaluation Instrument gives the guidelines for using the Instrument for Accrediting Medical Schools. The Instrument comes in three parts. Part 1 is the Basis of Evaluation, which serves as the Introduction. Part 2 is the Survey Form. Part 3 is the Appendix containing exhibits and other supporting documentary materials.

Part 1 explains the concept of each survey area, e.g Faculty, Curriculum, Clinical Training, etc. It lays down in essay form the criteria for evaluating the medical school's characteristics, the traits of excellence and the levels of performance, which are to be observed and rated. The accreditor is expected to rate the school on the basis of whether it satisfies the criteria and the extent of compliance or implementation.

Part 2 is the form which the accreditor uses as worksheet to assess the different areas. Each area is subdivided into sections. Both area and section are assigned weights which indicate their relative importance in relation to the total evaluation. The weights are shown in the instrument.

Part 2 also consists of a series of statements delineating traits or conditions which pertain to the aspect being evaluated. Each statement will be scored in a scale of 1 to 5, with 1 being the least desirable condition and 5 the most desirable. A rating of 3 is considered "good" and therefore passing for accreditation purposes. The letter M indicates that the provision is missing but needed. The term "Does not apply" (0) rating is also used when necessary.

The accreditor must rate all statements without exception. Failure to do so may distort the statistical perspective of the evaluation. The scale of 1 to 5 has been adopted for statistical convenience; that is, computation work. The range is used both for weighing the area and section as well as for rating the individual statements in the Survey Form.

The list of materials substantiating the observations or ratings appear separately in Part 3. A system of cross-references makes it easier for the accreditors to locate the pertinent data. Normally, each area requires additional information in the form of exhibits and other supporting documentary materials. At the end of each section of the Survey Form, the team reviews the materials supplied by the medical school for purposes of the evaluation.

In the Survey Forms are spaces where the accreditor can write the rating for each item. After the Chair's Report is the General Comparative Statistical Summary which contains the ratings for each of the areas of survey. On the 5th to 7th columns are the self-survey ratings of the medical school. The reports of the following schools are documentation for this subsection: UST, Xavier University and Cebu Institute of Medicine.

### **Analyst Remarks to Response**

In response to the draft analysis the agency provided a detailed summary of its evaluation process. The agency also provided its survey instrument for site team evaluation visits that includes instructions to the team members on what information and documentation to review and validate. This process allows for consistent and accurate documentation of information required by the agency in its decision-making process. The site team report is a standardized document that ensures a review of the areas in the Survey instrument; it is the basic assessment tool during the site team visit. The agency site evaluation process and documentation demonstrates that its process is similar to US accreditation site team reviews.

Staff Conclusion: Comprehensive response provided

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## **Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

The accreditation process uses competent and knowledgeable individuals who are qualified by training, experience and expertise to handle the various areas during the team visit. The Commission on Medical Education sends invitations to various individuals and requests them to fill out the data form. The forms are then screened by the Commission and prospective evaluators undergo a two-day training workshop. There are cases when some individuals do not pass the training workshop and are therefore not invited to serve as evaluators. The results of the team visit are reviewed by the Commission on Medical Education and then transmitted to the Board of Directors. Only the PAASCU Board may grant accreditation to an institution.

The Guidelines for Accreditors are attached.

### **Analyst Remarks to Narrative**

Apart from providing the Evaluator Guide, PAASCU did not provide evidence of any additional training of its evaluators on PAASCU standards. Also, it did not provide any resumes of evaluators and Commissioners, to demonstrate the qualifications of its site team members or decision making body. The NCFMEA may wish to request that the country provide more documentation verifying the qualification of the agency's site team members and decision making body.

### **Country Response**

The accreditors meet once a year during the PAASCU General Assembly to discuss issues and concerns. Exhibit 44 includes the biodata of some accreditors and members of the Commission on Medical Education. The accreditors and members of the PAASCU Board are eminent persons in the educational arena. Dr. Patricia Licuanan served as a member of the PAASCU Board for four years prior to her appointment as CHED Chair.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional supporting documentation consisting of the bios and resumes of some of its site team members and decision-making body members. This somewhat verifies the qualification of its team members and decision-makers. The agency reports that its team members and decision-makers are trained annually at its meeting. However, the Department was not able to verify that process. The NCFMEA may wish to inquire about the training provided by the agency to its site evaluators and decision makers.

Staff Conclusion: Additional Information requested

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### **Section 3: Re-evaluation and Monitoring, Question 1**

#### **Country Narrative**

Initial accreditation is given for a period of three years. Before the end of the third year, another self-study is done followed by a site visit. This time, a 5-year accreditation period may be given. Periodic reevaluation is done every three to five years to determine compliance with the standards for accreditation. Should the accreditation team discover deterioration in academic standards, some sanctions such as deferment of accreditation status or interim visits will be required.

#### **Analyst Remarks to Narrative**

It appears from the self study documentation, that accreditation is a recurring process, however, unlike US accreditation, there is no evidence of comprehensive written policies and procedures to guide the accreditation process.

#### **Country Response**

The Accreditation Manual pp. 10-12 (Exhibit 45) contains the policies pertaining to the accreditation process and the granting of accreditation status. Pages 13-16 explains the different accrediting decisions that may be given to a school. The decisions can range from full accreditation to deferment. There is an appeal process in place as explained on page 16 of the same document.

#### **Analyst Remarks to Response**

In response to the draft staff analysis the agency described its accreditation process and that it is a recurring process. The agency also provided its Accreditation Manual; it contains comprehensive written policies and procedures to guide the accreditation process.

Staff Conclusion: Comprehensive response provided

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### **Section 3: Re-evaluation and Monitoring, Question 2**

#### **Country Narrative**

A medical school is required to submit periodic reports to PAASCU which focus on the implementation of the recommendations given by the previous PAASCU team. In some instances, focused visits are required within the five year accreditation period to ensure the school's compliance with academic standards.

#### **Analyst Remarks to Narrative**

PAASCU's did not provide written policies, procedures and documented evidence of its monitoring of its accredited institutions during their accreditation period.

#### **Country Response**

The Accreditation Manual (page 15) explains the circumstances when a progress report or interim visit is conducted as a monitoring device to check on the school's compliance with accreditation standards. Exhibit 46 is a sample Progress Report.

#### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided additional clarification of its monitoring processes and provided an Accreditation Manual and a sample progress report demonstrating the application of this requirement. It is not apparent that the PAASCU conducts regular and recurring monitoring of all of its accredited programs as is the standard practice in U.S. accreditation. The NCFMEA may wish to inquire further into the agency's philosophy regarding monitoring of its programs to ensure continued compliance with its standards.

Staff Conclusion: Additional Information requested

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### **Section 4: Substantive Change**

#### **Country Narrative**

In instances where the medical school undergoes a substantive change, it is imperative that the PAASCU Commission on Medical Education is notified about the change. There is an existing policy regarding this matter

### **Analyst Remarks to Narrative**

PAASCU did not provide documentation of PAASCU's substantive change policies and procedures or their application.

### **Country Response**

Exhibit 46 is an example of an email exchange regarding substantive change which is self-explanatory. It does not involve a medical school but this proves that there is a policy on substantive change.

### **Analyst Remarks to Response**

In response to the draft staff analysis PAASCU provided an email referencing a substantive change procedure. The agency also reports that it has substantive change requirements. However, the Department was unable to identify any PAASCU requirement that medical schools report substantive changes prior to their implementation. As recognized accreditation in the U.S. does expect institutional accreditors to have effective mechanisms for reviewing substantive changes at the institutions it accredits between accreditation reviews, the NCFMEA may wish to inquire how CHED and/or PAASCU stay informed on changes undertaken by medical schools between accreditation reviews.

Staff Conclusion: Additional Information requested

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 1**

### **Country Narrative**

The Commission on Medical Education carefully scrutinizes the proposed team of evaluators who come from various institutions. The evaluation committee, which accredits a medical school, works as a team. During the wrap-up session, team members are free to speak out and comment on the report of the other team members. Consensus is sought on the key areas. This way, objectivity is maintained.

### **Analyst Remarks to Narrative**

Insufficient information and documentation was provided to demonstrate the application of effective conflict of interest policies and procedures.

### **Country Response**

Exhibit 48 is a copy of the Policy on Conflict of Interest. Page 13 of the Accreditation Manual also has something on conflict of interest issues.

## **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided its conflict of interest policies that its Board members must adhere to and the conflict of interest statement that applies to site team evaluators found in its accreditation manual.

Staff Conclusion: Comprehensive response provided

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 2**

### **Country Narrative**

The three layers of decision-making within the organization – the PAASCU accrediting team, the Commission on Medical Education and the Board of Directors ensure that standards are applied consistently across all schools. The accreditation process which PAASCU does covers both qualitative and quantitative norms. Ratings are also given to the various areas. When a school falls below the passing mark, it does not get accredited. Through these various mechanisms, standards for accreditation are applied consistently to all schools seeking accreditation or re-accreditation.

### **Analyst Remarks to Narrative**

While the country provided a summary of the decision making process it did not provide any documentation demonstrating the application of the process to demonstrate its safeguards against conflicts of interest or the inconsistent application of standards.

### **Country Response**

The two-day training that PAASCU gives to its accreditors ensures that they are well-trained and are able to apply the standards consistently. Not all those who participate in the Training are invited to join survey teams. The talk on PAASCU: Its Purposes and Processes (Exhibit 49) gives a comprehensive view of PAASCU and its expectations of accreditors. The Commission on Medical Education reviews each Team Report and passes it on to the Board.

### **Analyst Remarks to Response**

In response to the draft staff analysis the PAASCU provided its Purposes and Processes document, a training instrument on the accreditation process for site evaluation team members. It also references its multiple levels of review - site team, Commission on Medical Education, and the Board. The agency has written standards, evaluation materials, and policies and procedures to guide the process, and it uses standardized formats based on the agency's standards to focus the review and decision based on consistent application of the agency's

standards. These effective mechanisms are commonly accepted practice in U.S. accreditation.

Staff Conclusion: Comprehensive response provided

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## **Section 6: Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

The visiting team submits the report to the Commission on Medical Education which reviews the report prior to submission to the Board of Directors. These three layers of decision-making within the organization –ensure that the accreditation/approval decisions are based on accreditation standards. PAASCU also uses both quantitative and qualitative norms in evaluating schools. Ratings are also given to the various areas. When a school's rating falls below the passing mark, it does not get accredited. Through these various mechanisms, standards for accreditation are applied consistently to all schools.

### **Analyst Remarks to Narrative**

The PAASCU narrative outlines procedures that may help to ensure that decisions are based on standards. However, no documentation of PAASCU's assessment and decisions to support and verify the narrative was provided. More information and documentation, as appropriate, of its application of its decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

### **Country Response**

The Team Reports of the De La Salle Consultancy Visit and St. Louis University are documentation which prove that when standards are not met, accreditation is not granted. The Minutes of the Board are also appended.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided PAASCU Board minutes and site evaluation team reports to demonstrate how accreditation decisions are based on the agency's standards and student performance data. .

Staff Conclusion: Comprehensive response provided

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## **Section 6: Accrediting/Approval Decisions, Question 2**

### **Country Narrative**

In the Philippines, the licensure exams for physicians (board exam for doctors) are administered by the Board of Medicine, a professional regulatory body under the general control and supervision of the Professional Regulation Commission. PAASCU uses the results of the Board exams to determine whether or not to grant accreditation to medical schools. There is an existing policy which states that a school seeking accreditation should have a track record of good performance in the Board exams in order to get accredited. The policy is found in Exhibit 8.

### **Analyst Remarks to Narrative**

The PAASCU has a policy that establishes licensure pass rates thresholds; however, it provided no evidence of its application of the policy in the accreditation decision-making process. More information and evidence of how this information is used in the decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

### **Country Response**

Exhibit 50 - Results of Licensure Examinations are some examples of documentation that PAASCU requires before it conducts an on-site visit. Accreditation cannot be granted if a school's passing rates are not at par with or above the national passing rates. The Consultancy Visit Report to De La Salle clearly shows that for as long as the licensure pass rates are not at par with the national passing rates, the school is not eligible to apply for formal survey. It took De La Salle six long years to go from applicant school to accredited school.

### **Analyst Remarks to Response**

PAASCU has a policy that establishes licensure pass rates. In addition, it provided licensure pass rate data and a visit report demonstrating the review of this data in making its accreditation decision.

Staff Conclusion: Comprehensive response provided

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## **Section 6: Accrediting/Approval Decisions, Question 3**

### **Country Narrative**

PAASCU uses as benchmark the national passing average in the licensure examination for Physicians. The Board exams are given by the Board of Medical Education and the results are released after the exams. PAASCU requires schools to submit the official documents showing the percentage of passing of its graduates. This information is critical to the school's application for accreditation or re-accreditation because PAASCU has an existing policy which states that a school seeking accreditation should have a track record showing that the performance of its graduates have been at par with or above the national

passing rate for three to five years. A medical school that does not comply with this requirement is not granted accreditation. Attached is a copy of the policy as Exhibit 8.

### **Analyst Remarks to Narrative**

The PAASCU has a policy that establishes licensure pass rates thresholds; however, it provided no evidence of its application of the policy in the accreditation decision-making process. More information and evidence of how this information is used in the decision-making process is necessary to make an assessment of its similarity to US accreditation practices.

### **Country Response**

The case of Our Lady of Fatima University College of Medicine proves that PAASCU adheres to this policy. Our Lady of Fatima applied for accreditation with PAASCU but it could not be visited because its pass rates in the licensure exams are very low.

### **Analyst Remarks to Response**

In response to the draft staff analysis the agency provided results of licensure examinations. The PAASCU has a policy that establishes licensure pass rates thresholds to be a licensure pass rate that at least equal to or above the national average rate. The agency provided documentation of its application of this policy.

Staff Conclusion: Comprehensive response provided

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