



THE SECRETARY OF EDUCATION
WASHINGTON, DC 20202

MAY 14 2004

SENT BY FACSIMILE TRANSMISSION

Ms. Concepcion V. Pijano
Executive Director
Philippine Accrediting Association
of Schools, Colleges and Universities
Unit 107 - The Tower at Emerald Square
J.P. Rizal corner P. Tuazon Streets
Quezon City
The Philippines

Dear Ms. Pijano:

On March 8-9, 2004, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) met in Washington, D.C., to review materials from 13 countries, including the information submitted by the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU) regarding the current standards and processes for the evaluation and accreditation of medical schools in the Philippines. The NCFMEA had requested information on the current Philippine accreditation system because subsequent to the NCFMEA's determination of comparability in March 1999, the responsibility for accreditation of medical schools in the Philippines had shifted from the Medical Education Accreditation Council (MEAC) to PAASCU. Whenever the responsibility for accrediting medical schools changes from one entity to another within a country, the NCFMEA must ensure that medical school accreditation standards that are comparable to those applied in the United States (U.S.) remain in effect.

The NCFMEA members wish to thank Dr. Remigia Nathanielsz and you for participating in the March 2004 meeting. Your testimony was most helpful to the members in clarifying their understanding of your country's accreditation system. At the meeting the NCFMEA, based on the information and materials submitted and the testimony presented, determined that the standards and processes used by the PAASCU to accredit medical schools in the Philippines are comparable to those used to accredit medical schools in the U.S. This determination of comparability by the NCFMEA has a maximum duration of six years from the date of this letter, unless the Committee withdraws, extends or renews its determination prior to that date. Before expiration of the six-year period, the NCFMEA will seek to confirm that your standards and processes for accrediting medical schools in the Philippines are still comparable to the accreditation standards applied to medical schools in the U.S. If so, its previous determination of comparability will be extended for another period.

As a result of the determination of comparability by the NCFMEA, any medical school in the Philippines that is accredited by PAASCU may apply to the U.S. Department of Education to participate in the Federal Family Education Loan (FFEL) program. If a medical school's application is approved, students enrolled in the school who are either U.S. citizens or permanent residents of the U.S. may receive FFEL loans to finance their medical education if they meet all other eligibility requirements. Medical schools that wish to participate in the FFEL program may obtain the proper application forms from the Foreign Schools Team by calling (202) 377-3168 or by writing to the following address:

Foreign Schools Team
FSA/Schools Channel/CMO
U.S. Department of Education
Room 73C3
830 First St., N.E.
Washington, DC 20202-5340
USA

Please note that it is not necessary for any medical schools in the Philippines that currently participate in the FFEL program to contact the Foreign Schools Team at this time; the status of those participating schools remains unchanged by the NCFMEA's decision of continued comparability.

At the March meeting, the NCFMEA also requested that the Philippines provide a report on its accreditation activities involving its medical schools for review at the September 2005 meeting. Please see the enclosure for details on the information to be provided in the report. The members also reaffirmed their acceptance of PAASCU's invitation to have a member of the NCFMEA observe an accreditation review of a Philippine medical school. In the near future, Ms. Bonnie LeBold, the Executive Director of the NCFMEA, will contact you to finalize arrangements for that site review observation, which is tentatively scheduled for August or September 2004.

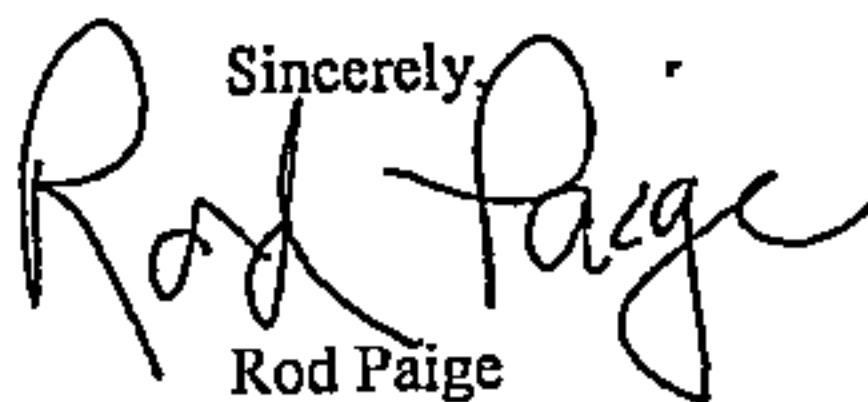
We would appreciate receiving the requested report by June 1, 2005, so we have sufficient time to review the information prior to the September 2005 NCFMEA meeting. Please send the information to the U.S. Department of Education at the address below.

Mr. John Barth
Director, Accreditation and State Liaison Staff
U.S. Department of Education
1990 K Street, N.W. – Room 7105
Washington, DC 20006-8509
USA

If you have any questions regarding the information requested, please feel free to contact Mr. Barth at (202) 219-7011 (telephone), (202) 219-7005 (fax), or john.barth@ed.gov (e-mail).

In the spring of 2005, Ms. LeBold will contact you to provide details regarding the September 2005 NCFMEA meeting. In the interim, if you have any questions, please do not hesitate to contact her at (202) 219-7009 (telephone), (202) 219-7008 (fax), or bonnie.lebold@ed.gov (e-mail).

Thank you very much for providing information regarding your country's accreditation of its medical schools. The NCFMEA members and the U.S. Department of Education appreciate your ongoing assistance in this matter.

Sincerely,

Rod Paige

Enclosure

cc: Brother Rolando Dizon, FSC
Chairman
Commission on Higher Education

**Report Requested from the Philippines and the
Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU)
by the National Committee on Foreign Medical Education
and Accreditation (NCFMEA)**

Due Date: June 1, 2005

Submit to: John Barth
Director, Accreditation and State Liaison Staff
U.S. Department of Education
1990 K Street, N.W. – Room 7105
Washington, DC 20006-8509
USA

Phone: (202) 219-7011
Fax: (202) 219-7005
E-mail: john.barth@ed.gov

Content: The NCFMEA is requesting information (and any applicable supporting documents) regarding the following:

- ***Current status of medical schools:*** A list of the medical schools currently operating in the Philippines, indicating whether each school has gone through the accreditation process and what the outcome of that accreditation process has been (whether the school is fully accredited or provisionally accredited, whether accreditation has been terminated, etc.).
- ***Overview of accreditation activities:*** A summary of key activities involving medical schools in the Philippines during 2004 and 2005, such as accreditation reviews conducted, meetings held and accreditation decisions reached, and accreditation conferences or training sessions held.
- ***Laws and regulations:*** Any changes in your country's laws or regulations during 2004 and 2005 affecting the accreditation of medical school(s) in the Philippines.
- ***Standards:*** An indication as to whether there have been any changes during 2004 and 2005 in the accreditation standards that PAASCU uses to evaluate and accredit medical schools, and, if so, what those changes were in the areas listed below:
 - administration,
 - faculty,
 - curriculum,
 - admissions procedures,
 - student services,
 - methods for evaluating student achievement, and
 - facilities.

- ***Processes and procedures:*** An indication as to whether there have been any changes during 2004 and 2005 in the accreditation processes or procedures used by PAASCU for the following:
 - conducting reviews of medical school campuses and clinical clerkship sites,
 - selecting and training individuals who conduct site evaluations or who make accreditation decisions,
 - periodically reevaluating and regularly monitoring medical schools,
 - reviewing substantive changes reported by medical schools,
 - ensuring PAASCU has effective controls against the conflicts of interest and the inconsistent application of accreditation standards, and
 - ensuring that accreditation decisions are based, in part, on the evaluation of student performance after graduation from medical school.

- ***Schedule of upcoming accreditation activities:*** A listing of upcoming accreditation meetings and on-site visits to medical schools and clinical clerkship sites planned for 2005 and 2006.

U.S. Department of Education



Staff Analysis

The Philippines

**For the March 8-9, 2004 Meeting
of the
National Committee on Foreign Medical
Education and Accreditation**

U.S. Department of Education

**Staff Analysis
of the Report Submitted by**

The Philippines

Prepared February 2004

Background

At its March 1999 meeting, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) 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 a functioning body and that the accreditation of medical schools was now being conducted by the Commission on Medical Education (CME), a review entity for medical education within the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). Given this change, the NCFMEA expressed concern about whether the Philippines continued to have comparable standards for the accreditation of medical schools. The NCFMEA, therefore, 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) 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 one or two of its members be given an opportunity to observe PAASCU conduct an accreditation review.

At its March 2003 meeting, NCFMEA members posed questions about aspects of the standards and processes used by PAASCU in its accreditation activities, and the agency was requested to submit information in response to these questions. Although the list of outstanding issues was narrowed somewhat at the September 2003 meeting, the NCFMEA continued to raise questions to gain a better understanding of the roles and responsibilities of the various entities involved in Philippine accreditation, including the CHED, PAASCU and the CME. NCFMEA members also expressed the need for more details on PAASCU's review process to ascertain whether PAASCU's focus is on quality improvement, compliance with established standards, or both. NCFMEA voted to defer acceptance of the agency's report and again requested a detailed description of the standards and processes PAASCU uses in accrediting Philippine medical

schools. The NCFMEA also requested once again that a NCFMEA member observe an accreditation review of a Philippine medical school in order to gain firsthand knowledge of how PAASCU's standards and processes are implemented.

Summary of Findings

Although the Philippines has not provided additional documentation in response to the Secretary's letter of December 4, 2003, a number of staff-agency communications has provided some clarification to issues that have remained outstanding from previous NCFMEA meetings. After reviewing information received regarding the separate roles of CHED and PAASCU in the medical school evaluation process, staff now believes that PAASCU is the designated body that is responsible for recurrent evaluation of the quality of medical education in the Philippines.

Evidence continues to suggest, with one exception, that the agency does not have PAASCU-established standards (thresholds), but rather evaluates the extent to which medical schools achieve self-set goals and objectives within broad guidelines set by the agency. With regard to the lack of PAASCU standards demonstrating thresholds of performance, the agency points out that CHED standards do have minimum threshold expectations, and that PAASCU monitors medical school compliance with CHED standards as a "base line" of evaluation. In other words, PAASCU monitors continued compliance with CHED standards, and supplements this with an evaluation of performance with respect to self-set goals and objectives.

PAASCU states that its function is to elevate the quality of all medical education in the country using peer evaluation and a self-study process, and that it endeavors to improve the quality of any institution that has demonstrated minimum compliance with CHED operating requirements. Interestingly, the agency's performance rating system demonstrates that its accredited schools are held accountable for a moderate level of performance with respect to each of the self-set goals and objectives. Schools falling below an established level of performance risk losing accreditation if they do not demonstrate an acceptable level of performance within a reasonable period of time. Although this evaluation method leaves some concern regarding the consistency of standards from school to school, staff has reached a degree of comfort with the accountability mechanism being used to ensure compliance.

At last report, two of the medical schools in the Philippines had reached the "formal survey" stage of the PAASCU accreditation process and site visits were completed in February 2004. Due to travel advisories issued by the U.S. Department of State with regard to travel in the Philippines, NCFMEA observers were unable to attend this site visit. Tentative plans are being made for

the quality of medical education provided by each accredited medical school. In carrying out this function, it should be noted that PAASCU continues to monitor performance with respect to CHED standards in addition to other standards developed by PAASCU in conjunction with individual schools.

Documentation:

CHED Memorandum Order No. 36.

PART II: Accreditation/Approval Standards

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

(a) faculty involvement in the admissions process;

The agency maintains that faculty members serve on admissions committees that establish admissions criteria, make selections and recommend candidates to the Dean for admission of medical students. No documentation has been provided, however, that the agency requires faculty involvement in this process.

Documentation:

Survey Instrument for Basic Medical Education, page 26.

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

Although the agency reports that schools voluntarily provide immunization services to students and instruct students in infection control measures, it does not appear that these activities are enforced by PAASCU as a result of PAASCU standards.

Documentation:

None.

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

The agency does not have standards addressing the adequacy of a school's financial resources. As a matter of practice, however, the chair of each visiting team is an individual with a financial management background who reviews audited financial statements and makes determinations as to whether the school has adequate resources to run its program effectively.

Documentation:

"Manual of Accreditation for Higher Education Institutions 2000," p. 45.

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

Although PAASCU activities appear to be primarily designed to foster quality improvement, there is at least one standard for which the agency maintains a minimum level of expected performance below which no accreditation can be offered. In that example, graduates of medical schools on licensure examinations must be at or above the national passing rate or the school risks losing its accreditation. The agency has not provided a complete list of PAASCU standards with measurable levels of expectation, so it is not clear whether PAASCU, as a matter of policy, is holding its schools accountable to specific agency-established standards.

Rather than emphasizing compliance with individual standards, it appears that PAASCU generates a degree of accountability through its rating system. The PAASCU rating system is characterized by an assessment of school performance within subject area parameters established on the school-generated survey instrument. For example, PAASCU visitors may rate a school on its mission statement, faculty qualifications, services, facilities, etc. Although it is unclear how the agency arrives at final scores, it is apparent that a score of "3" or above in all assessment areas is considered "good" or "passing." A rating of at least "3" is needed for accreditation.

When confronted with deterioration in academic standards, PAASCU site visit teams make recommendations that generate a process by which the school undergoes an interim focused evaluation of the deficient area, or submits progress reports to demonstrate progress in fulfilling the recommendations. If satisfactory corrective action is not taken, accreditation may be deferred.

Documentation:

PAASCU Re-Survey Visit form.



NEWDOC

Committee Name 3	Year yyy	Meeting Summer(s)-Winter(w)
NCFMEA	2004	S (W)

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Document Class
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01 Agenda

Country Materials for 49

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Date - -
 yyyy mm dd

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*Country
Response
to draft
Staff
Analysis*



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Fax: 911-0807 • E-mail: paascu@i-manila.com.ph

PHILIPPINE ACCREDITING ASSOCIATION OF SCHOOLS, COLLEGES AND UNIVERSITIES

February 14, 2004

Ms. Carol Griffiths
Chief, Accrediting Agency Evaluation
Accreditation and State Liaison
1990 K. Street, NW, Room 7105
Washington, D.C. 20006-8509

Dear Ms. Griffiths,

Thank you for the draft staff report which we received. In general, most of the items are correct. However, there are a few inaccuracies I wish to correct.

1. Summary of Findings: page 2, paragraph 2.

The statement that the agency does not have agency established standards is not quite accurate. The threshold standards used by PAASCU are the minimum standards prescribed by the government. As you know, the Commission on Higher Education sets the policies and standards for all medical schools in the country. PAASCU uses these standards as the base line in assessing schools that apply for accreditation. In addition, the applicant school conducts an institutional self-study using the Survey Instrument for Accrediting Basic Medical Education.

PAASCU's survey instrument defines the set of standards in basic medical education, structured according to nine areas, namely, Mission and Objectives, Faculty, Curriculum and Instruction, Clinical Training/ Service Facilities, Research, Students, Library, Administration, Physical Plant and Other Resources.

Part 1, Basis of Evaluation indicates the criteria or standards used in evaluating the medical school.

Part 2 is the evaluation form to be accomplished by the medical school in the self-study phase of the accreditation process. The accomplished evaluation forms will then serve as the basis for the peer review. In the Philippines, therefore, the set of standards indicated in the Survey Instrument is best used through a combination of institutional self-evaluation and peer review.

**DOCUMENTATION: Survey Instrument for Accrediting Basic Medical Education
(revised edition 2003)**

2. "PAASCU states that its function is to elevate the quality of medical education in the country using peer evaluation."

It might be good to add at this point that we strive to elevate the quality of medical education using the institutional self-study and peer evaluation. The self-study is an important phase in the accreditation process. It is a rigorous process undertaken by the medical school to assess itself using the Survey Instrument. The school uses the standards indicated in the instrument to review its performance as an organization and to reflect on the various areas

3. As of February 14, 2004, PAASCU has completed two formal surveys: the University of the Philippines College of Medicine (UPCM) and the University of the East-Ramon Magsaysay Medical Center (UERMMC). The UPCM is the first medical school to be accredited by PAASCU. UERMMC was visited on February 12-13, 2004 but the report still has to be deliberated on by the Commission on Medical Education and the PAASCU Board.

DOCUMENTATION: Report of the Formal Survey Visit to the University of the Philippines College of Medicine, September 16-17, 2003.

I shall be sending the documentation via international carrier today. I hope it reaches you by the 17th of February.

Thank you very much for everything you are doing for us. We appreciate your ongoing assistance. I look forward to meeting you at the NCFMEA meeting in March.

Sincerely yours,


Concepcion V. Pijano
Executive Director

**PHILIPPINE ACCREDITING ASSOCIATION FOR SCHOOLS,
COLLEGES AND UNIVERSITIES (PAASCU)**

SURVEY INSTRUMENT

FOR ACCREDITING

BASIC MEDICAL EDUCATION PROGRAM

2003

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HOW TO USE THIS SURVEY INSTRUMENT

This booklet comes in three parts. Part 1 is the Basis of Evaluation, which forms the introductory part of the survey instrument. Part 2 is the Survey Form. Part 3 is the Appendix containing exhibits and other supporting documentary materials.

Part 1: Basis of Evaluation

This part explains the concept of each survey area under observation. It lays down in essay form the criteria for evaluating the medical school's characteristics, the traits of excellence and the levels of performance, which are to be observed and rated. The accreditation team member is expected to rate the school on the basis of whether it satisfies the criteria, the extent of compliance or implementation, and in general, the degree to which the school approximates the ideal.

The instrument attempts to list all the desirable traits or characteristics of a medical education program. Taken together, these give the picture of an ideal. No school is expected to have all these characteristics in an outstanding manner, for the ideal does not really exist. The instrument is a tool to help the school measure the quality of education which it provides.

Part 1 is especially useful to the school committee in the self-survey phase of the work. Used side by side with Part 2 (Survey Form), it should give a fairly accurate picture of the school's strengths and weaknesses as an academic institution. The standards reflect a realistic appraisal of the school's resources and their efficient utilization to help the institution achieve its goals.

The list of materials substantiating the observations or ratings will appear separately in Part 3 (Appendix). A system of cross-references should make it easier for the accrediting team member to locate the pertinent data.

Part 2: Survey Form

Each area is subdivided into sections. Both area and section are assigned weights which indicate their relative importance in relation to the total evaluation. The weights are shown in the instrument. A general statistical summary or computation is provided in the Appendix.

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

After each section, space is provided for comments or remarks that the rater may wish to make. This feature should be particularly helpful to the self-evaluation committee.

MISSION AND OBJECTIVES

BASIS OF EVALUATION

The area of mission and objectives is the most basic of all the areas to be evaluated. The statements of mission and objectives state what the medical school declares itself to be; however, only its policies and practices will reveal to what extent it has actually become what it professes to be.

This area is not weighted. The rating simply helps the evaluation team in determining the clarity of the guideposts in evaluating the school. The scores are not included in the overall computation.

I. Statements of Mission and Objectives of the Medical School

The medical school should define its mission and objectives and make these known to its constituency. These should be clearly stated in a catalogue or prospectus readily available to prospective students and other persons concerned.

Each medical school should include among its objectives the development of competence in the students at the time of completion of the medical course. These competencies should include those needed for the various roles of the physician, such as medical practitioner, academician/teacher, researcher, administrator, and social mobilizer. It should aim to foster awareness of social needs and involvement in social projects and to develop responsible citizens. The mission and objectives should be in harmony with the goals of the whole institution, with national development goals and with desirable Filipino cultural values.

II. Specific Objectives Distinctive of Each Medical School

Within the framework imposed by the general purposes mentioned above, each medical school is free to choose its specific objectives and the objectives of each of its courses. Such specific objectives, of course, should be attainable and educationally sound.

III. Acceptance by the Faculty

There should be demonstrated evidence that the faculty subscribes to the mission and objectives of the medical school and that the school orients new members to these purposes and objectives prior to their appointment.

IV. Orientation of Students

The mission and objectives should be discussed during the orientation of incoming students. The competencies that they have to develop must be made clear to them.

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The list of materials substantiating the observations or ratings will appear separately in Part 3 (Appendix). A system of cross-references should make it easier for the accrediting team member to locate the pertinent data.

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After each section, space is provided for comments or remarks that the rater may wish to make. This feature should be particularly helpful to the self-evaluation committee.

The user of this form must rate all statements without exception. Failure to do so may distort the statistical perspective of the evaluation.

The scale of 1 to 5 has been adopted for statistical convenience; that is, computation work. The range is used both for weighing the area and section as well as for rating the individual statements in the Survey Form.

Part 3: Appendix

Normally, each area requires additional information in the form of exhibits and other supporting documentary materials. At the end of each section of the Survey Form, the team member is told what materials are expected to be supplied by the medical school for the purposes of the evaluation. The list appears in the Appendix as indicated.

The Appendix also describes how to compute the rating of the school.

How to Compute

In the evaluation forms are spaces where the rater can write the rating for each item. Below is the rating scale which should be used:

- | | | | |
|---|---|-----------------|---|
| 1 | - | Poor: | the provision or condition is limited and functioning poorly. |
| 2 | - | Fair: | the provision or condition is limited and functioning minimally. |
| 3 | - | Good: | the provision or condition is met and functioning adequately. |
| 4 | - | Very Good: | the provision or condition is moderately extensive and functioning well. |
| 5 | - | Excellent: | the provision or condition is very extensive and functioning perfectly. |
| M | - | Missing: | the provision or conditions are missing but needed. |
| O | - | Does not apply: | the provisions or conditions are missing but do not apply or are not desirable. |

1. The Section Mean: Add the ratings of all the statements in the section, disregarding the 0, if any. Divide the sum by the number of answered items.

2. The Area Mean: Multiply the means of the various sections by their corresponding weights. Add up these products and divide the sum by the total weights of the sections.

3. Overall Mean: Multiply each area mean by the respective area weight. Add up these products and divide the sum by 60 which is the total weight value of the various areas.

MISSION AND OBJECTIVES

BASIS OF EVALUATION

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II. Specific Objectives Distinctive of Each Medical School

Within the framework imposed by the general purposes mentioned above, each medical school is free to choose its specific objectives and the objectives of each of its courses. Such specific objectives, of course, should be attainable and educationally sound.

III. Acceptance by the Faculty

There should be demonstrated evidence that the faculty subscribes to the mission and objectives of the medical school and that the school orients new members to these purposes and objectives prior to their appointment.

IV. Orientation of Students

The mission and objectives should be discussed during the orientation of incoming students. The competencies that they have to develop must be made clear to them.

EVALUATION FORM
MISSION and OBJECTIVES

RATING
(1 TO 5)

- _____ 1. The statements of mission and objectives are clearly stated.
- _____ 2. The mission and objectives are made known to its constituency.
- _____ 3. The mission and objectives are in harmony with the goals of the institution.
- _____ 4. The mission and objectives reflect national development goals.
- _____ 5. The purposes and objectives reflect desirable cultural values.
- _____ 6. The specific objectives of the curriculum are educationally sound and attainable.
- _____ 7. The statements of mission and objectives of the medical school are printed in a catalogue or prospectus readily available for prospective students and other persons concerned.
- _____ 8. There is demonstrated evidence that the faculty understands and subscribes to the mission and objectives of the medical school.
- _____ 9. The medical school orients new members of the faculty to its mission and objectives prior to appointment.
- _____ 10. The medical school orients new students to its mission and objectives.
- _____ 11. There is demonstrated evidence that students understand and accept the mission and objectives of the medical school.

_____ **TOTAL**

_____ **SECTION MEAN**

Comments:

Area 1: FACULTY

BASIS OF EVALUATION

The quality of academic and professional competence in the medical school depends to a large extent on its faculty. Through the faculty, the level and intensity of "intellectual ferment" and "perpetual dissatisfaction" of the medical school with itself is made evident. In order to be effective, a medical school should have well-organized faculty working under satisfactory conditions.

I. Academic Qualifications

The educational background of faculty members should be adequate for teaching on the undergraduate medical level. For the postgraduate level, degree and non-degree programs, the faculty should be holders of earned doctor's, and/or master's degree and/or diplomates in their field of specialty. The faculty should continue to pursue renewal programs for professional growth.

II. Performance

A competent faculty is one of the indispensable elements of a good medical school. Such a staff should not be merely a collection of individually competent persons but a cooperative group with common purposes and motivated by common ideals. Faculty members perform their professional duties satisfactorily and are sensitive to modern educational trends, issues and problems. They plan their work, teach effectively, engage in research and publications, respond to student needs, and participate in professional organizations. There is evidence of appropriate experience in professional practice related to their respective fields.

III. Selection of Faculty Members

The selection of faculty members should be a cooperative process involving the administration, department heads, and other faculty members. Attention should be given to teaching ability, broad and sound scholarship, extensive preparation in their special fields, professional competence, research expertise and communication skills. In addition, consideration should be made of the possible dangers of inbreeding. Before joining the faculty, the faculty member should show evidence of adequate preparation for his/her particular task. She/he should be informed of the objectives of the institution and should show willingness to subscribe to them.

IV. Teaching Assignments

The proportion of full-time faculty members should be sufficiently large to insure effective instruction, research, and guidance of students. Faculty members should be given teaching assignments in their fields of specialization. Their teaching load should be reasonable to allow them time to prepare sufficiently for their classes, to evaluate their students and to grow professionally through research and study. There should be an adequate number of staff for the programs offered, the enrollment and the needs of the students.

V. Rank and Tenure

The medical school should have definite and clear criteria for ranking, promotion and tenure as described in a faculty handbook. Definite procedures for tenure, probation and termination should be clearly indicated and observed.

VI. Faculty Development

The medical school must have progressive and professionally alert faculty members as evidenced by their productive scholarship, research outputs and activities, membership and participation in professional and learned organizations and conferences. Thus, the medical school should have a long-term faculty development program which includes provisions for scholarships, study leaves, research grants, etc.

VII. Salaries and Fringe Benefits

The faculty members are given remuneration commensurate with their professional qualifications and competence. Compensation should be just and competitive with salaries in the community to attract and retain qualified faculty members. There are provisions for salary increments in recognition of efficient performance.

The institution should have an adequate social security system which provides for retirement plans, leaves of absence, sickness benefits, separation pay, special awards and privileges. There are also provisions for rewarding faculty members who are outstanding in research and those who have rendered long, efficient and devoted service.

VIII. Faculty Involvement

There are evidences of faculty participation in the formulation of goals and objectives, in policy-making, and in the evaluation of curricular and other programs of the medical school.

There are also evidences of satisfactory relationships existing among faculty members, students, administration, other schools and agencies and the community.

Adequate provisions are made to allow faculty members to undertake research activities in their field of specialization and to disseminate research outputs through publication and other scholarly fora.

In working with medical students, faculty members are given the necessary administrative support and compensation for research advisory work.