



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.

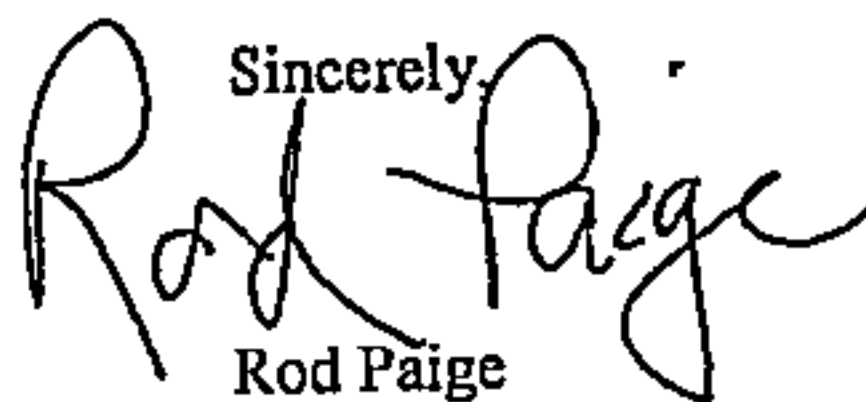
We would appreciate receiving the requested report by June 1, 2005, so we have sufficient time to review the information prior to the September 2005 NCFMEA meeting. Please send the information to the U.S. Department of Education at the address below.

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

Enter country-code number from the Master List.

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- 08 Readers/Recusals
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Date - -
 yyyy mm dd

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*Country
Response
to draft
Staff
Analysis*



Unit 107 The Tower at Emerald Square
J.P. Rizal cor. P. Tuazon Sts.
1109 Quezon City
P.O. Box AC 688, 1135 Quezon City
Tel. 911-2845; 913-1998; 439-0934
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.

EVALUATION FORM

FACULTY

RATING
(1 TO 5)

I. Academic Qualifications

- ___ 1. There is a sufficient number of faculty members with earned master's and doctoral degrees in the basic sciences.
- ___ 2. In the clinical area the majority of faculty members have postgraduate training (e.g. residency, fellowship, masters and doctoral) and are board certified in their medical specialization.
- ___ 3. Faculty members continue to pursue renewal programs for professional growth in:
- ___ a. the specialties.
- ___ b. medical education.

___ TOTAL

___ SECTION MEAN

Comments:

II. Performance

The faculty members:

- _____ 1. endeavor to implement the purposes and objectives of the institution and of the medical school.
- _____ 2. adopt modern educational principles and methods.
- _____ 3. prepare well for their classes, e.g. use instructional design.
- _____ 4. show mastery of subject matter.
- _____ 5. adhere to scientific methods in teaching.
- _____ 6. demonstrate human values and ethical principles in the learning environment.
- _____ 7. relate their subject matter to current issues and community needs.
- _____ 8. assist medical students in developing competence in their research work.
- _____ 9. show evidence of professional growth through further studies, research activities and publications.
- _____ 10. actively participate in professional organizations.
- _____ 11. share their knowledge or expertise with other institutions, agencies and the community
- _____ 12. use library resources and other instructional aids.

_____ TOTAL

_____ SECTION MEAN

Comments:

RATING
(1 TO 5)

III. Selection of Faculty Members

- ___ 1. The selection of faculty member is a cooperative process involving the administration, department heads, and other faculty members.
- ___ 2. There are definite policies, procedures and criteria for the selection of faculty members.
- ___ 3. Measures are taken to avoid the possible dangers of inbreeding.
- ___ 4. Faculty members understand and accept the terms of appointment.

___ TOTAL

___ SECTION MEAN

Comments:

IV. Teaching Assignments

- ___ 1. Teaching assignments of the faculty members are based on their qualifications.
- ___ 2. The teaching schedule and load of the faculty members are reasonable.
- ___ 3. The ratio of faculty members to the number of students is adequate.
- ___ 4. There is an adequate number of full-time faculty members.

___ TOTAL

___ SECTION MEAN

Comments:

V. Rank and Tenure

- ___ 1. There is a definite system of ranking and tenure.
- ___ 2. The ranking and tenure system is fair and reasonable.
- ___ 3. Procedures for faculty termination are observed.

- ___ TOTAL
- ___ SECTION MEAN

Comments:

VI. Faculty Development

- ___ 1. The medical school has a long-range faculty development program.
- ___ 2. Provisions for faculty development are carried out.
- ___ 3. The faculty development program has administrative and funding support.

- ___ TOTAL
- ___ SECTION MEAN

Comments:

VII. Salaries and Fringe Benefits

- ___ 1. Professional qualifications, experience and competence are considered in the system of remuneration.
- ___ 2. There are provisions for salary increments in recognition of competent performance and productive scholarship.

- 3. The compensation package is competitive with that of other institutions in the area.
- 4. There are provisions for fringe benefits including retirement benefits of the faculty members.
- 5. There are provisions for the recognition of meritorious service.

TOTAL

SECTION MEAN

Comments:

VIII. Faculty Involvement

- 1. Faculty members are involved in the formulation of goals and objectives.
- 2. Faculty members are involved in policy-making.
- 3. Faculty members participate in the evaluation of curricular and other programs of the medical school.
- 4. The faculty members have satisfactory relationships with students.
- 5. The faculty members have satisfactory relationships with other faculty members.
- 6. The faculty members have satisfactory relationships with the administrators.
- 7. The faculty members have satisfactory relationships with medical colleagues and other health professionals and the community at large.

TOTAL

SECTION MEAN

Comments:

Area 2: CURRICULUM AND INSTRUCTION

BASIS OF EVALUATION

The curriculum and instruction in the medical school should be directed towards the objectives of medical education of the country. These objectives are within the purview of the institutional objectives.

I. Program of Studies and Curriculum

The program of studies required and implemented by the medical school should at least meet the requirements of the Commission on Higher Education. It should consist of systematically arranged learning experiences that are interdisciplinary and multidisciplinary in nature.

The program of studies should provide for a plan of education with clear-cut goals for human and national development. The major fields of concentration should be composed of subjects related and allied to one another. They should provide the professional and technical preparation needed by the medical students for practice and/or further training.

The syllabi of the various courses in each program should show in-depth coverage of topics in basic science as well as clinical science education. The requirements in the different courses should reflect the efforts toward adequately preparing the medical students for undertaking research that will contribute to the expansion of knowledge and continuing independent study. They should also stress the development of desirable attitudes and values, social concern and commitment.

The curriculum should be relevant, flexible, innovative and grounded in social realities. Provisions should be made for planned periodic evaluation and revision of the curriculum. Both faculty and students should participate in this activity.

II. Instructional Design and Materials

The dean undertakes the primary responsibility for effective supervision of instruction. Rules and practices relating to classroom management and effective instruction should be carefully observed. Attendance records of professors should be kept and a system of substitution should be followed to insure continuity of instruction. Teachers keep systematic records of attendance of their students.

Instruction should be conducted with system and order that reflect sufficient preparation of the faculty members for their classes. The faculty members should make extensive use of textbooks and references. The methods used in instruction should guide the students towards self-realization, develop their analytical and critical judgment, encourage independent study, hone clinical skills and strengthen their social awareness. There should be a variety of teaching methods suitable for professional medical education, such as seminars, lectures, discussion groups, workshops and symposia.

Instructional strategies for the medical school should promote the development of competencies of the different roles of the physician and provide adequate opportunities for maximum exposure to activities that promote their development. Interdisciplinary and multidisciplinary approaches are used when called for in the various courses.

III. Community Involvement of the School

A social service orientation should permeate the medical school atmosphere to create in the students, faculty and total academic community an awareness of social issues, deep concern for the needs of others and a strong desire to commit themselves to community upliftment and social change.

The medical school's commitment to community service and development should be expressed in programs, projects and activities which are well-planned, organized, implemented and evaluated. These programs, projects and activities should reflect ethical principles and values.

IV. Evaluation, Grading and Graduation Requirements

In order to evaluate the instructional outcomes, there should be wise and judicious use of various instruments, such as examinations (written, practical, oral, etc.), term papers, research projects, field activities, etc. The methods of determining the final mark should be fair and well-defined.

In maintaining scholastic/academic standards, the school should have a system by which students are appropriately assisted to cope with instructional requirements as well as continuously screen the students who should be retained. To do so, the medical school should have accurate information concerning the academic status of its medical students. There should be clear-cut, objective criteria and procedures for evaluating student performance in all forms of evaluation. These procedures and criteria meet the prescribed standards of the Commission on Higher Education.

V. Management of Instruction

The administrative concern and support for the quality of instruction is made evident by familiarity with the instructional needs and problems in the medical school. Supervision of instruction may include such practical measures as: requirement of syllabi, visits to classes, informal dialogues with faculty and students and evaluation of tests and examinations. Faculty members should be evaluated by administrators, by their peers and by the students. The faculty should be encouraged to join seminars and educational associations, and to experiment, where feasible, with new approaches in teaching.

EVALUATION FORM
CURRICULUM AND INSTRUCTION

RATING
(1 TO 5)

I. Program of Study/Curriculum

- 1. The program of studies is consistent with:
 - ___ a. Philippine national goals.
 - ___ b. the institutional goals.
- ___ 2. The medical program consists of systematically arranged learning experiences.
- ___ 3. The curriculum reflects the competencies needed by the medical graduate.
- ___ 4. The curriculum is well-defined and community-oriented providing depth and breadth in
 - ___ a. bio-medical and social sciences.
 - ___ b. clinical sciences.
- ___ 5. The requirements in the different courses prepare the students to undertake research.
- ___ 6. Evaluation of the curriculum is being done periodically.
- ___ 7. Faculty members participate in the evaluation and revision of the curriculum.
- ___ 8. Students participate in the evaluation and revision of the curriculum.
- ___ 9. Other stake-holders such as the community and alumni are involved in evaluation and revision of the curriculum.

- ___ TOTAL

- ___ SECTION MEAN

Comments:

II. Instructional Design and Materials

- ___ 1. An approved instructional design with objectives is required for each course with course objectives.
- ___ 2. The instructional design provides for:
 - ___ a. sufficient exercises for the students to acquire basic knowledge necessary for the understanding of human biology and diseases.
 - ___ b. adequate experience for the students to develop desirable attitude and values.
 - ___ c. development of communication and interviewing skills.
 - ___ d. development of physical examination skills.
 - ___ e. development of skills in the performance of laboratory procedures for primary care practice.
 - ___ f. development of interventional skills for primary care practice.
- ___ 3. The instructional design is updated periodically.
- ___ 4. The instructional design indicates opportunities for independent study.
- ___ 5. The instructional design indicates training in research methodology.
- ___ 6. Instructional materials have depth and breadth expected in medical education.
- ___ 7. Students make extensive use of books, readings, handouts, audio-visual materials, and computer software as a part of program requirements.
- ___ 8. Facilities for classroom teaching and laboratory exercises are adequate.
- ___ 9. Teaching methods are suited to course content.
- ___ 10. Varied methods and approaches are used.
- ___ 11. Instructional procedures and techniques in the classroom encourage active faculty and student interaction.
- ___ 12. There is a smooth flow of communication between faculty and students.
- ___ 13. Interdisciplinary and multidisciplinary approaches are used whenever possible.
- ___ 14. Methods and strategies contribute to the development of desirable values.
- ___ 15. Definite rules and policies for good classroom management are defined and enforced.

___ TOTAL

___ SECTION MEAN

Comments:

III. Community Involvement of School

- ___ 1. The medical school is involved in the provision of health services in the community.
- ___ 2. The school and the community share responsibility in the promotion and maintenance of community health.
- ___ 3. The medical school provides leadership in initiating and maintaining development projects for the community.
- ___ 4. Ethical principles and values are promoted.
- ___ 5. The medical school provides activities and programs to develop social awareness and concern in the students, faculty and total school community.
- ___ 6. School activities are not confined within the school campus.
- ___ 7. School undertakes projects outside the school campus.
- ___ 8. The faculty, students and non-teaching personnel are involved in community affairs.

___ TOTAL

___ SECTION MEAN

Comments:

IV. Evaluation, Grading and Graduation Requirements

- ___ 1. Faculty members use valid techniques to evaluate student performance.
- ___ 2. The grading policy is well-defined.
- ___ 3. The grading policy is made known to the students.
- ___ 4. Researches, term papers, projects and other requirements reflect a scholarly level of achievement.
- ___ 5. Examinations measure the attainment of objectives stated in the syllabi.
- ___ 6. Student evaluations measure the breadth and depth of students' competence and performance in biomedical, social and clinical sciences in terms of:
 - ___ a. knowledge of facts and principles.
 - ___ b. communication skills.
 - ___ c. the ability to organize and integrate ideas and information.
 - ___ d. the ability to analyze and synthesize ideas.
 - ___ e. the ability to apply knowledge to actual case problem.

- ___ 7. There are specific policies which govern graduation requirements.
- ___ 8. The graduation requirements contribute to quality medical education.
- ___ 9. Requirements for residence are strictly enforced.

___ TOTAL

___ SECTION MEAN

Comments:

V. Management of Instruction

- ___ 1. Effective instruction is insured through:
 - ___ a. the submission of an instructional design for each course.
 - ___ b. visits to teaching facilities by the dean and other school officials and/or supervisory dialogues between the dean and faculty.
 - ___ c. continuous faculty development and evaluation
- ___ 2. Innovations and experimentation are encouraged by the administration.
- ___ 3. Academic excellence is promoted and encouraged through scholarships, awards, grants, etc

___ TOTAL

___ SECTION MEAN

Comments:

Area 3: CLINICAL TRAINING/SERVICE FACILITIES

BASIS OF EVALUATION

Clinical training facilities are essential in the training of medical students. These are where the students put into practice the theories they learn in the classroom.

It is not necessary that the facilities be hi-tech but they should be adequate for the students to at least develop competencies for primary patient care and community practice.

The facilities should represent a variety of settings that are similar to the actual place of medical practice. It should include community-based and ambulatory care facilities as well as in-patient care facility.

In each of the facility, there should be adequate student supervision by competent faculty and sufficient logistic support.

I. Community-Based Health Facility

The community-based health facility is the laboratory of the course in community medicine. It should provide the student the opportunity to develop skills in community diagnosis, health planning and providing health services.

The program of activities should be based on the concepts and principles of primary health care (PHC). The students should be involved in community organizing, initiate community participation, including participatory action research and training of local health workers, and promote sharing of responsibility of maintaining of health of the people between the community and the school.

Health promotion and disease prevention are emphasized in the program rather than care of the sick. Community self-reliance is the keystone of the activities.

II. Ambulatory Care Facility

Students should rotate in a facility that offers health services to non-hospitalized patients. A suitable ambulatory care facility is one that provides a broad scope of medical services which include preventive and emergency services, management of acute and slowly progressive chronic illnesses, and personal and family counselling. The facility may be the outpatient department of the teaching hospital or university medical center, or may be free-standing.

The facility should afford the student the opportunity to develop the skills of practicing holistic medicine and of coordinating the care provided by a number of disparate specialties as well as that of controlling patient access to specialists. The student should be able to observe the interactions of the specialties and tie them together in an effective way.

III. In-Patient Care Facility

The teaching hospital is probably the most convenient place where the students can have "hands on" experience in dealing with real patients.

The teaching hospital should provide the students in the lower year with patients with whom they can do their history taking, physical examination and diagnostic tests. During clinical clerkship the students must have the opportunity to manage, under supervision of the faculty, a broad range of critically ill patients. The hospital should at least admit adult medical and surgical patients, pediatric cases, and obstetrical and gynecological patients.

It should have competent consultants who are board certified and residents to supervise the students as well as facilities of at least a secondary hospital.

EVALUATION FORM

CLINICAL TRAINING/SERVICE FACILITIES

RATING
(1 TO 5)

I. Community-Based Health Facilities

- ___ 1. There is a well-planned community-based health program.
- ___ 2. The program follows the concepts and principles of primary health care.
- ___ 3. The students participate in:
 - ___ a. community diagnosis.
 - ___ b. community health planning.
 - ___ c. community organizing.
 - ___ d. participatory action research.
 - ___ e. training of community health workers.
 - ___ f. providing health services.
- ___ 4. There is a space where the staff holds office.
- ___ 5. There is a systematic record keeping.
- ___ 6. The students are provided with transportation and/or living quarters.
- ___ 7. The students are covered with insurance.
- ___ 8. There is a competent faculty supervision in the community.

___ TOTAL

___ SECTION MEAN

Comments:

II. Ambulatory Care Facilities

- ___ 1. There is a well-defined program.
- ___ 2. The facility provides a wide scope of medical services.
- ___ 3. The program is anchored on holistic medicine.
- ___ 4. The student is involved in controlling patient access to specialists.
- ___ 5. The facility is equipped for at least primary medical care.
- ___ 6. The patient load represent a wide range of diseases of all ages and both sexes.
- ___ 7. There is an adequate patient load for the number of students assigned to the facility.
- ___ 8. There is adequate faculty supervision.

___ TOTAL

___ SECTION MEAN

Comments:

III. In-patient Care Facility

- ___ 1. The hospital is a general hospital admitting a wide range of critically ill patients of all ages and both sexes.
- ___ 2. The management of the hospital is under the control of the College of Medicine.
- ___ 3. There is a well-defined teaching program.
- ___ 4. There is an adequate patient load for the number of students.
- ___ 5. There are academic activities such as seminars, CPC, grand rounds, etc.
- ___ 6. There are competent consultants in the major specialties.
- ___ 7. There is at least one board certified consultant in each department.
- ___ 8. The hospital is at least a secondary hospital and equipped as such.
- ___ 9. The hospital is properly maintained.
- ___ 10. It has a good system for record keeping.

___ TOTAL

___ SECTION MEAN

Comments:

Area 4: RESEARCH

BASIS OF EVALUATION

Health and medical research is a tool of health development. It is a responsibility of the medical school to undertake research and contribute to the fund of biomedical knowledge and technology for the development of Philippine medicine and the improvement of service delivery as well as teach the students the principles and methods of research.

I. Human Resources

In evaluating a medical school, it is essential to look into the capabilities of the institution to undertake systematic and significant research. Activities in this area should be organized and preferably headed by a research director. Medical school faculty members must have training in research and actively engage in research. There must be evidence of research activities such as ongoing projects and publications in suitable scholarly journals, books, or other appropriate outlets.

II. Orientation

The philosophical orientation of research determines the direction which such efforts takes. The research agenda of the school should conform with the national and regional research agenda. It should have social relevance in the area where the school is located.

III. Activities

Research designs and accompanying statistics courses should be taught vigorously and student performance carefully monitored. Similarly, research methodology as well as quantitative and qualitative methods of investigation should be required courses.

Equally important are the opportunities being offered by the school to both students and faculty to participate in activities that promote an environment conducive to research and critical thinking. It must be established that there are frequent if not regular research seminars, workshops, and lectures on and off campus.

IV. Quality

There is evidence that the quality of research work follow internationally accepted standards and that this is continuously evaluated by competent persons.

V. Support from the Administration

It is important that there is sufficient support from the administration in terms of recognition of research work and provision of facilities and funding for research.

VI. Dissemination and Utilization

The evaluation must also look into the problem of whether the research studies, or at least articles and reports based on the finding of these studies are published by the school in appropriate journals. The dissemination and utilization of research must complement research itself.

VII. Ethical Standards

Medical schools should strictly observe the ethics of research. It is imperative that measures are taken to ensure integrity in research. Procedures undertaken should follow ethical principles. Documentation standards should be strictly enforced.

EVALUATION FORM

RESEARCH

RATING
(1 TO 5)

I. Human Resources

- ___ 1. Deliberate efforts are exerted for the faculty to undertake continuing enrichment in teaching and conducting research.
- ___ 2. The faculty has adequate experience in conducting research and teaching research courses.
- ___ 3. There is a designated competent research director or his/her equivalent who supervises research and publications of outputs.
- ___ 4. There are technical personnel who provide support to the faculty, such as biostatistcian, technicians, etc.

___ TOTAL

___ SECTION MEAN

Comments:

II. Orientation

Deliberate and systematic efforts are made to orient research studies in:

- ___ 1. promoting values.
- ___ 2. promoting social uplift of the people and their access to health care.
- ___ 3. enriching Philippine medicine and culture.
- ___ 4. promoting the use of local materials and appropriate technology.
- ___ 5. adding to existing knowledge in the field.

___ TOTAL

___ SECTION MEAN

Comments:

III. Activities

- ___ 1. Research is an integral part of the medical curriculum.
- ___ 2. The students are required to undertake research projects.
- ___ 3. Research seminars, workshops and lectures for students and faculty are regularly offered.
- ___ 4. Sufficient statistical assistance for research is provided by qualified faculty members or consultants.
- ___ 5. Faculty members produce a fair amount of quality researches regularly.

___ TOTAL

___ SECTION MEAN

Comments:

IV. Quality

- ___ 1. Instructional materials provide for development of research skills:
 - ___ a. in the selection of appropriate research problems.
 - ___ b. in the statement of problems, hypotheses, and objectives.
 - ___ c. in selecting appropriate research designs, study subjects, and methods and tools of data collection, processing and analysis.
 - ___ d. in writing a research report.
- ___ 2. There is evidence that research outputs are in accordance with acceptable standards of quality.
 - ___ a. problem, hypotheses and objectives are well-stated and appropriate for the study.
 - ___ b. the related literature is not only pertinent to the particular study but is a basis for it.
 - ___ c. study subjects are suitable and scientifically selected.
 - ___ d. the research instrument is valid and reliable.
 - ___ e. data gathering is scientific.

- ___ f. the research design is appropriate.
- ___ g. methods for data processing and analysis are appropriate.
- ___ h. analysis and interpretations of the findings are adequate and appropriate.
- ___ 3. All research proposals and outputs of the medical school are evaluated by a panel for technical and ethical reviews.
 - ___ a. measures are taken to ensure integrity in research.
 - ___ b. the principles of ethics are observed in procedures when undertaking research.
 - ___ c. documentation standards are strictly enforced.

___ TOTAL

___ SECTION MEAN

Comments:

V. Support from Administration

- ___ 1. There is a reasonable equivalency between research and teaching.
- ___ 2. The administration considers highly specialized research training in the hiring and promotion of faculty.
- ___ 3. There is an administrative office for research with a director and a support staff.
- ___ 4. Computer services are available for literature review and data processing and analysis.
- ___ 5. There are facilities for conducting research.
- ___ 6. There is a budget for research.

___ TOTAL

___ SECTION MEAN

Comments:

VI. Dissemination and Utilization

- ___ 1. There is a venue for oral presentation of research output.
- ___ 2. There is a venue for publication of research output in the school.
- ___ 3. Faculty generated researches are published in peer-reviewed journals, local and international.
- ___ 4. The university implements the applicable research findings.
- ___ 5. Outside agencies/institutions implement applicable research findings of the medical school.

___ TOTAL

___ SECTION MEAN

Comments:

Area 5: STUDENTS

BASIS OF EVALUATION

The students for whom schools exist must necessarily be a major concern of the medical school. The quality of the outcome is greatly dependent on the quality of the student recruits. Quality outcome will also be greatly affected by the retention and promotion processes. It behooves all those interested in quality medical education, therefore, to pay closer attention to the admission, retention and promotion of students.

I. Admission

The admission requirements of the medical school should clearly provide for the proper selection and direction of prospective students who show reasonable capability for success in medical education. Policies and practices should clearly reflect the objectives of the medical school and the institution, and should be in harmony with government regulations. These admission requirements should enable the school to select applicants to the program.

Such admission requirements should be reflected in policies and practices which include the following:

- ◆ Specific criteria and how they are applied.
- ◆ The person(s) or group(s) of persons who are involved in the actual admitting process.
- ◆ Specific entrance credentials which are required.

II. Promotion, Retention and Dismissal

The policies for promotion, retention and dismissal must clearly indicate not only quality education but also an effective process for the identification and motivation of students with potentials to complete their medical degree.

The policies and standards should reflect the following:

- ◆ Institutional evaluation measures on the performance of the students between admission and candidacy for graduation.
- ◆ Periodic checks on student progress and eligibility indicating minimum performance requirements within a specific period of time.
- ◆ Fair and consistent application of the criteria to all students.
- ◆ Effective communication of such retention requirements to all medical students.

III. Student Services

Support services offered to students are particularly necessary on the undergraduate programs. Medical students need to be properly advised and counseled as to the directions they are supposed to take and timetables to meet. Referrals for services needed for them to fulfill all requirements are also necessary if only to ensure completion of all courses on time.

EVALUATION FORM

STUDENTS

RATING
(1 TO 5)

I. Admission

- _____ 1. The policies and practices of the medical school in the selection and admission of prospective students (beginning/transfer students) are consistent with government regulations.
- _____ 2. The policies and practices of the selection and admission of medical students are supportive of and conform to the vision-mission and objectives of the:
- _____ a. university
- _____ b. medical school
- _____ 3. The admission criteria for the selection and admission of medical students are effective in identifying students capable of undertaking the medical curriculum.

_____ TOTAL

_____ SECTION MEAN

Comments:

II. Promotion, Retention, and Dismissal

- _____ 1. The policies and criteria for promotion, retention, and dismissal of students are clearly stated and made known to the students.
- _____ 2. The academic policies used are effective in identifying and motivating students to complete the medical degree requirements.
- _____ 3. Minimum performance requirements enable medical students to meet degree requirements within acceptable time limits.

- ___ 4. All evaluation results are made known to students.
- ___ 5. The academic policies are applied fairly and consistently to all students.
- ___ 6. There is adequate monitoring of attrition and completion.

___ TOTAL

___ SECTION MEAN

Comments:

III. Student Services

- ___ 1. There is a functional academic advising system as well as grievance mechanism for medical students.
- ___ 2. There is a competent referral system to deal with necessary services for all kinds of issues and problems.
- ___ 3. There are opportunities for financial assistance to students, such as scholarships, financial grants, assistantships, etc.
- ___ 4. There is satisfactory support for student organization.
- ___ 5. Auxiliary services such as guidance, dental, medical, etc. are available.

___ TOTAL

___ SECTION MEAN

Comments:

Area 6: LIBRARY

BASIS OF EVALUATION

A major factor that determines the quality of a medical school is its library. The library is a principal educational materials resource center of an institution. It also serves as the information storage and retrieval center. Its resources, services and facilities support the institution's objectives. The operation of medical programs requires library resources substantially larger and more advanced than those required for other undergraduate programs. The library resources required for medicine vary widely but, in any case, they should be substantial, and considerably exceed those for other courses.

I. Administration and Staffing

The library resources and services should be administered and operated by qualified, competent librarians assisted by trained support personnel, adequate in number as the curricular programs and the student population may require. The work assignments of the professional and support staff are commensurate with their qualifications and experience.

II. Financial Support

The school library should have an adequate budget for its operations, staffing and development. The budget should not be less than 1% of the annual operating expenses of the institution. The library should strive to seek additional support in the form of donations, gifts and exchanges, consortia arrangements and special collections made available by outside agencies.

III. Holdings

The library holdings should be adequate in quality and quantity for the changing instructional and research needs of students and faculty. These holdings should exceed the CHED minimum requirements. The holdings must be varied, and kept up-to-date and pertinent.

The library collections should be continuously and regularly evaluated against standard bibliographies and updated by the professional staff and faculty to ensure the quality of the collections.

IV. Organization and Maintenance of Collection

The library materials should be organized systematically for efficient use as well as for easy inventory. Announcements of new acquisitions should be regularly made. The technical and service functions of the library should form a coordinated efficient system.

To ensure the development of a good library collection, a written statement of selection and acquisition policies must be formulated by the library staff with the assistance of the faculty.

V. Library Services

There should be clear indications of frequent, judicious and productive use of the library by the students and faculty. The following conditions must be present: (1) The library staff gives assistance in the efficient use of library facilities at hours and on days which fit medical students' schedules; (2) the library provides photocopying facilities; and (3) it has reciprocal arrangements with other libraries on the use of library resources.

VI. Management Information System

The modern library should have a computerized management information system. This facilitates library service to its clientele.

The system should be connected to providers of health and medical literatures such as the internet websites, HERDIN and other libraries.

VII. Physical Facilities

The facilities of the library should be easily accessible to the library clientele. It must be quiet, well-lighted, ventilated and furnished with functional furniture and facilities. There must be sufficient space for the collections, work areas and reading areas.

EVALUATION FORM

LIBRARY

RATING
(1 TO 5)

I. Administration and Staffing

- 1. The organizational structure of the library is clearly drawn in an organization chart.
- 2. The chief librarian directs and supervises the total operations of the library.
- 3. The chief librarian is responsible for the preparation, justification and administration of the library budget.
- 4. The chief librarian has a master's degree or higher in library work.
- 5. The chief librarian has experience in administrative and professional library work.
- 6. The chief librarian participates in curricular planning.
- 7. There are professional librarians to meet the needs of the medical school population.
- 8. There is an adequate number of clerical and supportive staff.
- 9. Professional librarians have faculty or academic status.
- 10. Opportunities are provided for the professional growth of the library staff.
- 11. Compensation, retirement and other fringe benefits are competitive with those of other academic personnel with comparative qualifications, experience and responsibilities.
- 12. A faculty library committee serves as liaison between the library staff and the faculty.
- 13. The library maintains written policies and procedural manuals covering internal administration and operational activities.

TOTAL

SECTION MEAN

Comments:

II. Financial Support

- ___ 1. The library is allocated an adequate budget for its operations and development.
- ___ 2. Funds budgeted for the library resources and services are utilized exclusively for such purposes.
- ___ 3. Library fees are spent exclusively for the library materials.
- ___ 4. The accounting system for library funds conforms to the institution's standardized procedures and operations.
- ___ 5. Where institutional funds are insufficient for the development of the library, other sources of financial assistance are sought over and above the annual library budget, such as endowment, donations, exchanges, gifts and cooperative reciprocal arrangements.

___ TOTAL

___ SECTION MEAN

Comments:

III. Holdings

- ___ 1. The library holdings exceed the CHED minimum requirements.
- ___ 2. The library is balanced in its holdings, instead of an acceptable total which is overstocked in some areas and deficient in others.
- ___ 3. The reading materials and references are broad, varied and up-to-date in the different majors and fields of specialization.
- ___ 4. The collection of books, periodicals and other library materials is adequate to support the demands of scholarship, research and instruction of both faculty and students.
- ___ 5. There is a strong reference collection, for literature search, background readings and information sources.
- ___ 6. Audio-visual materials and other instructional non-print materials are provided and easily accessible through adequate facilities and equipment.
- ___ 7. The quality of the collection is maintained through regular checking against standard bibliographies, thus avoiding unnecessary duplication of titles.

- ___ 8. The library has regular subscriptions to appropriate periodicals.*
- ___ 9. It has at least three professional journals for every curricular discipline.*
- ___ 10. The medical school library maintains and improves the quality of its library holdings by seriously considering the recommendations of:
 - ___ a. faculty members and professional library staff.
 - ___ b. appropriate national professional organizations and learned societies.
 - ___ c. internationally recognized lists of books and periodicals.

**Subscription to journals is no longer necessary if the school is part of the PCHRD consortium on journals or has computer system that is connected to internet websites.*

___ TOTAL

___ SECTION MEAN

Comments:

IV. Organization and Maintenance of Collection

- ___ 1. The collection is organized according to accepted classification scheme and cataloguing codes.
- ___ 2. There are written policies of acquisition and utilization of books, periodicals and non-print materials.
- ___ 3. These policies are efficiently implemented.
- ___ 4. Audio-visual materials are well-organized and easily accessible to students.
- ___ 5. Provisions are made for regular updating, general care and upkeep of library materials and bibliographical tools.
- ___ 6. There is an accessible and adequate research system: updated catalogues, vertical files, readers' guides/indices including bibliography of researches done in the Philippines and all the researches done in the school.

___ TOTAL

___ SECTION MEAN

Comments:

V. Library Services

- ___ 1. A wide range of services is offered to users.
- ___ 2. There is evidence of maximum productive use of the library materials by students.
- ___ 3. There is evidence of maximum productive use of the library materials by the faculty.
- ___ 4. The library maintains regular and adequate hours of service on class days and non-class days.
- ___ 5. The library has special features/provisions to facilitate research work and ensure maximum access and availability of collections, such as: carrels or areas where students can study undisturbed.
- ___ 6. Regular announcements are made about new acquisitions, library guides, publications and other promotional activities.
- ___ 7. Inter-library loan arrangements are provided through consortium agreements and other resource-sharing arrangements.
- ___ 8. The system of records management and data retrieval is efficient.
- ___ 9. The faculty and administration receive direct feedback on utilization of library holdings.

- ___ TOTAL

- ___ SECTION MEAN

Comments:

VI. Management Information System

- ___ 1. The library has an adequate computer system for:
 - ___ a. locating books/journals articles
 - ___ b. issuance of books/journals
 - ___ c. returning of books/journals

- ___ 2. The library information system is connected to:
 - ___ a. internet websites
 - ___ b. HERDIN
 - ___ c. Other libraries

3. The library has CD's of:
_____ a. journals
_____ b. books

_____ TOTAL

_____ SECTION MEAN

Comments:

VII. Physical Facilities

- _____ 1. The library is easily accessible from any point of activity on campus.
- _____ 2. The medical school has a separate library.
- _____ 3. The library conforms with the standards regarding:
- _____ a. book shelves
 - _____ b. space between shelves
 - _____ c. filing cabinets and other standard library furniture
- _____ 4. The library is well-lighted.
- _____ 5. The library is properly ventilated.
- _____ 6. The library provides an atmosphere conducive to reading and study.
- _____ 7. The furniture and facilities are functionally and aesthetically arranged.
- _____ 8. Adequate work space is provided for the library staff.
- _____ 9. Adequate space and seating arrangements are provided.
- _____ 10. The open-shelf system is adopted.

_____ TOTAL

_____ SECTION MEAN

Comments:

Area 7: ADMINISTRATION

BASIS OF EVALUATION

An educational institution should have an administrative organization which facilitates the attainment of its goals and objectives. Academic and professional qualifications of administrators should normally meet the requirements of the Commission on Higher Education.

I. Administrative Organization

Under the law, an educational institution should be properly incorporated and should have as governing body a board of trustees, a board of regents, or a board of directors. The board has the responsibility of formulating the general policies of the main institution. The policies should be implemented through an adequate number of regularly constituted and qualified officials. Official documents, preferably published in catalogues, manuals, or similar forms, should contain a detailed description of the main institution and of the medical school. Organizational charts are desirable.

Formal communication lines should always be open between the administrators of the medical school and of the main institution, on the one hand, and the faculty and students, on the other. Such lines of communication should also be maintained between the student body and the faculty.

The school should make provisions for the participation of alumni in the affairs of the school.

II. Planning

Sound planning is a characteristic of all excellent institutions. The medical school should have regular or periodic planning sessions which involve the participation of the faculty and, whenever possible, qualified members of the student body. It is desirable that the medical school have its own long-range plans as well as realistic budgetary support for such plans from the main institution. Furthermore, the faculty and all administrators of the medical school must be aware of the plans, which should be available in appropriate documents.

III. Financial Management

It is essential that the financial affairs of an institution be well-organized and properly managed by qualified and competent personnel. Business functions should be clearly delineated to ensure the attainment of the educational objectives as well as the fiscal integrity of the school.

Financial management includes budgeting, accounting, auditing, requisitions and purchase of supplies, and the preparation of financial reports. Where pertinent, the investment portfolio should be handled by qualified persons or managers properly designated by the administration. Should the medical school have its own trust fund or investment portfolio, the management of the fund should be clearly delineated as part of the medical school financial system.

The preparation of the budget should actively involve all sectors concerned in its implementation. There should be a sound salary administration for both academic and non-academic personnel.

The effectiveness of the performance of the business services and their sound financial management in carrying out the educational objectives of the graduate school shall be considered the criterion of excellence.

IV. Administration of Records

Administration of records and reports includes: minutes of board of trustees meetings; minutes of faculty meetings; faculty directory; record of faculty training and experience; record of enrolment by class, sex and courses; student directory; recorded data for statistical use; reports of administrative officers; records of scholarships granted. Adequate reports and records are those that are accurate, meaningful, accessible, systematic and up-to-date.

There should be clear policies and procedures to protect the confidentiality of student records. Security arrangements of such records should be adequate.

V. Academic and Scholarly Connections

The strength and prestige of an institution of higher learning are often reflected by the membership of the institution in prestigious national and international organizations. For a professional school, such academic and scholarly connections are especially important. It is desirable to have the school accepted as a member of international learned societies and associations; the same is true of faculty members. Consortium arrangements with leading or prestigious schools in the area also contribute to the strengthening of the medical program. Exchange professorships, as well as the presence of foreign visiting professors, if any, add to the reputation of the institution.

In the realm of grants, scholarships and fellowships, it is desirable that the medical school be an active recipient of grants and fellowships from local or foreign foundations. Such grants usually include professorial and research grants, and contracts with private agencies and government.

EVALUATION FORM

ADMINISTRATION

RATING
(1 TO 5)

I. Administrative Organization

- 1. The medical school organization chart is part of the institution's organization chart.
- 2. The medical school has its own detailed organization chart.
- 3. The organization chart conforms to sound administrative principles:
- 4. The members of the board of trustees of the institution have suitable academic qualifications.
- 5. The membership of the board of trustees represents a broad section, with proven leadership
- 6. The dean is highly qualified in terms of academic preparation, experience, and achievement.
- 7. The qualifications of officers in the dean's staff are satisfactory.
- 8. There is an adequate complement of administrative personnel.
- 9. The dean is a full-time officer.
- 10. The teaching load of the dean is reasonable in proportion to the size of the medical school.
- 11. There is an open line of communication between the faculty and the administration.
- 12. There is an open line of communication between the students and the administration.
- 13. There is a system of providing contact between the alumni and the administration.

TOTAL

SECTION MEAN

Comments:

II. Planning

- ___ 1. The medical school is included in the institution's long-range plan.
- ___ 2. The medical school has its own long-range (5 yrs. to 10 yrs.) plan.
- ___ 3. The long-range plan is realistic.
- ___ 4. The long-range plan is actually in operation.
- ___ 5. There is budgetary support for the long-range plan.
- ___ 6. Planning has the participation of a broad sector (down to the level of the faculty).
- ___ 7. Planning is a regular or periodic exercise.
- ___ 8. All sectors of the medical school are aware of the long-range plan.

___ TOTAL

___ SECTION MEAN

Comments:

III. Financial Management

- ___ 1. The medical school has a distinct, separate budget.
- ___ 2. The dean actively participates in the preparation of the budget.
- ___ 3. The faculty actively participates in the preparation of the budget.
- ___ 4. There is a sound salary administration policy for the academic staff.
- ___ 5. There is a sound salary administration policy for the non-academic staff.
- ___ 6. Officials handling financial matters are qualified.

- 7. There is an appropriate accounting and auditing system of the medical school as part of the general institution.
- 8. The medical school has its own accounting and auditing system.
- 9. There is a system of external audit.
- 10. The institution's investment portfolio is handled by qualified persons or parties.
- TOTAL
- SECTION MEAN

Comments:

IV. Administration of Records

- 1. Updated records of the medical school are kept separately in the registrar's office.
- 2. Records are systematically filed.
- 3. Proper policy and procedures to protect the confidentiality of students' records are followed.
- 4. There are appropriate security measures for the safekeeping of records.
- 5. There are reasonable procedures for servicing students' requests for academic records.
- 6. Pertinent CHED requirements are met.
- TOTAL
- SECTION MEAN

Comments:

V. Academic and Scholarly Linkages

- ___ 1. The medical school is a member of national and international learned societies or associations.
- ___ 2. Administrators and faculty members are members of prestigious local, national and international learned societies.
- ___ 3. There are consortium arrangements with leading prestigious universities or other medical schools.
- ___ 4. There are foreign visiting or exchange professors on the medical school's staff.
- ___ 5. There are chairs, grant and donations from foundation.
- ___ 6. The medical school has research contracts with government or private agencies.

___ TOTAL

___ SECTION MEAN

Comments:

Area 8: PHYSICAL PLANT AND OTHER RESOURCES

BASIS OF EVALUATION

Medical program draw on the full range of institutional resources—physical facilities, laboratories, equipment, and human resources—to support the teaching program of the medical school.

I. Human Resources

There should be adequate technical and specialized human resources for the various medical programs. These personnel should be provided with work space and the necessary facilities to enable them to carry out their responsibilities effectively.

II. Physical Resources and Laboratories

The medical school should have adequate physical plant and other resources to support its various activities. The medical school should have the laboratories needed for its programs. These laboratories should have the necessary equipment to support the instructional needs.

The facilities and equipment are well-maintained and are readily accessible to the various constituents of the medical school at schedules convenient to them.

III. Audio-Visual Facilities

The medical school should have adequate audio-visual equipment and softwares. These include film, slide and overhead projectors; films, tapes and CD's; slides; charts and pictures; models; etc.

EVALUATION FORM

PHYSICAL PLANT AND OTHER RESOURCES

RATING
(1 TO 5)

I. Human Resources

- 1. The medical school has consultants who provide expertise in such special areas as statistics and planning and preparation of instructional materials.
- 2. The medical school has a spiritual adviser or its equivalent who can counsel students during difficult periods in their study program.
- 3. There is a coordinator for the outreach programs.
- 4. Technical personnel maintain the laboratory facilities.
- 5. The technical personnel are available in case of emergency or sudden breakdown of equipment.
- 6. All laboratory courses are taught by qualified faculty members.
- 7. The faculty adviser is available for consultation.

TOTAL

SECTION MEAN

Comments:

II. Physical Resources

- 1. There are enough classrooms for medical classes at scheduled hours.
- 2. The classrooms are free from noise.
- 3. Rooms are readily available for medical school activities, such as comprehensive exams, oral examinations, etc.
- 4. Faculty members have adequate office space and facilities to meet their instructional and research needs.
- 5. The institution has the necessary laboratory facilities.

- ___ 6. The medical school has a consultation room which provides privacy.
- ___ 7. There are adequate audio-visual equipment.
- ___ 8. Mimeographing and photocopying facilities are readily available.
- ___ 9. The institution has printing facilities.

___ TOTAL

___ SECTION MEAN

Comments:

III. Basic Laboratories

- ___ 1. There are adequate laboratory spaces for the conduct of basic laboratory exercises.
- ___ 2. The laboratory has the necessary equipment to support the instructional needs of medical students.
- ___ 3. The medical student actually participates or conducts the laboratory exercises
- ___ 4. Hoods, goggles, suitable fire extinguishers and other provisions for safety are available.
- ___ 5. There is an effective system for the proper upkeep and maintenance of equipment including chemical instruments.
- ___ 6. The medical school has reciprocal consortium arrangements with other universities, industries or agencies whereby specialized equipment are made available for student laboratory.
- ___ 7. The laboratory is adequately equipped with instruments in accord with the types of exercises required by the different courses.

___ TOTAL

___ SECTION MEAN

Comments:

ADDITIONAL INFORMATION/EXHIBITS

Faculty

1. Faculty Manual
2. Description of Ranking System
3. Copy of the School's Salary Scale
4. List of Faculty Members, Training Background, Classification (indicate whether full-time or part-time) and Teaching Assignment, Years of Teaching Experience in the School and Total Teaching Experience
5. Individual Faculty Information Sheets
6. Summary of Faculty Profile

Curriculum and Instruction

1. Latest Catalogue
2. Course Syllabi
3. Sample Examination Questions
4. Faculty Evaluation Forms, Reports
5. Performance Report

Clinical Training/Service FacilitiesIn-Patient Care Facility

1. List of Departments and Approved Programs
2. Number of Beds and Statistics on Patient Load
3. Services Provided and Major Equipment
4. Teaching/Academic Activities- CPC, Grand Round, Conferences, etc.
5. Summary of Consultants Profile
6. Description of Record Section and Reports

Ambulatory Care Facilities

1. List of Services
2. Statistics on Patients/ Clientele
3. Summary of Consultant Profile
4. Teaching Activities

Community-Based Facility

1. Teaching Program
2. Primary Health Care Activities
3. List of Faculty Supervisors

Research

1. Copies of Scientific Papers
2. Titles of Publication, Publisher, and Year of Publication
3. Copies of the School Journal

Students

1. Sample Records of Students
2. Number of Graduates for the Last Three Years
3. Admission, Promotion and Retention Policies of the School

Library

1. Library Development Program
2. Library Performance Report
3. Library Budget

Administration

1. Administrative Manual
2. Institution's Organization Chart
3. Medical School Organization Chart
4. Members of the Board of Trustees and their Academic Qualifications
5. 5-10 Year Development Plan
6. Audited Financial Report for the Last Three Years
7. Budget Performance Report
8. Enrolment Figures for the Last Three Years

Physical Plant and Other Resources

1. Description of Buildings
2. List of Lecture Halls/Class Rooms, Discussion Rooms, Audio-Visual Rooms, Conference Rooms, etc.
3. List of Audio-Visual Equipment and Softwares
4. List of Laboratories and Laboratory Equipment
5. List of Technical Staff

STATISTICAL SUMMARY

Area 1: FACULTY

	<u>Section</u>	<u>Section Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Academic Qualifications	_____	x 5	= _____
2.	Performance	_____	x 5	= _____
3.	Selection of Faculty Members	_____	x 4	= _____
4.	Teaching Assignments	_____	x 4	= _____
5.	Rank and Tenure	_____	x 3	= _____
6.	Faculty Development	_____	x 3	= _____
7.	Salaries and Fringe Benefits	_____	x 4	= _____
8.	Faculty Involvement	_____	x 3	= _____
		<hr/>		
	SUM:	31		_____/31 = _____
	AREA MEAN			_____

STATISTICAL SUMMARY

Area 2: CURRICULUM AND INSTRUCTION

	<u>Section</u>	<u>Section Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Program of Studies/Curriculum	_____	x 5	= _____
2.	Instructional Design and Materials	_____	x 5	= _____
3.	Community Involvement	_____	x 2	= _____
4.	Evaluation, Grading and Graduation Requirements	_____	x 5	= _____
5.	Management of Instruction	_____	x 3	= _____
		<hr/>		
	SUM:	20		_____ / 20 = _____
	AREA MEAN			_____

STATISTICAL SUMMARY

Area 3: CLINICAL TRAINING/ SERVICE FACILITIES

	<u>Section</u>	<u>Section Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Community-Based Facility	_____	x 2 =	_____
2.	Ambulatory Care Facility	_____	x 1 =	_____
3.	In-Patient Care Facility	_____	x 3 =	_____

		SUM:	6	_____ / 6 = _____
		AREA MEAN		_____

STATISTICAL SUMMARY

Area 4: RESEARCH

	<u>Section</u>	<u>Section Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Human Resources	_____	x 5 =	_____
2.	Orientation	_____	x 5 =	_____
3.	Activities	_____	x 5 =	_____
4.	Quality	_____	x 5 =	_____
5.	Support from the Administration	_____	x 4 =	_____
6.	Dissemination and Utilization	_____	x 2 =	_____
7.	Ethics of Research	_____	x 2 =	_____
		<hr/>		
		SUM: 28		_____ / 28 = _____
		AREA MEAN		_____

STATISTICAL SUMMARY

Area 5: STUDENTS

	<u>Section</u>	<u>Section Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Admission	_____	x 4	= _____
2.	Promotion, Retention and Dismissal	_____	x 5	= _____
3.	Student Services	_____	x 2	= _____
			<hr/>	
		SUM:	11	_____ / 11 = _____
		AREA MEAN		_____

STATISTICAL SUMMARY

Area 6: LIBRARY

	<u>Section</u>	<u>Section Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Administration and Staffing	_____	x 4	= _____
2.	Financial Support	_____	x 4	= _____
3.	Holdings	_____	x 5	= _____
4.	Organization and Maintenance of Collection	_____	x 3	= _____
5.	Library Services	_____	x 5	= _____
6.	Management Information System	_____	x 3	= _____
7.	Physical Facilities	_____	x 3	= _____
		<hr/>		
	SUM:	27		_____ / 27 = _____
	AREA MEAN			_____

STATISTICAL SUMMARY

Area 7: ADMINISTRATION

	<u>Section</u>	<u>Section Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Administrative Organization	_____	x 3	= _____
2.	Planning	_____	x 5	= _____
3.	Financial Management	_____	x 5	= _____
4.	Administration of Records	_____	x 2	= _____
5.	Academic and Scholarly Connections	_____	x 4	= _____

		SUM:	19	_____ / 19 = _____
		AREA MEAN		_____

STATISTICAL SUMMARY

Area 8: PHYSICAL PLANT AND OTHER RESOURCES

	<u>Section</u>	<u>Section Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Human Resources	_____	x 2	= _____
2.	Physical Resources	_____	x 2	= _____
3.	Laboratories	_____	x 2	= _____

		SUM:	6	_____ / 6 = _____
		AREA MEAN		_____

GENERAL STATISTICAL SUMMARY

	<u>Section</u>	<u>Area Mean</u>	<u>Weight</u>	<u>Product</u>
1.	Faculty	_____	x 10	= _____
2.	Curriculum and Instruction	_____	x 10	= _____
3.	Clinical Training/Service Facilities	_____	x 10	= _____
4.	Research	_____	x 5	= _____
5.	Students	_____	x 7	= _____
6.	Library	_____	x 7	= _____
7.	Administration	_____	x 5	= _____
8.	Physical Plant and Other Resources	_____	x 6	= _____

	SUM:	60		_____ /60 = _____
	OVERALL MEAN			_____

Country
Submission

ange I have been having with the Philippines. Please note that

Secretary's letter in the second paragraph.

erfaced at the last couple of NCFMEA meetings. Let me try to
ue and where I see the Philippines with respect to those
is responsible for evaluating the quality of medical education in
f supplementing the evaluative work that has already been
ure, evaluates school performance in meeting its standards
1sure when performance is deficient. PAASCU, acting
es and recommends actions schools can take to improve their

Philippines is difficult - it seems that function is being performed
CHED has the more central role in this. The difficulty comes
criteria requiring, as a condition of recognition, the agency to
s of achievement. You have said in your Handbook that you do
whatever level you find it. When you consider PAASCU alone,
ding schools accountable to standards that is required in the

relationship with PAASCU. If CHED and PAASCU working
perhaps we can get the Philippines recognized. Or perhaps
g for recognition.

nal information you wish to offer to me or to the committee

Sent: Wednesday, January 14, 2004 11:02 AM
To: Denton, Claude
Subject: Response

Dear Mr. Denton,

Thank you for sending us some lead questions to answer. I had some difficulty with the December 4, 2003 letter of Secretary Paige because the last sentence of the second paragraph mentions Mexico. Allow me to quote from his letter: " Unless the NCFMEA determines that Mexico continues to have comparable standards, the ongoing participation of Mexican medical schools in the FFEL program will be affected". Is this a typographical error?

I appreciate your sending me the key questions so I can respond to it. Here are the answers:

1. As we mentioned in our report to your office dated August 14, 2003, it is the Commission on Higher Education (CHED) that sets the minimum standards for schools. No medical school can open unless it has the proper authorization from the CHED. PAASCU is an accrediting agency established in 1957. In 2001, the Association of Philippine Medical Colleges Foundation with its 30 medical schools agreed to join PAASCU for purposes of accreditation. The PAASCU created the Commission on Medical Education (CME). This is a working commission under PAASCU. The CME takes charge of the accreditation reviews, evaluates the reports submitted by the visiting teams and presents its recommendation to the PAASCU Board of Directors. The CME also takes care of training the accreditors.

PAASCU works hand in hand with the CHED for quality assurance purposes. The CHED is informed regarding the accreditation status of schools. There is an annual directory of accredited schools and this is widely distributed all over the country. The CHED makes use of this directory for determining benefits to schools. In cases where recognition of a school is revoked, the CHED makes this announcement public.

Voluntary accreditation in the Philippines is being utilized by the CHED as an aid in its regulatory function. PAASCU serves as a partner of government in raising the educational standards in the country. Its accreditors and officers are active in the technical panels and various committees created by CHED.

2. With regard to your request that an NCFMEA member observe an accreditation review, please note that the school year in the Philippines is almost ending. We start classes in June and end by March. We are currently finalizing our calendar for next school year. We will inform you of possible dates as soon as our calendar is complete.

I will be attending the March 9, 2004 meeting. Should you need anything else, please let me know.

Warm regards.

Concepcion V. Pijano

Greathouse, Robin

From: Denton, Claude
Sent: Thursday, January 22, 2004 7:28 AM
To: Greathouse, Robin
Subject: FW: clarifications

Robin, more communications from the Philippines.

Claude

-----Original Message-----

From: Denton, Claude
Sent: Tuesday, January 20, 2004 10:21 AM
To: 'PAASCU'
Subject: RE: clarifications

Ms. Pijano, thanks for your prompt reply. Ms. Greathouse, Ms. Griffiths and I all work as a team in the same office. I agree that you have sent us several volumes of documents. Sometimes when so much information is available, it is difficult to find an answer to a specific question. I appreciate your patience as I continue to seek to understand your processes.

Please excuse my use of the term "license." I was not referring to licensure of graduates. In our country, a school usually cannot open its doors until it has received an operating license from a state. The state licensing agency sets minimum requirements before it will issue its license, much as CHED does in your country. You use the term "permit" to describe CHED's authorization to operate, so I will use the same term.

You have stated that accreditation by PAASCU is a "process of self-regulation." By self-regulation, do you mean that the schools set their own standards within the performance guidelines established by PAASCU in the survey instrument?

Please explain your statement that "the accrediting agency holds its schools accountable to standards, otherwise, they lose their accredited status" Whose standards are you referring to - PAASCU's, CHED's or the school's? Please explain the process by which a school can be found to be out of compliance and can have its accreditation revoked.

My reference to your Handbook is page 6, item 4 of the "Manual of Accreditation." *"Is there a PAASCU standard? There is no automatic cut-off point. Among the schools accredited by PAASCU there can be a wide range of quality".* The "cut-off point" is precisely what I'm looking for and am not finding. Although the survey instrument does provide numerical ratings and measuring tools, it does not provide measurable standards of performance. In other words, there is no set level of performance above which is acceptable for accreditation and below which is unacceptable for accreditation. Please correct me on this point if I am wrong.

Thanks for your time and cooperation.

Claude Denton
Program Specialist
Accrediting Agency Evaluation Unit
Office of Postsecondary Education
U.S. Department of Education

1/22/2004

-----Original Message-----

From: PAASCU [mailto:paascu@i-manila.com.ph]

Sent: Sunday, January 18, 2004 2:30 PM

To: Denton, Claude

Subject: clarifications

Dear Mr. Denton,

We have been in touch with NCFMEA for more than a year now and we have sent tons of documents as we tried to respond to the criteria set by NCFMEA. Over the past 12 months, we have also received staff analysis reports from Ms. Robin Greathouse and Ms. Carol Griffiths. They have provided us with comprehensive reports and we submitted our comments and clarificatory statements.

I will respond to your concerns item by item and refer you to some documents which we sent you a few months ago.

COMMENT: 1. " First, we have to identify the accrediting body that is responsible for evaluating the quality of medical education in the Philippines. You have described PAASCU's mission as one of supplementing the evaluative work that has already been done by CHED."

RESPONSE: As we have mentioned in our previous reports, the Philippine Commission on Higher Education (CHED) is the agency that **RECOGNIZES** medical schools. No school in the country can operate unless it is **RECOGNIZED** by the CHED.

The CHED imposes **MINIMUM** standards and schools are mandated to comply with these requirements. Once a school has met all the minimum requirements of government, it is issued a **PERMIT TO OPERATE** followed by **RECOGNITION**.

PAASCU is a non-governmental, non-profit accrediting agency that was established in 1957 by higher education institutions to help improve the academic quality in the country. Accreditation is a process of self-regulation and the accrediting agencies require that schools applying for accreditation meet standards **ABOVE** those mandated by government.

In the Philippines, **RECOGNITION** is done by the CHED. CHED is **NOT AN ACCREDITING BODY** and has no plans to become one. CHED does not evaluate schools. It is the accrediting agency that formulates the evaluative criteria for the various programs and the school voluntarily conducts a self-study using the forms and invites a team of peers to review its program.

2. " CHED establishes minimum standards for licensure, evaluates school performance in meeting its standards through site visits and enforces those standards by removing licensure when performance is deficient. PAASCU, acting independently from CHED, identifies certain performance guidelines and recommends actions schools can take to improve their performance within those guidelines."

COMMENT: This entire statement is not accurate. It should read instead that the CHED establishes **MINIMUM** standards so that schools can offer the medical program. Once a school has been allowed to operate, it can **OPT** to go for accreditation.

In the Philippines, we have an agency called Professional Regulatory Commission (PRC) which oversees the development of professional board examinations or licensure examinations for graduates of various programs. The PRC provides assurance that students who have completed professional training are competent to perform in the profession.

Again, this statement that the CHED can remove licensure when performance is deficient is wrong and is not applicable in the Philippines. The CHED cannot unilaterally do this. It has to do this in tandem with PRC. Please note that in the Philippines, we use the word licensure for the examinations given by the PRC. We use **RECOGNITION** for the CHED and **ACCREDITATION** for the accrediting agencies.

Your second sentence is correct.

1/22/2004

3 "So, to identify one entity responsible for evaluating quality in the Philippines is difficult - it seems that fuction is being performed by both CHED and PAASCU, and an argument can be made that CHED has the more central role in this.

Comment: In the Philippines, four entities comprise the quality assurance system for higher education - the CHED, the Federation of Accrediting Agencies of the Philippines, the Accrediting Agencies and the PRC. However, if you speak of academic quality in an institution or a program, the accrediting agencies play a key role because they are responsible for developing standards that EXCEED the MINIMUM standards required for recognition by CHED. Accrediting agencies examine institutional compliance with the standards for the purpose of granting accredited status, and promoting institutional improvement.

RECOGNITION is a one-shot deal. You apply for it once and a school can continue to operate, but accreditation is a continuing process. A school is visited every three to five years by the ACCREDITING AGENCY and if found deficient, accreditation can be revoked. The CHED is informed of the accreditation status of schools.

4. " The difficulty comes into play particularly when you consider another of the Secretary's criteria requiring, as a condition of recognition, the agency to hold its accredited schools accountable to standards or thresholds of achievement. You have said in your Handbook that you do not have numerical standards, that you seek to improve quality at whatever level you find it. When you consider PAASCU alone, it does not sound like you have the necessary mechanism for holding schools accountable to standards that is required in the Secretary's criteria.

COMMENT: The accrediting agency holds its schools accountable to standards, otherwise, they lose their accredited status. In our reports to NCFMEA, we have sent you documents and policies attesting to this fact. I am sorry that you are confused about the way we do things here in the Philippines. You mentioned that our Handbook says we do not have numerical standards. Can you tell me the exact page where you found this statement? I am baffled because our Manual of Accreditation for Higher Education Institutions states that we have a rating scale from 1 to 5 (p.22). Our survey instrument called Basic Medical Education Program is replete with statistical summaries, section mean, weight values and area mean. Aren't all these numerical indicators? All these documents have been submitted to the NCFMEA office. I suggest you ask for them. If it cannot be found, I can send you another copy.

I am sorry if you feel that PAASCU does not have the necessary mechanism for holding its schools accountable to academic standards. This is a perception and is not based on facts. I am glad that a representative from NCFMEA is coming to observe the site visit on February 12-13, 2004. He can do a reality check and correct the wrong perception.

CHED is aware of our application with NCFMEA. I can tell you right now that they have no plans of applying for recognition with NCFMEA because they are not an accrediting agency.

I am attending the March meeting in Washington, DC and would gladly make a presentation to clear the air and dispel the confusion out there. Let's hope the problems get resolved.

Chita V. Pijano
Executive Director
PAASCU

