



Republic of the Philippines  
OFFICE OF THE PRESIDENT  
**COMMISSION ON HIGHER EDUCATION**

**MEMORANDUM FROM THE EXECUTIVE DIRECTOR**

**FOR : PRESIDENTS/HEADS OF PUBLIC AND PRIVATE HIGHER  
EDUCATION INSTITUTIONS (HEIs)  
CHEDRO DIRECTORS AND SUPERVISORS-IN-CHARGE**

**SUBJECT : CHANGE OF SCHEDULE AND VENUE OF THE NATIONAL  
PUBLIC CONSULTATION ON THE POLICIES, STANDARDS,  
AND GUIDELINES FOR MEDICAL EDUCATION ALIGNED TO  
OUTCOMES-BASED EDUCATION**

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Please be informed that the schedule for the National Public Consultation on the Policies, Standards, and Guidelines for Medical Education Aligned to Outcomes-Based Education scheduled on **December 5, 2014 at the CHED Auditorium will be moved on December 19, 2014; 9:00AM to 4:00PM at the Philippine Medical Association Bldg., North Avenue, Quezon City.**

For inquiries/clarification, you may contact Ms. Shiela Jalbuena at telephone numbers (02) 441-12-53, 441-6995 or email at sheferd13@gmail.com.



**ATTY. JULITO D. VITRIOLO, CESO III**  
Executive Director IV



Republic of the Philippines  
OFFICE OF THE PRESIDENT  
**COMMISSION ON HIGHER EDUCATION**

## **NOTICE TO THE PUBLIC**

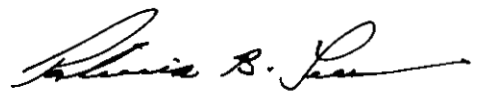
Notice is hereby given to the public that the Commission on Higher Education will conduct "Public Hearing/Consultation on the Policies, Standards and Guidelines for the Doctor of Medicine program". A copy of said PSG is available at CHED website: [www.ched.gov.ph](http://www.ched.gov.ph).

Deans and/or Department Chairs of higher education institutions offering the Doctor of Medicine program, CHEDRO Directors and Supervisors-in-Charge of the program, students and other stakeholders are enjoined to attend the said consultation on **December 19, 2014; 9:00 a.m. to 4:00p.m.** at the Philippine Medical Association (PMA) Auditorium, PMA Bldg., North Avenue, Quezon City.

Funds for travel and other incidental expenses of the CHEDRO Directors and Staff (two representatives per CHEDRO) will be transferred to their respective offices while travel and other expenses of participants coming from state universities and colleges (SUCs) and local colleges and universities (LUCs) shall be charged against local funds subject to the usual accounting and auditing rules and regulations.

Participants from private HEIs and other stakeholders who will attend the consultation shall have to make arrangements on their travel expenses with their respective institutions. Food during the conference shall be provided by CHED. To ascertain logistical preparation, only one (1) representative per HEI shall be allowed to attend this activity. CHED Regional Offices are requested to forward actual confirmation of participants from their regions to the CHED-Office of Programs and Standards Development (OPSD) not later than five (5) days before the actual date of conference. For confirmation or inquiries, you may call Ms. Shiela F. Jalbuena at (02) 441-1253, 441-6995 or email at [sheferd13@gmail.com](mailto:sheferd13@gmail.com).

For immediate and wide dissemination.

  
**PATRICIA B. LICUANAN, Ph.D.**  
Chairperson



Republic of the Philippines  
**OFFICE OF THE PRESIDENT**  
COMMISSION ON HIGHER EDUCATION

**CHED MEMORANDUM ORDER**

No. \_\_\_\_\_  
Series of 2015

**SUBJECT: POLICIES, STANDARDS AND GUIDELINES FOR THE DOCTOR OF  
MEDICINE (M.D.) PROGRAM**

In accordance with the pertinent provisions of Republic Act No. 7722, otherwise known as the “Higher Education Act of 1994”, in pursuance of an outcome-based quality assurance system as stipulated under CMO No. 46 s. 2012 and for the purpose of rationalizing medical education in the country with the end in view of keeping apace with the demands of national relevance and global responsiveness, the following Policies, Standards and Guidelines (PSGs) for the Doctor of Medicine Program are hereby adopted and promulgated by the Commission.

**ARTICLE I  
INTRODUCTION**

**Section 1. Rationale**

Based on the guidelines for the implementation of CMO No. 46 s. 2012, this PSG implements the “shift to competency-based standards/outcome-based education.” It specifies the “program outcomes/core competencies” expected of Doctor of Medicine graduates “regardless of the type of higher education institution (HEI) they graduated from.” However, in recognition of the spirit of learning outcomes/competency-based/outcome-based education and the typology of HEIs, this PSG also provides “flexibility and ample space for HEIs to innovate in the curriculum in line with the assessment on how best to achieve program outcomes in their particular contexts and respective missions.

**ARTICLE II  
AUTHORITY TO OPERATE**

**Section 2. Government Authority**

All private higher education institutions (PHEIs) intending to offer the Doctor of Medicine program must first secure proper authority from the Commission in accordance with the existing rules and regulations and the provisions in this PSG. All PHEIs with an existing Doctor of Medicine program are required to shift to a learning outcomes/competency-based/outcome-based approach as mandated by this PSG. Autonomous and deregulated institutions, State universities and colleges (SUCs), and local colleges and universities (LCUs), upon approval by their respective governing boards, should likewise strictly adhere to the provisions in this PSG, CMO No.40 s. 2008 “Manual of Regulations for Private Higher Education” and CMO No. 2 s. 2004 “New Procedures in the Processing of Applications of Government Authority to Operate Doctor of Medicine and Bachelor of Science in Nursing programs.”

## **ARTICLE III GENERAL PROVISIONS**

The Articles that follow provides for the minimum standards and other requirements which are expressed as a set of desired program outcomes as stated in Article IV Section 6. The sample curriculum to attain such outcomes is shown in Article V Section 8. The minimum number of units of this curriculum is hereby prescribed under Section 13 of RA 7722 otherwise known as “Higher Education Act of 1994” and a sample curriculum map as shown in Article V Section 9.

In addition, using a learner-centered and learning outcomes/competency-based approach, outcome-based education, the suggested/sample curriculum delivery methods is shown in Article V Section 11. The sample course syllabi is provided in Article V Section 12 contain some of these methods.

Based on the curriculum and the means of its delivery, these guidelines provide the physical resource requirements for the library, laboratories and other facilities and the human resource requirements in terms of administration and faculty as shown in Article VI.

The HEIs are allowed to design their curricula suited to their own contexts and missions, provided they can demonstrate that the same lead to the attainment of the required minimum set of outcomes, albeit by a different route. In the same vein, they have latitude in terms of curriculum delivery and in terms of specification and deployment of human and physical resources. The HEIs should ensure they can show that the attainment of the program outcomes and satisfaction of program educational objectives can be assured by the alternative means they proposed.

The HEIs can use the CHED Implementation Handbook for Outcomes-Based Education (OBE) and the Institutional Sustainability Assessment (ISA) available in CHED website, as a guide in making their submissions for Sections 16, 17 and 18 of Articles VI and VII of this PSG.

## **ARTICLE IV PROGRAM SPECIFICATIONS**

### **Section 3. Program Description**

#### **3.1 Degree Name**

Graduates of this program shall be conferred with the degree of Doctor of Medicine (M.D.). The degree of Doctor of Medicine is the primary educational qualification for the Physicians’ Licensure Examination (PLE) in the Philippines. The degree of Doctor of Medicine is equivalent to Level 7 of the Philippine Qualifications Framework (PQF) (See Annex 1A) and International Standard Classification of Education (ISCED) (See Annex 1B).

#### **3.2 Nature of the Field of Study**

The Doctor of Medicine Program is at least a four (4)-year post baccalaureate program consisting of basic science and clinical courses. The medical schools may adopt different types of curricula like discipline-based, integrated, problem-based, community-based, competency-based and outcome-based or any other innovative curriculum, provided the program outcomes are achieved.

### 3.3 Program Educational Objectives (PEOs)

The main goal of the Doctor of Medicine program is to develop professional physicians for the Philippine healthcare system. The graduate of the Doctor of Medicine program is a primary physician who can pursue general medical practice after passing the Physician Licensure Examination (PLE).

Graduates of the MD program may pursue any of the following careers:

1. General medical practitioner
  - Local Government Unit Physician
  - School physician/company physician
  - Community Physician
2. Researcher/Medical Scientist/Innovator
3. Health Professions teacher
4. Health Administrator
5. Health Information Manager
6. Health Economist
7. Health Policy Maker

### 3.4 Allied Fields

All health science programs are considered to be allied fields of the Doctor of Medicine program.

## Section 4. Program Outcomes

The minimum standards for the Doctor of Medicine program are expressed in the following minimum set of program outcomes:

### 4.1 Common to all disciplines and types of HEIs (CHED Implementation Handbook for OBE and ISA, 2013)

- a. Articulate and discuss the latest developments in the specific fields of practice (as defined in the Philippine Qualifications Framework (PQF) level 6 descriptor)
- b. Effectively communicate orally and in writing using both English and Filipino
- c. Work effectively and independently in multi-disciplinary and multi-cultural teams (PQF level 6 descriptor)
- d. Act in recognition of professional, social, and ethical responsibility, and
- e. Preserve and promote “Filipino historical and cultural heritage” (based on R.A. 7722)

Graduates of all higher education programs shall have the ability to:

- Work effectively in multi-disciplinary and multi-cultural teams
- Recognize professional, social and ethical responsibility
- communicate orally and in writing using both English and Filipino effectively
- Engage in life-long learning and an understanding of the need to keep current of the developments in the specific field of practice according to the Philippine Qualifications Framework (PQF)
- Appreciate “Filipino historical and cultural heritage” as per RA 7722
- Work “independently and/or in teams of related fields with minimum supervision”

**4.2 Program Outcomes based on HEI type (CHED Implementation Handbook for OBE and ISA, 2013)**

- Graduates of professional institutions demonstrate a service orientation in one’s profession
- Graduates of colleges participate in various type of employment, development activities, and public discourses, particularly in response to the needs of the communities one serves
- Graduates of universities participate in the generation of new knowledge or in research and development projects
- Graduates of State Universities and Colleges must, in addition, have the competencies to support “national, regional and local development plans” (RA 7722)

**4.3 Common to all health-related professions**

Graduates of medicine program shall have the following attributes common to all health-related professions:

- Demonstrate competence in handling health problems of individuals, families, communities
- Demonstrate higher order thinking skills, problem solving, decision-making, logical and critical thinking skills
- Subscribe to professional, legal, and ethical practice
- Work collaboratively with inter- and multi-professional teams
- Communicate proficiently
- Engage in self-directed lifelong learning, and
- Promote the use of health system approach in the delivery of service

**4.4 Specific to the Doctor of Medicine program:**

<b>Program Outcomes</b>	<b>Operational Definition of Program Outcomes</b>
1. Demonstrate clinical competence	Competently manage clinical conditions of clients in various settings
2. Communicate effectively	Convey information, in written and oral formats, across all types of audiences, venues and media in a manner that can be easily understood
3. Lead and manage health care teams	Initiate planning, organizing, implementation and evaluation of programs and health facilities.  Provide clear direction, inspiration and motivation to the healthcare team/community
4. Engage in research activities	Utilize current research evidence in decision making as practitioner, educator or researcher.  Participate in research activities.
5. Collaborate within interprofessional teams	Effectively work in teams with co-physicians and other professionals in managing clients, institutions, projects and similar situations

<b>Program Outcomes</b>	<b>Operational Definition of Program Outcomes</b>
6. Utilize systems-based approach to healthcare	Utilize systems-based approach in actual delivery of care  Network with relevant partners in solving general health problems
7. Engage in continuing personal and professional development	Update oneself through a variety of avenues for personal and professional growth to ensure quality healthcare and patient safety.
8. Adhere to ethical, professional and legal standards.	Adhere to national and international codes of conduct and legal standards that govern the profession.
9. Demonstrate nationalism, internationalism and dedication to service	Demonstrate love for one's national heritage, respect for other cultures and commitment to service.
10. Practice the principles of social accountability	Adhere to the principles of relevance, equity, quality and cost effectiveness in the delivery of healthcare to patients, families and communities

## **Section 5. Performance Indicators**

This section contains a list of competency standards/terminal competencies/performance indicators by which to measure the degree of attainment of each of the identified program outcomes. These competency standards/terminal competencies/performance indicators will serve as a basis for evaluation of student achievement through different points in the curriculum (See Annex 2 A).

## **ARTICLE V CURRICULUM**

### **Section 6. Curriculum Description**

The medical school shall adopt a curriculum that is consistent with its Vision-Mission. The curriculum however must conform to the program outcomes/ core competencies described in Article IV. The school should have policies and practices to ensure that teaching addresses the design of the curriculum. The curriculum design must conform with the following requirements:

- 6.1 It shall be a full-time study of at least four (4) years, the fourth year of which shall be a full 12-month rotating clinical clerkship undertaken in the base hospital. It should be at least 1,440 hours per year level for the first 3 years and 2,080 hours for the fourth year or clinical Clerkship for a total of 6,400 hours for the entire MD Program.
- 6.2 It shall conform with the Global Standards for the Basic Medical Education of the World Federation for Medical Education (WFME) which states that *'The medical school must describe the content, extent and sequencing of courses and other curricular elements, including the balance between the core and optional content, and the role of health*

*promotion, preventive medicine and rehabilitation in the curriculum, as well as the interface with unorthodox, traditional or alternative practices” in order to achieve the prescribed program outcomes.*

- 6.3 It shall consider the global call for transformative education as advocated and described in the Lancet Commission Report of December 2010 ([www.lancetcommissionreport.com](http://www.lancetcommissionreport.com)) and the World Health Organization’s Global Call Transformative Scale up of the Education of the Health Professionals (WHO, Global Consensus for Social Accountability of Medical Schools, 2010; Global Call for Transformative Scale up of Health Professions Education, 2010, 2011) which among others, made “the call for more health professionals but not of the same kind for the next century.”
- 6.4 The minimum curricular content regardless of the curriculum design shall include the following:
- Human Anatomy including Gross, Microscopic and Developmental Anatomy
  - Human Physiology
  - Biochemistry, Molecular Biology, Genetics and Basic Nutrition
  - Pharmacology and Therapeutics including Alternative Medicine
  - Microbiology, Parasitology and Immunology
  - Internal Medicine including Geriatrics and Dermatology
  - General and Clinical Pathology and Oncology
  - Obstetrics and Gynecology including Women’s Health
  - Pediatrics and Nutrition including child protection
  - General Surgery and its divisions including Anesthesiology and Pain Management
  - Orthopedics
  - Otorhinolaryngology
  - Ophthalmology
  - Psychiatry and Behavioral Sciences
  - Basic and Clinical Neurosciences
  - Family and Community Medicine including Public Health, Preventive Medicine and Health Economics
  - Physical and Rehabilitation Medicine
  - History and Perspectives in Medicine
  - Research, Evidence-based Medicine and Medical Informatics
  - Legal Medicine, Medical Jurisprudence and Forensic Medicine
  - Radiology and other diagnostic imaging
- 6.5 The minimum curricular content regardless of the curriculum design shall include the following topics that should be integrated in all medical courses:
- Bioethics, Professionalism and Good Clinical Practice
  - Patient Safety and Quality Assurance
  - Consultation Skills, Physical Diagnosis and Andragogy
  - Disaster Risk Reduction and Management
  - Leadership and Management
  - Interprofessional education
- 6.6 The medical school shall have a Curriculum Committee composed of qualified academicians who shall develop, implement, monitor and evaluate the medical curriculum regularly. Alumni and student representatives shall assist in the evaluation of the medical curriculum.



## Section 7. Sample Curriculum

For the guidance of all higher education institutions offering a medical program, a sample curriculum generic to all types of higher education institutions was developed as classified under CMO No. 46 s. 2012. Program outcomes and specific competency standards have likewise been developed and formulated.

Each HEI shall develop its own curricular goals aligned to its vision and mission, and shall submit the syllabi for all courses based on their curriculum and means of its delivery including instructional designs. The courses under the medical curriculum shall be dependent on the curriculum model adopted by the HEI, namely:

- Subject/discipline-based
- Integrated, e.g. Organ-system, problem-based
- Community-oriented/community-based
- Other innovative curricula

### 7.1 Sample Curriculum Map

The sample curriculum map contains the program outcomes and the different courses per year level according to the degree of breadth and depth that these courses contribute to achieving the program outcomes. A sample curriculum map (see Annex 3) is included wherein courses are categorized according to how program outcomes are covered in the course:

- **I – introduced** (program outcomes are merely introduced in the course)
- **P – practiced** (program outcomes are not just introduced but practiced in the course),  
and
- **D– demonstrated** (program outcomes are practiced, demonstrated and assessed in the course)

Medical schools are encouraged to design their respective curriculum mapping and based on the results, decide in terms on how each of the courses will be further revised, improved, or modified to be made consistent with the program outcomes.

### 7.2 Components

Depending on the curriculum model, the components of the medical degree program shall consist of the following categories of courses:

- A. Basic Sciences
- B. Clinical Sciences
- C. Other Courses and Electives

At the end of the MD program, the medical graduates should be able to achieve the following program outcomes which are aligned with the Level 7 (post-baccalaureate) descriptors of the Philippine Qualifications Framework (Annex 1A), defined in terms of 3 domains as shown below:

### 7.3 Philippine Qualifications Framework Level 7

Domains	Descriptors
Knowledge, Skills and Values	Graduates at this level have advanced knowledge and skills in specialized or multidisciplinary field of study for professional practice or self-directed research
Application	Applied in professional work that requires leadership and management in a specialized or multidisciplinary professional work, research and/or for further study
Degree of Independence	Independent and or in teams of multidisciplinary field with very minimal supervision that involves exercise of leadership and initiative
Qualification Type	Post-Baccalaureate Program

Curricular goals and their respective learning objectives for each program outcome shall be provided by the medical school consistent with its mission/vision. A list of program outcomes and their corresponding competency standards can be found in Annex 2A. Sample competencies with corresponding learning objectives classified according to domain (knowledge, skills or attitudes) can be found in Annex 2B. A sample instructional design for a specific course can be found in Annex 2C.

#### Section 8. Program of Study

The program of study implemented by the medical schools shall be dependent on the adopted curriculum model and the typology of the institution.

The Art and Science of Medicine as a noble profession shall be emphasized. Clinical science courses may be introduced in the basic science years. Early exposure of medical students to patient care and healthcare delivery system is recommended.

Methods of teaching interprofessional and intraprofessional education shall be promoted. More curricular time must be devoted to leadership and management. Equal emphasis should be given to ambulatory and hospital in-patient care, and to health promotion and maintenance and curative care. Furthermore, aside from addressing individual patients, there should be equal emphasis in addressing population health needs.

#### Section 9. Sample Means of Curriculum Delivery

The medical school shall prepare a clear means of curriculum delivery of program outcomes and their competency standards as shown in Annex 2A.

#### Section 10. Syllabi for all courses

The medical school shall prepare instructional designs (see Annex 2C) and syllabi for all courses, a sample of which can be found in Annex 2D. Each syllabus shall contain the following:

- Course name/title/number
- Course description
- Credit units with equivalent number of hours
- Description of Students and their year level
- Instructional Settings/Venue
- Entry competencies required of students

- Program/Learning outcomes, competency standards, course objectives and learning objectives
- Teaching learning activities and instructional resources
- Suggested textbooks and references
- Other Resources required
- Assessment and evaluation

## **ARTICLE VI REQUIRED RESOURCES**

### **Section 11. Academic Organization/Administration**

The program in medical education leading to the Doctor of Medicine (M.D.) degree shall be conducted in an environment that fosters intellectual challenge and spirit of inquiry as characterized by the community of scholars that constitutes a college/university.

For private HEIs, a medical school and its base training hospital shall be incorporated as one under the Corporation Code, as a non-stock, non-profit corporation. Whether public or private HEI, when the school does not own its base training hospital, it shall be required to enter into a Memorandum of Agreement with an accessible, appropriately-accredited hospital in the same city/province. The school shall be responsible for planning, controlling and monitoring/evaluation of the activities of its students and faculty therein.

A medical school shall be governed by its Board of Trustees/ Regents. The functions of the Board of Trustees/ Regents in addition to those provided by law are to:

- Approve the policies, rules and regulations of the medical school and its base training hospital (if applicable), as proposed by the President and the Dean.
- Approve the budget for the medical school and its base training hospital as submitted by the President/Chief Executive Officer (CEO) upon the recommendation of the Dean;
- Confirm the appointment or separation of administrative personnel and faculty members as submitted by the President/CEO, upon the recommendation of the Dean;
- Ensure the viability of the medical school.

The institution must implement an organizational structure of the academe that reflects the design of the curriculum in order to efficiently implement the prescribed program outcomes for medical education.

It is recommended that higher educational institutions be organized in such manner as to assure integration of the curricular components.

It is desirable that all medical schools shall have a medical education unit composed of qualified academicians who shall be responsible for faculty development and training and other functions as designated by the dean.

**Linkage with Medical Practice and the Health Care System.** The school shall establish a community-based health program where the students shall rotate and experience working with the community. It is also encouraged that the school enters into a Memorandum of Agreement with the identified community. The school shall have a dynamic relationship with the hospitals and government health facilities where its medical students are training.

## 11.1 Dean

The medical school shall be under the immediate administration and supervision of a Dean, who acts as its Chief Academic Officer of its own academic unit and who, by training and experience, is capable of interpreting the prevailing standards in medical education and possesses sufficient authority to implement them.

**Qualifications.** The qualities and qualifications of the Dean:

- must be a holder of Doctor of Medicine degree;
- must be a licensed physician with updated PRC ID;
- preferably a holder of at least a master's degree in Health related discipline, Educational Management or Management/Administration;
- with a minimum teaching experience of five (5) years in a college of medicine and holds at least a rank of Associate Professor;
- with administrative experience of at least three (3) years in a College of Medicine, at least Department Chair;
- must be a member of the accredited professional organization of good standing;
- should be of good moral character.

The Dean shall be appointed by the Board of Trustees/ Regents or by the President/CEO of college or university. Upon appointment, the Dean should have a duly notarized employment contract of at least three (3) years on a full-time basis. The Dean shall not have any other appointment/s in any other medical school.

**Responsibilities of the Dean.** The duties and responsibilities of the Dean shall be, but not limited to, the following:

- uphold the organizational structure of the college of medicine;
- formulate, implement and evaluate short, medium and long-term plans of the college in consultation with stakeholders;
- recommend the appointment of the Associate Dean, College Secretary, Department Chairs and others, that may be deemed necessary, for the approval of the Board of Trustees/Regents;
- recommend the appointment of the teaching and support staff;
- approve assignments of the faculty members as recommended by the corresponding Department Chair;
- make the necessary recommendations for periodic curricular improvement;
- implement professional and personal development of the faculty;
- supervise and approve the admission of students as recommended by the Committee on Admission, which screens applicants based on criteria proposed by the committee and approved by the Board of Trustees/ Regents or the concerned authority;
- promote student development plans;
- promote research activities among faculty, students, and support staff;
- evaluate and recommend improvement in infrastructure, such as library and laboratory facilities;
- secure/obtain endowments/grants and the like, for research and/or educational purposes.
- prepare and recommend the annual budget of the college for approval by the Board of Trustees/Regents;

- maintain harmonious relations with alumni;
- pursue opportunities for collaboration with other academic institutions, local and international;
- recommend disciplinary actions on erring students, faculty members and other school personnel after observing the due process required by law.
- promote social accountability of medical schools

## **11.2 Department Chair**

The qualities and qualifications of the Department Chair are as follows:

- must be a holder of Doctor of Medicine degree;
- must be a licensed professional with updated PRC ID;
- preferably a holder of at least a master's degree in Health related discipline, Educational Management or Management/Administration;
- non-physician faculty member may qualify provided he/she is a holder of at least a master's degree in the health related discipline
- with a teaching experience of at least three (3) full-time years, or six (6) part-time years in a College of Medicine;
- with experience in academic committee work of at least three (3) years in the college
- with a rank of at least Assistant Professor in a medical school
- must be a member of the specialty or academic society of good standing;
- preferably a board certified specialist, if applicable
- should be of good moral character

### **Duties and Responsibilities of the Department Chair:**

The Department Chair shall have, but not be limited to, the following duties and responsibilities:

- recruit and evaluate prospective staff of the department and recommend their appointment/promotion to the Dean based on set criteria;
- organize the department towards the attainment of the objectives of the medical education program in accordance with the policies set by the Board of Trustees/ Regents;
- review periodically or upgrade the curriculum and modules as well as teaching methods and evaluation techniques;
- coordinate and supervise all activities in the department including regular feedback on its progress and content;
- encourage the faculty and staff to participate in research activities.
- prepare the budget of the department for recommendation to the Dean;

Heads of clinical departments shall preferably have the following additional responsibilities:

- head the corresponding clinical department/services in its own training hospital;
- supervise the staff and student activities in the corresponding services of base training/affiliated hospitals.

Heads of departments shall not be allowed to hold administrative positions in any other academic institution, although they may be allowed to teach in the latter with the permission of the former.

## **Section 12. FACULTY**

The medical school shall have a strong teaching staff who are qualified to teach basic and clinical medical sciences. Appointment of the faculty members shall be based on academic and professional qualifications, teaching ability and/or research potentials.

The school shall have a staff recruitment policy which defines the type, responsibilities and balance of academic staff required to deliver the curriculum, as well as a faculty development program.

The qualities and qualifications of the faculty are as follows:

- must be a holder of Doctor of Medicine degree;
- must be a licensed professional with updated PRC ID;
- preferably a holder of at least a master's degree in Health related discipline or Educational Management;
- non-physician faculty member may qualify provided he/she is a holder of at least a master's degree in the health related discipline
- must be a member of the accredited professional organization of good standing;
- may teach in only one (1) medical school with full-time appointment or in two (2) medical schools with part-time appointments. A faculty member with full-time appointment may teach in another medical school as a lecturer provided there is permission from the mother medical school.

New faculty members shall undergo training in teaching-enhancement programs of the college or its equivalent.

For authority to operate, a medical school shall ensure that all faculty members are teaching in their respective areas of expertise.

### **Additional requirements**

- The medical school shall have a system for recruitment, promotion, retention and separation of faculty.
- The medical school shall have a faculty development program in place.
- There shall be a faculty association to look after the welfare of the faculty.
- In the absence of duly constituted departments, the dean will nominate and directly recommend faculty members for appointment.
- Each faculty member shall enjoy academic freedom within the purview of institutional policies and other rights and privileges granted by law.
- For new programs, there should be at least a faculty member with previous teaching experience in the same discipline for at least two (2) years.

The academic ranks and their corresponding minimum qualifications, in addition to existing rules and regulations of the institution, specifically, on pedagogic skills, are as follows:

1. A degree of Doctor of Medicine is equivalent to a general Master's degree for ranking purposes only (CHED Resolution en banc 038-2001)
2. The entry level rank of the faculty member is an Assistant Professor, except for teaching residents who will carry the rank of instructor.
3. At least one recently (not more than 5 years) published research as principal author in a peer-reviewed, scientific journal is required for promotion across ranks

#### 4. Minimum teaching experience

- Assistant Professor – none
- Associate Professor – at least 3 years as Assistant Professor
- Full Professor – at least 3 years as Associate Professor

#### 5. Training –All faculty members should be a certified member/fellow/diplomate of a specific academic or professional society within 3 years of appointment

- A faculty member from another HEI may be appointed at any level of the academic ranks without passing through antecedent ranks if warranted/justified by the applicant's training, productivity including research publications, demonstrated ability, maturity or eminence in the particular field of study without violating existing college/university regulations.
- Each department shall have a chair and a complement of faculty members necessary to effectively implement the curriculum.
- In schools implementing the innovative curriculum in each section/unit/module there shall be a coordinator and a complement of faculty members with the necessary medical background possessing facilitative skills.
- The definition of full-time faculty shall be left to the institution, provided however, that a minimum of twenty (20) hours per week is regularly rendered excluding administrative functions.
- There should be at least one (1) full-time faculty member in each department.

### **Section 13. Library**

1. General Standards: The minimum requirements for library resources shall be aligned with CMO\_\_\_\_. The following standards shall be imposed on top of CMO \_\_\_\_\_.
2. There shall be a physically separate medical library preferably within the medical school premises.
3. Librarian. The medical school library shall be administered and operated by a qualified, competent librarian 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. The chief librarian should have a Master's degree in Library Science.
4. Book collection: The medical school library shall have a minimum of the following core book collection:
  - a) Official textbooks – 1 title per subject/discipline at 1 volume per 50 students of latest edition, aligned with the official prescribed textbooks of the Professional Regulatory Board of Medicine; 50% of the copies may be electronic
  - b) Reference books – at least ten (10) titles per subject/discipline not older than 10 years
  - c) Journals (in print and/or online)
    - At least one (1) current subscription to peer-reviewed international medical journal per major subject or discipline.
    - At least ten (10) current peer-reviewed local medical journals listed in Western Pacific Region Index Medicus (WPRIM)
  - d) Computer-based reference systems shall be provided and internet access shall be made available to students for a minimum of twenty (20) hours per semester.

- e) Space requirements – the library shall have a seating capacity of at least 10% of student population at any given time.

## Section 14. Facilities and Equipment

The medical school shall have adequate physical plant and other resources to support its various educational activities. It shall have not only classrooms but also laboratories needed for the program.

- a) **Classroom requirements.** The school shall provide appropriate physical space for the class size based on the following provisions:
  - a. All students in the class should be comfortably seated
  - b. The ventilation and temperature for the entire room should be conducive for learning and instruction.
  - c. The audiovisual facilities should be clearly perceptible in all areas of the classroom
- b) **Laboratory requirements –**
  - a. The laboratories shall have the necessary equipment to achieve the desired program outcomes based on the presented course syllabi and projected activities.
  - b. It is not necessary that the facilities be highly sophisticated but they shall be adequate enough for the students to achieve the skills and competencies for specific learning objectives.
  - c. It is a must for medical schools to have a skills laboratory before the students are exposed to actual patients.
  - d. The facilities shall represent a variety of settings that are similar to the actual place of medical practice including community, ambulatory care facilities and in-patient care facilities.
- c) **Audio-visual equipment –** The medical school shall have adequate audio-visual equipment and software necessary to achieve the desired program outcomes. These include film, slide and overhead projectors, film, tapes and CDs, charts, pictures and models.

## Section 15. Students

- a. **Admission Policy and Selection:** The medical school must have admission policies including a clear description of the process of selection. The criteria for admission should include
  - General Weighted Average Grade
  - NMAT score
  - Interview of applicant to elicit non-academic qualities like:
    - Motivation to be a good physician
    - Social consciousness
    - Stress-tolerance
    - Integrity
  - There shall be an Admission Committee that shall set the standards and implement the admission policies of the College. Only applicants screened, ranked and recommended by the Committee shall be admitted by the Dean.
  - Applicants seeking admission to the medical education program must have the following qualifications:
    - holder of any baccalaureate degree



- must have taken the National Medical Admission Test (NMAT) no more than two(2) years from the time of application, with a percentile score equivalent to or higher than that currently prescribed by the CHED
  - The applicant shall submit the following documents to the medical schools:
  - birth certificate and certificates of good moral character from two (2) professors in college
  - official transcript of records showing completion of a degree course
  - For graduates of private schools, the transcript of records is validated by a Special Order from CHED while graduates of public schools, the diploma or certificates of graduation must be presented.
  - Certified true copy of NMAT score
- On the basis of foregoing documents, the responsibility for and accountability of determining the eligibility of students for admission to the Medical program are hereby transferred to the concerned medical school. Likewise, it is also the responsibility of the medical school to verify the authenticity of the NMAT score against the master list provided by the recognized testing center.
  - Starting Academic Year 2015-2016, an NMAT score cut-off of at least 40<sup>th</sup> percentile will be implemented by all higher education institutions offering medical program. Medical schools are hereby required to declare their NMAT cut-off score.
  - The medical schools shall admit only transfer students with certificate of transfer credentials, provided that the students have not been dropped from the rolls due to poor academic performance.
  - CHED shall set a freshman quota for each medical school based on its faculty resources and adequacy of teaching facilities available. The declared quota of the HEI shall be submitted to CHED subject to validation and approval by the Commission . Medical schools may request for an increase of their quota provided that the HEI can submit evidence that their existing faculty and teaching facility resources can provide adequate instruction.
  - The admission quota for foreign students shall not exceed 10% of the freshmen enrollment for the MD program.
  - Foreign students must secure a Certificate of Eligibility from CHED Central Office prior to admission in any medical school in the country.

**b. Assessment of Students**

The school must define the methods used for assessment of student performance including standards for passing the assessment. The formative and summative assessment shall be consistent with the program outcomes. Comprehensive examinations shall be administered by the medical school at the end of second and fourth year. A copy of the examination result shall be included in the annual report to be submitted to CHED.

**c. Student Support and Counseling**

The school must provide student support including mentoring, counseling, immunization, healthcare, scholarships, and accident insurance whenever rotating outside the medical schools.

**d. Student Representation**

The school should state its policy on student representation and participation in the design, management and evaluation of the medical curriculum and other matters relevant to the students.

## Section 16. Instructional Standards

**Conceptual Framework.** The institution shall have a conceptual/curricular framework which is consistent with its vision and mission.

The medical college shall maintain a high standard of instruction to ensure the total effectiveness of medical students training for future professional practice.

The teaching-learning activities shall be held in a variety of appropriate settings. These shall include adequately lighted, ventilated and equipped classrooms and laboratories, ambulatory care clinics, emergency unit and in-patient facilities, and industrial, community and family setting, etc. Overcrowding in the classroom, laboratory and other venues for instruction, needless to say, is not conducive to learning, and must not be allowed. For practicum in the clinical departments and Community and Family Medicine, the setting shall be as similar as possible to intended future places of practice.

Teaching methods shall utilize up to date techniques. Cases should reflect the disease on the top causes of morbidity and mortality of the country or region where the school is located.

The curriculum should be periodically evaluated by all stakeholders to ensure its relevance to the population health needs, changing patterns of medical practice, the social determinants of health, advances in medical science and innovations in medical education.

The system of evaluation shall utilize appropriate methods of assessment of student competencies, knowledge, skills and attitude consistent with the desired program outcomes

The institution shall adopt a systematic plan of evaluation of student progress through the course. It should be consistent and congruent with the program outcomes, educational objectives and instructional methods set by the institution. Methods of summative assessments including clinical examinations shall be developed and validated for this purpose.

The students shall participate in evaluation of courses and teaching effectiveness of faculty.

Institutional policies shall be made known to the medical students to serve as their guide in preparing for their courses.

The school must implement the major components of its clinical training program in the base hospital which should be at least a DOH-licensed Level III hospital (as per DOH Administrative Order 2012-0012). A base hospital can be utilized by only one (1) medical school. The base hospital must be located within the same geographical area specifically within the same city or province (as stipulated in Joint CHED and DOH Administrative Order # 2013-0034, Policies and Guidelines on Affiliation of Higher Education Institutions with Hospitals and Other Hospital Facilities for the Training of Health Professional Education).

For every 100 students, there must be at least three (3) specialty-board certified faculty member in each of the four (4) major clinical departments.

For the various teaching-learning activities, the maximum faculty-student ratio is as follows:

Lectures	- 1:100 (refer to section 16a)
Laboratory Sessions	- 1:25
Small-Group Tutorials (SGD)/ Preceptorships	- 1:10

Clinical materials should have the variety of patients that reflects the top common causes of morbidity and mortality in the country. A student should keep a personal log following a CHED-prescribed format (See Annex 4) on patients seen and procedures performed.

Clinical materials shall be provided by the out-patient services with a load of at least fifty (50) patients per day and an in-patient service of one (1) occupied hospital bed per clinical clerk (4<sup>th</sup> year student) at any given time. Clinical materials are defined as patients who can be examined by medical students hands-on.

To provide for adequate clinical exposure, other duly accredited hospitals formally affiliated with the medical school may be utilized. However, the clinical program in such affiliated hospitals must conform with the course objectives set forth by the medical school. Consultants in the base or affiliate hospital who are participating in the teaching of medical students must receive appointment from the college and shall be assigned to directly supervise the students in the out-patient and in-patient services.

In Obstetrics, at least ten (10) maternity cases shall be followed through to delivery by each clinical clerk who must have actual charge of these cases under the supervision of a clinical preceptor.

The medical school shall provide extension services for instruction of medical students in Family and Community Medicine either independently or in cooperation with the Department of Health or other agencies.

There should be at least twenty (20) full-time faculty members in a medical school at any time including faculty administrator. There should be at least one (1) full-time faculty member for every 50 students.

## **Section 17. Residence and Unit Requirements**

No degree shall be conferred upon a student unless the last two (2) curriculum years of the medicine course were taken in the college which is to confer the degree.

Guidelines on pre-requisites shall be made part and parcel of the academic policies of the school. The rules on pre-requisite courses shall be strictly observed by medical institutions. No student shall be permitted to take up any subject until the pre-requisite courses are passed.

No student shall be promoted to the next year level in case of an outstanding deficiency in the current year level. On a case to case basis and at the discretion of the Dean, a student who failed in a major subject may be given additional advanced minor loads, provided that the rules on pre-requisites are strictly observed.

A student who fails in forty percent (40%) or more of the total annual academic load, in hours, at any year level shall be dropped from the rolls. A medical student who fails in the same subject/course twice at any year level shall be automatically dropped from the rolls.

Medical schools may, however, prescribe a more stringent policy on dismissal due to academic deficiency.

New students shall be accepted only in the first semester of the academic year.

## **Section 18. Miscellaneous Provisions**

1. The medical school shall submit an annual report to CHED at the end of school year using the prescribed format. (Annex 5)
2. Performance of medical schools in the PLE and compliance with the existing standards for medical program shall be jointly monitored by CHED and PRC. Medical schools whose performance in the Physician's Licensure Examination is below the national passing average shall undergo consultancy visit by the accredited association of medical schools for technical assistance. (Annex 6A)
3. Medical schools are encouraged to undergo external accreditation. (Annex 6B)

## **Section 19. CHED Monitoring and Evaluation (for New Programs)**

1. All higher education institutions intending to offer the Doctor of Medicine program must perform a Self-assessment/Study utilizing the CHED Monitoring and Evaluation tool for new program prior to submission of application. (Annex 8)
2. All applications for new MD program shall be processed per provisions of CMO No. 2 s. 2004.

## **Section 20. Sanctions**

Non-compliance with the provisions of this CMO, after due process, shall cause the Commission to impose sanctions. The sanctions for medical schools shall be based on the 3-year consolidated Physician Licensure Examinations (PLE) institutional performance and the outcome of the monitoring visits and shall adhere to the following guidelines

Compliance of medical schools shall be based on the following major areas:

### **A. Performance of their graduates in the Physicians' Licensure Examinations**

The institutional passing average or performance of the graduates of medical schools in the PLE for the past three (3) years based on data provided by the Professional Regulatory Board of Medicine.

### **B. Outcome/result of the Joint CHED-PRC monitoring and evaluation activities**

1. Dean/Administration
2. Faculty
3. Curriculum and Instruction including Community program
4. Students (Admission, Promotion and Retention)
5. Base hospital and clinical materials
6. Laboratory and physical facilities
7. Library and Learning facilities
8. Research

Effective Academic Year 2015-2016 and yearly thereafter, higher education institutions offering MD program whose average passing percentage in the PLE is fifty percent (50%) and below for the past three (3) consecutive years (2012, 2013 and 2014) shall be imposed sanctions based on the following:

<b>Overall PLE Performance (Passing Average)</b>	<b>Action/s</b>
30-50%	Warning
	Admit only students with NMAT score of 50 <sup>th</sup> percentile
	CHED monitoring visit in one (1) year
20-29%	Probation
	Admit only students with NMAT score of 50 <sup>th</sup> percentile
	CHED monitoring visit in 6 months
Below 20%	Phase out program Stop admissions with gradual phase out

The computation of the performance in the PLE shall be based on the following:

1. The performance of the medical school shall be the average passing percentage in the PLE obtained within a year. If the school has only one examination undertaken in a year, this shall be considered the annual rating.
2. The three-year average percentage in the PLE that will be utilized for this purpose shall be the average of the ratings obtained by the HEIs for three consecutive years.
3. The computation of the institutional passing percentage in the PLE shall only involve the ratings of the examinees who took the PLE for the first time.

Effective Academic Year 2015-2016 and yearly thereafter, higher education institutions offering MD program subjected to Joint CHED-PRC monitoring and evaluation shall be imposed sanctions based on the following:

<b>Non-Compliance with Areas of Evaluation in PSG</b>	<b>Action/s</b>
1 area	Warning
	Admit only students with NMAT score of 50 <sup>th</sup> percentile
	Yearly visit
	Phase-out if non-compliant during the second visit
2 areas	Probation
	Admit only students with NMAT score of 50 <sup>th</sup> percentile
	Revisit in 6 months
	Phase out if non-compliant on the second visit
More than 2 areas	Phase out program Stop admissions with gradual phase out

## **ARTICLE VII QUALITY ASSURANCE**

The policies, standards and guidelines is hereby issued to ensure high quality of medical education in the country. Medical schools are advised to undergo external accreditation. (Annex 6B)

Medical schools whose performance in the Physician's Licensure Examination is below the national passing average shall undergo consultancy visit by the accredited association of medical schools for technical assistance. (Annex 6A)

### **Section 20. Continuous Quality Improvement**

To ensure continuous quality improvement, HEIs are strongly encouraged to undergo quality assurance by an external accreditation body which conform with the minimum standards set by the World Federation for Medical Education (WFME).

For basic medical education programs which cannot qualify yet for external accreditation, the Commission, in coordination with the recognized association of Philippine medical schools will provide assistance to these schools to undertake self-study or self-assessment together with their developmental plans for improvement and will jointly work together until external accreditation becomes possible.

## **ARTICLE VIII REPEALING AND EFFECTIVITY PROVISIONS**

### **Section 21. Repealing Clause**

This order supersedes all previous issuances concerning medical education which may be inconsistent or contradictory with any of the provisions thereof.

### **Section 22. Effectivity Clause**

This set of Policies, Standards and Guidelines shall take effect beginning Academic Year 2015-2016, fifteen (15) days after its publication in the Official Gazette or in a newspaper of national circulation.

Quezon City, Philippines

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**PATRICIA B. LICUANAN, Ph.D.**  
Chairperson

## Annexes

Annex 1	A. Philippine Qualifications Framework with Descriptors for each Level B. International Standard Classification of Educational Qualifications (ISCED)
Annex 2	A. Sample of Performance Indicators
	B. Sample of Curricular Goals
	C. Sample Competencies
	D. Sample Instructional Design
	E. Sample Course Syllabus
Annex 3	Sample curriculum map for the Basic and Clinical Sciences and Other Courses
Annex 4	CHED-prescribed Student Logbook on patients seen and procedures performed
Annex 5	Annual Report Form to CHED
Annex 6	Categories of Medical Schools based on Accreditation Level
Annex 7	Self-Study Tool for Academically-challenged medical schools
Annex 8	A. Unified CHED-PRC Monitoring Tool (for existing medical program)
	B. Unified CHED-PRC Evaluation Tool (for new program)

<b>Annex 1A</b>	<b>Philippine Qualifications Framework and Descriptors for each Level</b>
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**LEVEL 1**

<b>Domains</b>	<b>Descriptors</b>
<b>Knowledge, Skills and Values</b>	Knowledge and skills that are manual or concrete or practical and/or operational in focus.
<b>Application</b>	Applied in activities that are set in a limited range of highly familiar and predictable contexts; involve straightforward, routine issues which are addressed by following set rules, guidelines or procedures.
<b>Degree of Dependence</b>	In conditions where there is very close support, guidance or supervision; minimum judgment or discretion is needed.
<b>Qualification Type</b>	NATIONAL CERTIFICATE I

**LEVEL 2**

<b>Domains</b>	<b>Descriptors</b>
<b>Knowledge, Skills and Values</b>	Knowledge and skills that are manual, practical and/or operational in focus with a variety of options.
<b>Application</b>	Applied in activities that are set in a range of familiar and predictable contexts; involve routine issues which are identified and addressed by selecting from and following a number of set rules, guidelines or procedures.
<b>Degree of Dependence</b>	In conditions where there is substantial support, guidance or supervision; limited judgment or discretion is needed.
<b>Qualification Type</b>	NATIONAL CERTIFICATE II

**LEVEL 3**

<b>Domains</b>	<b>Descriptors</b>
<b>Knowledge, Skills and Values</b>	Knowledge and skills that are a balance of theoretical and/or technical and practical. Work involves understanding the work process, contributing to problem solving, and making decisions to determine the process, equipment and materials to be used.
<b>Application</b>	Applied in activities that are set in contexts with some unfamiliar or unpredictable aspects; involve routine and non-routine issues which are identified and addressed by interpreting and/or applying established guidelines or procedures with some variations.
<b>Degree of Dependence</b>	Application at this level may involve individual responsibility or autonomy, and/or may involve some responsibility for others. Participation in teams including team or group coordination.
<b>Qualification Type</b>	NATIONAL CERTIFICATE III



**LEVEL 4**

<b>Domains</b>	<b>Descriptors</b>
<b>Knowledge, Skills and Values</b>	Knowledge and skills that are mainly theoretical and/or abstract with significant depth in one or more areas; contributing to technical solutions of a non-routine or contingency nature; evaluation and analysis of current practices and the development of new criteria and procedures.
<b>Application</b>	Applied in activities that are set in range of contexts, most of which involve a number of unfamiliar and/or unpredictable aspects; involve largely non-routine issues which are addressed using guidelines or procedures which require interpretation and/or adaptation.
<b>Degree of Dependence</b>	Work involves some leadership and guidance when organizing activities of self and others
<b>Qualification Type</b>	NATIONAL CERTIFICATE IV

**LEVEL 5**

<b>Domains</b>	<b>Descriptors</b>
<b>Knowledge, Skills and Values</b>	Knowledge and skills that are mainly theoretical and/or abstract with significant depth in some areas together with wide-ranging, specialized technical, creative and conceptual skills. Perform work activities demonstrating breadth, depth and complexity in the planning and initiation of alternative approaches to skills and knowledge applications across a broad range of technical and/or management requirements, evaluation and coordination.
<b>Application</b>	Applied in activities that are supervisory, complex and non-routine which require an extensive interpretation and/or adaptation/innovation.
<b>Degree of Dependence</b>	In conditions where there is broad guidance and direction, where judgment is required in planning and selecting appropriate equipment, services and techniques for self and others. Undertake work involving participation in the development of strategic initiatives, as well as personal responsibility and autonomy in performing complex technical operations or organizing others
<b>Qualification Type</b>	DIPLOMA

**LEVEL 6**

<b>Domains</b>	<b>Descriptors</b>
<b>Knowledge, Skills and Values</b>	Graduates at this level have broad and coherent knowledge and skills in their field of study for professional work and lifelong learning
<b>Application</b>	Application in professional work or research in a specialized field of discipline and/or for further study

<b>Degree of Dependence</b>	Independent and /or in teams of related field with minimal supervision guided by set procedures that frequently require judgment
<b>Qualification Type</b>	Baccalaureate Degree

#### LEVEL 7

<b>Domains</b>	<b>Descriptors</b>
<b>Knowledge, Skills and Values</b>	Graduates at this level have advanced knowledge and skills in specialized or multidisciplinary field of study for professional practice or self-directed research
<b>Application</b>	Applied in professional work that requires leadership and management in a specialized or multidisciplinary professional work, research and/or for further study
<b>Degree of Dependence</b>	Independent and or in teams of multidisciplinary field with very minimal supervision that involves exercise of leadership and initiative
<b>Qualification Type</b>	Post-Baccalaureate Program

#### LEVEL 8

<b>Domains</b>	<b>Descriptors</b>
<b>Knowledge, Skills and Values</b>	Graduates at this level have highly advanced systematic knowledge and skills in very specialized or complex multidisciplinary field of learning for multifaceted research or professional practice or for the advancement of learning
<b>Application</b>	Applied in highly specialized or complex multidisciplinary field of professional work, research and/or further study that require management expertise, innovation and leadership
<b>Degree of Dependence</b>	Independent and/or in teams of multi-disciplinary and complex setting with significant level of expertise-based autonomy and accountability
<b>Qualification Type</b>	Doctoral Degree and Post-Doctoral Programs

Level	ISCED 2011	Description	Corresponding ISCED 1997 level
0	Early childhood Education (01 Early childhood educational development)	Education designed to support early development in preparation for participation in school and society. Programmes designed for children below the age of 3.	None
0	Early childhood Education (02 Pre-primary education)	Education designed to support early development in preparation for participation in school and society. Programmes designed for children from age 3 to the start of primary education.	Level 0: Pre-primary education.
1	Primary education	Programmes typically designed to provide students with fundamental skills in reading, writing and mathematics and to establish a solid foundation for learning.	Level 1: Primary education or first stage of basic education.
2	Lower secondary education	First stage of secondary education building on primary education, typically with a more subject-oriented curriculum.	Level 2: Lower secondary education or second stage of basic education
3	Upper secondary education	Second/final stage of secondary education preparing for tertiary education and/or providing skills relevant to employment. Usually with an increased range of subject options and streams.	Level 3: Upper secondary education
4	Post-secondary non-tertiary education	Programmes providing learning experiences that build on secondary education and prepare for labour market entry and/or tertiary education. The content is broader than secondary but not as complex as tertiary education.	Level 4: Post-secondary non-tertiary education
5	Short-cycle tertiary education	Short first tertiary programmes that are typically practically-based, occupationally-specific and prepare for labour market entry. These programmes may also provide a pathway to other tertiary programmes.	Level 5B: First stage of tertiary education: typically shorter, more practical/technical/occupationally specific programmes leading to professional qualifications.
6	Bachelor or equivalent	Programmes designed to provide intermediate academic and/or professional knowledge, skills and	Level 5A: First stage of tertiary education: largely theoretically based programmes intended to

		competencies leading to a first tertiary degree or equivalent qualification.	provide qualifications for gaining entry into more advanced research programmes and professions with higher skills requirements.
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7	Master or equivalent	Programmes designed to provide advanced academic and/or professional knowledge, skills and competencies leading to a second tertiary degree or equivalent qualification.	Level 5A: First stage of tertiary education: largely theoretically based programmes intended to provide qualifications for gaining entry into more advanced research programmes and professions with higher skills requirements.
8	Doctoral or equivalent	Programmes designed primarily to lead to an advanced research qualification, usually concluding with the submission and defence of a substantive dissertation of publishable quality based on original research.	Level 6: Second stage of tertiary education (leading to an advanced research qualification).

<b>Annex 2</b>	<b>A. Competency Standards and Performance Indicators</b>
	<b>B. Sample of Curricular Goals</b>
	<b>C. Sample Course Syllabus</b>
	<b>D. Sample Instructional Design</b>

**Annex 2 A. Program outcomes, competency standards, and performance indicators in medical degree program**

<b>Program Outcomes/Learning Outcomes</b>	<b>Competency Standards</b>	<b>Performance Indicators</b>
1. Competently manage clinical conditions of clients in various settings	<p>Given a clinical situation in any setting/workplace, the medical graduate should be able to:</p> <ol style="list-style-type: none"> <li>1. Establish effective rapport</li> <li>2. Obtain accurate history</li> <li>3. Perform thorough physical examination</li> <li>4. Formulate appropriate diagnostic plan including a list of differential diagnosis and established clinical diagnosis</li> <li>5. Develop a client-centered management plan</li> <li>6. Maintain an accurate and complete medical record</li> <li>7. Refer cases appropriately</li> </ol>	<ol style="list-style-type: none"> <li>1. Comprehensive portfolio of graduates enumerating successful clinical cases and problems solved, clinical procedures performed, including those with complications and how they were resolved,</li> <li>2. Satisfactory performance in the licensure examination for physicians</li> <li>3. Certificate of satisfactory completion of clinical clerkship not only in the hospital but also in the community and appropriate specialized public health care facility.</li> </ol>
2. Convey information, in written and oral formats, across all types of audiences, venues and media in a manner that can be easily understood	<p>Given various settings and purposes, the medical graduate should be able to:</p> <ol style="list-style-type: none"> <li>1. Listen actively to process information</li> <li>2. Explain clearly relevant information to client and family</li> <li>3. Secure client's cooperation and consent</li> <li>4. Communicate effectively with other health professionals and stakeholders</li> <li>5. Utilize information technology efficiently</li> <li>6. Convey messages effectively using various forms of communication</li> </ol>	<ol style="list-style-type: none"> <li>1. Submit actual communication, plan, lesson plan, presentation for public or lay forum, etc educating a given audience on selected health issues,</li> <li>2. Competently use information and communication technology in the presentations for better, and more convenient exchange</li> </ol>
<p>3. A. Initiate planning, organizing, implementation, and evaluation of programs and health facilities,</p> <p>3.B. Provide clear direction, inspiration, and motivation to the healthcare team/community</p>	<p>Given a program to manage or a health team to lead, the medical graduate should be able to:</p> <ol style="list-style-type: none"> <li>1. Initiate planning, organizing, implementation and evaluation of programs and health facilities.</li> <li>2. Provide clear direction, inspiration and motivation to the healthcare team</li> </ol>	<ol style="list-style-type: none"> <li>1. Submission of actual organization and management plan implemented to address certain health issues or problems during formal medical education,</li> <li>2. Actual statements of support, policy statements, and position papers calling on selected constituents to support given health issues</li> </ol>

Program Outcomes/Learning Outcomes	Competency Standards	Performance Indicators
<p>4. A. Utilize current research evidence in decision making as practitioner, educator or researcher,</p> <p>4.B. Participate in research activities.</p>	<p>Given different data and information, the medical graduate should be able to:</p> <ol style="list-style-type: none"> <li>1. Critically appraise relevant literature</li> <li>2. Apply research findings into practice appropriately</li> </ol> <p>Given a clinical dilemma, the medical graduate should be able to:</p> <ol style="list-style-type: none"> <li>1. Formulate sound, relevant. and viable research questions</li> <li>2. Consider an appropriate research design</li> <li>3. Gather data systematically,</li> <li>4. Apply appropriate statistical analysis,</li> <li>5. Write a cohesive research paper, and</li> <li>6. Disseminate research outputs</li> </ol>	<ol style="list-style-type: none"> <li>1. Present a comprehensive research portfolio</li> <li>2. Submit actual critical appraisals of relevant literature</li> <li>3. Submit copies of research projects, publications of completed, proposed, on going, etc.</li> </ol>
<p>5. Effectively work in teams with co-physicians and other professionals in managing clients, institutions, projects, and similar situations</p>	<p>Given different scenarios, the medical graduate should be able to collaborate appropriately with other healthcare providers and other health professional groups</p>	<ol style="list-style-type: none"> <li>1. Show certificates of membership to selected and relevant professional societies,</li> <li>2. Present a portfolio of cases referred and co-managed with other physicians and professionals</li> </ol>
<p>6. A.Utilize systems-based approach in actual delivery of care,</p> <p>6.B. Network with relevant partners in solving general health problems</p>	<p>Given a clinical situation in any setting/workplace, the medical graduate should be able to:</p> <ol style="list-style-type: none"> <li>1. Relate social determinants to health and illness,</li> <li>2. Utilize each component of the health system for optimum care, and</li> <li>3. Advocate for partnership with related government and non-government agencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Identify relevant health care facilities in strategic geographic places for efficient delivery of care,</li> <li>2. Enumerate lists of actual partners that have been involved in health care delivery from the national, to regional, and local levels</li> </ol>
<p>7. Update oneself through a variety of avenues for personal and professional growth to ensure quality healthcare and patient safety.</p>	<p>Given different scenarios in any workplace, the medical graduate should be able to:</p> <ol style="list-style-type: none"> <li>1. Pursue lifelong learning and personal growth,</li> <li>2. Acquire transferrable skills, and</li> <li>3. Demonstrate integrity, compassion, gender sensitivity, resourcefulness</li> </ol>	<ol style="list-style-type: none"> <li>1. Proofs of active participation in a series of continuing professional development in relevant areas,</li> <li>2. Completion of formal or informal, short- or long-term training or studies to enhance clinical management</li> </ol>
<p>8. Adhere to national and international codes of conduct and legal standards that govern the profession.</p>	<ol style="list-style-type: none"> <li>1. Demonstrate professionalism,</li> <li>2. Comply with ethical and legal standards, and</li> <li>3. Adhere to the Oath of Professionals and the Hippocratic Oath</li> </ol>	<ol style="list-style-type: none"> <li>1. Proof of no pending administrative, legal, or medico-legal case</li> <li>2. Service record to a relevant facility where professional practice is recognized</li> <li>3. Membership in the official organizations of medical practitioners, civil or government service, etc.</li> </ol>

Program Outcomes/Learning Outcomes	Competency Standards	Performance Indicators
9. Demonstrate love for one's national heritage, respect for other cultures and commitment to service	<p>Given different scenarios in any setting/workplace, the medical graduate should be able to:</p> <ol style="list-style-type: none"> <li>1. Demonstrate responsible citizenship,</li> <li>2. Exhibit cultural competence, and</li> <li>3. Serve with dedication</li> </ol>	<ol style="list-style-type: none"> <li>1. Certificates of participation in community and civic organizations, medical missions, etc.</li> <li>2. Submission of Statement of Assets and Liabilities</li> <li>3. Use of Official Receipts in clinics</li> <li>4. Evidence of other services rendered to the public, professional groups, etc.</li> <li>5. Proof of Filipino citizenship</li> </ol>
10. Adhere to the principles of relevance, equity, quality, and cost effectiveness in the delivery of healthcare to patients, families, and communities	<p>Given different scenarios in any setting/workplace, the medical graduate should be able to:</p> <ol style="list-style-type: none"> <li>1. Address the health needs of the patients, family, and community providing health promotion, disease prevention, cure, and rehabilitation,</li> <li>2. Utilize clinical practice guidelines, quality assurance methods to provide high quality care,</li> <li>3. Deliver quality care to all patients regardless of socio-economic status, political affiliations, religious belief, ethnicity and gender, and</li> <li>4. Utilize appropriate resources in the application of evidence-based data.</li> </ol>	<ol style="list-style-type: none"> <li>1. Comprehensive portfolio of graduates enumerating successful clinical cases and problems solved, clinical procedures performed, including those with complications and how they were resolved</li> <li>2. Proofs of involvement and active participation in various health or socially-relevant community endeavors,</li> <li>3. Comprehensive portfolio of awards, commendations, public recognitions of excellent services rendered.</li> </ol>

## Annex 2 B. Sample Program Outcomes and Curricular Goals

Program Outcomes/Core Competencies	Sample Curricular Goals
<p>1. 1. Competently manage clinical conditions of clients in various settings</p>	<ol style="list-style-type: none"> <li>1. Correlate the clinical presentation with mechanism of illness</li> <li>2. Select the most appropriate diagnostic plan</li> <li>3. Formulate the most appropriate plan of management (pharmacologic &amp; non-pharmacologic)</li> <li>4. Anticipate possible complications (disease-related and treatment-related)</li> <li>5. Educate patient and family regarding disease prognosis, management</li> <li>6. Formulate health and wellness plan for patient and families</li> </ol>
<p>2. Convey information, in written and oral formats, across all types of audiences, venues and media in a manner that can be easily understood</p>	<ol style="list-style-type: none"> <li>1. Utilize available forms of communication</li> <li>2. Make use of information technology efficiently</li> <li>3. Practice effective and clear communication amongst learners, teachers and clients</li> </ol>
<p>3. A. Initiate planning, organizing, implementation, and evaluation of programs and health facilities, B. Provide clear direction, inspiration, and motivation to the healthcare team/community</p>	<ol style="list-style-type: none"> <li>1. Assume leadership role in any health care team he is situated</li> <li>2. Implement healthcare programs as planned</li> <li>3. Monitor process and outcomes of health programs</li> </ol>
<p>4. A. Utilize current research evidence in decision making as practitioner, educator or researcher, B. Participate in research activities</p>	<ol style="list-style-type: none"> <li>1. Critically appraise relevant literature</li> <li>2. Create a research proposal using information from critically appraised literature</li> <li>3. Correlate research findings with mechanisms of disease and management of illness</li> </ol>
<p>5. Effectively work in teams with co-physicians and other professionals in managing clients, institutions, projects, and similar situations</p>	<ol style="list-style-type: none"> <li>1. Demonstrate the attributes of collaboration with co-learners</li> <li>2. Identify the relevant agencies in the health profession</li> </ol>
<p>6. A. Utilize systems-based approach in actual delivery of care B. Network with relevant partners in solving general health problem</p>	<ol style="list-style-type: none"> <li>1. Formulate an inventory of health care issues in the community diagnosis</li> <li>2. Identify the relevant health care agencies that exist in the community</li> </ol>
<p>7. Update oneself through a variety of avenues for personal and professional growth to ensure quality healthcare and patient safety.</p>	<ol style="list-style-type: none"> <li>1. Exhibit the attribute of a motivated, self-directed learner</li> <li>2. Demonstrate the attributes of integrity, compassion, gender sensitivity, resourcefulness in the dealings with co-learners, academic and non-academic staff</li> <li>3. Perform transferrable skills under supervision</li> <li>4.</li> </ol>



Program Outcomes/Core Competencies	Sample Curricular Goals
<p><b>8.</b> Adhere to national and international codes of conduct and legal standards that govern the profession.</p>	<ol style="list-style-type: none"> <li>1. Demonstrate professionalism with co-learners, academic, non-academic staff and clients</li> <li>2. Apply ethical and legal standards on hypothetical cases</li> <li>3. Explain the Oath of Professionals and Hippocratic Oath</li> </ol>
<p><b>9.</b> Demonstrate love for one's national heritage, respect for other cultures and commitment to service.</p>	<ol style="list-style-type: none"> <li>1. Demonstrate the attributes of responsible citizenship, and cultural competence in dealing with co-learners, academic, non-academic staff and clients</li> <li>2. Exhibit cultural sensitivity in dealing with co-learners, academic, non-academic staff and clients</li> <li>3. Manifest the attribute of dedication to service</li> </ol>
<p><b>10.</b> Adhere to the principles of relevance, equity, quality, and cost effectiveness in the delivery of healthcare to patients, families, and communities</p>	<ol style="list-style-type: none"> <li>1. Use evidence-based data and appropriate technology in the delivery of comprehensive health care within socio-cultural context</li> <li>2. Formulate plan to make optimum health care available to all</li> <li>3. Recommend solutions to the most important health issues and disease problems</li> </ol>

## Annex 2 C. Sample Competencies

Goal	Learning objectives	Knowledge	Skills	Attitudes
Explain relevant information clearly	At the end of year level 4, medical students in various settings should be able to:			
	Explain to the patients & their family, the condition, diagnostic and management options, and prognosis	Epidemiology, pathophysiology, S/Sx, Dx, Mx (pharma & nonpharma, complications, prognosis, follow up	Hx, PE, Verbal & non-verbal communication skills, listening skills, synthesis of information, documentation	Honesty, compassion, empathy, cultural competence, sensitivity, resourcefulness, professionalism
	Explain health issues relevant to a group in a community	Epidemiology, community dx & resources, current health issues, impact of diseases in the community, social determinants of health, health promotion, disease prevention, basic principles of teaching	Interpersonal skills, networking skills, teaching skills, how to make information and communication materials	

### Annex 2 D.1. Sample Instructional Design in Pediatrics (Level IV)

Program Outcome	Learning objectives	Content	Teaching-Learning Activities	Resources	Assessment
Clinical Competence	At the end of clinical rotation in Pediatrics, YL4 students should be able to explain to the patients & their family, the condition, diagnostic and management options, and prognosis	Diagnosis and management of common pediatric diseases Principles of communication with different pediatric age groups Basic principles of teaching Professional ethics Social determinants of health 1. Levels of prevention	Ward work Case discussion Conferences Bedside rounds Journal report	All clinical settings  Access to library and on-line collections  Preceptors Video camera	A. Formative 1. Bedside assessment 2. Video-recorded ward work 3. Self-assessment (reflection paper) B. Summative 1. OSCE 2. Written examination 3. Journal reports 4. Case presentation

### Annex 2 D.2 SAMPLE INSTRUCTIONAL DESIGN IN GASTROINTESTINAL PHYSIOLOGY Topic: GI Physiology

**Student:** 1<sup>st</sup> Year Medical Students

**Venue:** Plenary lecture: Rm 404; Individual SGD rooms, Physiology Laboratory Rm 216

**Number of hours:** 18 hours

**Schedule:** Sections A&C: M&W 7-11am; Sections B&D: T & Th 12-4pm

**Module/unit Description:** GI Physiology is taken up during the second semester. It consists of GI 1 on Cephalic, Oral and Esophageal Functions; GI 2 on Gastric, Intestinal and Colonic Phases of the Integrated response to a Meal and GI 3 on Liver and Gallbladder Physiology. Instructional activities include plenary lectures, Small group discussion, Figure Review activities, Case discussions and Laboratory experiments.

**Entry competencies: prior knowledge in cellular processes, autonomic nervous system**

**Learning Outcomes:** *please refer to the new and final list of program outcomes*

Learning objectives: Students who have completed this unit should be able to:

1. Demonstrate competence and effective communications skills involving (1P,2P)
  - a. physiologic mechanisms governing the GIT systems
  - b. correlation of clinical conditions that results from impaired GI physiologic processes
2. Analyze a given GI physiologic data using information technology and other resources (4P)
3. Conduct self-directed learning on selected topics in GI Physiology (8P)
4. Interact with fellow students, faculty staff and non-academic personnel tactfully, using appropriate language, speech patterns and nonverbal communication (2P, 3I, 5I)

5. Demonstrate a caring and respectful approach during classroom encounters (8P)

After the topic on GI Physiology, given the first year medical student should be able to:

Learning Objectives and Learning Outcomes addressed	Content	T-L Activities	Resources	Evaluation
Explain all the physiologic mechanisms involved in the GI systems given a given case (1P ,2P, 4P,7P)	<p>Physiologic mechanisms: secretion of enzymes, gastrointestinal motility, digestion, absorption, excretion</p> <p>GI physiologic events: chewing, salivation, GI motility: from the esophagus to the rectum</p>	<ol style="list-style-type: none"> <li>1. Plenary lecture by faculty</li> <li>2. Small group discussion</li> <li>3. Review of figures</li> <li>4. Simulation exercises using multimedia resource: Four GI processes</li> <li>5. Case discussion</li> <li>6. self-directed learning- Critical appraisal of online resources</li> </ol>	<ol style="list-style-type: none"> <li>1. Textbooks: - Berne &amp; Levy</li> <li>2. Classroom in large group setting</li> <li>3. Case: Peptic Ulcer Disease</li> <li>4. Laboratory equipment &amp; facilities</li> <li>5. Technical / laboratory assistant</li> </ol>	<p>Written examination Performance rating scale</p> <ul style="list-style-type: none"> <li>- SGD</li> <li>- Figure review</li> <li>- Case discussion</li> </ul> <p>Class attendance frequency Online rating scale</p>
Correlate clinical events with impaired physiologic processes (1P ,2P)	Common GI disorders: acid-related disorders, motility disorders, hepatobiliary disorders	<ol style="list-style-type: none"> <li>7. Small group discussion:               <ul style="list-style-type: none"> <li>GI 1 Physiology: Cephalic, Oral and Esophageal Functions</li> <li>GI 2 Physiology: Gastric, Intestinal and Colonic Phases of the Integrated response to a Meal</li> <li>GI 3 Physiology: Liver and Gallbladder Physiology</li> </ul> </li> </ol>		<p>Performance rating scale</p> <ul style="list-style-type: none"> <li>- SGD</li> </ul> <p>Class attendance frequency</p>
Collaborate as a group demonstrating the following attributes of teamwork, collaboration, and diligence in dealing with classmates, faculty and non-academic staff		<ol style="list-style-type: none"> <li>8. Laboratory experiment : GI Motility</li> <li>9. SGD</li> <li>10. Case discussion</li> </ol>		<p>Laboratory Performance checklist Performance rating scale</p> <ul style="list-style-type: none"> <li>- SGD</li> <li>- Case discussion</li> </ul>

(1P,5P,8P) Synthesize the GI laboratory results and other information during the GI post-laboratory conference into a comprehensive oral report. (1P, 2P, 4P) Present a collaborated multimedia teaching aid group presentation showing selected GI physiologic mechanisms (1P,2P,4P)		11. Laboratory Conference		Performance rating scale - Laboratory conference
		12. Multimedia Teaching Aid Project (MTAP) sessions		Performance rating scale - MTAP presentation

*\*Learning outcome: 1- clinical competence; 2- communication skill; 3- leadership and management; 4- management of research; 5- interprofessionalism; 7- personal and professional development; 8- ethical, professional and legal standards  
Degree of emphasis: I- introduced; P- practiced; D- demonstrated*

**SMALL GROUP DISCUSSION (Sample Evaluation Tool)**

<b>Group Participation 60%</b>		
Content knowledge 15%		
---		
---		
---		
Group participation 15%		
---		
---		
---		
Communication skills 15%		
---		
---		
---		
Group motivation 15%		
---		
---		
---		
<b>Individual participation (Frequency of significant participation) 35%</b>		
<b>Attendance 5%</b>		

## Annex 2 E. SAMPLE COURSE SYLLABUS IN HUMAN PHYSIOLOGY

Please follow the outline below (with my edited version in the previous pages) in presenting the syllabus below.

- Course name/title/number
- Course description
- Credit units with equivalent number of hours
- Students
- Venue
- Entry competencies
- Learning objectives and learning outcomes
- Teaching learning activities
- Suggested textbooks and references
- Other Resources required
- Assessment and evaluation

### I. Course name/title/ number

### II. Course Description

The study of the physiology of the cell, the nervous system, the muscular system, the cardiovascular system, blood and immunity, the respiratory system, the renal system, fluid electrolyte and acid-base balance, the gastrointestinal system and the endocrine system. Special topics like sports physiology, fetal and neonatal physiology, aviation, space and underwater physiology, and physiology of aging are also included.

It is handled by faculty members from various fields of medicine such as anesthesiology, cardiology, gastroenterology, hematology, infectious medicine, nephrology, obstetrics and gynecology, ophthalmology, pediatrics, pulmonology, surgery and toxicology.

- III. Credits: explain this further in terms of units: It is given eight (8) hours a week on a twice a week basis that covers lecture and laboratory sessions for a total of 276 hours a year or 8 credit units.
- IV. Explain venue and entry competencies: add here the year level: first year medical students

### V. Learning Outcomes

Following the outcome-based curriculum, Human Physiology will be geared towards enabling the first year medical student to achieve the following learning outcomes with their corresponding level of emphasis:\* please revise these based on the final list (refer to previous sections)

Learning Outcomes	Level of emphasis
1- Demonstrate clinical competence	Practiced
2- Communicate effectively	Practiced
3- Lead and manage health care teams	Introduced
4- Engage in research activities	Practiced
5- Demonstrate interprofessionalism	Introduced
7-Engage in continuing personal and professional	Practiced

development	
8-Adhere to ethical, professional and legal standards.	Practiced

*\*Taken from Physiology curricular map (1P, 2P, 3I, 4P, 5I, 7P, 8P)*

## VI. Course Objectives

First year medical students who have completed this course should be able to:

1. Integrate the normal functions of the different organ systems of the body, the pathophysiologic mechanisms of diseases usually seen in the community and the physiologic principles involved in the treatment of these diseases.
2. Convey information, in written and oral formats to their classmates and faculty members utilizing different types of audiovisual resources.
3. Plan, organize and implement selected acquired physiologic principles through the different teaching-learning strategies like case discussions, small group discussions, and laboratory conferences.
4. Solve problems, and critically analyze given data from case studies and laboratory experiments.
5. Effectively work as a team with co-students, faculty staff and other professional in managing with assigned projects in Physiology.
6. Pursue lifelong learning and personal growth through self-directed learning
7. Develop attitudes and values essential for a primary health care physician

## VII. Course Content

In order to facilitate learning in Human Physiology, the topics are clustered into blocks. There are eight blocks and their focused topics are as follows:

Blocks	Focused topics
Generalities	Cell physiology Nerve physiology (nerve, synapse, signal transduction, reflexes and autonomic nervous system) Muscle physiology (skeletal, cardiac and smooth)
Gastrointestinal physiology	G.I. I (motility) G.I. II (secretions)
Hematology and Immunology	Hematopoiesis Hemostasis Immunology I (Innate) Immunology II (Adaptive)
Cardiovascular physiology	Electrical properties (EKG) Heart as a pump I and II Hemodynamics Cardiovascular regulation Circulation to special regions of the body
Respiratory physiology	Respiratory physiology I (oxygen delivery) Respiratory physiology II (ventilation and perfusion) Respiratory physiology III (work of breathing)
Renal physiology	Renal I (Urine formation) Renal II (Urine concentration)

	Fluid and electrolytes Acid –base balance
Endocrine physiology	Hypothalamus-pituitary Thyroid physiology Bone and parathyroid physiology Pancreas Adrenals Reproductive system
Special topics	Fetal physiology Geriatric physiology Aviation, space and underwater physiology Sports physiology Smoking

The Academic Year is divided into four shifting periods. Two blocks are taken during each shifting period.

### VIII. Credit Units And Equivalent Hours

Topics/subtopics	T-L Strategies (hours)				Time Allotment (hours)
	Lecture	Laboratory	SGD/Figure Review/Self-Directed Learning/Workshops/conferences	Written Examination	
Generalities	2.5	2	2.5	1.5	8.5
Nerve Physiology	7.5	3	7.5	2.5	20.5
Muscle Physiology	5	3	5	2.5	15.5
Hematology	5	3	8	2.5	18.5
Respiratory Physiology	7.5	3	14.5	3.5	28.5
Cardiovascular Physiology	15.5	3	25	5.5	49
Renal Physiology	10	3	17	3	33
Immunology	7.5	3	6.5	2	19
GI Physiology	7.5	3	4.5	3	18
Endocrine Physiology	15	3	15	4.5	37.5
Applied Physiology	9	0	16	3	28
Total	92	29	121.5	33.5	<b>276</b> <b>(8 units)</b>



## IX. Resources

Learning materials like reference books, journals and manuals are available in the medical library.

Computers are available in the Medical Informatics Center (MIC) where students gain access to internet, view Multimedia Teaching Aid Projects (MTAP) prepared by students of previous years.

Physiology@UST400 which contains 400 must know concepts in physiology; uploaded using the Blackboard System of the ELEAP can also be access at the MIC or at home.

The laboratory is equipped with the latest version of Powerlab/Lab Tutor 4 where students use it to perform experiments in a well-controlled environment. The results are automatically recorded and can be shared with students of different sections. Students used build-in computer programs to compute and analyze the data. Other laboratory equipments & apparatuses are constantly upgraded.

### Official Textbook

- Physiology (Updated Version) by Berne R, Levy M, Koeppen B, Stanton B, 6<sup>th</sup> edition, 2010

### Reference Textbooks:

1. Essential Medical Physiology by Johnson L, 3<sup>rd</sup> edition, 2003
2. Basic Immunology by Abbas A & Lichtman A, 3<sup>rd</sup> edition updated, 2011
3. Vander's Human Physiology by Widmaier E, Raff H, Strang K, 12<sup>th</sup> edition, 2011
4. Medical Physiology by Boron W, Boulpaep E, 2<sup>nd</sup> (Updated edition), 2011
5. Textbook of Medical Physiology by Guyton A, Hall J, 12<sup>th</sup> edition, 2011
6. Review of Medical Physiology by Ganong W, 23<sup>rd</sup> edition, 2010

## X. Evaluation

Written examination

- for each lecture topic
- pre-laboratory experiments
- pre- and post-laboratory conference
- pre- and post-laboratory synthesis part of case-based discussion.

Performance rating scale

- Small group discussion
- Figure review
- Case discussion
- MTAP presentation

Class attendance frequency

Laboratory Performance checklist

Online rating scale

- Self-directed learning - critical appraisal of online resources

<b>Annex 3</b>	<b>Sample Curriculum map for the Basic and Clinical Sciences</b>
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**Legend of Ratings:**

Identified Program Outcomes shall be indicated by the corresponding numbers as shown below:

1. Demonstrate clinical competence
2. Communicate effectively
3. Lead and manage health care teams
4. Engage in research activities
5. Collaborate within interprofessional teams
6. Utilize systems-based approach to healthcare
7. Engage in continuing personal and professional development
8. Adhere to ethical, professional and legal standards.
9. Demonstrate nationalism, internationalism and dedication to service
10. Practice the principles of social accountability

Program Outcomes shall be categorized as shown below:

- **I – introduced** (program outcomes are merely introduced in the course)
- **P – practiced** (program outcomes are not just introduced but practiced in the course), and
- **D– demonstrated** (program outcomes are practiced, demonstrated and assessed in the course)

**Sample Curricular Map for the Basic Sciences**

<b>Group of courses</b>	<b>Year I</b>	<b>Year II</b>	<b>Year III</b>
<b>1. Anatomy &amp; Histology</b>	1P, 2P, 3I, 4I, 5I, 7P, 8P		
<b>2. Physiology</b>	1P, 2P, 3I, 4P, 5I, 7P, 8P		
<b>3. Biochemistry</b>	1P, 2P, 3I, 4P, 5I, 7P, 8P, 9P		
<b>4. Microbiology &amp; Parasitology</b>		1P, 2P, 3P, 4P, 5I, 7P, 8P, 10I	
<b>5. Pathology</b>		1P, 2P, 3P, 4P, 5I, 7P, 8P	1D, 2P, 3P, 4P, 5P, 7P, 8P
<b>6. Pharmacology</b>		1D, 2P, 3P, 4P, 5I, 6I, 7P, 8P, 9P, 10I	
<b>7. Legal Medicine &amp; Jurisprudence</b>			1D, 2D, 3P, 4P, 5I, 6P, 7D, 8D, 9P, 10P

### Sample Curricular Map for the Clinical Sciences

Groups of courses	Year I	Year II	Year III	Year IV
<b>1. Medicine</b>		1P, 3P, 2P, 4P, 5P, 6I, 7P, 8P, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9D, 10D
<b>2. Pediatrics</b>		1P, 3P, 2P, 4, 5P, 6I, 7P, 8P, 9P , 10P	1D, 3P, 2D, 4D, 5D, 6P, 7D, 8D, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9D, 10D
<b>3. Obstetrics-Gynecology</b>		1P, 2P, 3P, 4P, 5, 6I, 7P, 78, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9D, 10D
<b>4. Surgery: Ophthalmology, ENT, Anesthesiology, Orthopedics</b>		1P, 2P, 3P, 4P, 5P, 6I, 7P, 8P, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9D, 10D
<b>5. Preventive Medicine &amp; Public Health</b>	1P, 2P, 3I, 4P, 5I, 6I, 7P, 8P, 9I, 10I	1P, 2P, 3P, 4D, 5D, 6P, 7P, 8P, 9P, 10P	1D, 2D, 3P, 4D 5D, 6P, 7P, 8D, 9P, 10P	1D, 2D, 3D, 4D, 5D, 6D, 7D, 8D, 9D, 10D

### Sample Curricular Map for Other Courses

Groups of courses	Year I	Year II	Year III	Year IV
<b>1. Neuroscience*</b>	1P, 2P, 3I, 4I, 5I, 7P, 8P	1P, 2P, 3P, 4P, 5P, 6I, 7P, 8P, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9D, 10D
<b>2. Psychiatry*</b>		1P, 2P, 3P, 4P, 5P, 6I, 7P, 8P, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D, 9D, 10D
<b>3. Bioethics</b>	1P, 2P, 3I, 4I, 5I, 6I, 7I, 8P, 9I, 10P	1P, 2P, 3P, 4I, 5P, 6I, 7P, 8P, 9P, 10P	1P, 2P, 3P, 4P, 5P, 6P, 7P, 8P, 9P, 10P	1D, 2D, 3D, 4D, 5D, 6D, 7D, 8D, 9D, 10D
<b>4. Leadership &amp; Management, Health Policy &amp; Health Laws*</b>	2P, 3I, 4I, 5I, 6I, 7P, 8P, 9I, 10I	2P, 3P, 4I, 5I, 6I, 7P, 8P, 9I, 10P	2P, 3P, 4I, 5I, 6I, 7P, 8P, 9P, 10P	2D, 3D, 4D, 5D, 6D, 7D, 8D, 9D, 10D
<b>5. Geriatrics</b>		1P, 2P, 3P, 4P, 5P, 6I, 7P, 8P, 9P, 10P	1D, 2D, 3P, 4D, 5D, 6P, 7D, 8D,	1D, 2D, 4D, 5D, 6P, 7D, 8D, 9D, 10D

			9P, 10P	
<b>6. Patient Safety*</b>	1P, 2P, 3I, 4P, 5I, 6I, 7P, 8P, 9I, 10I	1P, 2P, 3P, 4D, 5D, 6P, 7P, 8P, 9P, 10P	1D, 2D, 3D, 5D, 6P, 7P, 8D, 9D, 10P	1D, 2D, 4D, 5D, 6D, 7D, 8D, 9D, 10D
<b>7. Disaster Risk Reduction and Management*</b>	1P, 3I, 2P, 4P, 5I, 6I, 7P, 8P, 9I, 10I	1P, 2P, 3P, 4D, 5D, 6P, 7P, 8P, 9P, 10P	1D, 2D, 3P, 4D 5D, 6P, 7P, 8D, 9D, 10P	1D, 2D, 3P, 4D, 5D, 6D, 7D, 8D, 9D, 10D
<b>8. Interprofessional education*</b>	3I, 5I, 10I	5P, 10P	5P, 10P	5D, 10D

\* To be integrated into other subjects as appropriate

**Annex 4 | CHED-prescribed Student Logbook on patients seen and procedures performed**

**Sample Student Logbook on Patients Seen and Procedures Performed**

(page 1)

\_\_\_\_\_ Semester, AY \_\_\_\_\_

<b>Date</b>	<b>Name of Patient</b>	<b>Department</b>	<b>Diagnosis</b>	<b>Procedures Performed</b>	<b>Monitor's Signature</b>	<b>Supervisor's Signature</b>

(page 2)

**Sample Procedures Performed**

**Psychomotor Skills Outcomes**

**Procedural Skills for 4<sup>th</sup> year medical student:**

Procedures Performed (example)	Date	Venue	Subject		Supervised		Signature of Supervisor
			Mannequin	Patient	Yes	No	
Excision of skin cysts							
NGT Insertion							
IV insertion							
Suturing							
Folley catheter insertion							
Lumbar tap							
Circumcision							
Basic Life Support							
ACLS							
Normal Vaginal Delivery							
Immunization							
Breastfeeding counseling							
Tuberculin skin test							
PAP Smear							

**ANNUAL REPORT FOR MEDICAL (M.D.) PROGRAM**  
(To be Submitted at the End of the School Year)

Name of the Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Program: \_\_\_\_\_ Duration/No. of Years \_\_\_\_\_  
 Government Recognition: Number \_\_\_\_\_ Date issued: \_\_\_\_\_  
 External Accreditation: \_\_\_\_\_ Accrediting Agency: \_\_\_\_\_ Effectivity: \_\_\_\_\_  
 Tel/Fax: \_\_\_\_\_ Email: \_\_\_\_\_ website: \_\_\_\_\_  
 Name of Dean : \_\_\_\_\_  
 Date of Submission: \_\_\_\_\_

**I. FACULTY PROFILE**

**A. List of Faculty Members who are holders of MA/MS/PhD**

<b>Name of Faculty</b>	<b>MA/MS/PhD degree (year obtained)</b>

**B. List of Faculty Members who Attended Conference(s) on Medical Education during the Year**

<b>Name of Faculty</b>	<b>Specify Local / International Conference</b>

**C. List of Faculty Members with Publication(s) in Refereed Journals during the Year**

<b>Name of Faculty</b>	<b>Specify Title &amp; Journal</b>

**D. Total Number of Faculty members :** \_\_\_\_\_  
**Full Time :** \_\_\_\_\_  
**Part Time:** \_\_\_\_\_

**E. Does your institution have a Medical Education Unit?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, since when? \_\_\_\_\_ who is the head? \_\_\_\_\_

## II. ADMISSIONS

### A. Statement Policy on NMAT Score

(Please declare admission policy on NMAT Cut-off score set by the medical school)

### B. Basis for Admission

Admission Requirement/s	Weight (%)	Minimum Rating Requirement to be Admitted, if any
General Weighted Average Grade (GWAG)		
NMAT Score		
Interview Score		
Others		

### C. Number of Students Admitted

1. What is your DECS, Ministry of Education/CHED-APPROVED quota for freshmen admission?  
\_\_\_\_\_
2. What is your suggested quota? \_\_\_\_\_

Name	Gender		NMAT Score	Pre-Medical Program		
	Male	Female		Name of School	Course/ Program	GWAG

### D. Summary of Admitted Students

- D.1 Total number of admitted students: \_\_\_\_\_
- D.2 Proportion of admitted students with NMAT Score of more than 40<sup>th</sup> percentile: \_\_\_\_\_ %
- D.3 Proportion of admitted students with Latin Honors: \_\_\_\_\_ %
- D.4 Proportion of admitted students who are transferees from other medical schools: \_\_\_\_\_ %

## III. ENROLMENT DATA

Year Level	Female	Male	No. of Students			Total
			Regular	Irregular	On Leave	
1						
2						
3						
4						



**A. Statement policy on promotion board:**

(Please declare existing policy on promotion of students set by the medical school)

**B. List of Students per Year Level**

Year Level	Name of Students

**C. List of Irregular Students**

Year Level	Name of Students

**D. List of Students who are on Leave-of-Absence**

Year Level	Name of Students

**E. List of Students who Dropped out in the College**

Year Level	Name of Students

**F. Results of Comprehensive Examinations at Year 2 and Year 4**

Year Level	Name of Student	Score

**V. GRADUATION**

**A. List of Graduates**

Name	General Weighted Average Grade	Class Rank

Submitted by: \_\_\_\_\_

<b>Annex 6</b>	<b>Categories of Medical Schools based on External Accreditation Level</b>
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(based on CMO \_\_\_\_\_ )

<b>Level</b>	<b>Description</b>
<b>Level IV</b>	<ol style="list-style-type: none"> <li>1. All the benefits for Level I, II, and III.</li> <li>2. Grant of full autonomy for the program for the duration of its Level IV accredited status.</li> <li>3. Authority to offer new graduate programs allied to existing Level IV courses, open learning/ distance education and extension classes without need for prior approval by CHED provided that the concerned CHEDRO is duly informed.</li> </ol>
<b>Level III</b>	<ol style="list-style-type: none"> <li>1. All the Benefits for Level I/ II.</li> <li>2. Authority to offer new courses allied to existing Level III courses without need for prior approval, provided that the concerned CHED Regional Offices (CHEDRO) is duly informed.</li> <li>3. Privilege to apply for authority to offer new graduate programs, open learning/ distance education, extension classes and to participate in the transnational education.</li> </ol>
<b>Level I/Level II</b>	<ol style="list-style-type: none"> <li>1. Full administrative deregulation, provided that report of promotion of students and lists of graduates are available for review by CHED at all times.</li> <li>2. Financial deregulation in terms of setting tuition and other school fees and charges.</li> <li>3. Authority to revise the curriculum without CHED approval provided that CHED and Professional Regulation Commission minimum requirements and guidelines, where applicable, are complied with and the revised curriculum is submitted to CHED Regional Offices.</li> <li>4. Authority to graduate students from accredited courses or programs or study in the levels accredited without prior approval of the CHED and without need for Special Orders.</li> <li>5. Priority in the awards of grants/ subsidies or funding assistance from CHED- Higher Education Development Fund (HEDF) for scholarships and faculty development, facilities improvement and other development programs.</li> <li>6. Rights to use on its publications or advertisement the word "ACCREDITED" pursuant to CHED policies and rules.</li> <li>7. Limited visitation, inspection and/ or supervision by CHED supervisory personnel or representatives.</li> </ol>
<b>Member</b>	A Candidate Institution which has fulfilled the requirements of the accreditation may be granted Member status.
<b>Candidate</b>	Candidate status is granted to institutions which have completed their preliminary survey and are preparing for initial accreditation. Candidacy is not accreditation and does not assure eventual accreditation. It is an indication that an institution is progressing toward accreditation.
<b>Applicant</b>	An educational institution committed to institutional self-improvement through the guidance of PAASCU may request to become an Applicant Institution.

## SELF-STUDY INSTRUMENT FOR MEDICAL SCHOOLS

### Introduction

The CHED Technical Committee for Medical Education (TCME) is tasked to improve the quality of medical education in the country, specifically improve the performance of medical graduates in the Physician Licensure Examinations (PLE). The TCME together with the Professional Regulatory Board of Medicine (PRBOM) conducts monitoring & evaluation visits of medical schools to ensure compliance to the minimum requirements of the MD Program as per CHED Memorandum No. 10 series of 2006. Also, towards this goal quality assurance, in particular external accreditation is required.

However, only schools whose medical graduates perform satisfactorily in the PLE are qualified to volunteer for external accreditation. Only those medical schools whose annual percentage passing average in the PLE is above the national percentage passing average, at least for the past three (3) years may apply for external accreditation by the Philippine Accrediting Association of Schools, Colleges & Universities (PAASCU).

Those schools whose medical graduates are performing poorly in the PLE or whose annual percentage passing average is below the national percentage passing average, at least for the past three (3) years shall undergo a Self Study. Other medical schools not qualified to apply for external accreditation for whatever reason shall also undergo such Self Study. This is to determine their school's strengths & weaknesses in order to arrive at a time bound development or improvement plan that the school shall carry out to fruition. Such plan shall be submitted to CHED and compliance to the plan monitored during periodic joint CHED-PRBOM monitoring & evaluation visits.

Thus, APMC has accepted the challenge of assisting poorly performing medical schools & other schools not qualified to undergo external accreditation. However, it is the primary responsibility of these schools to persevere & succeed in improving itself. Those schools who will be successful and whose annual percentage passing average will be above the national percentage passing average in the PLE for at least three (3) years may then apply for external accreditation. Thus, transforming poorly performing schools into excellent medical schools.

### Procedure

APMCFI feels that the principles and processes of quality assurance (QA) of basic medical education could well be used in planning how to assist the schools. It reviewed the guidelines on QA the World Federation for Medical Education (WFME) recommends. The recommended procedures which APMCFI is adapting are below:

- Self-evaluation covering the usual areas in medical education
- External quality evaluation to validate the findings of the self-evaluation
- Deliberation on action to be taken
- Implementation of recommended action

## **GENERAL INSTRUCTIONS TO THE MEDICAL SCHOOLS**

1. Form a task force to undertake a self-study of the medical course your school is offering. The task force should be composed of the dean as head and representatives of the administration, faculty and student body as members. Other individuals may be added when necessary.
2. Review the documents which are enumerated in the Appendix (Part III).
3. Define the attributes and level of performance of a medical school for each area based on your appreciation of the basis of evaluation (Part I of the Instrument).
4. Identify which of these attributes your school possesses.
5. Determine the gaps in the education your school is providing your students.
6. Develop an improvement plan by identifying the standards for quality improvement (part II) of the instrument which your school is capable of implementing.
7. Prepare a report of your self-study identifying weaknesses/problem areas to be improved and the improvements to be implemented.

### **1. SELF-STUDY BY THE MEDICAL SCHOOLS THE INSTRUMENT**

The self-study instrument is divided into areas/criteria based on the standards for basic medical education set by the World Federation for Medical Education (WFME), which fortunately is very similar to the national standards being observed by the accrediting body for medical education in the Philippines.

The areas are below:

1. Faculty
2. Curriculum and instruction
3. Clinical training/service facilities
4. Research
5. Students
6. Library
7. Administration
8. Physical plant and other resources

For each area, there are three parts in the instrument. Part I is the basis of evaluation which describes the characteristics being analyzed and the level of performance of a good school. Part II are standards for quality improvement which the school can implement to further develop the school and the course it is offering. At the end of the instrument is Part III which is the appendix that contains the list of documents which are relevant to the study.

The medical school should form an internal committee or task force to undertake the evaluation to be composed of representatives of administration, the faculty, and student body and other stakeholders to collect data about the school and review the same and identify strengths and problem areas. The internal task force should be chaired by the dean. Chairpersons for each section of the self-study guidelines must be a person who is familiar with the medical education process.

The committee should examine all appropriate documents which are to be submitted with the evaluation.

## **2. EXTERNAL QUALITY ASSURANCE**

APMC shall form a panel for external evaluation (peer reviewer) composed of 4-5 members with a balance of expertise in science disciplines, health service, community interest and research.

The panel shall visit the school, the duration of which is sufficient for them to understand the schools' programs. The panel shall suggest improvements in the school, which should be incorporated in the plan to be submitted to CHED.

## **3. APMC'S RECOMMENDATION**

The third step in Quality Assurance is accreditation. But since this is not the purpose of the process being presently undertaken, the next step is for APMC to deliberate with the CHED TCME on follow-up action to be made which may include a site visit later to determine if the improvement plan is being implemented as well as monitoring of the effect on the PLE results of the school.

### **Area 1: Statements of Mission and Objectives**

#### **I. Basis of Evaluation**

The instrument begins with the area of Mission and Objectives. Although these are not to be assessed/analyzed, the areas for evaluation are actually assessed on the basis of their contribution to the attainment of the goals and objectives which the school states they want to be on achieved.

The statements should include the broad competencies (knowledge, skills and attributes) required of students at graduation.

#### **II. Standard for Quality Improvement**

1. The mission and objectives should encompass social responsibility, research attainment, community involvement, and address readiness for postgraduate medical training.
2. Formulation of mission statements and objectives should be based on input from a wider range of stakeholders.
3. The contribution of all academic staff should address the actual curriculum and the educational resources should be distributed in relation to the educational needs.

### **Area 2: Curriculum and Instruction**

#### **I. Basis of Evaluation**

The curriculum and instruction in the medical school should be directed towards the objectives of medical education of the country.

The program of studies required and implemented by the medical school should at least meet the requirements of the Commission on Higher Education.

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.

Provisions should be made for planned periodic evaluation and revision of the curriculum.

## 2.1 Instructional Design and Materials

The dean has 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 record 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 education, such as seminars, lectures, discussion groups, workshops and symposia.

## 2.2 Community Involvement of the School

A social service orientation should permeate the medical school atmosphere to create 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.

## 2.3 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.

## 2.4 Management of Instruction

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.

## **II. Standard for Quality Improvement**

1. The curriculum and instructional methods should ensure the students have responsibility for their learning process and should prepare them for lifelong, self- directed learning.
2. The curriculum should include elements for training students in scientific thinking and research methods.
3. The contributions in the curriculum of the biomedical sciences should be adapted to the scientific, technological and clinical developments as well as to the health needs of society.
4. The contributions of the behavioral and social sciences and medical ethics should be adapted to scientific developments in medicine, to changing demographics and cultural contexts and to health needs of society
5. The curriculum committee should be provided with resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There should be representation on the curriculum committee of staff, students and other stakeholders.
6. The curriculum committee should seek input from the environment in which graduates will be expected to work and should undertake programme modification in response to feedback from the community and society.
7. The reliability and validity of assessment methods should be documented and evaluated and new assessment methods developed.
8. The size and nature of student intake should be reviewed in consultations with relevant stakeholders and regulated periodically to meet the needs of community and society.

### **Area 3: Clinical Training/Service Facilities**

#### **I. Basis of Evaluation**

Clinical training facilities are essential in the training of medical students.

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.

##### **3.1 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.

### 3.2 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 illness, and personal and family counseling. The facility may be the outpatient department of the teaching hospital or university medical center, or may be free-standing.

### 3.3 In-Patient Care Facility

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

## **II. Standard for Quality Improvement**

1. Every student should have early patient contact leading to participation in patient care. The different components of clinical skills training should be structured according to the stage of the study programme.
2. Basic sciences and clinical sciences should be integrated in the curriculum.
3. The facilities for clinical training should be developed to ensure clinical training which is adequate to the needs of the population in the geographically relevant area.

## **Area 4: Research**

### **I. 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.

#### 1.1 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.

#### 1.2 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.



### 1.3 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.

## **II. Standard for Quality Improvement**

1. The interaction between research and education activities should be reflected in the curriculum and influence current teaching and should encourage and prepare students to engagement in medical research and development.
2. There should be access to educational experts and evidence demonstrated of the use such expertise for staff development and for research in the discipline of medical education.

## **Area 5: Students**

### **I. 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.

#### 5.1 Admission

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.

#### 5.2 Promotional Retention

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.

#### 5.3 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.

## **II. Standard for Quality Improvement**

1. The admission policy should be reviewed periodically, based on relevant societal and professional date, to comply with the social responsibilities of the institution and the health needs of community and society. The relationship between selection, the educational programme and desired qualities of graduates should be stated.

2. Student performance must be analyzed in relation to the curriculum, and the mission and objectives of the medical school.
3. Counseling should be provided based on monitoring of student progress and should address social and personal needs of students.
4. Student activities and student organizations should be encouraged and facilitated.

## **Area 6: Library**

### **I. 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 on an institution. Its resources, services and facilities support the institution's objectives. The library resources required for medicine vary widely but, in any case, they should be substantial, and considerably exceed those for other courses.

The library holdings should be adequate in quality and quantity for the changing instructional and research needs of students and faculty.

#### **6.1 Management Information System**

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

### **II. Standard for Quality Improvement**

1. The learning environment for the students should be improved by regular updating and extension of the facilities to match developments in educational practices.

## **Area 7: Administration**

### **I. 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.

#### **7.1 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.

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.

## 7.2 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.

## 7.3 Financial Management

It is essential that the financial affairs of an institution be well-organized and properly managed by qualified and competent personnel.

## 7.4 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.

## 7.5 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.

It is desirable that the medical school be an active recipient of grants and fellowships from local or foreign foundations.

## **II. Standard for Quality Improvement**

1. The management should include a programme of quality assurance and the management should submit itself to regular review.

## **Area 8: Physical Plant and Other Resources**

### **1. 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.

### **2. Standard of Quality Improvement**

1. The facilities for clinical training should be developed to ensure clinical training which is adequate to the needs of the population in the geographically relevant area.
2. Teachers and students should be enabled to use information and communication technology for self-learning, accessing information, managing patients and working in health care system.

**MONITORING AND EVALUATION INSTRUMENT FOR MEDICAL EDUCATION PROGRAM**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Program: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

AREAS OF EVALUATION	MINIMUM REQUIREMENTS	PERCENTAGE (%)	% OF COMPLIANCE	REMARKS
<b>I. Board Performance</b>				
<b>II. External Accreditation</b>				
<b>III. Mission and Vision</b>				
▪ Organizational Structure				
<b>III. Curriculum and Instruction</b>				
▪ Conformity with the Policies and Standards for Medical Education (CMO No. 10 s. 2006)				
▪ Course syllabi including Research				
▪ Instructional Materials/aids				
▪ Clerkship and/or Internship (if applicable)				
• Contract/MOA with Hospital/Affiliation Centers and Community				
• Schedule of programs and activities, including electives (if applicable)				
• Documentation and Accomplishment Reports				
▪ Board Review (if applicable)				
<b>IV. Dean</b>				
▪ Appropriate postgraduate degree				
▪ Appropriate professional license				
▪ At least five (5) years teaching experience in a medical school				
▪ Appropriate administrative experience				
▪ Full-time with contract				

<b>V. Faculty</b>				
▪ Appropriate bachelor's degree				
▪ Appropriate postgraduate degree				
▪ Appropriate professional license				
▪ Appropriate experience				
• teaching experience				
• training experience				
• professional experience				
▪ Faculty profile (include FT and PT, academic rank, master's degree)				
▪ Faculty load				
▪ Faculty development program				
▪ Full-time to part-time ratio				
▪ Faculty-student ratio				
<b>VI. Students</b>				
▪ Student Profile-Proportion of Accepted Students with Honors/NMAT scores per class				
▪ Student Manual				
▪ Admission and Retention Policies				
▪ Student Services				
• Health services				
• Guidance counseling services				
• Student Organizations related to discipline				
• Linkages				
• Job fair/placement				
<b>VII. Alumni</b>				
▪ Donations per year				
▪ Participation in Teaching				
▪ Participation in Research				
<b>VIII. Laboratory/Clinical Facilities and Library</b>				
▪ Basic Laboratory				
▪ Professional Laboratory				
▪ Library				
a. Librarian				
• Appropriate undergraduate degree				

• Appropriate postgraduate degree				
• Appropriate professional license				
• Library Holdings				
• General courses				
• Major courses				
• Journals				
• IT Facilities				
• Number of Work Stations				
• On-line subscriptions				
• Library Area				
• Base Hospital				
• Other Health Facilities				
<b>VIII. Research</b>				
▪ Budget/Funding				
▪ Research Facilities				
▪ Research Output/Publications by Faculty				
<b>VIII. Community Outreach</b>				
▪ Current program/output				
<b>IX. Physical Plant</b>				
▪ Location and floor plan				
▪ Building				
○ Parking space				
▪ Classrooms/Laboratory Rooms				
○ Cleanliness				
○ Ventilation				
○ Lighting				
▪ Waste Disposal System				
▪ Safety Measures				
▪ AV Rooms and facilities				
▪ Recreational area				
▪ Health facilities (infirmary or clinic)				
▪ Rest rooms				
▪ Student and faculty canteen				
▪ Student and faculty lounge				
<b>TOTAL</b>				

**OVERALL RECOMMENDATION:**

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\_\_\_\_\_  
**Technical Committee Evaluator**  
(Signature over Printed Name)

**Technical Committee Evaluator**

(Signature over Printed Name)

\_\_\_\_\_  
Date Evaluated

\_\_\_\_\_  
Date Evaluated

\_\_\_\_\_  
**CHEDCO Representative**  
(Signature over Printed Name)

**CHEDRO Representative**  
(Signature over Printed Name)

\_\_\_\_\_  
Date Evaluated

\_\_\_\_\_  
Date Evaluated

**Conforme:**

\_\_\_\_\_  
Head of Institution (not lower than a VPAA)  
(Signature over Printed Name)

**EVALUATION FORM FOR APPLICATION OF GOVERNMENT PERMIT/RECOGNITION OF DOCTOR OF MEDICINE PROGRAM**

Name of School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Program: \_\_\_\_\_  
 Date of Inspection: \_\_\_\_\_

AREAS OF EVALUATION	MINIMUM REQUIREMENTS	EVIDENCE/S REQUIRED	AVAILAB LE	NOT AVAILABL E	REMARKS
<b>I. Board Performance</b>	At least equal to the National passing rate in the last three (3) years (Aggregate takers and First Timers)	PRC Certification on the institution's percentage passing for the past 5 years			
<b>II. External Accreditation</b>	Medical schools are encouraged to undergo accreditation of its MD program	Certificate of Accreditation by an external accrediting body recognized by APMC and CHED			
<b>III. Mission and Vision</b>					
<ul style="list-style-type: none"> <li>▪ Organizational Structure</li> </ul>	. Program Vision/Mission Statement and Objectives Approved Organizational chart	. Copy of Program Vision/Mission Statements ,Objectives & Organizational chart			
<b>IV. Curriculum and Instruction</b>					



<ul style="list-style-type: none"> <li>▪ Conformity with the Policies and Standards for Medical Education (CMO No. 10 s. 2006)</li> </ul>	<ul style="list-style-type: none"> <li>- As per CHED CMO #10 s. 2006 (see checklist to evaluate)</li> <li>- The medical curriculum shall be four years, the fourth year of which shall be a 12 months rotating clinical clerkship</li> </ul>	<p>Copy of CHED CMO #10 s. 2006  Course Curriculum Outline/  Prospectus  . Subjects' Course Description</p>			
<ul style="list-style-type: none"> <li>▪ Course syllabi including Research</li> </ul>	<ul style="list-style-type: none"> <li>. Complete, appropriate, and updated course syllabus per subject</li> <li>. Uniform format of all syllabi</li> <li>. Syllabus must have: <ul style="list-style-type: none"> <li>- Topic content outline</li> <li>- Goals and objectives</li> <li>- Teaching-learning strategies</li> <li>- Schedule of activities and evaluations</li> <li>- Methods of evaluations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>. Course syllabus per subject</li> </ul>			
<ul style="list-style-type: none"> <li>▪ Instructional Materials/aids</li> </ul>	<ul style="list-style-type: none"> <li>. Traditional and updated instructional modalities that enhances the teaching-learning process</li> <li>- Audio-visual equipment – The medical school shall have adequate audio-visual equipment and software. These include film, slide and overhead projectors; film, tapes and CDs, charts, pictures and models.</li> </ul>	<ul style="list-style-type: none"> <li>. VCR/VHS/VCD/DVD players, CD,DVD instructional discs; OH and/or LCD projectors;  Film slides/tapes/strips;  Projection screens; models, Charts, specimens, etc.</li> </ul>			

<ul style="list-style-type: none"> <li>▪ Clerkship and/or Internship (if applicable)</li> </ul>	<p>Internship is the last phase of the basic training of the physician. It is a shared responsibility of the medical school and its teaching hospital</p> <p>Clinical materials shall be provided by the out-patient services with a load of at least fifty (50) patients per day and an in-patient services of one (1) occupied hospital bed per clinical clerk (4<sup>th</sup> year student) at any given time.</p> <p>In Obstetrics, at least ten (10) maternity cases shall be followed through to delivery by each clinical clerk who must have actual clinical charge of these cases under the supervision of a clinical preceptor</p>	<p>Copy of approved schedule of Clinical Rotations</p>			
<ul style="list-style-type: none"> <li>• Contract/MOA with Hospital/Affiliation Centers and Community</li> </ul>	<p>A medical school and its teaching hospital shall be incorporated as one under the Corporation Code, as a non-stock, non-profit corporation.</p>	<p>Contract/MOA with base/affiliation hospital</p>			
<ul style="list-style-type: none"> <li>• Schedule of programs and activities</li> </ul>	<p>Approved schedule/calendar of programs and activities</p>	<p>Copy of approved schedule or calendar of programs and activities</p>			
<ul style="list-style-type: none"> <li>• Documentation and Accomplishment Reports</li> </ul>	<p>Annual Reports/Activities/Accomplishments</p>	<p>Copy of Annual Reports/Activities/Accomplishments/ documentations (for the past 3 years)</p>			
<ul style="list-style-type: none"> <li>▪ Board Review (if applicable)</li> </ul>					
<p><b>V. Dean</b></p>					

▪ Appropriate postgraduate degree					
▪ Appropriate professional license	Must be a licensed Doctor of Medicine	photocopy of valid and current PRC ID			
▪ Appropriate teaching experience	At least five (5) years teaching experience in a medical school	. photocopy of Curriculum Vitae or career resume, including service record in medical school			
▪ Appropriate administrative experience	Must have experience in administrative positions; must possess professional standing commensurate with the position	. photocopy of contract/ Appointment documents			
▪ Full-time with contract		. photocopy of contract/ Appointment; Academic load			
<b>VI. Faculty</b>					
▪ Appropriate degree	A holder of Doctor of Medicine or, for non-physicians, at least a master's degree holder	-Photocopy of TOR/Diploma			
▪ Appropriate professional license	Licensed doctor/physician for clinical courses	Photocopy of valid and current PRC ID			
▪ Appropriate experience		Photocopy of curriculum vitae/career resume			
• teaching experience		Photocopy of curriculum vitae/career resume			
• training experience		Photocopy of curriculum vitae/career resume			
• professional experience		Photocopy of curriculum vitae/career resume			
▪ Faculty profile (include FT and PT, academic rank, master's degree, doctorate degree)	The definition of full-time faculty shall be left to the institution; provided however, that a minimum of twenty (20) hours per week, including administrative functions is regularly rendered	Copy of faculty profile/faculty matrix for part-time and full-time faculty members; HRD Certification of List of Faculty			

<ul style="list-style-type: none"> <li>Faculty load</li> </ul>	Approved faculty load	Employment contract indicating academic/faculty load; Faculty matrix			
<ul style="list-style-type: none"> <li>Faculty development program</li> </ul>	Institutional policy on faculty development	Copy of approved faculty development program			
<ul style="list-style-type: none"> <li>Full-time to part-time ratio</li> </ul>	At least one (1) faculty member shall be full-time in each department	Copy of faculty profile/faculty matrix for part-time and full-time faculty members; HRD Certification of List of Faculty			
<ul style="list-style-type: none"> <li>Faculty-student ratio</li> </ul>	<p>For every 100 students, there must be at least three (3) specialty-board certified faculty member in each of the four (4) major clinical departments</p> <p>For the various teaching-learning activities, the maximum faculty-student ratio is as follows:</p> <p>Lectures – 1:100  Laboratory Sessions – 1:25  Small Group Tutorials (SGD)/preceptorships – 1:10</p>	<p>-Enrollment data  -Faculty profile and teaching assignments</p> <p>- Faculty-student ratio  - Enrollment data  - Teaching assignments of faculty</p>			
<b>VII. Students</b>					
<ul style="list-style-type: none"> <li>Student Profile- Proportion of Accepted Students with Honors/NMAT scores per class</li> </ul>	The institution shall adopt a systematic plan of evaluation of student progress through the course.	<ul style="list-style-type: none"> <li>Entry-level statistics (mean and standard deviation of NMAT scores and general weighted average (GWA) per year level</li> <li>Student Evaluation system</li> </ul>			

<ul style="list-style-type: none"> <li>▪ Student Institutional Policies</li> </ul>	<p>Student Handbook/Manual containing policies on:</p> <ul style="list-style-type: none"> <li>- admission, selection, promotion, retention, grading system, etc.</li> </ul>	<p>Copy of the institution's Student Handbook/Manual</p>			
<ul style="list-style-type: none"> <li>▪ Admission and Retention Policies</li> </ul>	<p>Availability of admission and retention policies</p> <p>No degree shall be conferred upon a student unless the last two (2) curriculum years of the medicine course was taken in the college which is to confer the degree.</p> <p>A student who fails in forty percent (40%) or more of the total annual academic load, in hours, at any year level shall be dismissed from the college</p>	<ul style="list-style-type: none"> <li>- Admission and selection criteria as indicated in the Student Handbook</li> <li>- Student Evaluation and Grading System</li> </ul>			
<ul style="list-style-type: none"> <li>▪ Student Services</li> </ul>					
<ul style="list-style-type: none"> <li>• Health services</li> </ul>	<p>Availability of health services for medical students</p>	<p>Existence of a functioning:</p> <ul style="list-style-type: none"> <li>-Student Clinic</li> <li>- Dental Clinic</li> </ul>			
<ul style="list-style-type: none"> <li>• Guidance counseling services</li> </ul>	<p>Availability of Student Guidance Counseling Services</p>	<p>Existence of a functioning Guidance Counseling Office &amp; a Guidance Counselor</p>			
<ul style="list-style-type: none"> <li>• Student Organizations related to discipline</li> </ul>	<p>Availability of student organization</p>	<p>Existence of Student Organization/s</p>			
<ul style="list-style-type: none"> <li>• Linkages</li> </ul>		<p>MOA/Contract with other institutions/countries</p>			
<ul style="list-style-type: none"> <li>• Job fair/placement</li> </ul>		<ul style="list-style-type: none"> <li>- Availability of Job Fair/Placement</li> </ul>			
<b>VIII. Alumni</b>					

▪ Donations per year	Availability of MD Alumni database to include: Lists, Graduate Statistics, Employment Status (Local/Abroad)	Existence of MD Alumni Database			
▪ Participation in Teaching		- Certificates, Employment Record/Curriculum Vitae of Faculty Members			
▪ Participation in Research		- Certificates, Employment Record/Curriculum Vitae of Faculty Members			
<b>IX. Laboratory/Clinical Facilities and Library</b>					
▪ Basic Laboratory					
▪ Professional Laboratory	The laboratories shall have the necessary equipment to support the instructional needs	Actual facilities			
▪ Library					
a. Librarian					
• Appropriate undergraduate degree	The library shall be administered and operated by qualified, competent librarians assisted by trained support personnel, adequate in number	Diploma/TOR			
• Appropriate postgraduate degree		Diploma/TOR			
• Appropriate professional license	Licensed librarian	Photocopy of current PRC ID			
• Library Holdings					
• General courses					
• Major courses					

<ul style="list-style-type: none"> <li>• Journals</li> </ul>	The medical school library shall have journals, textbooks, and other reference materials adequate to meet the curriculum and research needs of its students and faculty	Actual journals, textbooks etc			
<ul style="list-style-type: none"> <li>• IT Facilities</li> </ul>	Computer-based reference systems shall be provided and Internet access shall be made available to students for a minimum of twenty (20) hours per semester	Actual facilities			
<ul style="list-style-type: none"> <li>• Number of Work Stations</li> </ul>					
<ul style="list-style-type: none"> <li>• On-line subscriptions</li> </ul>					
<ul style="list-style-type: none"> <li>• Library Area</li> </ul>	The library shall have a seating capacity of at least 10% of students population	Actual facilities			
<ul style="list-style-type: none"> <li>• Base Hospital</li> </ul>	The school must implement the major components of its clinical training program in at least a secondary care hospital with a minimum capacity of 100 beds, and accredited by Association of Philippine Medical Colleges for training of medical students and interns	<b>Actual facilities</b>			
<ul style="list-style-type: none"> <li>• Other Health Facilities</li> </ul>					
<b>X. Research</b>					

<ul style="list-style-type: none"> <li>▪ Budget/Funding</li> </ul>	<p>The medical school shall actively engage in research activities which must be supported by the administration through funding, providing requisite facilities, special privileges and other benefits for the faculty such as reduced teaching load, protected time and/or their equivalent.</p>	<ul style="list-style-type: none"> <li>- Documentation of research activities conducted</li> <li>- Budgetary Allocation for Research</li> </ul>			
<ul style="list-style-type: none"> <li>▪ Research Facilities</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Research Output/Publications by Faculty</li> </ul>	<p>Faculty generated research must be submitted for publication in peer-reviewed local and international journals</p>	<ul style="list-style-type: none"> <li>- No. of published research in refereed journals</li> </ul>			
<b>XI. Community Outreach</b>					
<ul style="list-style-type: none"> <li>▪ Current program/output</li> </ul>	<p>Approved community outreach program</p>	<ul style="list-style-type: none"> <li>- Documentation of community outreach activities conducted</li> </ul>			
<b>XII. Physical Plant</b>					
<ul style="list-style-type: none"> <li>▪ Location and floor plan</li> </ul>	<p>The medical school shall have adequate physical plant and other resources to support its various educational activities</p>	<p>As built architectural plans</p>			
<ul style="list-style-type: none"> <li>▪ Building</li> </ul>					
<ul style="list-style-type: none"> <li>○ Parking space</li> </ul>					
<ul style="list-style-type: none"> <li>▪ Classrooms/Laboratory Rooms</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 square meter per 1-2 students</li> <li>▪ adequate lightning &amp; ventilation</li> <li>▪ entrance-exit doors</li> <li>▪ accessible fire extinguishers</li> </ul>	<ul style="list-style-type: none"> <li>- Well-lighted and well-ventilated classrooms/laboratory rooms</li> </ul>			
<ul style="list-style-type: none"> <li>○ Cleanliness</li> </ul>		<ul style="list-style-type: none"> <li>- Clean classrooms and laboratory rooms</li> </ul>			



○ Ventilation					
○ Lighting					
▪ Waste Disposal System	▪ Covered garbage bins in hallways/corridors/classrooms/lab rooms/auditorium/campus grounds	-Availability of waste disposal/segregation system			
▪ Safety Measures					
▪ AV Rooms and facilities	-1 square meter per 1-2 students of the number it can accommodate -adequate lighting and ventilation -adequate & well-functioning audio &visual equipments	-Actual facilities			
▪ Recreational area					
▪ Health facilities (infirmary or clinic)		- Availability of health facilities for the use of students and school personnel			
▪ Rest rooms	-Readily accessible clean and comfortable rest rooms	- Dirt free & sanitized restrooms in every floor of the building			
▪ Student and faculty canteen	-Available and accessible to faculty and/or students	- Actual facilities			
▪ Student and faculty lounge	-Available and accessible to faculty and/or students	- Actual facilities			

**OVERALL RECOMMENDATION:**

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**Technical Panel for Medical Education**  
(Signature over Printed Name)

\_\_\_\_\_  
Date Evaluated

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**Board of Medicine, PRC**  
(Signature over Printed Name)

\_\_\_\_\_  
Date Evaluated

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**CHEDCO Representative**  
(Signature over Printed Name)

\_\_\_\_\_  
Date Evaluated

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**CHEDRO Representative**  
(Signature over Printed Name)

\_\_\_\_\_  
Date Evaluated

**Conforme:**

\_\_\_\_\_  
Head of Institution (not lower than a VPAA)  
Signature over Printed Name