

U.S. Department of Education

Staff Analysis
of the Report Submitted by

The Philippines

Prepared February 2003

Background

At its March 1999 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) determined that the accreditation standards used by the Commission on Higher Education (CHED) as administered 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 March 2002 meeting, the NCFMEA deferred acceptance of the annual report submitted by the Philippines pending receipt of additional information for review at the Committee's September 2002 meeting. The NCFMEA was unclear about the level of accreditation activity and oversight undertaken by MEAC during the time that the community had been focusing on creating a new accreditation organization, the Commission of Medical Education (CME). The Committee also requested more specific information on the transfer of accreditation authority from MEAC to the CME. Lastly, the NCFMEA also requested the opportunity for NCFMEA members to observe a CME evaluation team conduct an accreditation review of a Philippine medical school once CME is operational.

At its September 2002 meeting, the Committee voted to accept the report submitted by CHED with the understanding that the accreditation of medical schools in the Philippines, which had previously been the responsibility of the Medical Education Accreditation Council (MEAC), is now the responsibility of the Commission on Medical Education (CME), an autonomous arm of the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). Given the transfer of responsibility from MEAC to PAASCU's Commission on Medical Education, the NCFMEA also expressed concern about whether the Philippines continues to have comparable standards for the accreditation of medical schools. Therefore, the NCFMEA requested that the Philippines submit additional information on its standards and processes for review at its March 2003 meeting.

The NCFMEA also reiterated its request that one or two NCFMEA members be given the opportunity to observe the CME conduct an accreditation review and requested a list of reviews (dates of review, name and address of school to be reviewed) planned for November 2002 through September 2003.

The information provided in the country's response is the subject of the staff analysis that follows.

Summary of Findings

Based on a review of the responses to the questionnaire and information that the country provided to the Department, it remains unclear to staff whether 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. While the accreditation system described in the narrative and documents provided by the country, appears to have substantially the components of the accreditation system used in the United States, the fact that the accreditation process is not based on adherence to PAASCU-established standards but rather that medical education programs are evaluated on achievement of self-set goals and objectives is a substantially different philosophical basis for accreditation than that required by accreditors recognized by the Secretary of Education. Also, the information the country provided left to question the authority of the Philippine Accrediting Association of Schools, Colleges, and Universities (PAASCU) to conduct medical education accreditation, and left unclear the authority and role of the Commission on Medical Education (CME) in medical education accreditation.

Staff Analysis

The National Committee on Foreign Medical Education and Accreditation is charged with determining whether the standards and procedures for accreditation used by a foreign country to accredit medical schools offering programs leading to the M.D. (or equivalent) degree are comparable to the standards and procedures for accreditation applied to M.D. programs in the United States.

In making this determination, the Committee uses the following guidelines that it has determined provide an appropriate framework for the thorough evaluation of medical schools offering programs leading to the M.D. (or equivalent) degree. The Committee wishes to make it clear that these are, in fact, guidelines and that a foreign country's review and approval process can differ substantially from these guidelines and still be determined to be comparable to the standards used in the United States, provided the foreign country can demonstrate that its standards and processes of evaluation are effective alternatives to those used in the United States.

PART I: The Entity Responsible for the Accreditation/Approval of Medical Schools

There should be a clearly designated body responsible for evaluating the quality of medical education in the foreign country, and that body should have clear authority to accredit/approve medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.

The Commission on Higher Education (CHED) is the governmental body authorized to grant authority to operate a medical school in the Philippines. It does this via the issuance of a permit (registration). In its 1999 application, CHED reported that a permit is obtained only after the institution provides documentation of a self-evaluation. CHED then conducts site evaluations, and permits are renewed annually until the first class is graduated (five years). At that time, it appears that the permit (registration) is permanent barring its being rescinded by the CHED.

PAASCU, a private, voluntary, non-profit and non-stock corporation, was registered with the Securities and Exchange Commission in 1957. The Philippine government recognizes the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU) and endorses its work as an accrediting agency. PAASCU is one of four accrediting agencies under the umbrella of the Federation of Accrediting Agencies of the Philippines (FAAP). FAAP is the agency recognized by the CHED to certify the accredited status of programs granted by different accrediting agencies for the purpose of granting progressive deregulation status and other benefits. CHED holds FAAP accountable for its certification of the quality of education offered in accredited programs/institutions. CHED provides incentives to institutions of higher learning, public and private, whose programs are accredited or whose needs are for accreditation purposes.

In 2002, the Philippines reported that a new entity, the Commission on Medical Education (CME), was formed to accredit medical education in the country. It was also reported that the CME is an autonomous arm of the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). Of concern to Department staff however, is that medical education is not listed as an area accredited by PAASCU in its materials or the CHED documents. Also of concern is that the CME is not listed in materials as a part of the PAASCU. Neither is there any information on the CME or its Commissioners: its composition, Commissioner selection and term of office, function and responsibilities of the Commission, nor on the CME decision-making process and procedures.

Finally, the PAASCU materials indicate that the PAASCU Board of Directors, on favorable evaluation and recommendation by the Formal Survey Team, grants accreditation. It is unclear to staff what is the relationship between the CME and the PAASCU Board of Directors and who makes the accreditation decisions on medical education programs.

Documentation:

CHED Memorandum Order (CMO) No. 36, Article 1

CHED Order No. 31s., 1995, Policies on Voluntary Accreditation in Aid of Quality and Excellence in Higher Education

Higher Education Act of 1994, page 7, SEC. 14

CHED Order No. 31s. 1995 Policies on Voluntary Accreditation in Aid of Quality and Excellence in Higher Education, page 2

PAASCU, *a primer* 1999, page 5

Manual of Accreditation for Higher Education Institutions 2000, pages 3,7-8, 11-16, Appendix D

PART II: Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following:

The government imposes requirements for approval purposes in most of the areas listed in the NCFMEA's Guidelines. In a number of the areas of evaluation, the PAASCU accreditation process emphasizes meeting the requirements established by CHED (i.e. curriculum, administration) or references a number of CHED requirements in the Basis of Evaluation or Evaluation Forms. Because of this, staff believes it is important to also describe the CHED's requirements that relate to the accreditation process and has provided this as well.

1. Mission and Objectives

(a) The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical school's educational program must be appropriate in light of the mission and objectives of the school.

(b) An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduates to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have the educational background necessary for continued learning.

CHED Memorandum Order No. 36, Series 2001 states that the main purpose of basic medical education is to produce physicians and thereby satisfy the health human resource needs of the country. It further states that the program is to:

1. provide knowledge, skills, and attitudes in consonance with the concept of a primary care physician;
2. prepare students for post-graduate study, research, teaching and specialty training; community development and administration
3. inculcate in students an appreciation of the use of the community and indigenous resources to promote health;
4. promote the integration of health services into the training program; and
5. develop, in students, habits and attitudes to enable them to engage in lifetime continuing medical education responsive to changing needs and developments.

The PAASCU accreditation process emphasizes the importance of an institution formulating its mission and objectives. PAASCU evaluates an institution not by comparison with other institutions but, primarily, by the degree to which each institution operates within its stated purposes and objectives. PAASCU's accreditation process

establishes that an institution's self-stated purposes and objectives are the philosophical framework of the PAASCU evaluation.

Goals and objectives are to be determined in light of the community in which the program exists and are to be clearly stated. According to PAASCU documents, a medical school should include among its objectives:

- the competence of students at the time of completion of the medical program. Competencies should include those necessary for the various roles of the physician: medical practitioner, academician/teacher, researcher, administrator, and social mobilizer;
- a fostering of an awareness of social needs and involvement in social projects and to develop responsible citizens; and
- harmony with the goals of the whole institution, with national development goals, and with desirable Filipino cultural values.

Goals should be attainable and educationally sound. There should be demonstrated evidence that the faculty subscribes to the goals and objectives and that they are discussed with first-year students during orientation and the competencies to be developed made clear.

The PAASCU accreditation procedures require an institution to conduct an assessment of its purposes and objectives as the preliminary step in conducting its self-study. The assessment procedure to be followed is described specifically in the PAASCU Manual and it is to include the administration and the entire faculty of the institution. The PAASCU visiting team then verifies the information in the self-study report and assesses the institution's effectiveness in terms of the institution's stated mission and goals.

Documentation

CHED Memorandum Order No. 36, Series 2001, Article II, Section 1

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, pages 1-2.

PAASCU, *a primer* 1999, page 4

Manual of Accreditation for Higher Education Institutions 2000, Section IV Step 3. page 21

Guidelines for PAASCU Accreditors/Survey Team Members,

2. **Governance**

- (a) The medical school must be legally authorized to provide a program of medical education in the country in which it is located.**

- (b) There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school's administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.**

in accordance with the Higher Education Act of 1994, the government directs that only those schools, colleges, and universities duly authorized by the Commission on Higher Education shall operate medical education programs. Also, all curricular programs in medical education must have proper authorization from the Commission prior to the offering of such programs.

Further, CHED directs that medical schools and teaching hospital shall be incorporated (as one) as non-stock, non-profit corporations governed by a Board of Trustees/Regents. CHED outlines the functional responsibilities it requires of Boards in addition to their functions under law. They are:

- to set policies for the medical schools and teaching hospital
- to approve the budget for the school and teaching hospital upon recommendation of the Dean;
- to confirm appointments or separations of administrators and faculty, upon recommendation of the Dean; to approve rules and regulations of the school and teaching hospital as proposed by the President and Dean; and
- to ensure the viability of the medical school.

The PAASCU accreditation process includes evaluating the governance of a medical program. The basis of evaluation in this area is an institution's compliance with CHED requirements, the extent to which the Board of Trustees has appropriate academic qualifications, represents a broad section with proven leadership, meets regularly, and is responsible for and actively involved in general policy-making. The institution is to provide documentation listing its Board of Trustees and their qualifications as a part of the self-survey.

Documentation:

CHED Memorandum Order No.36, Series of 2001, Article I, Sections 1-2 and Article III Sections 1-3.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, pages 36-41

3. Administration

- (a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.**

(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.

(ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.

(iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students.

The governmental body, CHED, has organizational and administrative requirements to which a medical school must adhere for approval to operate. Specifically, it requires that the medical school be under the immediate administration and supervision of a Dean who, by training and experience demonstrates an understanding of prevailing medical standards and the authority to implement them. The Dean is the Chief Academic Officer of the medical education program and is appointed by the institution's Board of Trustees or by the President/CEO of the University with tenure determined by the Board of Trustees. The Dean's responsibilities are to include:

- planning the organizational structure of the medical program;
- recommending faculty appointments, faculty assignments, faculty and staff disciplinary actions, faculty development;
- initiating, promoting, and upgrading research, library, and laboratory facilities;
- supervising admission of medical students and screening applicants;
- reviewing the medical education curriculum;
- securing endowments /grants for research and other educational purposes; and
- establishing scholarships and professorial chairs.

CHED further outlines the responsibilities of Unit Heads/Department Chairs:

- supervision of all activities in the unit/department;
- organization of the unit to attain the institution's objectives in accordance with the policies of the institution;
- evaluation and selection of staff and recommendations of staff appointment, promotion, and separation;
- budget preparation and recommendation to the Dean;
- periodic review and update of the curriculum, teaching methods, and evaluation techniques; and
- faculty /staff participation in research.

Heads of clinical units/departments are also to:

- head the corresponding department/service in the teaching/affiliated hospital;
- supervise staff and student activities in the corresponding services of the affiliated hospital; and
- develop and maintain accredited residency training programs.

The PAASCU accreditation process evaluates the organization and administration of a medical program. The basis of evaluation in this area includes an institution's compliance with the CHED requirements. PAASCU also assesses:

- the administrative organization structure for adequacy in the number of staff and sound administrative principles in their assignments, the qualifications of the administration, and the effectiveness of the program's formal communication channels;
- the existence of periodic long range program planning and its soundness, the participation of faculty and students in the process, realistic budget support, and for the dissemination and awareness of the plan;
- the financial management for fiscal integrity, a distinct budget for the medical program, clear delineation of business functions carried out by qualified financial managers, widespread participation in the preparation of the budget, sound salary scales for academic and non-academic personnel, and the use of external audits;
- the administration of records for their adequacy, accuracy, accessibility, currency, and for implementation of policies and procedures to protect confidentiality of student records; and
- academic and scholarly connections and the extent to which they include memberships in national and international organizations, societies, consortium arrangements with other institutions, and activity in seeking and receiving grants, fellowships, and contracts.

The institution is to include its assessment of the administrative organization and structure in its self study and to provide documentation, such as charts, copies of by-laws, the institutional development plan, financial audits for three years, minutes of Board meetings, listings of the members of the Board of Trustees and administrators and their qualifications, as a part of the self survey.

Documentation

CHED Memorandum Order No. 36, Series 2001, Article III, Sections 1-10.

Manual of Accreditation for Higher Education Institutions 2000, Appendix E, page 45

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, Area 7, pages 36-41, Appendix A, page 46

Guidelines for PAASCU Accreditors/Survey Team Members page 3.

(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.

CHED sets specific qualifications for the Chief Academic Officer/Dean. The Dean must be a licensed doctor of medicine with a minimum five years of teaching experience at the rank, at least, of Assistant Professor in a college of medicine, must have leadership qualities, experience in administrative positions, and possess professional standing commensurate with the position.

PAASCU accreditation includes an assessment of the qualifications of the Chief Academic Officer/Dean. PAASCU assesses that the Dean is “highly qualified in terms of academic preparation, experience, and achievement.” PAASCU verifies that the Dean is a full-time officer and that the teaching load of the Dean is reasonable in proportion to the size of the medical school.

Documentation

CHED Memorandum Order No. 36, Series 2001, Article II, Section 5.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, page 38.

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to--

(i) Admissions;

(ii) Hiring, retention, promotion, and discipline of faculty; and

(iii) All phases of the curriculum, including the clinical education portion;

CHED requires that medical schools have competent teaching staff. It outlines faculty nomination procedures and faculty selection and promotion criteria to be used by institutions. However, CHED documents do not appear to require or address the role of faculty members in the decision-making process to be followed by institutions in areas of student admissions; hiring, retention, and promotion of faculty. CHED does state that continuous faculty review of the curriculum is essential and that it is highly desirable that a functioning Curriculum Committee exists.

PAASCU's basis of evaluation in Area 1: Faculty, includes an assessment of: academic qualifications, faculty performance, processes for faculty selection, teaching assignments, policies and procedures for promotion and tenure, faculty development programs, faculty compensation, and faculty involvement. However, the PAASCU Survey instrument does not appear to require an assessment of faculty involvement in decisions specifically related to student admissions or to the hiring, retention, and promotion of faculty. The basis of evaluation does appear to expect faculty participation

in the formulation of goals and objectives, policymaking, and in the evaluation of the curriculum and other programs of the medical school.

Documentation

CHED Memorandum Order No. 36, Series 2001, Article V, Section 7.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, pages 3-4 and 9.

(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that--

(i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and

(ii) There is consistency in student evaluations at all sites.

As described in the Governance section, CHED requires that a medical school and its teaching hospital be incorporated as one under Corporation Code. If a medical school does not own a training hospital, it must have an affiliation agreement with an accredited hospital in the same geographic area. The medical school is responsible for planning, controlling, and monitoring/evaluation of the activities of students at the training hospital. Further CHED requires that the clinical program at affiliated hospitals must conform to the course objectives set forth by the medical school.

Within Area 2: Curriculum and Instruction, PAASCU includes as a basis of evaluation, the management of instruction. PAASCU criteria for ensuring effective instruction include visits to teaching facilities by the Dean and other school officials.

Documentation

CHED Memorandum Order No. 36, Series 2001, Article III, Sections 1 and 10, and Article VI, Section 7.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, pages 11 and 15.

4. Educational Program

(a) *Duration:* The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

CHED requires that a medical curriculum “be a least four years, the fourth year of which shall be a full clinical clerkship.” The Medical Act of 1959 corroborates the requirement

that a medical education program leading to the degree of doctor of medicine be at least four years.

The PAASCU basis of evaluation of the Curriculum begins with a medical school meeting the requirements established by the CHED. The PAASCU report further elaborates that the program is usually offered in two semesters of 17 weeks each during the first three years and a full (52 weeks) year of clinical clerkship in the fourth year.

Documentation

CHED Memorandum Order No. 36, Series 2001, Article V, Section 3,
PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001,
page 10.

(b) *Curricular Content:* The medical school's curriculum must provide students with general professional education, i.e. the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including--

(A) The contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

CHED defines the broad objectives of a medical education program as:

- a. To provide students with the core knowledge needed by a primary care physician:
 1. promote the health of communities
 2. prevent the onset of disease
 3. cure disease and /or mitigate its consequences
 4. utilize the broadest range of health interventions to achieve the foregoing.

- b. To develop in students the following skills/attitudes:
 1. Critical thinking and problem-solving skills,
 2. Decision-making and leadership ability,
 3. Communication and technical skills,
 4. Commitment for life long self-learning and professional development,

5. Desirable attitudes, moral values, and ethical behavior, including love of country, social responsibility, honesty, integrity, and justice, and sensitivity to the world of the patient,
6. Capability to use the holistic approach to patient care, and
7. Team spirit and ability to work with other health personnel and community workers.

Further, CHED outlines that the curriculum have the following characteristics:

1. is competency-based and student centered,
2. promotes learning of principles and processes rather than mastery of facts,
3. encourages self-directed learning,
4. utilizes evidence –based medicine, promotes research, and allows students to choose form electives, and
5. allocates adequate time for both theory and practice.

Finally, CHED requires that an approved medical education program utilize a variety of teaching-learning activities in appropriate settings and a variety of instructional methods including lectures, laboratory sessions, small group discussions, and problem-based learning and establish faculty:student ratios for various instructional methods:

Lectures- 1:100
 Laboratory Sessions- 1:25
 Small group Discussion – 1:15 and
 Problem-based Learning – 1:10

CHED lists the required disciplines to be included in an approved medical education program:

- a. Human Anatomy (including gross and Microscopic Anatomy and developmental Anatomy,
- b. Anesthesiology (including Pain Management),
- c. Biochemistry, Molecular Biology, Genetics, and Nutrition,
- d. Legal and Forensic Medicine, Health Economics, and Bioethics,
- e. Internal Medicine,
- f. Microbiology, Parasitology and Immunology,
- g. Neurosciences (basic and clinical),
- h. Obstetrics-gynecology (including Women’s Health),
- i. Ophthalmology and otorhinolaryngology,
- j. Pathology (Clinical and Anatomic),
- k. Pediatrics (including Child Protection),
- l. Pharmacology and Therapeutics (including Alternative Medicine),
- m. Physical medicine and Rehabilitation,
- n. Human Physiology,
- o. Family and Community Medicine (including Preventive Medicine),

- p. Behavioral Medicine (Psychiatry),
- q. Radiological Sciences (including Imaging Modalities),
- r. Surgery, and
- s. Research and Clinical Epidemiology.

PAASCU's evaluation of curriculum and instruction in a medical education program is focused on the objectives of medical education in the country. Evaluation begins with an assessment of the program's compliance with CHED requirements.

The PAASCU narrative included a listing of the required subjects including a breakout of the corresponding teaching hours, instructional methods and laboratory activities. However, the source of this information was not identified.

In addition to ensuring an institution complies with the requirements established by the CHED, PAASCU also assesses the extent to which learning experiences are systematically arranged and are interdisciplinary and multidisciplinary in nature. Syllabi are reviewed for in-depth coverage of topics in basic and clinical sciences that reflect the competencies needed for practice, further training, and research. Instructional methods are reviewed for variety and suitability for medical education, such as seminars, lectures, discussion groups, workshops, and symposia. PAASCU also assesses the extent to which the curriculum is community-oriented based on the program's demonstrated commitment in program, projects, and activities that reflect ethical principles and are well-planned, implemented, and evaluated. PAASCU looks for proactive oversight of the instructional program by the administration as well as faculty and student participation in the periodic evaluation and revision of the curriculum.

PAASCU requires documentation including catalogues, course syllabi, and sample exam questions, to accompany the program's self study report. In addition to reviewing the documentation, survey team members observe classroom instruction during the on-site visit.

Documentation

CHED Memorandum Order No. 36, Series 2001, Articles V and VI.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, Area 2, pages 10-15 and Appendix A, page 45.

Guidelines for PAASCU Accreditors/Survey Team Members, page 2

(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school's program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of a series of selected patients having the major and common types of disease problems represented in the clerkship.

As noted above CHED requires that the fourth year of the medical education program be a full clinical clerkship. CHED further stipulates 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. CHED does not appear to require a clinical experience in Psychiatry or Family Medicine. It does address, though, such issues as the number of beds that must be available to ensure an adequate case load, the supervision of students in their clerkships, that each clinical clerk follow at least ten maternity cases through to delivery and that the program provide extension services in Community Medicine, etc.

The PAASCU narrative includes a listing of the required clinical subjects including a breakout of the corresponding teaching hours, instructional methods and clinical exposure prior to the clerkship and the duration of the rotation. However, the source of this requirement was not identified or provided.

The PAASCU Survey Instrument does require an assessment of the clinical training /service facilities as an essential component of the medical education program. The document includes specific expectations for three types of clinical facilities: 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.

The community-based health facility is assessed for the extent to which it follows the concepts of primary health care and provides students the opportunity to participate in community diagnosis, health planning and organizing, action research, and training local health workers. Emphasis is to be on health promotion, disease prevention, and community self-reliance.

The ambulatory care facility is assessed for the scope of medical experiences provided to students including preventative and emergency, acute and progressive chronic illnesses, and personal and family counseling. An emphasis is placed on the ability of the facility to develop skills of practicing holistic medicine and coordinating the care provided by disparate specialties.

The inpatient care facility is assessed for the extent to which it provides students with a wide range of critically ill patients including adult medical and surgical patients, pediatric cases, and OB/gyn patients. Quality criteria include the range of patients available, a well-defined teaching program having academic activities such as seminars, grand rounds, etc., consultants (board -certified) in each department.

The institution includes an assessment of the clinical component in its self study and is to submit specific documentation on each clinical training facility that includes statistics on departments/services, equipment, teaching/academic activities, summary of consultants profile, statistics on patients, etc.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Articles V and VI.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, Area 3, pages 16-19 and Appendix A, page 45.

Guidelines for PAASCU Accreditors/Survey Team Members, page 2

(iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology.

The CHED lists the following disciplines as part of the required curriculum:

- Anesthesiology,
- Legal and forensic medicine , health economics, and bioethics,
- Physical medicine and rehabilitation
- Radiologic sciences, including imaging,
- Research and epidemiology.

PAASCU's evaluation of curriculum and instruction in a medical education program is focused on the objectives of medical education in the country. Evaluation begins with an assessment of the program's compliance with CHED requirements.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article V.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, Area 2, page 10.

(iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.

The CHED lists Bioethics and Psychiatry as part of the required curriculum. According to the PAASCU narrative, socio-economic topics are addressed in appropriate subjects such as Preventive and Community Medicine, Pharmacology, and clinical disciplines. PAASCU assesses the extent to which the curriculum is community oriented providing depth and breadth in the social sciences, the extent to which ethical principles and values are promoted and social awareness and concern are developed in students.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article V.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, Area 2, pages 12-14.

(v) Communications skills integral to the education and effective function of physicians, including communication with patients, families, colleagues, and other health professionals.

CHED lists the development of communication skills as an objective of the undergraduate curriculum.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article V.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, Area 2, pages 12-14.

(c) *Design, Implementation, and Evaluation:*

(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic evaluation of all aspects of the curriculum, including both basic sciences and clinical education.

(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance;

the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.

Curriculum Design and Implementation

The CHED outlines the broad objectives and the desired characteristics of a medical education program, as well as the disciplines that are to be included and the skills/attitudes it intends a medical education program to develop. However, CHED establishes no rigid curriculum for accomplishing this. It expects continuous study of the curriculum by the faculty and school administration with the introduction of modifications and new methods and materials to take proper cognizance of new advances in medical science and medical education including changing patterns in medical practice. CHED supports the creation of functioning Curriculum Committees or their equivalent.

The self-survey conducted by medical education programs seeking accreditation self-evaluate faculty participation in the formulation of program goals, objectives, and in program policy-making. This information is reviewed and evaluated by the formal survey team.

Curriculum review:

Curriculum review is the responsibility of the individual medical education program. CHED Memorandum 36 addresses the requirement for design, implementation and evaluation and revision of the curriculum. The Order establishes the responsibility of the Dean to “periodically review the curriculum and make the necessary recommendations for its improvement.” It also outlines the responsibility of the Unit Head or department Chair to “review periodically or upgrade the curriculum...” and, as stated above, the CHED Order states that there is to be “continuous study of the curriculum by the faculty and school administration with the introduction of modifications and new methods and materials to take cognizance of the advances in medical sciences and medical education....”

PAASCU also assesses curriculum review as a criterion of a quality medical education program. It assesses the extent to which the curriculum is relevant, flexible, innovative, and grounded in social realities. It expects institutions to make provision for planned, periodic evaluation and revision of the curriculum—an activity having widespread participation of faculty, administration, students, and other stakeholders. However, there is no additional information regarding any PAASCU standards for a quality curriculum review. It is unclear that PAASCU expects an institutional review of its curriculum to include an assessment of student performance data or student outcome indicators in determining the effectiveness of the curriculum and in the curriculum improvement planning process.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article III and V.

(a) Admissions, Recruiting, and Publications

(i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.

(ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).

(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.

Admissions

Article IX of CHED outlines specific admissions requirements and a preliminary eligibility procedure before application is made to a medical school in the country. Students seeking admission to the medical education program must hold a bachelors degree in science or the arts. The prospective applicant must take the National Medical Admission Test (NMAT) and score above the cut-off score established annually by the Technical Panel for Medical Education, which also establishes a freshmen quota for each medical school based on faculty resources, and adequacy of teaching facilities.

After meeting the above conditions, prospective applicants then submit the following documents to CHED in order to obtain a certificate of eligibility to forward to the medical schools from which the applicant may seek admission:

Birth certificate,
Certificates of good moral character from two college professors,
Official transcripts showing completion of a degree, and
Certified copy of NMAT scores.

Transfer students must provide certificates of honorable dismissal from the previous school.

PAASCU assesses the quality of the school's admissions process with an emphasis on an institution's having policies and procedures which are in adherence with government regulation, conform to the vision-mission and goals of the university and medical school,

and include selection criteria that are regularly evaluated and are effective in identifying students capable of undertaking the medical program.

Publications

In accordance with the Medical Act of 1959, as amended, each medical school is required to publish a catalog each year, which provides the following information:

Date of publication,
Academic calendar,
Faculty roster indicating full-time or part-time position,
Requirements of admission,
Grading system,
Requirements for promotion and graduation,
Requirements for graduation,
Curriculum and course descriptions, and
Number of students enrolled in each class the preceding year.

Schools seeking PAASCU accreditation submit copies of their catalogs with the self-study report.

Student Records

In accordance with CHED, medical schools must make student records available to the student upon request within 30 days of completion of all requirements for graduation. Beyond adherence with CHED requirements, PAASCU also assesses an institution's policies and procedures for the confidentiality of student records as well as for the reasonableness of procedures for serving student requests for their release.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article IX and Article XI.
PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, area 5, pages 26-28, Area 7, page 40, Appendix A, page 45.
The Medical Act of 1959, as amended, Article II, Section 7

(b) Evaluation of Student Achievement

(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.

(ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.

(iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.

CHED requires medical schools to "provide for a systematic plan of evaluation of student progress through a grading system that is consistent and congruent with the educational objectives set by the institution." Also, institutions are to develop and validate both formative and summative assessments including clinical examinations. Institutional policies are to be made known to students to serve as guides in preparing for their courses. Grading is to be fair, just, and reflect proficiency in the subject matter.

CHED also outlines a specific system of promotion and graduation. It includes the following parameters:

- No M.D. degree may be conferred upon a student unless that student has taken the last two curriculum years of the medical course in the college that is to confer the degree.
- Rules on pre-requisites must be strictly observed, with no student being permitted to take any subject until all pre-requisites have been satisfactorily passed.
- Students may not be promoted to the upper curriculum year if they have any deficiencies in the lower curriculum year.
- A student who fails in at least forty percent of the total annual course load, in hours, at any year level is dismissed from the college.
- A medical student who fails in the same subject twice in any year level is automatically dropped from the rolls.

PAASCU assessment criteria places emphasis on institutions having polices and procedures that meet CHED requirements. As well, PAASCU assessment of a medical program places emphasis on the institution's use of various instruments to evaluate student performance such as written, practical, and oral examinations, term papers, and research projects. The institution's use of examinations that measure the attainment of course objectives as outlined in course syllabi, student competence and performance in terms of knowledge, communication skills, the ability to organize and integrate ideas and information, to analyze and synthesize ideas, and to apply knowledge to actual case problems.

Emphasis is also placed on an institution's having a well defined grading system and policies that are clearly stated and effective in motivating students. Having performance requirements that enable students to meet degree requirements within acceptable time frames, student awareness of evaluation results, fair and consistent application of all policies, and adequate institutional monitoring of attrition and completion rates are all evaluated.

In order to practice medicine, a person must pass the national Board Examination for physician registration. In addition to holding a degree of Doctor of Medicine, or its equivalent, conferred by an approved college of medicine, the candidate must have also completed one calendar year of technical internship training.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article VI and Article X.

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, area 2, pages 10-15, Area 5, pages 26-28.

The Medical Act of 1959, as amended, Article III.

(c) *Student Services*

Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

The CHED requirements do not address student services.

PAASCU assesses the breadth of an institution's student services. Services reflecting a quality student support system include: a functional academic advising system; a grievance mechanism; a competent referral system having services necessary for a wide range of issues and problems; opportunities for financial assistance such as scholarships, grants, assistantships, etc.; auxiliary services such as guidance, dental, medical, etc.; and satisfactory support for student organizations. However, there is no evidence that PAASCU assesses whether an institution has adequate policies providing for the education, prevention, and management of exposure to infectious diseases during the course of the educational program.

Documentation:

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, area 5, pages 26-28.

6. Resources for the Educational Program

(a) *Finances*: The medical school must have adequate financial resources for the size and scope of its educational program.

The CHED requirements do not appear to address or set requirements as to the financial status or viability of an institution seeking approval.

Institutions seeking PAASCU accreditation are to submit audited financial reports for the past three years with the self- study report. However, the PAASCU accreditation process does not appear to have any written criteria for an assessment of the adequacy of financial resources for the medical education program. The accreditation process does, however, address the financial management of the institution and emphasizes the fiscal integrity of the school as well as the extent to which the financial affairs of the school are well organized and properly managed. No additional information was provided as the narrative provided by PAASCU did not address this section of the guidelines.

Documentation:

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, page 36 and 46.

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

For medical school approval, CHED establishes the requirement that teaching-learning settings include adequately lighted, ventilated and equipped classrooms and laboratories, ambulatory care clinics, hospital wards, and other units, community and family settings. Overcrowding in the classrooms, labs, and other venues for instruction are not allowed. For practicum in the clinical departments and Community and Family Medicine, the settings are to be as similar as possible to actual future places of practice.

PAASCU accreditation assesses the quality of the institution's physical resources. A physical plant that has a full-range of institutional resources to support the teaching program is considered the quality standard. Specifically, that is evaluated by the extent to which the institution has enough classrooms for medical classes at scheduled hours; that classrooms are free from noise; that rooms are readily available for medical school activities; that faculty members have adequate office space and facilities to meet their instructional and research needs; that the institution has the necessary laboratory facilities and adequate audio-visual equipment; and that mimeographing and photocopying facilities are readily available. Additionally, PAASCU identifies specific evaluation factors for laboratories. These include adequate lab space for conduct of exercises; the necessary lab equipment for the instructional needs of students; specific safety equipment (goggles, fire extinguishers, etc.) that is readily available; an effective system for proper upkeep and maintenance of equipment; and reciprocal consortium

arrangements with other institutions, industries, or agencies for making specialized equipment available to students.

The CHED directs that, through funding, requisite facilities, and faculty privileges and benefits, approved medical institutions support research activities. As well, it requires schools to engage students in research for publication and presentation.

PAASCU accreditation emphasizes the responsibility of the medical school to undertake research and to contribute to the biomedical knowledge and technology base and the improvement of service delivery while teaching students the principles and methods of research. PAASCU assesses an institution's research activity from seven perspectives: human resources, orientation, activities, quality, support from the administration, dissemination and utilization, and ethical standards.

With submission of the self- study, an institution is to submit copies of scientific papers, titles of publications, copies of the school journal, and its schedule of Research Fora, etc.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article VIII

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, area 48, pages 20-25, 45

(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

(ii) The medical school should have policies that deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

The government authority, CHED, establishes minimum qualifications for faculty of an approved medical education program. Medical schools are required to have a competent teaching staff, and appointment to the faculty must be based on academic and professional qualifications, teaching ability, and/or research potential. The CHED Order also establishes the corresponding qualifications for each academic rank - Instructor to Full Professor:

- Instructor- Licensed Doctor of Medicine or a graduate of a 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 equivalent training and experience and 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 equivalent training and experience and demonstrated outstanding achievement in scholastic and research as evidenced by authorship of at least three published scientific papers in a peer reviewed scientific journal or book.

As well, it establishes a general guideline of 1:4 faculty: student ratio for effective implementation of the curriculum with at least one full-time (a minimum of 20 hours including administrative duties) faculty member in each department. As outlined earlier, CHED also establishes maximum faculty: student ratios for various instructional activities, i.e., lectures – 1:100, Lab sessions 1:25. For authority to operate, a medical school must submit a list of faculty members trained in the subjects they are supposed to teach, together with their qualifications.

The CHED disallows faculty from holding full-time teaching positions in more than two institutions at the same time or Deans and Associate/Assistant Deans from teaching or performing administrative functions at other than their own school. Heads of departments/units may teach at another educational institution though they are prohibited from holding administrative positions at another institution.

The PAASCU accreditation process assesses faculty in eight areas:

1. Academic Qualification - sufficiency in the number of faculty (didactic and clinical) with postgraduate degrees, fellow/diplomate status, and/or board certification.
2. Performance - classroom preparation and mastery of subject, use of modern educational principles and methods, library resources, and other instructional aids.
3. Faculty Selection - clearly articulated policies, procedures, criteria for selection of faculty, process involves administration, department heads and other faculty members.
4. Teaching Assignments - based on individual qualifications, reasonable workloads, adequate faculty: student ratio and full-time positions.
5. Rank and Tenure – clear policies that are fair and reasonable and consistently applied.
6. Faculty Development – evidence of implementation of a long-range faculty development program with funding and administrative support.

7. Salaries and Benefits – compensation packages are competitive with other institutions in the area, and include recognition for competent performance and productive scholarship.
8. Faculty Involvement - in the formulation of goals and objectives, policy-making, and evaluation of the curriculum and other programs and demonstrated satisfactory professional relationships among faculty and between faculty and students, administrators, and medical colleagues, health professionals, and the community.

PAASCU comes closest to addressing conflicts-of-interest in faculty issues by providing the following statement, “In addition, consideration should be made of the possible dangers of inbreeding.”

The institution provides extensive documentation on its faculty with its self-study.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article IV

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, area 2, pages 3-9, 45.

(d) *Library:* The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

Article VII identifies the library resource requirements for institutions seeking the CHED's approval. The medical library is to have adequate journals, textbooks, and other reference materials to meet curriculum and research needs of the institution's faculty and students. Computer-based reference systems are to be provided and Internet access made available to students a minimum of twenty hours per semester.

PAASCU considers that the library is a major factor in determining the quality of a medical school. While library resources may vary widely, PAASCU expects that the library resources be substantial and considerably exceed those resources for other courses of study. PAASCU assesses the quality of the library resources in seven areas:

1. Administration and Staffing – a chief librarian with a graduate degree and experience in professional library work with responsibility for the library budget, for supervising a qualified and competent staff sufficient for the size of the medical education program, for maintaining written policies and procedures manuals for library operations and for involvement in curricular planning. Librarians are to have faculty of academic status and competitive compensation packages with opportunities for further professional growth.

2. Financial Support - adequacy of the budget for operations, staffing and development, that is not less than 1% of the annual operating budget of the institution with additional support from donations, gifts, consortia arrangements, etc.
3. Holdings – adequacy (quantity and quality) for the instructional and research needs of the program that exceed CHED requirements. Holdings must be varied, up-to-date, and pertinent with regular evaluation to ensure continued quality.
4. Organization and Maintenance of the Collection - written policies and procedures for selection and acquisition, a coordinated and efficient system of technical and service functions, collections organized systematically.
5. Library Services – demonstrated use of the library by students and faculty, demonstrated assistance provided by library staff, photocopying facilities available, and reciprocal arrangements with other libraries.
6. Management Information System – a computerized system that is connected to providers of health and medical literatures.
7. Physical Facilities – accessibility of the facility, which is quiet, well lighted, ventilated, furnished functionally, with sufficient space of collections, work and reading areas.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article VII

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, area 6, pages 29-25, 45.

(e) *Clinical Teaching Facilities* The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

When a medical school does not own its own training hospital, CHED requires that it enter into an affiliation agreement with an accredited hospital in the same geographic area and be responsible for planning, controlling, and monitoring/evaluation of the activities of its students.

PAASCU does not appear to require the medical school to have affiliation agreements with its clinical teaching facilities.

Documentation:

CHED Memorandum Order No. 36, Series 2001, Article III

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001,

PART III: Accreditation/Approval Processes and Procedures

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process must include a thorough on-site review of the school (and all its geographically separated sites, if any) during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation/approval standards. This review should include, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.

According to PAASCU documents, each entity seeking PAASCU accreditation undergoes two on-site visitations: a pre-survey visit followed by a formal survey visit. Five –six accreditors conduct the pre-survey visit for two days, mainly, for the purpose of verifying the self-evaluation conducted by the school. The team takes a general look at the school situation, studies the recommendations identified by the school in its self-study report, and makes recommendations of its own, as appropriate. Finally, the pre-survey team makes a recommendation as to when it believes the school will be ready for the formal survey visit.

Not earlier than six months after the pre-survey visit, a team of seven –eight accreditors selected by the Commission conducts a formal survey visit that usually lasts four days (including travel). The team assesses an institution's clarity of purpose, organization of resources, and educational effectiveness in eight areas: faculty, curriculum and instruction, clinical training/service facilities, research, students, library, administration, and the physical plant and other resources. In advance of the visit, each team member is provided the school's self-survey report and statistical summaries for the member's assigned areas, the school's report of its purposes and objectives, school catalog, prospectus handbooks, etc. (copies of former team recommendations, if applicable) and a roster of the team members.

The team schedule includes an orientation meeting on arrival at the campus during which time the team chair discusses the timetable, visit procedures, and the individual responsibilities of team members. During the visit, team members conduct individual and group interviews, classroom observations, visits to assigned areas, verify the information in the self-study report, and attend survey team meetings. Additional documentation and supplemental materials are provided for team use in a centralized

location. Team members provide written reports to the team chair for compilation into the final Evaluation report.

Documentation:

PAASCU, *a primer*, page 4

PAASCU Survey Instrument For Accrediting Basic Medical Education Program 2001, Pages i-ii.

Guidelines for PAASCU Accreditors/Survey team Members.

Manual of Accreditation for Higher Education Institutions, 2000, pages 10-11

2. Qualified On-Site Evaluators, Decision-Makers, and Policy-Makers

The accreditation/approval process must use competent and knowledgeable individuals, qualified by experience and training in the basic or clinical sciences, responsible for the on-site evaluation, policy-making, and decision-making.

PAASCU reports that the accreditation process uses competent and knowledgeable individuals for on-site evaluations. No information was provided regarding the selection criteria used to select prospective site evaluators nor on the topics covered in the two-day training workshop referenced in the narrative. No information describing the selection criteria, selection process or training activity for Commission members was provided.

Documentation:

Guidelines for PAASCU Accreditors/Survey team Members.

Manual of Accreditation for Higher Education Institutions, 2000, pages 10-11

Accreditor's Data Form

3. Re-evaluation and Monitoring

The accreditation/approval process must provide for the regular reevaluation of accredited/approved medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

After undergoing a self-survey and receiving a favorable recommendation by the formal survey team, initial accreditation is granted for a period of three years. At the end of this period, the institution undergoes another self-survey and formal survey visit. On a favorable recommendation of the formal survey team, full accreditation is granted for a period of five years. "Clean accreditation" means no progress reports or interim reports in the areas of faculty or instruction within the five-year accreditation period. The PAASCU narrative describes requirements to submit periodic reports or to undergo

focused site visits within the accreditation period to monitor compliance when deterioration in the quality of the institution is noted.

Documentation:

Manual of Accreditation for Higher Education Institutions, 2000, pages 10-17

4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

The PAASCU narrative reports that there is an existing policy that when a medical school undergoes a substantive change, it is imperative that the Commission is notified about the change. However, no documentation or reference for this policy was provided with the narrative of materials. It is unclear to staff what PAASCU defines as a substantive change in any area, what are the procedures for notifying the Commission of a substantive change, or what review action, if any, the Commission may take on notification of a substantive change.

5. Controls against Conflicts of Interest and Inconsistent Application of Standards

The accreditation/approval process must include effective controls against conflicts of interest and inconsistent application of the accreditation/approval standards.

The PAASCU narrative reports that objectivity is maintained as a result of the Commission carefully scrutinizing the selection of the survey team, because team members are free to comment on other team member's reports and because consensus is sought in key areas of the evaluation. Further, PAASCU reports that the three layers of decision-making serve as a check and balance as well as the use of ratings. The accreditation process does not appear to include written policies, criteria, or procedures that specifically address controls against conflicts of interest.

6. Accrediting/Approval Decisions

The accreditation/approval process must ensure that all accreditation/approval decisions are based on the accreditation/approval standards. It must also ensure that the decisions are based, in part, on an evaluation of the performance of students after graduation from the medical school.

PAASCU defines accreditation as “a concept based on self regulation which focuses on evaluation and continuing improvement, a process by which institutions or programs continuously upgrade their educational quality and services through self-evaluation and the judgment of peers, and a status granted to an educational institution or program which meets commonly accepted standards of quality or excellence.”

PAASCU does not impose arbitrary standards. Rather, PAASCU criteria are guidelines of principles and practices that are found in excellent institutions. Institutions and programs are evaluated and judged primarily by the degree to which the institution or program meets its self-set goals and objectives and to what extent it operates within the framework of its purposes and mission. Department staff notes, however, that in a number of the areas of evaluation, the PAASCU basis of evaluation emphasizes meeting the requirements established by CHED (i.e. curriculum, administration) or references CHED requirements in the Basis of Evaluation or Evaluation Forms.

PAASCU does include student performance outcomes as an evaluation factor in the accreditation decision. By policy adopted in 1997, a school seeking accreditation or reaccreditation should show that the performance of its graduates is at or above the national average pass rate for the past three to five years. Performance below the average of three to five years will prevent or defer accreditation until the school is at or above the national average in at least two licensure examinations.

As stated in the beginning of this staff report, the PAASCU materials indicate that the PAASCU Board of Directors, on favorable evaluation and recommendation by the Formal Survey Team, grants accreditation. However, it is unclear to staff who makes the accreditation decisions on medical education programs.