

U.S. Department of Education

Staff Analysis
of the Report Submitted by

The Philippines

Prepared July 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), were comparable to those used to evaluate programs leading to the M.D. degree in the United States.

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 MEAC, was now the responsibility of the Commission on Medical Education (CME), a component of the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). Given the transfer of responsibility from MEAC to the CME, the NCFMEA also expressed concern about whether the Philippines continued 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.

At its March 2003 meeting, NCFMEA voted to defer acceptance of the report pending the receipt of additional information to be reviewed at the September 2003 meeting. The committee came to the understanding, based on additional information provided by the agency, that the CME does not function autonomously. Rather, it makes recommendations to the PAASCU Board of Directors, which has final decision-making responsibility for accreditation of Philippine medical schools. NCFMEA members continued to have questions about certain aspects of the standards and processes used by PAASCU in its accreditation activities. These questions, and the country's responses, are the subject of the staff analysis of this report. The NCFMEA also reiterated its request that one or two NCFMEA members be given the opportunity to observe the CME as it conducts a future accreditation review.

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. Although statements suggesting comparability in several areas have been made, several of the statements are not supported by policies or evidence of implementation. In addition, a review of the two site visits conducted by PAASCU earlier this year support staff's earlier concern that the Philippine accreditation process is not based on adherence to PAASCU-established standards but, rather, is based on an evaluation of the extent to which medical education programs achieve self-set goals and objectives.

Concerns remain regarding the overall accountability of schools for standards compliance. The agency asserts that the Philippine government, represented by CHED, sets minimum standards that must be met in order for a medical school to legally operate. PAASCU claims that its standards exceed the minimum standards required by CHED. Yet, in defining the term "PAASCU standard" in its accreditation manual, the agency states that its standards do not have "automatic cutoff" points, apparently meaning that they do not provide measurable thresholds of quality. The manual further states that, "among the schools accredited by PAASCU there can be a wide range of quality." Apparently, PAASCU sees its mission as one of raising levels of quality at all institutions that meet minimum government standards, rather than setting specific, measurable levels of performance that require compliance as a condition of accreditation. This is a substantially different philosophical basis for accreditation than that required by accreditors recognized by the Secretary of Education.

Staff Analysis

The NCFMEA requested complete information (and supporting documents) regarding the following:

1. A description of PAASCU's standards/requirements for medical schools in the areas of:

(a) faculty involvement in the admissions process;

According to the agency narrative, the admissions committee of each medical school is composed of faculty members who establish the admissions criteria, make selections and recommend candidates to the Dean for admission of medical students. These activities and involvement by the faculty are documented in the agency's submission of a Survey Instrument for Basic Medical Education and a copy of the admissions policies of one of the country's medical schools. Although this documentation demonstrates that faculty involvement in the admissions process is taking place at at least one of the

country's medical schools, no proof has been provided that these admissions activities are in response to any PAASCU policy or requirement.

Documentation:

Survey Instrument for Basic Medical Education, page 26.

"Admissions Policies, College of Medicine," De La Salle University, Philippines

(b) faculty involvement in decisions affecting the faculty;

In evaluating medical schools, the agency must see evidence of faculty participation in the formulation of goals and objectives, in policymaking, and in the evaluation of curriculum. PAASCU has submitted an excerpt from a Faculty Manual that contains language suggesting that faculty members were consulted in the most recent revisions to the Faculty Manual. The agency states that the Faculty Manual governs conditions of employment, duties and obligations and benefits of full-time faculty members.

Documentation:

Sample Table of Contents, Faculty Manual.

"Survey Instrument for Accrediting Basic Medical Education Program," p. 4.

(c) the use of student outcome data by schools in their periodic reviews of the curriculum;

The agency states that its medical schools are expected to use student outcome data in the periodic reviews of curriculum, and that student outcome indicators include subject pass rates, attrition rates, graduation rates and board licensure examination pass rates. The schools use various approaches to measure student outcomes, and these assessments are used as input in the curriculum review. The agency also reports that, during onsite visits, PAASCU teams require proof that student outcome data has been used in the curriculum review process. The agency has not provided documentation of these expectations or requirements, however.

The agency has provided a list of documents that apparently is used as a checklist of materials to be submitted by medical schools for purposes of accreditation reviews. Under the heading "curriculum and instruction" is listed "data on student outcomes." This item suggests, but does not provide substantive proof, that PAASCU expects student outcome data to be submitted as part of the agency's overall review of the school curriculum.

In its response to the staff analysis, the agency acknowledged that student outcome data is validated and analyzed but is not collected by site team members. Again, the agency did not document that this validation or analysis involved any comparisons made between student outcome data and minimum levels of performance established by PAASCU.

Documentation:

“List of Additional Information/Exhibits to be Submitted,” “*Survey Instrument for Accrediting Basic Medical Education Program*”

(d) policies that prevent student exposure to infectious diseases.

The agency reports that all medical students are immunized against several vaccine-preventable illnesses and that students are instructed in infection control measures. In addition, students wear masks, gloves and gowns to prevent exposure during patient care. However, PAASCU has not provided documentation of the policies that govern these activities.

Documentation:

None.

2. A description of PAASCU’s written criteria for assessing the adequacy of a medical school’s financial resources.

PAASCU reports that it does not have specific criteria addressing the adequacy of a school’s financial resources. Instead, an agency staff person with some expertise in financial management assesses the school’s financial condition based on a review of audited financial statements for the previous three years.

Documentation:

“*Manual of Accreditation for Higher Education Institutions 2000*,” p. 45.

3. A description of what PAASCU considers to be a substantive change and its role when a school undergoes a substantive change.

The agency reports that its definition of “substantive change” includes, but may not be limited to, the following:

- changes in legal status or in form of control of the institution;
- merging with other institutions;
- changes in geographic location, including transfer of an institution to a new site or the establishment of satellite units;
- significant departures from the stated mission and objectives or educational programs operative at the time of the most recent evaluation.

Medical schools planning a substantive change must notify the agency early in the planning stage and submit a report detailing the proposed change. Upon receipt of the report, the agency may schedule a focused visit or other measures to ensure adequacy of information to base a decision, it may approve the change with or without conditions, or it may disapprove the change. The agency’s decision is subject to ratification by the PAASCU Board of Directors.

Documentation:

“Policy on Substantive Change”

4. A description of how site evaluators are selected and trained, including information on what procedure PAASCU follows to prevent any conflicts of interest on the part of evaluators.

The agency reports that candidate site evaluators are trained through participation in a simulated survey visit to a school with members of PAASCU in attendance and available for mentoring. “Trainees” observe classes, inspect facilities, read exhibits and documents provided by the school, and interview students, faculty and administrators. Evaluators are selected on the basis of performance during the simulated visit, academic credentials, and experience in the field.

The agency narrative states that conflicts of interest are prevented by excluding evaluators who are affiliated in any way with the school being evaluated. Documentation of this policy has not been provided, however.

Documentation:

“PAASCU Training Program for Medical Accreditors”

5. A description of how decision makers (on the PAASCU Board of Directors and the Commission on Medical Education) are selected, how those decision makers are trained to help ensure consistency in the decision-making process, and what procedures PAASCU uses to prevent any conflicts of interest on the part of decision makers.

PAASCU-accredited institutions are entitled to nominate individuals to fill vacancies on the Board of Directors in advance of an annual membership meeting, where an election is held to choose from among the nominees. Nominees must be experienced in PAASCU activities, principles and procedures. The agency provides no information regarding additional training for Board members.

Members of the Commission on Medical Education are selected and appointed by the Board of Directors based on administrative and teaching credentials, expertise and experience. No additional training for Commission members is apparently provided.

To prevent conflicts of interest, the agency excludes from the decision-making process any Board member or Commission member who is affiliated with a particular school that is being considered for accreditation. The affiliated Board or Commission member leaves the room during the relevant discussion and returns only after a final decision has been made. PAASCU reports that these procedures are driven by tradition rather than written policies.

Documentation:

“Rules for Nominations”

“Rules for Elections”

6. A description of the extent to which PAASCU holds it accredited medical schools accountable to PAASCU-established standards or thresholds of achievements.

PAASCU grants initial accreditation for a period of three years and reaccreditation for a period of five years. If, in evaluating a medical school, a survey team finds a deterioration in performance relative to one or more of the objectives established in a school’s survey instrument, the team provides recommendations to the Commission for corrective action. The medical school is required to undergo an interim focused evaluation for the deficient area(s) within the 5-year reaccreditation period. Alternatively, the school may be required to submit progress reports to demonstrate progress in addressing PAASCU recommendations. Accreditation may be deferred by the Board of Directors in cases where satisfactory corrective action is not taken.

Staff notes from the two site visit reports (see section 8) that the site teams appeared to be tasked with making recommendations for improvement of existing conditions at the school rather than making assessments of compliance with specific agency standards or achievement thresholds.

Documentation:

PAASCU Re-Survey Visit form.

7. A list of all Philippine medical schools and their accreditation status, such as

- **fully accredited and date accreditation granted**
- **provisionally accredited and date accredited**
- **site visit scheduled and proposed dates of visit**
- **self study pending and date to be received**
- **other – provide explanation**

The agency has provided a list of 33 Philippine medical schools categorized according to accreditation status. Of these 33 schools, five have submitted applications for accreditation and are currently conducting self-surveys, two have completed preliminary surveys but have not yet scheduled formal surveys, and 26 are not accredited by PAASCU.

Documentation:

“List of Philippine Medical Schools”

8. A report on the outcome of the accreditation site visits that were conducted on February 13-14 and on March 5-6, 2003.

PAASCU conducted a site visit to the University of the East – Ramon Magsaysay Memorial Medical Center on February 13-14, 2003 in Quezon City, Philippines. The team was chaired by a university president and staffed by individuals with specific experience in administration, research, and library science. The agency's Executive Director was also in attendance. Over the two-day period, the team met with administrators, faculty, and students; observed classes and small-group tutorials; inspected facilities and clinical training areas. The team showed an interest in promoting innovation in curriculum and teaching, improving faculty salaries, promoting effective administration of community-based health programs, increasing availability of patients to students, evaluating clinical skills, promoting research, encouraging effective uses of library facilities, and ensuring effective building safety policies. As this visit was deemed a preliminary survey, the team's recommendation was that the medical school be made eligible for a formal survey visit within six months to a year of their report.

The agency conducted a second preliminary site visit to the University of the Philippines in Manila on March 5-6, 2003. The site team chairman was the same individual who had chaired the earlier visit in Quezon City, accompanied by team members who were not assigned to the earlier visit. As was the case with the earlier team, this team appeared to be experienced in particular specialty areas of interest, including administration, library science and finance. This group showed an interest in computer availability, recommended a skills laboratory, encouraged the use of a holistic approach in patient settings, encouraged integration of research work into basic and clinical subjects, and recommended a tuition structure that more closely tracks costs. As with the earlier visit, the team's recommendation was to make the school eligible for a formal site visit within six months to a year of the team report.