



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

**HEALTH SCIENCES PROGRAM
University of the Philippines Manila
Survey Instrument**

2021

Philippine Accrediting Association of Schools, Colleges, and Universities

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ABOUT THIS SURVEY INSTRUMENT AND THE UPM-SHS PROGRAM

This survey instrument is intended solely for the University of the Philippines Manila – School of Health Sciences (UPM-SHS) Program. The instrument was developed using the Basic Medical Education Instrument and infused with additional criteria, guide questions, and suggested lists of evidence that consider the program's Midwifery and Nursing components.

The UPM-SHS, which was established in 1976, pioneered an innovative competency-based and community-oriented ladder-type curriculum that integrates the training of the midwife, nurse, and doctor into a single, sequential, and continuous program.

UPM-SHS students are directly recruited from underserved communities such as 5th - 6th class municipalities and geographically isolated and disadvantaged areas (GIDAs). The students are expected to practice in their endorsing communities or communities similarly situated once they obtain their professional licenses as Midwife, Nurse, or Doctor.

The unique UPM-SHS ladder-type program has three levels: Diploma in Midwifery (DM), Bachelor of Science in Nursing (BSN), and Doctor of Medicine (DM). The DM course serves as the entry-level and takes ten (10) quarters to complete. The BSN course is the middle level which takes an additional eight (8) quarters to complete. The last two (2) quarters of the DM and BSN courses is called the "Service Leave" period characterized by community integration. Students return to their endorsing communities to integrate what they have learned from school with their experience in their real-life community. The MD course is the terminal level of the three-step program, which takes 20 quarters (5 years) to complete.

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GUIDELINES TO ACCREDITATION

INTRODUCTION

The purpose of the Philippine Accrediting Association of Schools, Colleges, and Universities (PAASCU) is to support member schools in their journey towards quality improvement founded on the institution's educational philosophy and its unique vision and mission. This purpose is grounded on the fundamental principle that quality is primarily the school's responsibility and that the external quality assurance initiative complements this. PAASCU envisions accreditation as a continuous development process that engages the entire school community and its stakeholders in a careful and thorough evaluation of its objectives, plans, programs, systems, resources, and results through self-survey and an external review done by peer educators.

The accreditation process involves assessing different areas: Leadership and Governance, Quality Assurance, Resource Management, Teaching-Learning, Student Services, External Relations, Research, and Results. The interrelationship among these areas is vital in ensuring the school's programs' quality towards achieving the school's vision and mission. PAASCU believes that the quality of the school's programs and services determines the overall quality of the institution that offers such programs and services.

In recent years local and international agencies have defined standards to be used in quality assurance processes. PAASCU now shifts to principles-based standards in the accreditation process that focuses on principles rather than a list of good practices in the various areas to be assessed in the accreditation process.

ACKNOWLEDGEMENT

The PAASCU Board of Trustees acknowledges the work done by the Technical Working Group and the Standards Committee that drafted the 23 Quality Standards. Special thanks to the Commission on Medical Education that revised the Basic Medical Education survey instrument following the new standards together with representatives from the Commission on Tertiary Education who contributed inputs on standards and criteria on Nursing and Midwifery education.

1. ACCREDITATION OF BASIC MEDICAL EDUCATION PROGRAM

1.1. Quality Assurance

PAASCU has adopted a four-fold definition of quality as:

1. Achievement of minimum standards based on learning outcomes
2. Achievement of evidenced excellence based on learning outcomes
3. Implementation of the vision, mission, and goals of the school
4. Responsiveness to stakeholders

1.2 Accreditation

Educational accreditation is a quality assurance process where an external body evaluates the operations of educational institutions or programs to determine if standards are met as the basis for granting an accreditation status. Accreditation is the formal and public statement by an external body, resulting from a quality assurance procedure that agreed standards of quality are met by an institution or program (Van Damme, UNESCO Higher Education in the Age of Globalization, 2001).

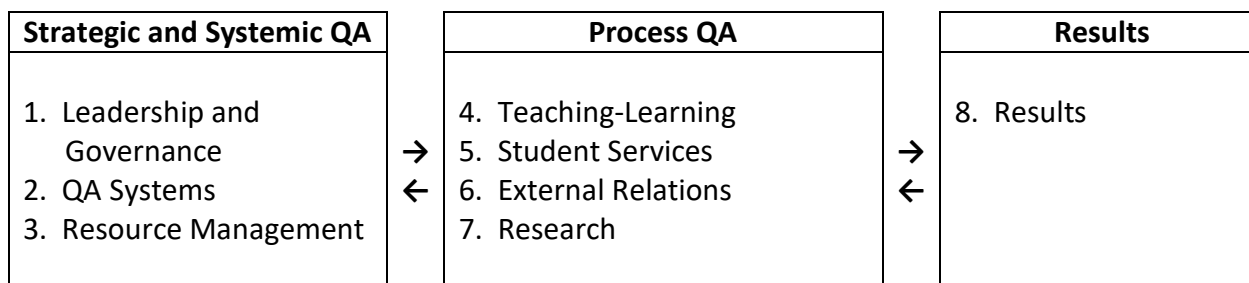
An accredited status from PAASCU indicates that an educational institution or program has met its defined standards. There is a sufficient basis for assuming that the educational institution or program will continue doing so in the future.

The PAASCU accreditation process does not prescribe any specific way of proceeding. It seeks to encourage institutions or programs to aspire for and work towards higher levels of excellence as defined in its quality standards. The focus is on the context and needs of the institution or program under survey; hence, the process allows these institutions and programs to be innovative in exploring solutions to the challenges they face.

2. ACCREDITATION FRAMEWORK

2.1 Accreditation Framework

In conducting institutional accreditation, the following framework is adopted:



The framework shows that there are eight areas to be assessed. These areas include three areas under Strategic and Systemic Quality Assurance, four areas under Process Quality Assurance, and the area covering the Results. The arrows denote the constant interplay among the different areas in continuously upgrading educational quality and services.

2.2. Alignment of PAASCU Framework with other QA Frameworks

The framework adopted by PAASCU is aligned with regional and international frameworks on quality assurance. The following were used as benchmarks in the preparation of the instrument:

1. ASEAN Quality Assurance Framework (AQAF) Internal Quality Assurance Principles
2. ASEAN University Network (AUN) Guide to Assessment at the Institutional Level
3. Commission on Higher Education (CHED) Institutional Sustainability Assessment Self-Evaluation Document (ISA-SED)
4. Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) Standards and Guidelines for Internal Quality Assurance
5. World Federation for Medical Education (WFME) Global Standards for Quality Improvement, the 2015 Revision.
6. Defining and Measuring the Social Accountability of Medical Schools, published by the World Health Organization in 1995.

2.3. Development of the 2021 Principles-Based Standards

The evolving and challenging higher education landscape globally and the continuing evolution of accreditation in form and substance served as an impetus in pivoting PAASCU's approach to program accreditation from functional to one that uses principle-based standards. The program accreditation standards are designed to ensure the provision of high-quality educational experiences. These standards reflect principles of good practice and are supported by a set of criteria that subscribes to the Plan-Do-Check-Act (PDCA) cycle. The standards are not prescriptive as PAASCU understands that high-

quality education can be achieved in various ways. However, the standards and how the program executes them should allow for consistency in the quality of program delivery. The program standards define the quality, effectiveness, and continuous improvement expected of accredited programs. They serve as indicators of a program's ability to fulfill its unique purpose, deliver quality education, and promote student achievement is comprehensively examined.

Each of the standards articulates a dimension of the quality of a program. In applying the Standards, PAASCU assesses and decides the effectiveness of the program as a whole. A program that meets the Standards indicates that:

- its purposes are clearly defined and appropriate to an institution of higher learning;
- defined learning outcomes are achieved;
- its practices are aligned with defined standards and criteria; and
- it is unceasingly striving for continuous improvement.

Therefore, it is essential to understand that a program must demonstrate substantial compliance with the standards regardless of location or delivery modalities to earn accreditation.

2.4. The Survey Instrument

The survey instrument consists of the following:

1. the main area for review and evaluation;
2. the standards under each area;
3. a set of criteria against which the achievement of the standard is measured;
4. a brief explanation of the standard;
5. a series of guide questions to assist the institution in assessing its compliance with the standards and criteria; and
6. a suggested the list of evidence.

The set of criteria will be rated using the guidelines provided below in the Self-Survey Report section of this guideline.

3. PROGRAM ACCREDITATION

Program accreditation applies to academic programs, departments, institutes, or schools that are parts of an institution. The accredited unit may be as large as a college, or school within a university, an academic program, or course within a discipline. The accredited status of one department or specific program/course does not extend to other programs within the same department or departments in the institution.

This survey instrument is for program accreditation.

4. THE SELF SURVEY REPORT

The first and critical component of the accreditation process is a rigorous and comprehensive self-evaluation of the institution's educational resources, methods, and results. Self-evaluation aims to understand, evaluate, and improve, and not merely to defend what already exists. A well-conducted self-evaluation should result in a renewed effort to reflect on quality assurance practices and outcomes towards ongoing school improvement. The self-evaluation is expected to be an inclusive process. It becomes optimally effective when completed by a diverse group of key stakeholders (i.e., administrators, faculty, students, staff, alumni, etc.) knowledgeable about the institution and its academic programs. Stakeholder engagement allows for a fair and objective assessment of how well the institution has achieved its vision, mission, and objectives for self-improvement. The self-survey report and the supporting evidence provide the institution the opportunity to demonstrate to the survey team that it has complied with the standards.

The **self-survey report (SSR)** is an account of the institution's QA practices. The institution here refers to the college, school, or department managing the programs under accreditation. The criteria checklist under each standard guides what to account for in the institution's quality system.

The SSR is written following the sequencing of the area and standards. The write-up mainly describes how the institution meets the criteria under each standard. Therefore, only the set of criteria under each standard will be rated.

The SSR should be submitted in softcopy to the PAASCU Secretariat two months before the site visit.

4.1. Contents of the Self Survey Report

The SSR has six parts: School Profile, Follow-up Action on the Recommendations of Previous Survey, Analysis of School/Program Practices Using the Survey Instrument, Conclusion, Appendices, and Summary of Ratings.

PART 1: School Profile

This section provides the following information about the school:

1. A brief history of the school
2. Vision, mission, goals, objectives, and core values of the school
3. Organizational structure
4. Governing Board and list of top executives
5. Educational programs, including student population for each program and accreditation level
6. Enrollment data per year level of the program under survey (3-year data for a preliminary visit, 2-year data for a formal visit, and 5-year for resurvey visit)
7. Description of the regulatory environment in which the institution operates

8. Identified strategic challenges, including planned and implemented strategies to address the same.

**PART 2: Follow-up Action on the Recommendations of Previous Survey
(only for formal and resurvey visits)**

PART 3: Analysis of the School/Program Practices Using the Standards and Criteria

A write-up describes the program quality practices using the criteria under each standard. The write-up should meet the following requirements:

1. It should provide information that focuses on how the school meets the criteria under each standard. An explanation should be provided if the school partially or did not comply with the criteria.
2. The information should be presented based on the sequencing of the criteria. They should be written in whole sentences but should be straightforward, concise, and factual. More importantly, the information should be based on evidence that is presented immediately after such information. The evidence should be clickable to ensure immediate access. Each standard provides a checklist of suggested evidence. The institution may present other additional evidence to support its claim.
3. In the presentation of evidence, the following guidelines should be considered:
 - a. Where statistical data, graphs, tables, or matrices are used, label the same and present them within the narrative or attach them to the SSR with appropriate reference. Where a policy statement is used, summarize the policy or attach the same to the SSR with proper reference.
 - b. The documents and any other evidence used to support the information provided should be listed per standard and attached to the SSR. If the same evidence supports multiple standards, attach the evidence once and list it under each relevant standard.
4. The write-up should be descriptive and analytical, citing both the strengths and weaknesses of the practice related to the criteria. The guide questions and the explanations can assist in analyzing the quality practices of the institution. When analyzing the institution's quality practices, it is also important to benchmark with the practices of other reputable institutions or with those that are considered 'good' practices.
5. The school should provide a rating for each criterion under each standard based on the following scale:

RATING	MEANING	REMARKS
5	Excellent	The practice is exemplary and serves as a model to others. The implementation of the criterion has led to excellent results.

4	Very Good	The criterion has been effectively implemented, and this has led to very good results.
3	Good	The criterion has been implemented adequately and has led to good results.
2	Needs Minor Improvement	The criterion has been implemented but needs minor improvement. In addition, the implementation has led to inconsistent or limited results.
1	Needs Major Improvement	The criterion has been inadequately implemented and needs significant improvement. The implementation has led to insignificant or unsatisfactory results.
0	Not Implemented	The criterion has not been implemented. Furthermore, no evidence is presented to show that initiatives have been carried out to implement it.

PART 4: Conclusion

This section provides the following:

1. An overall assessment of the program's compliance with the standards
2. Summary of the strengths per area
3. Summary of planned initiatives to address weaknesses identified per area

PART 5: Appendices

This section contains the evidence that is identified in the self-survey report. This section consists of the following:

1. List of the supporting evidence
2. The actual evidence

For virtual visits, these supporting documents are accessed using the digital storage facility of the school. Therefore, when evidence is cited in the narrative, reference to that evidence is clickable, so the actual evidence can immediately be viewed.

PART 6: Summary of Ratings

5. THE SURVEY VISIT

The **site visit** will be scheduled in advance and not earlier than two months after submitting the SSR to the PAASCU Secretariat. External accreditors assigned by PAASCU will undertake the two-day visit.

The typical PAASCU Survey Team will be composed of accreditors who will be assigned to handle the following areas:

Accreditor 1a	Leadership and Governance Results: Financial and Competitiveness
Accreditor 1b	QA Systems Resource Management
Accreditor 2a	Teaching-Learning Results: Education
Accreditor 2b	Student Services
Accreditor 3a	External Relations Results: Community Engagement and Service
Accreditor 3b	Research Results: Research

The number of accreditors may change depending on the number of programs being accredited.

The visit usually includes the following activities:

1. Accrediting Team meetings
2. Interviews and meetings with various stakeholders groups
3. Observations
4. Review of exhibits
5. Writing of report
6. Wrap-up session
7. Debriefing to Management and Self Survey Team

6. PAASCU SURVEY REPORT

The site visit will result in a survey report that represents the institution's assessment against the checklist. The report is used as the basis for determining the accreditation status to be granted.

The Chair will be responsible for collating the inputs from each accreditor to come up with a consolidated, coherent, and concise report that corresponds to the team's judgment.

The survey report should contain the following:

1. Chairman's report containing the following:
 - a. Introduction
 - b. Summary of Area Reports
 - c. Preparation of the Program Self-Survey by the Institution
 - d. Recommendation of the Team

- e. Conclusion
2. Summary of Ratings
3. Write-up per area containing the following:
 - a. Evidence – a short description of the evidence gathered
 - b. Analysis – a consideration of the extent of alignment of practice with the criteria based on the evidence presented
 - c. Commendations, if any
 - d. Recommendations, if any

The ratings of the criteria under each standard are averaged to arrive at the **average rating per standard**.

The average ratings per standard in an area are averaged to arrive at the **average area rating**.

The eight area average ratings are averaged to arrive at the **overall survey rating**.

7. COMMISSION REVIEW AND BOARD APPROVAL OF ACCREDITING TEAM'S DECISION

Additional Requirements to Pass a Formal Survey or Resurvey Visit:

The following criteria need to be complied with to pass a survey or resurvey visit:

I. Academic Qualifications of Program Administrators (Dean, Program Chair, Program Heads or Coordinator)

Program administrators must possess the required academic degrees/qualifications as stipulated in the most recent CHED's Policies, Standards, and Guidelines (PSGs) of the program being accredited.

II. Faculty Requirements and Teaching Assignments

Regardless of status (full-time, part-time), Faculty members must possess the required academic qualifications as stipulated by the most recent CHED's PSGs of the accredited program.

III. Teaching Assignments

Full-time faculty members must teach 50% of all courses, and master's degree holders must teach 40% of all General Education courses in their field of specialization.

IV. Performance in the Licensure Examination

For programs with a licensure examination, the performance of graduates must consistently be above the national passing average or at par with the national average. The yearly performance will be calculated based on the simple average of results for programs with two or more examinations in a year.

The team's report is submitted to the Commission and the Board for review and final approval.

8. FAAP CERTIFICATION OF THE ACCREDITATION LEVEL

The Board of Trustees' decision will be forwarded to the Federation of Accrediting Agencies of the Philippines (FAAP), certifying the level of accreditation.

9. RELEASE OF ACCREDITATION DECISION TO THE INSTITUTION WITH THE SURVEY TEAM REPORT

The PAASCU Secretariat will inform the school of the accreditation decision and provide the accreditation report after the Board's approval and the FAAP certification.

SURVEY INSTRUMENT FOR BASIC MEDICAL EDUCATION

AREA 1. LEADERSHIP AND GOVERNANCE

Sub-area 1.1. Vision-Mission

STANDARD 1.

The institution has clearly articulated and disseminated the vision and mission statements that reflect its educational philosophy, core values, and goals to key stakeholders.

Criteria	Rating
1. The process of articulating the vision and mission statements was carried out involving the participation of the medical school's stakeholders.	
2. The vision and mission statements are communicated periodically to its stakeholders.	
3. All sectors of the medical school can identify with and own the vision-mission statements of the institution.	
4. The medical school defines clear indicators of how the vision and mission are achieved.	
5. There is a periodic revisiting of the medical school's vision and mission.	
6. The medical school has a clearly articulated mission statement that addresses the priority health care needs of the community, region, and nation.	
Average Rating	

Explanation:

A medical school should explicitly state its aspirations and goals. These should be evident in the program offerings and other programs of the institution. All community sectors are responsible for operationalizing and actualizing the medical school's unique identity and culture's cognitive, behavioral, and physical indicators. Thus, there is a conscious effort to have everyone own the medical school's vision-mission, philosophy, and core values.

Guide Questions:

- How are the vision and mission statements reflect the unique identity and culture of the medical school?
- What is the process undertaken to articulate the vision and mission statements, and who participates in the process?
- How are the vision and mission statements of the medical school made known to all community sectors and the public at large?
- How do the leadership and the school community show personal commitment to and model the medical school's philosophy and core values?
- How periodic are the vision-mission statements reviewed, and who participate in the review?

Supporting Evidence:

- Vision and mission statements
- Statements of philosophy and core values
- Process in crafting and revisiting the vision and mission statements
- Orientation programs for the various sectors and stakeholders of the institution
- Institutional manuals showing the vision and mission statements

Sub-area 1.2. Leadership and Management

STANDARD 2.

The institution practices responsible management and models leadership that results in effective and efficient operations.

Criteria	Rating
1. The Governing Board and the administrators are well qualified and have the experience to function in their respective roles.	
2. Management promotes good governance, promoting integrity and accountability.	
3. Leadership is open to suggestions and proactively anticipating and responding to changes that may affect the medical school's operations.	
4. Leadership training and succession planning are provided for.	
Average Rating	

Explanation:

The strategic role of management and leadership in an organization cannot be overemphasized. The school environment, resulting from its officers' management and leadership style, significantly affects teaching and learning and is a critical factor in the smooth operations of any medical school. Management should promote good governance, and leadership should be proactive to respond to changes in the environment. There is a succession plan in place.

Guide Questions:

- Is the Board of Directors/Trustees and administrators composed of academically qualified and experienced academics and professionals?
- How does the management promote good governance, integrity, and accountability?
- Is leadership open and proactive in anticipating and responding to changes in the environment?
- Are policies, guidelines, and programs clearly articulated and are applied with transparency, consistency, and fairness?
- Are there provisions for succession planning and leadership training?

Supporting Evidence:

- Organizational chart
- Qualifications of the Board of Directors/Trustees and the Administrative Staff
- Administrative manual
- Succession planning program

Sub-area 1.3. Strategic Management

STANDARD 3.

A strategic planning activity participated in by key stakeholders is periodically conducted to formulate, implement and evaluate plans and programs toward achieving the institution's vision, mission, and goals.

Criteria	Rating
1. The medical school periodically undertakes a strategic planning process with the involvement of key stakeholders.	
2. The plans, programs, and activities are aligned with the medical school's vision, mission, and objectives.	
3. Relevant external and internal factor conditions are identified and used in the formulation of the plan.	
4. Plans, programs, and activities have clear and measurable targets and are time-bound.	
5. A system for periodic follow-through and evaluation is in place for plans, programs, and activities.	
6. Ethics, social responsibility, technology, innovation, and internationalization are considered in formulating the strategic plan.	
7. Adequate resources are committed to the planning exercise and the implementation and evaluation of the strategic plan.	
Average Rating	

Explanation:

Highly respected academic institutions undertake a periodic strategic planning exercise to formulate long-term plans programs to help achieve their vision, mission, and goals and keep pace with the constantly changing environment. The plans have defined targets and performance indicators and have defined periods for their implementation. The plans are translated into programs and activities that are regularly evaluated. Considerations on ethics, social responsibility, technology, innovation, and internationalization are inputted in crafting the strategic plan. A budget is defined to support the plan's implementation.

Guide Questions:

- Is the strategic planning process periodically conducted and participated in by key stakeholders?
- Is there an office responsible for planning and development?
- Are plans, programs, and activities aligned with the medical school's vision, mission, and goals?
- Are the plans in step with developments in the external environment, recognizing possible opportunities and threats?
- Are the medical school's competencies, strengths, and weaknesses, considered in the planning process?
- Are there defined and measurable targets, including a time frame, to accomplish the plans, programs, and activities?

- Are the plans regularly monitored, reviewed, and revised accordingly?
- Are there adequate resources available to support the medical school's planning exercise and the implementation and evaluation of the strategic plan?

Supporting Evidence:

- Strategic plans
- SWOT analysis
- Budget allocation for projects and programs
- Office and committees responsible for planning
- Forms for monitoring plans and programs
- Annual performance plans

Sub-area 1.4. Policy Formulation and Implementation

STANDARD 4.

The institution has a system for formulating and implementing policies that reflect institutional values, promote its unique culture, make operations efficient, and conform to government regulations and standards.

Criteria	Rating
1. A system following the Plan-Do-Check-Act (PDCA) cycle is followed in policy formulation and implementation.	
2. Policies and procedures promote the medical school's values and the unique culture of the institution.	
3. They are customer-focused and enforced with transparency, consistency, and fairness.	
4. They consider interrelationships among the various sectors of the medical school and promote synergy in operations.	
5. Policies for teaching-learning, research, community engagement, and services are articulated and documented.	
6. They comply with government regulations and standards.	
Average Rating	

Explanation:

Policies serve as the backbone of a medical school's operations. If properly articulated, communicated, and implemented, they will guarantee success in achieving the medical school's goals and objectives and promote its values and unique culture. There should be a system of formulating, implementing, and evaluating policies participated in by key stakeholders. Conformance with government regulations and standards should also be ensured in its formulation and implementation.

Guide Questions:

- What process is being followed in the formulation of policies, and are various stakeholders involved?
- Is the Plan-Do-Check-Act cycle followed in policy formulation and implementation?
- Are the policies and procedures aligned with the medical school's values, promoting the institution's unique culture?
- Are the policies and procedures are understood and accepted by those that will be affected by them?
- Are there transparency, consistency, and fairness in the implementation of policies?
- Is feedback on policies and procedures welcomed, listened to, and utilized for policy improvement?
- Are policies and procedures for managing academic programs, support services, research programs, and community service initiatives defined and documented?
- Are policies aligned with government regulations and standards promoting responsible citizenship?

Supporting Evidence:

- Policies for the medical school program, support services, research, and community service
- Minutes of meetings
- Manuals of operations
- Programs and activities on policy development and review

Sub-area 1.5. Risk Management

STANDARD 5.

A risk management system is in place to ensure that the institution is aware of and manages present and future risks.

Criteria	Rating
1. A risk management program is in place to assess, communicate and implement initiatives to identify and mitigate current and potential sources of risk.	
2. Explicit risk management policies and established protocols are defined to forestall any identified risks.	
3. Management assumes the primary responsibility for managing risks and involves the participation of key stakeholders in initiatives involving risk determination and control.	
4. Medical school resources are utilized effectively, safeguarded, and sufficiently ensured.	
5. Transparent monitoring processes are established so that all risk-mitigating efforts are working and are effective.	
Average Rating	

Explanation:

Medical schools need to be aware of the present and future disruptions. Disruptions can result in risks to any undertaking if not foreseen, identified, evaluated, and addressed. It is the responsibility of top management and the Board to manage risks, and they should involve the participation of key stakeholders in risk management. Risk management requires risk assessment, communication of such risks, and implementation of initiatives that will monitor, mitigate and control the impact of risks. It also involves the effective use and safeguarding of assets. A risk management program should be in place, with supporting policies, structures, resources, and monitoring systems.

Guide Questions:

- Is there a risk management program that identifies, communicates, and identifies responses to current and potential risks?
- Are there clear policies and established protocols to forestall any identified risks?
- Is management and the Board take primary responsibility in managing risks?
- Is there an office responsible for risk management?
- Are the community's various sectors, including key stakeholders, aware of identified risks, including the initiatives to control them?
- Is there an established system of good internal control to effectively use and safeguard assets?
- Is there a monitoring system to ensure the effective implementation of the risk management program?

Supporting Evidence:

- Risk management program
- Risk management policies

- Business continuity plan
- Incident response plan
- Internal control system
- Policies on safety, maintenance, and insurance

AREA 2. QUALITY ASSURANCE

Sub-area 2.1. Internal Quality Assurance System

STANDARD 6.

The institution has an established internal quality assurance system, with clearly defined policies, procedures, and activities, that implements, evaluates, enhances, and ensures the quality of its educational programs and processes.

Criteria	Rating
1. A documented Internal Quality Assurance (IQA) plan is in place with clearly defined policies, procedures, and activities that enable the medical school to develop the quality of its academic and non-academic programs and processes.	
2. Stakeholders are involved in the formulation, implementation, and evaluation of the IQA plan.	
3. An IQA structure is established with roles, responsibilities, and accountabilities defined across all levels.	
4. Adequate resources are committed to supporting the IQA programs.	
5. Measurable targets and performance indicators are used to measure the performance of the medical school's IQA system.	
6. Mechanisms for communicating the performance results to concerned stakeholders are in place.	
7. The implementation of the IQA plan is reviewed annually for continuous improvement.	
Average Rating	

Explanation:

The responsibility for internal quality assurance primarily rests on the medical school itself. A medical school keeps itself engaged in evidence-based and participatory self-reflection about how effectively it accomplishes its vision-mission and its educational objectives and outcomes. Mechanisms are in place to implement, monitor progress, evaluate, and improve the school's IQA system and processes. In this way, a quality culture is promoted in which all internal stakeholders assume responsibility for quality and engage in quality assurance activities.

Guide Questions:

- Is there a documented IQA plan?
- How is the IQA system organized and structured?
- Is there an office responsible for managing the IQA system of the institution?
- What strategies are employed to involve stakeholders in the implementation of the IQA plan?
- Are the resources adequate to implement the IQA plan effectively?
- What are the established quality performance indicators or targets to assure the quality of its educational programs and processes?
- How does the medical school monitor and evaluate the IQA system, the implemented plans, and the results of its IQA initiatives?

Supporting Evidence:

- IQA plan
- IQA structure
- IQA manual QA performance indicators and targets
- QA manual
- IQA performance report
- QA self-survey report

Sub-area 2.2. External Quality Assurance

STANDARD 7.

The institution subjects itself to periodic external assessment designed to be fit for purpose and to validate the effectiveness of its IQA system in terms of regulatory requirements and quality standards.

Criteria	Rating
1. The medical school has an established external quality assurance assessment plan to comply with institutional and regulatory requirements.	
2. The assessment is evidence-based and done by credible and independent external agencies.	
3. The results of the assessment are communicated to both internal and external stakeholders.	
4. The assessment results and findings are analyzed and used for improvement.	
5. The plans and activities for external quality assurance assessments are regularly improved.	
Average Rating	

Explanation:

At the core of all the quality activities are the twin purposes of continuous improvement, driven by the institutional IQA system and public accountability, strengthened by the institution's EQA initiatives. The medical school recognizes the need to be responsible and accountable for its quality assurance initiatives by subjecting itself to an evidenced-based assessment by an independent external body. The evaluation results ensure that the medical school meets its goals and complies with regulatory requirements.

Guide Questions:

- What is the institutional policy on EQA?
- What EQA activities were undertaken?
- Is the body or agency responsible for doing the assessment credible, independent, and evidence-based?
- How are EQA assessment results used in improving the IQA system of the medical school?
- What monitoring review and evaluation policies are in place to keep EQA assessment activities on track?

Supporting Evidence:

- Institutional policy on EQA
- EQA plans and budgets
- Quality assurance agency reports
- Certification issued by QA agencies
- Action plans showing the utilization of the QA agency report

AREA 3. RESOURCE MANAGEMENT

Sub-area 3.1. Human Resources

STANDARD 8.

The institution has adequate and qualified human resources, both teaching and non-teaching, that enable it to perform its teaching, research, and community service functions. It has programs in place for the recruitment, selection, hiring, deployment, training, and retirement of personnel.

Criteria	Rating
1. Human resource plans, policies, and programs are defined and implemented to enable the medical school to achieve its teaching, research, and community service functions.	
2. Recruitment, selection, and hiring policies are formulated and communicated and are consistently applied.	
3. Training and development programs are needs-based and are provided to employees.	
4. Deployment, promotion, succession, and career pathing programs are in place.	
5. A performance management system covering job evaluation, reward, recognition, coaching, and mentoring is in place.	
6. Salaries, incentives, and benefits are set at levels that ensure the medical school attracts and retains qualified staff.	
7. Provisions for resignation, termination, and retirement are in place.	
8. There is a sufficient workforce to attend to the needs of the medical school.	
9. The working environment is risk-free and safe for the employees.	
10. Policies and programs are in place to promote the well-being of employees.	
11. Human resource plans, policies, and programs are periodically assessed for improvement.	
Average Rating	

Explanation:

The medical school's workforce quality is defined by plans and programs on recruitment, selection, hiring, deployment, training, and retirement. Career paths, if correctly identified and monitored, will result in productive and fulfilled personnel. A highly motivated workforce dramatically enhances the delivery of services in a medical school. Management should take responsibility for ensuring the safety, growth, and well-being of its human resources.

Guide Questions:

- Are the HR plans, policies, and programs on human resources defined, communicated clearly, and supportive of the medical school's goals?
- Are the recruitment, selection, and hiring policies formulated and consistently applied?
- Are there specific contracts that define the job functions, terms of employment, and tenure for all personnel?

- Are the training and development plans of the academic and non-academic staff participative relevant and needs-based?
- Do personnel participate in the formulation of their career goals and plans?
- Are deployment, promotion, and succession policies clear to all concerned?
- Are the teaching and work assignments consistent with the person's qualifications and capabilities?
- Are there explicit provisions for resignation, retirement, and termination?
- Is there a performance management system that covers reward, recognition, coaching, and mentoring?
- Are there provisions for staff orientation and discussion of staff-related issues and concerns?
- Are the plans, programs, and policies regularly evaluated for improvement?

Sources of Evidence:

- Employee profile
- Organizational chart
- Human resource manual
- HR plans and programs
- Job descriptions
- Recruitment, selection, and hiring criteria
- Employment contracts
- Training needs analysis
- Training and development plan and budget
- Performance management system
- Job performance appraisal system
- Salary and benefits, ranking and promotion scheme
- Resignation, termination, and retirement policies
- Succession plans
- Personnel and faculty files
- Faculty retention and turnover reports

Sub-area 3.2. Financial Resources

STANDARD 9.

A system is in place to manage the institution's financial resources, including efficient sourcing, allocation, use, safeguarding, and accounting.

Criteria	Rating
1. The financial management system is designed to make resources available to support the medical school's vision, mission, and goals, particularly in teaching, research, and community service.	
2. There are adequate funds to guarantee the viability of medical school operations and programs, with provisions for good sourcing of finances when needed.	
3. A participative budgeting process is in place, which includes regular budget performance reports and analysis.	
4. Accounting internal controls function effectively to safeguard the assets, promote the integrity of the accounting records, and ensure compliance with regulatory requirements.	
5. Internal and external audits are regularly carried out to ensure the reliability of accounting systems and reports.	
6. Responsibilities for asset custody, use, control, and accountability are clearly defined.	
Average Rating	

Explanation:

Financial resources are the lifeblood of any organization. The viability and sustainability of operations and the attainment of planned programs and activities rest on the availability of funds. Sound financial management requires developing a system that includes a financial budget, identifying financing sources, properly using and controlling assets, and the reliable recording and reporting of financial results.

Guide Questions:

- Is there a financial management system that promotes the efficient and effective use of financial resources to support the medical school's goals?
- Are financial resources adequate to sustain operations?
- Is there a functioning budgeting process, and do managers prepare, implement, and evaluate their respective budgets?
- Are sources of funds identified, and are they used only for purposes for which they were collected?
- Are lines of responsibility for the management of the financial resources defined?
- Are recording and reporting standards followed with regular audits, both internal and external?
- Are the performance results shared with key managers, and are these used in formulating or revisiting plans?

Sources of Evidence:

- Audited financial reports
- Internal and external audit reports
- Budgets and budget performance analysis reports
- Financial documents and records
- Finance manuals
- Policies on fiscal authority and responsibility

Sub-area 3.3. Learning, Physical and IT Facilities

STANDARD 10.

The institution has adequate, conducive, up-to-date, well-maintained, and safe facilities to support the functions of teaching-learning, research, and community service.

Criteria	Rating
1. There is a facilities development plan with a sufficient budget that is documented and regularly updated.	
2. The plan reflects consideration for environmental responsibility in its programs.	
3. There is an office responsible for the development, maintenance, and safety of the physical facilities.	
4. Infrastructures are adequate and relevant to support teaching-learning, research, and community service.	
5. Classrooms, lecture halls, seminar rooms, and computer rooms are adequate, kept clean, free from distractions, and conducive for learning.	
6. Library and laboratories are adequate, accessible, up-to-date, and with a budget for developing collections.	
7. The IT facilities and infrastructure, both hardware and software, are adequate, up-to-date, and secure.	
8. There are sufficient provisions in the use of physical facilities to promote the health and safety of students and staff.	
9. The medical school is compliant with contractual and government requirements as to physical and IT facilities.	
10. Some facilities and provisions cater to people with special needs.	
Average Rating	

Explanation:

The physical facilities and equipment's availability, adequacy, and accessibility contribute to an environment that directly affects teaching and student learning, motivation, engagement, and sense of personal safety. The physical facilities will also facilitate the conduct of research and community service. Effective management of these facilities with sufficient budget commitment is necessary so that the needs of the various stakeholders are met and are optimally utilized.

Guide Questions:

- Is there a facilities development plan that is regularly updated?
- How sufficient is the budget allocated to physical plant development and maintenance?
- Which office is responsible for physical facilities?
- How are the policies and procedures related to physical facilities defined, documented, and subscribed to?
- How adequate are the physical facilities and equipment sufficient to cater to stakeholders' requirements?

- Are the classrooms, lecture halls, seminar rooms, and computer rooms adequate, kept clean, and free from distractions?
- Are the library and laboratories adequate, accessible, up-to-date, and with sufficient budget for developing collections?
- IT support, hardware, and software are sufficient to meet teaching, learning, and research requirements?
- Are there sufficient provisions that promote the health and safety of students and staff, and do they comply with health and safety standards?
- Are there regular safety, cleanliness, and maintenance inspections for all facilities?
- Are there provisions to cater to special needs?

Sources of Evidence:

- Facilities development plan
- Budget for physical facilities and equipment
- List of facilities, equipment, hardware, and software
- Library collections
- Laboratory collections
- Safety and maintenance policies and procedures
- Inspection reports
- Maintenance reports
- Safety, health, and environmental policies
- Stakeholders feedback
- Certificates of compliance with regulatory agencies

AREA 4. TEACHING-LEARNING

Sub-area 4.1. Curricular Programs

STANDARD 11.

A system to design, develop, and review the program offerings is established, ensuring alignment with the institutional vision-mission and goals, with program objectives and learning outcomes, and relevant to meeting stakeholders' needs.

Criteria	Rating
1. The medical program is aligned with the vision, mission, and goals of the institution.	
2. The content includes basic biomedical sciences, research, clinical sciences, skills, and behavioral and social sciences.	
3. An established system is in place for the design, development, and review of the medical program.	
4. Delivery plans and syllabi are developed for each course and communicated based on expected learning outcomes.	
5. The course objectives, including the expected learning outcomes of the medical program, are established.	
6. Students and key stakeholders participate in the design, development, and review of the medical program.	
7. The system of managing the medical program is regularly assessed for improvement and updating.	
8. All students are exposed to various learning opportunities in which priority health care concerns are addressed, high-quality and cost-effective health care is provided, and the practice of health care to the underserved.	
9. Students see patients and interact with teams of health professionals to develop the necessary knowledge, skills, and attitudes for providing competent and compassionate patient care.	
Average Rating	

Explanation:

A system to ensure that program offerings are designed, developed, reviewed, and updated is established and functioning effectively. In creating the program offerings, alignment with the institution's vision, mission, and goals is ensured, and that the design considers stakeholders' needs and expectations. Developing the program includes defining the learning outcomes and determining the program structure and content. The achievement of the learning outcomes, including the review of the curriculum, is regularly done.

Guide Questions:

- What process does the medical school follow in curricular development, review, and revision?
- Who is responsible for designing and developing the curriculum?
- Who is involved in the process of curricular design, development, review, and revision?
- How are the institutional vision, mission, and goals reflected in the various curricula/course offerings?
- How are learning outcomes established and communicated?
- Does the content include basic biomedical sciences, research, clinical sciences and skills, behavioral and social sciences?
- Were the teaching strategies employed adopted to a virtual or blended mode of learning?
- Who is responsible for implementing the curriculum?
- How are the programs and courses evaluated?
- What are the plans after the evaluation of the curricula?
- Is there monitoring of the implementation of plans?
- What benchmarking activities does the medical school engage in to ensure its curricula are relevant and comparable institutions?
- What process is undertaken to review and assess the relevancy and attractiveness of program offerings?

Supporting Evidence:

- Curricular development and review process
- Curricular evaluation, plans, and implementation process and reports
- Curricular updates and evaluation reports
- Curriculum committee composition, functions, and minutes of meeting
- Bulletin of Information
- Reports of external examiners or accrediting agencies
- Course content, syllabi, and development plan
- Virtual and blended mode of learning schedules and platforms
- Faculty and student feedback on the medical program

Sub-area 4.2. Teaching and Learning Methods

STANDARD 12.

A system to select, develop, and evaluate the appropriate teaching and learning methods and activities is established to achieve the desired learning outcomes.

Criteria	Rating
1. There is a system to select, develop, use and evaluate appropriate teaching and learning methods and activities.	
2. The methods and activities employed are aligned with the educational philosophy of the institution.	
3. The teaching-learning strategies are adopted to a virtual or blended mode of instruction.	
4. Whenever possible, interprofessional education and health teams are incorporated as teaching-learning strategies.	
5. Stakeholders' feedback is considered in selecting, developing, and using teaching-learning methods and activities.	
6. The methods and activities adopted to promote the achievement of the learning outcomes and promote life-long learning.	
7. Monitoring and evaluating the methods and activities deployed for improvement using current innovations and trends in teaching-learning modalities are regularly done.	
8. There is a functioning curriculum committee responsible for monitoring and evaluating the teaching-learning methods and activities.	
Additional criteria for Midwifery and Nursing:	
9. A system with defined policies, guidelines, and processes is established in the design, development, review, and periodic updating of the Related Learning Experience (RLE)/Clinical Education (CE) /Internship program.	
10. The RLE/CE/Internship programs are developed for each course based on attaining the Level outcomes and competencies and anchored on the institutional vision and mission.	
11. The activities are aligned with the classroom concepts and offerings (for Nursing programs).	
12. There is an established system to monitor students' performance during the RLE/CE/Internship programs.	
Average Rating	

Explanation:

The teaching and learning approaches reflect the institution's educational philosophy and should achieve expected learning outcomes and promote life-long learning. A system should be established to ensure appropriate teaching, and learning methods and approaches are selected, deployed, and regularly evaluated by relevant stakeholders.

Guide Questions:

- What is the educational philosophy of the institution?
- What is the process undertaken to select, develop, deploy and evaluate teaching and learning methods, activities, and outcomes?
- What are the different methods and activities adopted?
- Are virtual or blended teaching strategies adopted?
- How are the methods and activities aligned with the expected learning outcomes?
- Were interprofessional education and health teams incorporated whenever possible?
- What methods and activities promote life-long learning?
- How does IT facilitate teaching and learning?
- How are teaching and learning methods and activities evaluated and improved?
- Does the function of the curriculum committee include monitoring and evaluation of the teaching methods?

Additional Guide Questions for Midwifery and Nursing:

- What process does the program develop, review, and revise the RLE/CE/Internship programs?
- How does the program implement the general rules on RLE/CE/Internship training?
- Who is responsible for designing, developing, and implementing the RLE/CE/Internship programs?
- How are the programs developed for each course?
- Who is involved in the development of the programs?
- How are the activities in the training program designed to meet the attainment of the program outcomes and competencies?
- What safeguards are done to ensure the development of competencies specific to the year level?
- What processes are utilized to ensure concurrency and timely accomplishment of learning outcomes in the RLE?

Supporting Evidence:

- The educational philosophy of the institution
- Teaching strategies and instructional methods
- Virtual or blended modes of instruction
- Instructional design and documentation of teaching-learning activities that incorporated interprofessional education and functioning health teams
- Faculty and student feedback on teaching and learning strategies employed
- Evaluation reports on teaching and learning methods and activities
- Reports on practical training, projects, and other action-learning activities
- Internship reports
- Community service reports
- Functions of the curriculum committee and minutes of the meetings

Additional Evidence for Midwifery and Nursing:

- RLE/CE/Internship student handbook
- The master rotation plan (to include the ratio of patient/client to Intern/student)
- Planned clinical instruction program or RLE Focus
- Performance assessment tools

- Procedure manual
- Proceedings and attendance during consultative meetings with stakeholders
- Hospital-School MOA/proof of affiliation
- Sample attendance of students and clinical instructors, evaluation forms utilized
- Student's journal in the clinical area
- Pre-deployment documents of the interns (e.g., Vaccines/ Insurance/ Medical certificates)
- Accreditation and other relevant permits of the laboratory
- Instructional Design (role-specific)
- Clinical supervisor's / instructor's profile
- Inventory of equipment and supplies
- Facility floor plan

Sub-area 4.3. Assessment Methods

STANDARD 13.

A system is in place to plan and select the most appropriate assessment types to achieve the expected learning outcomes.

Criteria	Rating
1. There is an established system to track students' progress from admission, their progression from one level to the next, up to the time of graduation.	
2. Various assessment methods are aligned with the achievement of the expected learning outcomes of the course and the medical program and are valid, reliable, and fair.	
3. Assessment methods are adopted to a virtual or blended mode of instruction.	
4. A system is in place to ensure the integrity of the assessment process.	
5. Exit interviews of graduating students are regularly conducted to serve as inputs for assessment methods and course improvements.	
6. Methods for assessment and results are regularly reviewed and evaluated for improvement.	
7. There is an appeal process for assessment results.	
Average Rating	

Explanation:

Student assessment provides the link between student performance and learning outcomes. It is the gauge of how the curricular programs and the delivery of instruction helped the students achieve the expected learning outcomes. Since assessment provides evidence to document and validate students' learning, it should start from admission and continue as the student progresses from one level to another until the student graduates. The types and methods of assessment must be constantly reviewed to ensure validity, reliability, and fairness.

Guide Questions:

- What are the assessment types and methods used?
- How are assessment methods differentiated considering the differences in programs, courses, and learning outcomes?
- Are the assessment methods adopted to the virtual or blended mode of instruction?
- What is the process for designing assessment methods?
- Are rubrics employed, and how are they created and used?
- How is assessment during admissions done on new students?
- How is exit assessment done on graduating students?
- Who conducts the evaluation, and what controls are instituted to ensure its validity, reliability, and fairness?
- How satisfied are the students and key stakeholders with the assessment methods used?
- Is there an appeal process as regard assessment results?

- How are the assessment results utilized for quality improvement?
- How often are the assessment methods reviewed, analyzed, and improved?
- Who is responsible for the appeal process as regards assessment results?

Supporting Evidence:

- List of assessments used from student entry, progression up to exit before graduation
- Program and course specifications, including learning outcomes
- Rubrics
- Grading system
- Appeal Process
- Progression, attrition, and completion rates
- The official report on the performance of graduates in the Physician Licensure Examination (PLE)
- Tracer Studies

AREA 5. STUDENT SERVICES

Sub-Area 5.1. Student Recruitment, Admission, and Placement

STANDARD 14.

The institution has effective recruitment, admission, and placement of students with defined criteria that are valid and reliable.

Criteria	Rating
1. A system with defined plans, structures, and policies is established for the recruitment and admission of students.	
2. Criteria for student selection and placement are defined, promoting proper matching of student aptitudes and capabilities to the medical program.	
3. Defined procedures are implemented to ensure effective implementation of recruitment, admission, and placement of students.	
4. Measures are undertaken to monitor the effectiveness of the system for recruitment, admission, and placement.	
5. Student recruitment, admission, and placement are improved to ensure that that they remain relevant and practical.	
6. Student recruitment and selection processes conform to the regulatory standards set for admission to the medical education program.	
7. The institution's admission policies and student selection processes are widely publicized.	
Average Rating	

Explanation:

The quality of graduates is significantly affected by the quality of students that an institution recruits and admits. The recruitment and admission program of the medical school should provide for the proper selection and placement of students. The related plan, structure, and policies should reflect the objectives of the medical school program and meet regulatory requirements. The medical school should select and classify students who show a reasonable chance for success in their chosen program through well-defined, reliable, and valid admissions criteria.

Guide Questions:

- How does the medical school develop its admission policies?
- Who defines the selection criteria for both regular students and those in special groups?
- How are the admission policies and selection criteria communicated to the stakeholders?
- How are students selected, and who chooses them?
- What office/person is in charge of recruitment, admission, and placement?
- How are admitted students monitored and analyzed?
- What measures are taken to influence the quality and the number of admitted students?

- Is there a defined process in the conduct of student recruitment, admission, and placement?
- Is there a regular review of the effectiveness of the recruitment, admission, and placement system?
- Is there a means to publish/advertise the policies on the selection and admission of students?

Supporting Evidence:

- Recruitment programs
- Admission and placement policies
- Student selection process and criteria
- The trend of applicants and admitted students
- Student handbook
- Publications such as the prospectus, brochures, etc.
- Marketing collaterals
- Press /Social media and other forms of advertisement/ publication

Sub-area 5.2. Student Services Programs and Support

STANDARD 15.

The institution ensures that student services and support are adequate and readily accessible to support students in their academic and non-academic pursuits and promote personal well-being.

Criteria	Rating
1. The medical school has a well-defined, comprehensive system to support the academic needs of students.	
2. The medical school has accessible programs for student services to support the academic and non-academic needs of students.	
3. There is a process to identify and monitor students needing personal counseling, academic or financial support.	
4. There is provision for adequate, accessible, and affordable health services to students.	
5. There are adequate financial and physical resources and qualified support staff appointed to provide student services and support.	
6. Measures are undertaken to review the effectiveness of the programs for student services and support and student monitoring systems.	
7. Student services and support and student monitoring systems are improved to meet the needs of students according to established standards.	
8. The available student services are gender-sensitive and culturally appropriate.	
Average Rating	

Explanation:

Provisions for student services programs and support should be in place to complement the academic program and should be designed to assist the students' learning goals. These programs are adequate and are accessible to all types of students, and are supported by sufficient resources. A student monitoring system is in place to track and monitor students' academic performance and well-being so appropriate interventions can be instituted on time to respond to students' needs.

Guide Questions:

- How adequate are the financial and physical resources to support the management of student services programs?
- Are the programs under student services managed by adequate and qualified staff?
- Does the medical school provide orientation to new students, enabling them to assimilate its mission and core values?
- Does the medical school provide a sound and functional guidance program that promotes the students' holistic development?

- Are there programs for campus ministry, financial aid, health services, food, alumni services, and, if needed, housing and transportation facilities?
- Does the medical school provide a variety of co-curricular programs and activities that offers functional leadership training to students?
- What indicators are used to monitor student progress and performance?
- How are data in the monitoring system used?
- Are there provisions for academic-related support like academic advising, providing study skills for students, assistance to complete students' internships, and thesis writing?
- How is information provided on career prospects?
- Does the institution measure the effectiveness of the students' services programs, including measuring student satisfaction with these services?
- Are the student services gender-sensitive and culturally appropriate?

Supporting Evidence:

- List of student services and support programs
- Student handbook
- Student publications
- Student records
- Scholarship report
- Scholarship guidelines and procedures
- Master list of scholarship beneficiaries
- Student academic results
- Tracer studies
- Student feedback on both the academic and non - educational services offered
- Health services and facilities for students report on the utilization of services to include the nature of the consultation, diagnosis, and health outcomes
- Student monitoring system
- Student attendance
- Survey results
- Service performance indicators

AREA 6. EXTERNAL RELATIONS

Sub-area 6.1. Networks, Linkages, and Partnerships

STANDARD 16.

The institution establishes networks, linkages, and partnerships with local, national, regional, and international agencies and groups to pursue its vision, mission, and goals.

Criteria	Rating
1. The school has a policy for national and international collaboration with other educational institutions.	
2. The medical school establishes membership in national, regional, or international professional or scientific organizations.	
3. Administrators and faculty members are affiliated with prestigious local, national, regional, and international professional or scientific organizations.	
4. There are consortium arrangements with leading prestigious medical schools in the region.	
5. There are networks and linkages with local or international schools or organizations.	
6. The school has linkages with agencies for funding research.	
7. The school has grants and donations for academic chairs and scholarships from foundations or agencies.	
8. The medical school has interaction with local and national health units and other health sectors.	
9. There are established foreign visiting or exchange professorship arrangements.	
10. There is a good number of exchange or visiting professors.	
11. There are established arrangements for exchange students	
Average Rating	

Explanation:

The medical school recognizes that establishing linkages, networks, and partnerships are critical in achieving its vision, mission, and goals. Through a broad range of activities, the institution is helped to improve its deliverables, making it sustainable and relevant. The medical school engages in various activities such as fellowships, staff and student exchanges, mobility programs for students, international internships, dual degree programs, joint research activities, twinning programs, sharing resources, fund sourcing, etc. These activities should be supported by appropriate mechanisms to ensure their effectivity and the same should be regularly evaluated.

Guide Questions:

- What steps are taken to select the institutions, associations, or groups the medical school would like to collaborate with?
- What priority areas did the medical school consider in forging linkages or fostering networks with their selected partners?
- What benefits so far have the medical school derived from collaboration, partnerships, and linkages?
- How often are the MOUs/MOAs reviewed? Who is involved in the review?
- How functional are these MOUs/MOAs?
- What kind of support (i.e., financial, staff, technological, etc.) is given by the medical school to those participating in collaboration activities, networks, and linkages?
- Who has the decision-making role as far as the external relations activities of the medical school are concerned?
- How have the effectiveness data been utilized to improve the medical school's networking and linkages?
- What office/person is responsible for linkages?
- What can the external partners benefit from this?

Supporting Evidence:

- MOUs/MOA
- Surveys measuring the effectiveness and benefits of the partnerships/linkages/networks
- Evaluation and assessment data on linkages, networks, and similar activities
- Sources of financial grants and other gains generated by the partnerships?
- Minutes of meetings of concerned offices
- Awards, citations, recognition granted to the medical school as a valued partner
- Support provided by the medical school for external relations activities

Sub-area 6.2. Community Engagement and Service

STANDARD 17.

The institution commits to conduct community engagements and service activities as part of its social responsibility and corporate citizenship.

Criteria	Rating
1. The medical school provides time in the curriculum for health promotion and disease prevention in a community.	
2. The curriculum includes contact with patients in relevant clinical settings.	
3. The school and the community share responsibility for the promotion and maintenance of community health.	
4. The medical school promotes leadership in initiating and maintaining development projects in the community.	
5. The medical school provides activities and programs to develop social awareness, concern, and responsibility in the students and faculty.	
6. Medical students plan and implement projects designed to help the community attain self-reliance in health care.	
7. Community projects help raise awareness of social conditions and how they relate to the development of diseases.	
8. Exposure to the community outside the school develops social accountability and responsibility in the students and faculty.	
9. There is a well-planned community-based health program.	
10. The program follows the concepts and principles of primary health care.	
11. The medical school collaborates with the government, the private sector, and the community to support healthcare delivery to the underserved, such as racial and ethnic minorities, displaced persons, the rural and urban poor, and the inhabitants of Geographically Isolated and Disadvantaged Areas (GIDA).	
Average Rating	

Explanation:

A medical school exists to perform teaching, learning, research, and service to the community and society. This commitment necessitates engaging with many stakeholders and the community to establish and sustain constructive and productive collaboration. Such partnership aims to bring about a mutually beneficial exchange of knowledge and resources within the context of cooperation and reciprocity. Community service and engagement cover community outreach, consultancy, and other kinds of professional services.

Guide Questions:

- What mechanisms exist for partnering with community partners/stakeholders?
- What criteria are used in the selection of the medical school's partners?
- What services are provided by the medical school to its partners?

- Who participates in the medical school's engagement and service activities, and what is the extent of their involvement?
- What mechanisms and guidelines are in place to monitor and evaluate community engagement and service plans, activities, and performance results?
- Who is involved in monitoring and evaluation?
- How does the medical school gather feedback regarding the effectiveness of its services/engagement activities?
- How are feedback results utilized in the areas of planning, QA, and quality enhancement?
- How are feedback results disseminated to concerned sectors?
- What benefits are derived from the community service and engagement activities?
- What support is available for the medical school's community service and engagement plans, projects, and activities?
- What office manages the community engagement of the medical school?

Supporting Evidence:

- Community service and engagement plans, policies
- Job descriptions of individuals overseeing community service and engagement activities, if applicable
- Memorandum of Understanding (MOU)/ or Memorandum of Agreement (MOA)
- Community surveys or feedback information
- Community engagement and service assessment tools

Area 7. RESEARCH

Sub-area 7.1. Research Management and Collaboration

STANDARD 18.

The institution implements a research program aligned with its mission and vision, supports its teaching-learning and community engagement functions, and addresses local and national development needs.

Criteria	Rating
1. There is a defined research agenda with defined goals, plans, policies, and activities.	
2. The research program complies with institutional and regulatory requirements.	
3. An appropriate structure with qualified staff is established.	
4. The human resource has adequate training on technical (good clinical practice, animal care, biosafety) and ethical aspects of research.	
5. Funds and other resources are adequate in the promotion and conduct of research.	
6. The conduct of research is part of the criteria for faculty promotion, awards, and for which they are adequately compensated.	
7. Research linkages, collaboration, and partnerships are established in pursuit of research goals.	
8. The research program and activities are regularly assessed, using performance indicators, and stakeholder needs satisfaction, from which the continuous improvement of the research program ensues.	
9. The medical school conducts research that will define and enhance cost-effective health care and health care delivery to the underserved.	
Average Rating	

Explanation:

The medical school has a research program that produces various research outputs aligned with the vision and mission and addresses local and national development needs. The research program is supported by a robust structure with qualified staff, adequate funds, and policies and guidelines. The faculty staff researching are provided incentives, rewards, and benefits. Local and international linkages, collaborations, and partnerships with educational institutions and agencies are established to conduct research activities. The program and the various activities are regularly assessed for improvement.

Guide Questions:

- What process is being followed in determining the research agenda of the medical school and its various research programs?
- How does the research program comply with institutional and regulatory requirements?
- Is there an office created with qualified personnel who manages the research agenda of the institution?
- Is there regular training to upgrade/update the technical and ethical competencies of the researchers?
- How adequate are the funds and other resources in the promotion and conduct of research activities?
- What are the incentives, rewards, and benefits given to faculty and staff who conduct research activities?
- Are there established linkages, partnerships, and collaboration in researching with local and international academic institutions and associations, professional and research bodies, government and non-government organizations, communities and people's organizations, and business and industrial entities?
- How are the research activities monitored and assessed for improvement?

Supporting Evidence:

- Current research agenda and research program.
- Research manual including the related policies and guidelines
- Research budget for the last three years
- List of training courses on good clinical practice, animal care, biosafety, and ethics (including data privacy) participated in by the researchers
- List of research activities and completed in recent five years
- Research database as part of the institution's knowledge management system
- List of relevant institutions and organizations with established research partnerships and collaboration in the previous three years
- List of conferences (international, national, regional, interinstitutional) where the institution's research outputs were shared
- Evaluation results on research activities in the last three years

Sub-area 7.2. Intellectual Property Rights and Ethics in Research

STANDARD 19.

The institution has a policy on intellectual property rights and adherence to ethical norms in research.

Criteria	Rating
1. A system is in place to protect the intellectual property rights of the faculty and the institutional research outputs.	
2. The management of the intellectual property is regularly assessed for improvement.	
3. Policies and guidelines on the ethical conduct of research and publication are established.	
4. An ethics committee is constituted to ensure that policies and guidelines on intellectual property rights and ethics in research are enforced.	
Average Rating	

Explanation:

Intellectual property rights allow the creator and owner to benefit from their work. Intellectual property can include research data and results, copyrighted works, patents, trademarks, inventions, and designs. The medical school should establish an effective system to manage intellectual property rights, including documentation, storage, and retrieval.

Adherence to ethical norms facilitates the achievement of research goals, promotes values in collaborative research works. It also holds the researcher accountable to the public and helps build public support for the research work.

Guide Questions:

- Is there a system with defined policies and guidelines to protect the intellectual property rights of the researcher and the institution?
- Is the management of intellectual property regularly assessed for improvement?
- Is there an existing code of ethics for the conduct and dissemination of research outputs?
- Is there a functioning ethics committee?

Supporting Evidence:

- Policies and Guidelines on Intellectual Property Rights
- Research records (e.g., list of ongoing and completed but unpublished researches) in the last three years
- Research publications in the previous three years
- Copyrights, patents, and trademarks in the previous three years
- Code of Ethics on Research
- Activities of the Ethics Committee in the last three years

Area 8. RESULTS

Sub-area 8.1 Educational Results

STANDARD 20.

The educational process results include the achievement of the expected learning outcomes, pass rates, dropout rates, the average time to graduate, employability of graduates, pass rates of graduates in board examinations of board-related program offerings, and the satisfaction levels of graduates, among others.

Criteria	Rating
1. The medical program's expected institutional and course learning outcomes are defined, monitored, and assessed for improvement.	
2. All courses of the medical program's pass and dropout rates are identified, monitored, and assessed for improvement.	
3. The average time to graduate for the program is identified, monitored, and assessed for improvement.	
4. A career progression program is established, monitored, and assessed for improvement.	
5. The performance rate within or above the national passing rate and the failure rates of graduates in the physician licensure examination (PLE) are identified, monitored, and assessed for improvement.	
6. The satisfaction levels of key stakeholders on the quality of graduates are established, monitored, and assessed for improvements.	
Average Rating	

Explanation:

Educational results are the measures of the quality of education the institution provides. Results are the outputs of the transformation process the student underwent. In assessing the quality system, it is essential to establish, monitor, and evaluate indicators of the quality of graduates. These include the achievement of learning outcomes, pass and dropout rates, the average time to graduate, the further training of graduates, the performance rate that is within or above the national passing rate and failure rates in the physician licensure examination (PLE), and the satisfaction levels of key stakeholder on graduates. The information is gathered, analyzed, and used to improve the programs, their delivery, and the institution's quality assurance system.

Guide Questions:

- What are the indicators and the methods used in determining, monitoring, and assessing the quality of graduates?
- What measures are utilized to determine whether learning outcomes set on the institutional and programmatic level are achieved when students graduate?
- If the results of the pass and dropout rates are unsatisfactory, what measures have been undertaken to improve the same?
- How satisfactory are the graduation rates per course offerings? What measures have been undertaken when graduation rates are low?
- What studies conducted on dropout rates have been done to improve the sustainability of the programs?
- What measures have been undertaken to improve the performance of graduates in board examinations?
- What is the average time for graduates to go into private medical practice, be employed, or undergo further training after passing the Physician Licensure Examination, and what are the reasons why graduates do not do so otherwise?
- How does the institution track faculty, students, alumni, and employers' satisfaction with the program of studies, teaching-learning process, resources provided, competencies acquired, strengths of graduates, etc.?

Supporting Evidence:

- Performance reports
- Physician Licensure Examination (PLE) results
- Stakeholders' satisfaction results
- Tracer studies of graduates
- Graduates alumni, and employer surveys
- Stakeholders feedback

Sub-area 8.2. Community Engagement and Service Results

STANDARD 21.

The institution's community engagement and service programs produce results that impact the institution, its stakeholders, and society.

Criteria	Rating
1. The nature and volume of community engagement and service activities are identified, monitored, and assessed for improvement.	
2. The societal impact and achievements of these activities are identified, monitored, and assessed for improvement.	
3. The impact on the medical school, faculty, staff, and students is identified, monitored, and assessed for improvement.	
4. The impact on these activities' beneficiaries and other stakeholders is identified, monitored, and assessed for improvement.	
Average Rating	

Explanation:

The outcomes of community engagement and service activities should produce results that have a positive and significant impact on society, the medical school/institution, faculty, staff, students, the beneficiaries of these activities, and other stakeholders. The effect should be identified, monitored, and assessed for improvement.

Guide Questions:

- What is the nature of the community engagement and service activities carried out by the medical school, faculty, staff, and students?
- Were the social determinants of health considered in planning these types of activities?
- What criteria were used in selecting these types of activities?
- Are the activities aligned with the vision and mission of the medical school/institution?
- How are community engagement and service activities assessed for improvement and matched with best practices?
- What impact have these activities had on society, the medical school/institution, faculty, staff, students, the target beneficiaries, and other stakeholders?

Sources of Evidence:

- Strategic plans and goals on community engagement and service
- Memorandum of undertaking between the medical school/institution and the community
- Performance reports of community engagement and service activities
- Faculty and staff feedback
- Students reports and feedback
- Community reports and feedback
- Partners/funding agencies and stakeholder's feedback

Sub-area 8.3. Research Results

STANDARD 22.

The institution has produced research outputs through new knowledge embodied in publications, citations, journals, research-informed teaching, technology transfers, innovations, inventions, creative works, etc.

Criteria	Rating
1. The nature and number of research outputs done by faculty members and staff are documented, monitored, and assessed for improvement.	
2. The nature and number of researches done by research teams and students are documented and assessed for improvement.	
3. The nature and number of research publications are documented, monitored, and assessed for improvement.	
4. The nature and number of intellectual properties are documented, monitored, and assessed for improvement.	
5. The impact of research outputs and their publications are identified, monitored, and assessed for improvement.	
6. The stakeholders' satisfaction in research activities is determined to guide further research development in the institution.	
Average Rating	

Explanation:

Research activities of the institution should produce research outputs that are varied and significant in number. The results are identified, monitored, and assessed for improvement and impact.

Guide Questions:

- What is the nature of the research activities carried out by the medical school faculty, staff, and students?
- What criteria were used in selecting these types of research activities?
- Are the activities aligned with the research agenda of the institution?
- How are research outputs monitored and assessed for improvement?
- What impacts have these activities had on society, the target beneficiary of the research, the institution, and the research proponents?

Sources of Evidence:

- Performance reports on research activities of the institution
- Research agenda
- Research funds and related resources
- Publications and citations
- Registration of copyrights, trademarks, and patents
- Policies and policy briefs, and other creative outputs

Sub-area 8.4. Financial and Competitiveness Results

STANDARD 23.

The institution's financial performance and competitiveness are measured, monitored, and assessed for improvement and sustainability.

Criteria	Rating
1. Asset acquisition and placement, retention, and disposal are monitored and assessed for improvement.	
2. Financing in terms of debt, equity, grants, or endowments is monitored and assessed for improvement.	
3. Education, research, and service activities measured in income and expenditure streams are monitored and assessed for improvement.	
4. Cash flows are established, monitored, and assessed for improvement.	
5. Reserves and savings are established, monitored, and assessed for improvement.	
6. Indicators of a reputation for quality program offerings, research, and extension activities are identified, monitored, and assessed for improvement.	
7. Best practices of the medical school are identified, monitored, and assessed for improvement.	
Average Rating	

Explanation:

The medical school's financial performance is measured by its asset's size, nature, and activities, debt, equity, grants or endowments, revenue and expense items, cash flows, reserves, and savings. These should be measured, monitored, and assessed for improvement and sustainability.

Guide Questions:

- Are there positive financial outcomes over a reasonable number of years regarding the financial position, operating results, and cash flows?
- Are the assets investments balanced considering current and long-term needs?
- What are the usual sources of financing of these assets?
- Do these sources incur reasonable costs?
- Are the revenue streams greater than the cost streams?
- Are there positive cash flows to sustain operational needs?
- Are there reserves and savings for future projects or expansion activities?
- What are the indicators that the institution has an established reputation?
- What are its best practices?
- How satisfied are the various stakeholders with these financial and competitiveness results?

Sources of Evidence:

- Financial statements
- Budgets and annual performance reports
- National and international rankings
- Citations and awards
- Student enrollment
- Stakeholders' satisfaction ratings
- Strategic plan

Statistical Summary of Ratings

Statistical Summary of Ratings	Ratings (in two decimal places)
Area 1. Leadership and Governance	
Sub-area 1.1 Vision-Mission	
Sub-area 1.2 Leadership and Management	
Sub-area 1.3 Strategic Management	
Sub-area 1.4 Policy Formulation and Implementation	
Sub-area 1.5 Risk Management	
Area 1 Average Rating	
Area 2. Quality Assurance	
Sub-area 2.1 Internal Quality Assurance System	
Sub-area 2.2 External Quality Assurance	
Area 2 Average Rating	
Area 3. Resource Management	
Sub-area 3.1 Human Resources	
Sub-area 3.2 Financial Resources	
Sub-area 3.3 Learning, Physical and IT Resources	
Area 3 Average Rating	
Area 4. Teaching-Learning	
Sub-area 4.1 Curricular Programs	
Sub-area 4.2 Teaching and Learning Methods	
Sub-area 4.3 Assessment Methods	
Area 4 Average Rating	
Area 5. Student Services	
Sub-area 5.1 Student Recruitment, Admission, and Placement	
Sub-area 5.2 Student Services Programs and Support	
Area 5 Average Rating	
Area 6. External Relations	
Sub-area 6.1 Networks, Linkages, and Partnerships	
Sub-area 6.2 Community Engagement and Service	
Area 6 Average Rating	
Area 7. Research	
Sub-area 7.1 Research Management and Collaboration	
Sub-area 7.2 Intellectual Property Rights and Ethics in Research	
Area 7 Average Rating	
Area 8. Results	
Sub-area 8.1 Educational Results	
Standard 8.2 Community Engagement and Service Results	
Sub-area 8.3 Research Results	
Sub-area 8.4 Financial and Competitiveness Results	
Area 8 Average Rating	
Overall Average Rating	