

## U.S. Department of Education Staff

Special Report

Prepared April 2017

### 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.

At the NCFMEA October 2011 meeting, based on a review of the responses to the questionnaire and information that the country provided to the Department, it appeared 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. Following its review, the NCFMEA reaffirmed its comparability determination. The Committee further requested that the country submit an interim report for review at the Fall 2013 NCFMEA meeting summarizing progress on monitoring activities, student complaints and confidentiality, formalizing the review of affiliation agreements, tracking the progress and career development of graduates, and making more explicit PAASCU's standards in areas identified in the staff report.

At its October 2013 meeting the NCFMEA reviewed the responses to the issues addressed in a special report and information

that the country provided to the Department. The NCFMEA determined that it appeared 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 and that the accreditation system has substantially the same components of U.S. accreditation. However, the Department believed that it was not apparent that the PAASCU conducts regular and recurring monitoring of all of its accredited programs, such as requiring and reviewing annual reports, as is the standard practice in U.S. accreditation. The NCFMEA requested that the agency provide its new policies and procedures for submission and review of annual report information and describe how it uses the information to monitor compliance with its accreditation standards.

In the agency's special report, which is the subject of this report and analysis. The agency has informed the Department that the documentation demonstrating the application of the revised annual report requirements will be included in the country's submission for re-determination.

### Summary of Findings

None.

### Staff Analysis

### Outstanding Issues

#### **Update on the solidification of the processes coordinated between the Commission on higher Education (CHED) and PAASCU about monitoring and annual report data.**

#### **Country Narrative**

The latest CHED Memo No. 18 issued on April 7, 2016 entitled "Policies, Standards and Guidelines for the Doctor of Medicine Program" codified the processes and responsibilities being undertaken by the various bodies and committees charged with improving the quality of medical education in the country. (Exhibit 1 - CHED Memo 18 series 2016)

Section 20 (p.18) on Miscellaneous Provisions states that "the medical school shall submit an annual report to CHED at the end of the school year". The format for the required submission is found on Annex 5 of the same CHED Memo.

In the past, while medical schools were required to submit annual reports to CHED, this was not consistently done. The issuance of this new CHED Memo made this requirement more explicit and indicated sanctions for non-compliance. It should be noted, however, that accredited schools have always complied with this requirement, even prior to the issuance of CMO 18, series of 2016.

Attached are Annual Reports of three medical schools that have submitted their reports to CHED starting 2014. The schools are: Far Eastern University (2014-2015) Exhibit 2; Xavier University (2015-2016) Exhibit 3 and Silliman University (2015-2016) Exhibit 4.

Copies of the Annual Reports from the medical schools are also transmitted to the Association of Philippine Medical Colleges (APMC). PAASCU has access to these reports because it has been working in collaboration with APMC since 2000 to continuously improve the quality of medical education in the Philippines. The APMC President is an ex-officio member of the PAASCU Commission on Medical Education. The current PAASCU Vice-President is the Chair of the Commission on Medical Education.

Provision 22.4 (p. 20) of CMO 18 focuses on Monitoring Visits and states that " Higher educational institutions offering medical programs are subject to joint CHED-PRC monitoring and evaluation". Sanctions for non-compliance were also indicated in the succeeding paragraphs of the CMO.

PRC is the acronym for Professional Regulatory Commission (PRC) which gives the licensure examinations to graduates of medical schools. Only those who pass these Board exams are allowed to practice medicine in the country.

Since 2012, CHED's Technical Committee for Medical Education (TCME) and the PRC have been conducting joint visits to monitor and evaluate medical schools across the country. These teams monitor the medical school's compliance with the

government's minimum requirements and assess the performance of graduates vis-a-vis the licensure examinations. The results of the visits are taken up in the TCME meetings. Two of the members of the TCME are also members of PAASCU's Commission on Medical Education, so we have access to information gathered during the site visits and the corresponding decisions made by CHED. The interlocking membership of PAASCU Commission representatives in various CHED committees tasked to monitor medical schools has greatly benefited the work being done by PAASCU to keep improving the quality of medical education in the country.

It should be noted that in the Philippines, the licensing and recognition of medical programs are the responsibility of CHED, while accreditation is granted by PAASCU. Accreditation in the Philippines is voluntary and non-governmental, unlike other countries in the region or in the world where it is government-led and mandatory.

Based on the various initiatives and joint activities undertaken CHED and PAASCU in the past few years, we are happy to report that there is now better and greater coordination between these two agencies. Processes on monitoring and the submission of annual report data by medical schools are expected to continue to improve over time.

Article VII of CMO 18 (p. 20) on Quality Assurance includes provisions to insure that the quality of medical schools in the country continues to improve. The CMO states: "For those schools which cannot yet meet accreditation standards the recognized accrediting body (i.e., PAASCU) will provide assistance to these schools to undertake self-study or self-assessment together with their developmental plans for improvement and will jointly work together until external accreditation becomes possible."

The issuance of CMO 18, series of 2016 and the drive towards continuous quality improvement bodes well for the future of medical education in the Philippines.

### **Analyst Remarks to Narrative**

#### **Previous Issue:**

At the NCFMEA's Fall 20113 meeting Department staff determined that it was not apparent that the PAASCU conducts regular and recurring monitoring of all of its accredited programs, such as requiring and reviewing annual reports, which is common practice in U.S. accreditation.

PAASCU's policies outlined in its Accreditation Manual require a medical school to submit periodic reports (not annual reports) which focuses on the implementation of the recommendations given by the previous PAASCU team. The Department staff report noted that while PAASCU does not require annual reports from its accredited medical schools CHED did require annual reports from all of its licensed medical schools. Department staff also noted in its report that PAASCU did not provide any documentation describing the process used for collecting the information supplied in the annual reports provided to CHED (the countries licensing body for medical schools) by medical schools. In addition, no information or documentation was provided to explain how these periodic reports are shared with PAASCU (the countries evaluating body). Department staff recommended that the NCFMEA request that the country provide additional information on CHED's requirements for annual reports and if, and how, this process is used in monitoring the medical schools' compliance with PAASCU and/or CHED standards.

In response to the draft staff analysis, PAASCU provided a description and supporting documentation to clarify the process in which annual report data collected by CHED is shared with PAASCU. However the documentation provided failed to adequately demonstrate collaboration between these two government agencies. Specifically, the documentation did not specify a required procedure or method of sharing the annual report information provided to CHED. Effective school year (2013-2014), PAASCU informed its accredited schools that an annual report will be required for monitoring purposes.

Department staff recommended to the NCFMEA that it request PAASCU to provide its new policies and procedures for submission and review of annual report information, and describe how it uses the information to monitor compliance with its accreditation standards. Also, PAASCU must provide further clarify whether its new annual report requirement replaces its consideration of annual report information submitted to CHED, if not, PAASCU was requested to provide a copy of any written policies and procedures for obtaining the annual report information from CHED and how the information is used in monitoring the medical schools' compliance with PAASCU standards.

#### **Current Discussion:**

PAASCU provided its revised policies and procedures for the collection and evaluation of annual report data from all of the countries accredited medical schools' (Annual Report Exhibits 2, 3 and 4). The agency's documentation demonstrates the process in which this information collected in the annual reports provided to CHED is shared with PAASCU, and how the annual report information is used in monitoring the medical schools' compliance with PAASCU and/or CHED standards. Miscellaneous Provisions (see (Exhibit 1 Section 20 (p.18)) states "the medical school shall submit an annual report to CHED at the end of the

school year". The format for the required submission is found on Annex 5 of the same CHED Memo.)

PAASCU's narrative also explains how the two agencies have implemented a process in which CHED's Technical Committee for Medical Education (TCME) and PAASCU have been conducting joint visits to monitor and evaluate medical schools across the country. The country has also reported that based on the various initiatives and joint activities undertaken by CHED and PAASCU in the past few years there is now greater coordination between these two agencies. The country also reports that the processes on monitoring and the submission of annual report data by medical schools are expected to continue to improve over time.

While the documentation provided by PAASCU demonstrates that there are new policies and processes in which information is collected in annual reports that are shared between CHED and PAASCU, and how the annual report information is used in monitoring the medical schools' compliance with PAASCU and/or CHED standards, the agency did not provide any documentation demonstrating the application of this process.

The NCFMEA may wish to ask PAASCU to provide, in a special report, documentation demonstrating the application of its revised policies and procedures for submission and review of annual report information, and how it uses the information to monitor compliance with its accreditation standards. In addition, the country is due for a redetermination of comparability.

### **Country Response**

It should be noted that the CHED Memo No. 18, entitled "Policies, Standards and Guidelines for the Doctor of Medicine Program" was issued only last year, on April 7, 2016, and it took effect this school year which started in June 2016 and ended last month (March 2017). Since the school year just ended, the annual reports mandated by CHED in CMO 18 are still to be submitted by the medical schools to the Technical Committee on Medical Education (TCME). CHED is the country's regulatory body while PAASCU is a private, voluntary, non-governmental agency that has been designated to accredit medical schools.

Based on consultations with some members of the TCME who also serve on the PAASCU Commission for Medical Education (CME), the processes on how to use the information that will be submitted by medical schools across the country are still being discussed. This is still work in progress and the comments given in the Analyst Worksheet are on target. We have to show how the processes are being implemented and how we use the information to monitor compliance with the new policies and standards. Unfortunately, because of the newness of these policies, standards and processes, we cannot provide documentation at this time.

The CHED Technical Committee plans to set up a database so the information from the medical schools can be inputted and analyzed. According to them, various stakeholders will have access to the database and the information will be used to monitor the degree of compliance with the new policies. Since the bureaucracy works ever so slowly, these are the challenges facing us at this time. Mechanisms for greater cooperation and collaboration between the TCME and CME are also being discussed.

To ensure continuing quality improvement, the CME has decided to follow the practice of the US in requiring and reviewing annual reports from accredited schools. All accredited medical schools will be required to submit to PAASCU an annual progress report on the implementation of the Team's recommendations and other relevant data pertaining to accreditation. This requirement will cover the school year which just ended, i.e. June 2016 - March 2017. The annual reports will be reviewed by the CME and used for monitoring purposes. Documentation regarding this monitoring process will be part of the country's submission for re-determination.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the agency was able to clarify that its policies, standards and guidelines for the Doctor of Medicine Program (which establishes the requirement for information to be collected in annual reports and shared between CHED and PAASCU) was issued in April, 2016, and was effective in the school year June 2016 to March 2017. Therefore, the agency has not yet had the opportunity to receive all of the schools' annual reports mandated by CHED (CMO 18), and make its evaluation and reports. The process requires that the annual reports are to be submitted by the medical schools to CHED's Technical Committee on Medical Education (TCME) for the initiation of the review and evaluation process.

The agency has informed the Department that the documentation demonstrating the application of the revised annual report requirements will be included in the country's submission for re-determination.

**Staff Conclusion:** Comprehensive response provided

---