Grounding a Quality Assurance Framework From the Perspectives and Experiences of Deans From PAASCU Level III and IV Accredited Medical Schools

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Abstract

The COVID-19 pandemic severely strained the Philippine healthcare system, exacerbating the shortage of doctors and necessitating the enactment of Republic Act 11509, which spurred a significant increase in new medical schools through government scholarships. Despite this growth, a standardized quality assurance (QA) framework tailored for these new institutions remains absent. This grounded theory study, guided by Hatch and Schultz's Identity Dynamics theory, investigated the experiences of administrators and educators through semi-structured interviews with four deans of accredited medical colleges and three Augustinian formators. Through open, axial, selective, and theoretical coding, the study developed an emergent theory: Quality Medical Education Driven by Core Values. This theory informs a proposed QA framework specifically designed for new medical schools, integrating structures and mechanisms across all institutional areas while remaining intrinsically linked to core values. By addressing the gap in QA guidance, the framework ensures that new institutions deliver education meeting government and accreditation standards without compromising their organizational identity and image. This study affirms that anchoring quality processes in a school's unique identity provides a robust pathway for academic excellence and institutional integrity in the Philippine medical education landscape.

Keywords: medical education, quality assurance framework, grounded theory

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Introduction

The landscape of medical education in the Philippines is navigating a period of unprecedented transformation, characterized by rapid expansion and shifting regulatory priorities. Over the last decade, there has been a notable increase in the number of medical schools, with sixty-one institutions currently authorized to offer the Doctor of Medicine program. While new schools are prohibited from accepting foreign students under Executive Order 285, many established institutions remain populated by local and international students. This surge in quantity has been coupled with a decline in the national passing average for the Physician Licensure Examination, raising concerns regarding the deterioration of educational quality.

The COVID-19 pandemic catalyzed these concerns, exposing a severe shortage of doctors and necessitating the enactment of Republic Act 11509, or the "Doktor Para Sa Bayan" Act. This policy provides medical scholarships and return service programs to ensure at least one doctor is assigned to every municipality, particularly in underserved areas. Consequently, many state universities have fast-tracked applications to establish colleges of medicine, making the security of quality medical education a paramount national priority.

To oversee this growth, the Commission on Higher Education (CHED) organized the Technical Panel for Medicine. This panel ensures compliance with minimum requirements, while alignment with international standards is facilitated through external accreditation agencies like the Philippine Accrediting Association of Schools, Colleges, and Universities (PAASCU). These initiatives reflect CHED Memorandum Order (CMO) 46, Series of 2012 (CHED, 2012), which mandates quality assurance (QA) through competency-based standards and outcomes-based systems. Quality assurance involves establishing mechanisms to ensure desired educational delivery, addressing national needs for a qualified workforce. Furthermore, external monitoring serves as a QA mechanism to assess compliance with standards like International Organization for Standardization (ISO) 9001:2015 (ISO, 2015), which often drive quality concepts based on external market requirements (Dotong & Laguador, 2015).

Quality in medical education can be defined in relative terms as reaching required standards prescribed by external agencies consistently. It involves both the "production side"—the development of competent graduates—and the "perceptual side"—the maintenance of an institution's values and principles. Accreditation implies accountability to the public, ensuring the enhancement of teaching and learning (Joshi, 2012). PAASCU accreditation indicates that a program has met commonly accepted standards and manifested the ability to upgrade academic quality through self-evaluation (PAASCU, 2021). These standards are fundamentally based on the World Federation for Medical Education (WFME) standards, which respect cultural variations while emphasizing that the identity of graduates must align with an institution's vision and mission (Sjöström et al., 2019).

Central to this study is Hatch and Schultz's (2002) Identity Dynamics theory, which suggests that organizational identity is formed through the continuous interaction between internal culture and external image. For medical schools, quality is not just a checklist, but a reflection of how the vision-mission is mirrored in operations.

While PAASCU and WFME assess eight key areas—including Leadership and Governance, Quality Assurance Systems, and Resource Management—there is currently no standardized QA framework specifically for new Philippine medical schools that integrates these standards with unique institutional identities (Karam et al., 2021). This gap is particularly relevant for

the Augustinian Sisters of Our Lady of Consolation (ASOLC), who established the first college of medicine in Bulacan in 2017 (LCUP, 2017). As a school following the Philippine Catholic Schools Standards (PCSS), the ASOLC must ensure its medical program is at par with high-level accredited institutions while remaining a center for integral evangelization and Gospel values (CEAP, 2016).

Consequently, this study aimed to explore institutional documents and narratives regarding the vision and mission of ASOLC schools to define their organizational identity from the perspective of three Augustinian formators. Simultaneously, it investigated the professional experiences of four deans from PAASCU Level III and IV accredited medical institutions. These data were synthesized to develop a grounded theory explaining how high-level accreditation and educational quality are achieved while preserving a mission-based institutional identity. This emergent theory, *Quality Medical Education Driven by Core Values*, served as the foundation for a holistic quality assurance framework designed to embody institutional ideals while satisfying the rigorous quality standards defined by PAASCU.

Methodology

Research Design

This study utilized a qualitative approach to explore the intersection of organizational identity and high-level accreditation in medical education. Specifically, it adopted Grounded Theory, as established by Glaser and Strauss, to generate an explanatory framework from the lived experiences of administrators and formators. The research followed the approach of Corbin and Strauss (2015), which utilizes an initial literature review to stimulate theoretical sensitivity and guide the theoretical sampling process without precluding the emergence of new concepts. This method was essential to understand how medical schools balance the market-driven requirements of external accreditation with the internal, value-driven identity of a religious educational institution.

Participants

The participants were categorized into two distinct groups to provide a holistic view of the phenomenon. First, three Augustinian formators and educators from the Augustinian Sisters of Our Lady of Consolation (ASOLC) were selected through snowball sampling. These participants provided the internal culture perspective, drawing from their experiences in establishing and managing Catholic educational institutions. Second, four deans from medical schools granted PAASCU Level III and IV accredited status were included as participants. As of June 2021, only six medical schools in the Philippines held these elite designations (PAASCU, 2021); four accepted the invitation to participate, representing the external excellence perspective.

Measures and Procedure

The researcher utilized two Interview Protocol Guides (IPG) consisting of open-ended questions. Each IPG underwent a two-phase validation by a panel of experts, achieving high scores on the Validation Rubric for Expert Panel. Interviews were conducted either face-to-face or via virtual platforms, recorded with consent, and transcribed by professional transcriptionists. To ensure data saturation, a Google Form was also sent to participants for supplementary reflections.

Data Analysis

The data analysis plan involved coding collected data through four specific steps based on Corbin and Strauss (2015). Initially, open coding was performed to build categories of concepts to organize data into concept trees. This process involved a close examination of the data, breaking it down into parts, and making constant comparisons until reaching a saturation point where no new categories emerged.

Results and Discussion

Thematic Analysis of the ASOLC Schools' Formators Narratives

The narratives of the Augustinian formators yielded two primary categories that define the organizational identity of their institutions.

Education Guided by Augustinian-Marian Core Values

Table 1 shows that the formators described a philosophy of education that is inherently Christ-centered and guided by the core values of Compassion, Honesty, Community Orientedness, Interiority, Humility, Courage, and Missionary Spirit. These values are incorporated directly into the curriculum and school processes. The trademark of credibility and quality education among these institutions is established through these values, which heavily influence the stakeholders (Vicente & Cordero, 2021).

Table 1
Education Guided by Augustinian-Marian Core Values

Meaning Units/Codes	Category/Theme
Christ-centered	Education Guided by Augustinian-Marian Core Values
Core values incorporated in the curriculum	
Follows CEAP standards	
Employees/personnel exemplifying the core values of Compassion, Honesty, Community Orientedness, Interiority, Humility, Courage, and Missionary Spirit.	
Augustinian Quality Education Philosophy	
Students and graduates practice core values	

Formation of the Mind and Heart

The participants, as seen in Table 2, emphasized that quality education focuses on the development of the students not just in knowledge and skills, but as humble and compassionate professionals. This adheres to Augustinian pedagogy, which stresses an important connection between the human heart and relationships with God and others (Baker, 2016).

Table 2
Formation of the Mind and Heart

Meaning Units/Codes	Category/Theme
Adherence to government and accreditation standards	Formation of the Mind and Heart
Compliance to government regulations and accreditation requirements	
Adherence to Augustinian-Marian core values	
Known for quality education	
Core Values: Compassion, Honesty, Community Orientedness, Interiority, Humility, Courage and Missionary Spirit.	
Augustinian-Marian education reinforced in the curriculum, policies, and practices.	
Big emphasis on development of graduate holistically	
Not just knowledge and skills as professional	
Students and graduates to be humble and compassionate	

Thematic Analysis of the Perspectives and Experiences of Deans

Interviews with the deans of high-performing medical schools revealed the practical and systemic challenges of maintaining excellence through five key categories.

The Rigors of Accreditation

As shown in Table 3, all participants described the accreditation journey as difficult, grueling, and stressful. Despite the human and financial "costs" of accreditation, these were deemed acceptable given the benefits of improved documentation and the implementation of robust procedures (Blouin et al., 2018).

Table 3
The Rigors of Accreditation

Meaning Units/Codes	Category/Theme
Difficult and challenging journey	The Rigors of Accreditation
Discouragement but moving forward	
Requires great effort and grueling preparation	
Costly but worth it	
Challenge of a new survey instrument	
Heavy work, difficult and stressful	
Entails sacrifices especially on monetary gain compared to other units	
Pandemic posed a greater challenge in ensuring quality	

Maintaining Quality in Established Medical Schools

For well-established institutions, evident in Table 4, maintaining quality became easier after the first visit through strict adherence to recommendations and the creation of a Strategic Quality Management Office. Strong administrative support and a desire for continuous improvement were identified as key factors (Villamor & Reyes, 2016).

Table 4
Maintaining Quality in Established Medical Schools

Meaning Units/Codes	Category/Theme
A little easier after the first	Maintaining Quality in Established Medical Schools
Strictly follow accreditors' recommendations and areas for improvement	
Creation and presence of a Strategic Quality Management Office	
No compromise and lowering of standards	
Previous recommendations acted upon promptly	
Conscious of sticking to policies and standards	
Updating beyond the standards	
Needs strong admin support	
Desire to keep improving	
Best to have PAASCU trained accreditors on the team.	
Continue to improve and reinforce policies	

A Shared Goal for Ensuring Quality

Achieving high-level accreditation was identified as a collaborative effort in Table 5. Fostering a Continuous Quality Improvement (CQI) culture at the center of the institution ensures ongoing self-assessment against best education practices (Blouin et al., 2018).

Table 5
A Shared Goal of Ensuring Quality

Meaning Units/Codes	Category/Theme
Accreditation is a shared goal and requires collaborative efforts.	A Shared Goal of Ensuring Quality
Takes a good team of patient, committed, dedicated and hardworking faculty who are one with the institution	
The shared goal to continuously improve and achieve the level of accreditation.	
Team effort	
Meeting PAASCU standards of high level of accreditation should be a shared goal.	
Believing that the recommendations and the criteria per area can be achieved kept the team going.	

The Process of Quality Assurance

As seen in Table 6, the quality assurance process entails a constant cycle of self-evaluation, review, and monitoring. This follows the Plan-Do-Check-Act (PDCA) cycle integrated into the current PAASCU Basic Medical Education Survey Instrument.

Table 6
The Process of Quality Assurance

Codes/Indicators	Category/Theme
Should have continued desire to improve and subject to next level	The Process of Quality Assurance
Honesty on the self-evaluation	
Strictly follow accreditors' recommendations and areas for improvement	
Constant self-checking, review, assessment, and monitoring	
It takes a thorough planning, improving, and monitoring to maintain high level of accreditation.	
Conscious of sticking to policies and standards previously approved	

The Products of Accreditation and Quality Assurance

The final category, shown in Table 7, focused on the outcomes of the QA process. High levels of accreditation equate to high standards of medical education, solidifying the school's reputation and ensuring that graduates are easily matched for postgraduate internships and training locally and internationally.

Table 7
The Products of Accreditation and Quality Assurance

Meaning Units/Codes	Category/Theme
Graduates easily matched for internship and training locally and internationally	The Products of Accreditation and Quality Assurance
Meant increased revenues, tuition fee, compensation, approval of needed facilities, equipment, renovations, models	
Opened a lot of opportunities, student applications and enrolment	
Equates with high standards of medical education	
Level of accreditation solidifies school reputation	

Triangulation and Emergent Theory

By triangulating the data from both the formators and the deans, the study identified that the rigors of external accreditation and the internal core values of an institution are mutually reinforcing. The emergent theory, Quality Medical Education Driven by Core Values, suggests

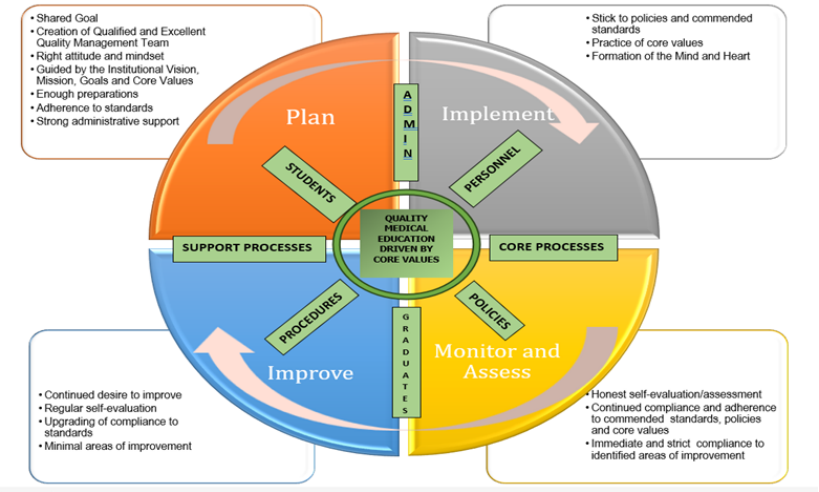
that for new medical schools, a successful quality assurance framework must be intrinsically linked to the school's organizational identity. This alignment ensures that as institutions meet national and international standards, they do not lose the unique mission and values that define their educational purpose.

The Proposed Quality Assurance Framework

To date, there remains a critical gap in standardized quality assurance (QA) frameworks specifically tailored for Philippine medical schools. This study was conducted within the setting of a newly established medical school founded by the Augustinian Sisters of Our Lady of Consolation (ASOLC). Consistent with the broader mission of ASOLC schools, there is a fundamental commitment to ensuring that the quality of medical education is at par with well-established and highly accredited institutions.

Guided by the emergent theory derived from this research—Quality Medical Education Driven by Core Values—the proposed framework as seen in Figure 1 places this central theme at its heart. As illustrated in the dynamic model, these core values must be translatable into observable behaviors practiced by the administration, teaching, and non-teaching personnel. These values radiate through all institutional layers, including curriculum implementation, core processes, support systems, and the eventual competencies of graduates. While PAASCU utilizes a Plan-Do-Check-Act (PDCA) cycle, the narratives of the deans emphasized a similar Plan-Implement-Monitor-Improve (PIMI) cyclical model. The proposed framework integrates these QA structures and mechanisms, ensuring they are driven by core values across all areas of the medical school to promote continuous self-assessment and institutional growth.

Figure 1
The Proposed Quality Assurance Framework



In the Planning Process, a critical success factor for Level III and IV accredited schools is the creation of a dedicated team or office solely responsible for quality delivery and adherence to standards. This team must consist of trained, qualified personnel who possess the right attitude and mindset, viewing quality as a shared goal of the whole institution. Crucially, this entire planning phase must be grounded in the school's distinct organizational identity.

During Implementation, established deans stressed the importance of strict adherence to policies and commended standards, as any deviation can jeopardize accreditation levels. At

this stage, core values are practiced across all institutional aspects, ensuring that curriculum delivery focuses not just on the formation of the mind, but also the heart.

Monitoring and Assessment requires absolute honesty in self-evaluation against standards such as those set by PAASCU. It necessitates continued compliance with policies and core values, where identified areas for improvement are addressed immediately and strictly to sustain academic excellence.

Finally, Continuous Quality Improvement is achieved through a persistent desire to improve, regular self-evaluation, and the constant upgrading of compliance to standards. For this framework to be fully effective, the specific Augustinian-Marian core values—Compassion, Honesty, Community Orientedness, Interiority, Humility, Courage, and Missionary Spirit—must be translated into concrete behaviors. This ensures that the medical school's processes and personnel are not only meeting external benchmarks but are fundamentally fulfilling their unique educational mission.

Conclusion

Based on the findings of this research, it is concluded that Augustinian ideals within ASOLC schools necessitate that every facet of the institution be guided by the Augustinian-Marian core values of compassion, honesty, community-orientedness, interiority, humility, courage, and missionary spirit. These schools move beyond mere technical training by prioritizing the formation of both the mind and the heart, ensuring that students practice these core values alongside acquiring professional knowledge and skills. The experiences of deans from high-level accredited medical schools further illustrate that while accreditation is a tedious and costly quality assurance process, its standards-based approach ensures a school's fitness for purpose and responsiveness to stakeholder needs. For institutions achieving Level III and IV status, continual improvement is a shared responsibility characterized by a "Plan-Implement-Monitor-Improve" (PIMI) cyclical model. Crucially, the non-prescriptive nature of the PAASCU process allows schools to maintain their uniqueness and innovate within their specific institutional contexts.

The proposed quality assurance framework for a new ASOLC medical school provides a strategic roadmap for administrators to ensure program sustainability and excellence at par with established institutions. Theoretically anchored in Hatch and Schultz's Identity Dynamics, the framework recognizes organizational identity as a continuous interaction between internal culture and external image. Through the processes of mirroring, reflecting, expressing, and impressing, the study bridges the gap in quality assurance for new medical schools by aligning the Augustinian-Marian organizational culture with the external standards of PAASCU and CEAP. To deliver quality medical education, all stakeholders—from administration and personnel to students and graduates—must exhibit these core values in their policies, procedures, and core processes.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

The author declares that Google Gemini, was used in refining the language used in the manuscript. The usage was limited to correcting grammatical and spelling errors and rephrasing statements for accuracy and clarity. The author further declares that, apart from Google Gemini, no other AI or AI-assisted technologies have been used to generate content in

writing the manuscript. The ideas, design, procedures, findings, analyses, and discussion are originally written and derived from careful and systematic conduct of the research.

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