



## Quality assurance in selected medical schools in Metro Manila Philippines: Current practices and future directions

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### ABSTRACT

The descriptive research looked at the Quality Assurance (QA) practices of Twenty (20) medical schools in Metro Manila, Philippines, considering their various statuses, systems, and practices. As institutions concentrate on achieving their vision and objectives, QA is essential. In addition, the Commission on Higher Education requires that all academic institutions establish QA in their operations to maintain international competitiveness. As a result, QA must be institutionalized in Philippine medical universities. Based on the findings, most medical schools established QA Departments. The accreditation office is normally situated under the President's or Vice President's Office for Academic Affairs. In terms of the QA organizational structure, the term "director" is assigned to the office's head. The nature of the employment as a director necessitates the use of a plantilla item while personnel have been appointed to assist with the accreditation process. A staff was assigned to the QA Department at the majority of medical universities. Moreover, the QA department's main responsibilities were preparing program accreditation and coordinating their departments, as well as assisting colleges with program accreditation, formative evaluation, and monitoring program accreditation standards. Since accreditation is an unavoidable QA indicator, it was recommended that university administrators must engage to accreditation in order to achieve higher SUC Levels and maintain excellence. When fully dedicated to QA, presidents must guarantee the participation of all stakeholders in all accreditation operations; and to maintain QA's long-term viability, the organization, processes, and practices must be standardized; there may be policy campaigning for centralized QA among medical universities.

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## **INTRODUCTION**

In implementing its administrative and other responsibilities over universities and colleges, the Commission on Higher Education (CHED) has required that they adopt QA throughout their multiple curricula and management systems. This is in relation to national ideals of quality and efficiency while maximizing the utilization of educational resources. It's also in line with national and international conventions and agreements associated with academic degrees bilateral contracts by 2020 and beyond. As a result, the universities and colleges must progress and increase their standings to be on track with leading and distinguished academic institutes worldwide.

Quality assurance (QA) is a procedure that necessitates accountability and outcomes distribution to all players. Constructive feedback and the establishment of systems for ongoing review and implementation of improvements would assist the medical school in transitioning from quality assurance to performance improvement. Pursuing quality entails joining a circle of continual quality development. All stakeholders, including instructors, students, administrators, and the organization's executives, are accountable for providing high-quality education.

In the Philippines, the Commission on Higher Education (CHED) encourages HEIs to pursue accreditation for self-regulation and peer review by offering incentives and increased autonomy. As a result, accreditation has come to be considered as a vehicle for promoting quality education. While CHED regulation certainly helps accrediting organizations, the degree with which it exerts control jeopardizes the accreditation program's private voluntariness, which is also one of its advantages (Pijano, 2010). Adherence to key international norms and practices followed by most industrialized countries enables a developing nation such as the Philippines to be more recognized and considered a leader in the industry. In the case of medical schools, our main objective is to improve healthcare quality, which will occur only if we prioritize medical, educational standards. With the medical industry facing tremendous competitiveness and globalization, medical students and graduate students must be prepared to take on prominent jobs anywhere in the world. They must be educated, medically skilled, and sophisticated in appearance. Medical academic institutions must create and consistently try to improve their quality standards through innovations and constant monitoring. The urge to preserve quality may originate from external sources like regulatory agencies that impose minimum standards or from within.

Quality is at the heart of any business strategy that wishes to earn the trust and respect of the local and worldwide communities. Recognized by many accrediting and accrediting departments and organizations, institutions have a greater opportunity to demonstrate their value and claim of superiority. Therefore, QA is critical for Universities to keep their flames alive and lead the way to provide significant value to the community. Cost, scale, variety, and globalization have all conspired to focus mainly on the quality of higher education and the necessity for established quality management systems. Aside from the ISO 9001 quality management system certification, the SUCs must have their curricula and institutions qualified for QA by the CHED and the Department of Budget and Management (BDM). In addition, ISO Authorization programs impact higher education institutions' general funding, SUC Levelling, and other performance testing, appraisal, and evaluation criteria.

This research aims to demonstrate QA and best practices in a few medical schools in Metro Manila, Philippines. Whereas the challenges of different higher education institutions would be carefully mentioned, the study's emphasis is on the future developments created by the aims and approaches for QA and accreditation. Since medical schools are high-performing institutions, the study focuses solely on them, specifically Metro Manila. A significant portion of their national budget, including revenue earned directly by the school, is allocated to QA and accreditation. The evolution of QA and accreditation in HEIs is documented in this research: results and consequences. The effects of QA/accreditation on students and other university and college outcomes, like research and extension services, have been examined. The findings obtained were backed up by empirical evidence. This research aims to spread the best methods in medical school QA/accreditation to the maximum extent possible, allowing other underperforming institutions in these domains to accelerate to importance and stability.

## **OBJECTIVES**

Throughout history, physicians and other medical personnel have been admired by society for their skills and knowledge. Therefore, every doctors and healthcare practitioner's obligation are to uphold this trust via professional competence and adherence to high moral standards. As accepted and preserved by higher education institutions, professional standards of education have a significant impact on the molding of today's and tomorrow's health experts. Socioeconomic issues have had such an effect on medical education that it is past time to reassess the development of health education. The role of medical schools in producing excellent healthcare is growing in prominence as several stakeholders recognize that enhancing the health system is impossible without addressing quality in medical schools. Numerous individuals focus on the quality of medical schools. Students have the right to the best service possible, and the people have a right to well-educated and qualified medical health providers. As a result, a medical school or teaching staff must maintain a high standard of excellence and be responsible for the education it delivers. This paper underlines that the most effective strategy to assure quality is continually paying close attention to it. Quality is contingent upon developing quality consciousness among academics, employees, and students, not on assessment methods and technologies. Developing a well-functioning standard evaluation system is a method for ensuring quality. Those involved in healthcare fields of study are increasingly focused on providing that alumnus are skilled, qualified to perform proficiently in their job and healthcare system, and capable of adjusting and improving all across their employment in response to changing healthcare needs, guidelines, and innovations. This is also applicable for other fields, like engineering, financial management, and teaching, where professional societies and government play a significant role in assuring that individuals perform well on the job. Public governments should also ensure that enough healthcare staff is provided, as more than 50 nations, the bulk of which are in Southeast Asia, are presently undergoing a catastrophic scarcity of healthcare personnel. The current emphasis on quality and standards of excellence reflects a general trend in university education. Roughly half of all countries worldwide have established some form of quality assurance method, and the majority of them have achieved so in the last decade or two. As a result, the vast majority of these quality control mechanisms are reasonably new, and the capacity-building needs of the employees responsible for quality assurance systems at the national and organizational levels are enormous.

In line with this, the researcher found that maintaining on going quality development presents a number of obstacles, not the least of which is providing adequate people to address quality concerns and their management within the educational system. Due to the overlapping of faculty and staff positions in terms of teaching burden and administrative responsibilities, when offered the option, teaching and learning goals normally take precedence over administrative responsibilities for quality. Additionally, academic programs and the quality of instruction remain inadequate and deficient. Numerous causes can account for institutions' relative low performance. Among these are significant barriers to international faculty and student enrolment, distinctive components of the teaching and learning process, the form and purpose of the research institute grant program, and regulatory constraints. As a result, an in-depth examination of fundamental concerns relating to the QA methods is required.

This study aimed to identify the quality assurance practices of selected medical schools in Metro Manila, Philippines. Specifically, the objectives of the study were to: 1) describe the practices of state medical universities and colleges in QA in along areas of Structure, Assignment of personnel, Finance/budget, Administrative support, and Monitoring and evaluation; 2) determine the contribution of the practices in QA of state medical universities and colleges along areas of attainment of university vision, University budget, University development, Sustainability of excellence, and Personnel development; 3) determine the hindrances on QA; and 4) how to address the hindrances on QA.

## **METHODS**

### **Design**

In this study, the descriptive research design was used in this study. Data must be described, recorded, analyzed, and interpreted in a survey method. The study examined universities and their QA processes. It also considers the impact of medical schools' QA activities on the achievement of their mission, institution funding use, advancement, and sustainability, and also staff development.

**Respondents**

In Metro Manila, Philippines, there were a total of 20 medical schools. The research's participants were the medical universities' QA directors. The said survey was accomplished and completed by 20 of the 20 participants.

**Instrument**

To answer the problems identified in this research, a survey was designed based on the researcher's knowledge with QA, namely program, and organizational accreditations. In addition, the researcher was directed to create benchmark statements by CMO No. 46 series of 2012 on Policy-standard to Enhance QA (QA) in Philippine HEIs.

**RESULTS AND DISCUSSIONS**

1. Practices of State Universities and Colleges

Depending on the administration, medical university practices may vary. One reason of variation might be hierarchal structure.

1.1 Structure of the QA Department

Table 1 illustrates the university's organizational structure, which includes the QA department.

Table 1. Structure of the QA office

The Department is Under	Frequency	Percentage
President’s Office	8	40%
Office of the VP for Academic Affairs	6	3%
Office of the VP for Research and Extension	3	15%
Others, as mentioned by participants		
Planning Office	1	5%
VP for Research, Planning and QA	1	5%
Colleges Administrator	1	5%
<b>Total</b>	<b>20</b>	<b>100</b>

Most QA departments belong to the President's Office or the VP for Academic Affairs., as shown in the table1. Three SUCs have been under the direction of the Research and Extension Office, while one is under the direction of the Vice President for Research, Planning, and Quality Management and College Administrator. In conclusion, the accrediting unit is generally within the Office of The President for convenient oversight by a President who may be greatly concerned with quality management or reporting to the VP for Academic Affairs due to the department's connection to instructional process. It was occasionally assigned to a VP with lesser roles in order to ensure the department's good management.

Title of the heads of QA office

The designation of the Director of QA Department will always be determined by the university's management and organizational policies, and the administration's focus on quality management. Table 2 shows the data collected.

Table 2. Title of the head of QA office

Title	Frequency	Percentage
Director	13	65%
Coordinator	2	10%
Head	4	20%
Others, as mentioned by participants		
Focal Person	1	5%
Total	20	100

Majority of the head of the QA in the medical schools are called “Director”. Nevertheless, the unit's leadership may be referred to as the, coordinator, head or Focal Person.

### 1.2 Appointment type of heads of QA department

Table 3. Appointment type and plantilla item of the head of the QA department

Nature of Appointment	Frequency	Percentage
Designated	17	85%
With Permanent Appointment	3	15%
Total	20	100
Plantilla Item		
Faculty Plantilla Item	17	85%
Non-teaching plantilla item	2	10%
Others, as specified by the respondents		
With deloading	1	5%
Total	20	100

As shown in the table, 17 managers of QA Offices were appointed, while three assigned heads are those with permanent appointments. Many with teaching items were also assigned to be directors of QA and only two had non-teaching plantilla items, and only one had only been reloaded academic workload.

### 1.3 Functions of QA office

The QA Office is in charge of overseeing and leading accreditation. Nevertheless, as seen in table 4, these are categorized.

Table 4. Functions of QA office

Functions of QA	F	%
Plans for the program accreditation of the University	20	100%
Coordinates the accreditation activities of the University	20	100%
Assists colleges in their program accreditation	19	95%
Conducts internal assessment/accreditation	19	95%
Plans for the institutional accreditation of the University	18	90%
Monitors the status of program accreditation of colleges	18	90%
Recommends university personnel for training/seminars on QA/accreditation	18	90%

Spearheads all accreditation/QA activities of the university	18	90%
Recommends university personnel to act as accreditors to other university	15	75%
Conducts training/workshop in the university/college on QA accreditation	11	55%
Others, as specified by the respondents		
Performs/monitors QA aspect of Academic Affairs, (Accreditation activity is only one of them)	1	5%
Spearheads other accreditation activities like ISO	1	5%
Determine/manage the budget	1	5%
Prepares PPMP of the Unit	1	5%
ISO, ISA, PQA, Center of Excellence / Center of Development	1	5%

The QA Office is in charge of the University's program accreditation (20). Preparing through a year accreditation program is among the responsibilities of a Director. A cautious president may not spare the director from a planning process in certain situations. Organizational accreditation (18) and other University quality management initiatives are goals (17). The Department of QA organizes the efforts to be completed with the college (20) if upcoming accreditation efforts. The QA directors maintain direct contact with the colleges. They help colleges with QA (19) and evaluate the program's preparedness and inadequacy for accreditation (19). With this aid, they keep track of how far the universities have progressed toward approaching accreditation. Every University has its group of accreditation bodies sent to training by the QA (15). QA or Accrediting tends to propose them to assist in the accreditation activities of other universities or colleges from this group of accreditation bodies. Finally, to round out the core features of the QA inside the University, they provide training and workshops on quality control to ensure that all teachers and staff on campuses are aware of the QA process. Several SUCs had additional capabilities that were distinct to them. The QA, for example, undertakes QA features of Academic Affairs in one HEI. It implies that accreditation may be one of them. In some other SUC, the QA Head is also in charge of determining and managing the department's finances and preparing the department's PPMP (1 SUC). The ISO, ISA PQA, Center of Excellence, or Center of Development are overseen by the QA Head at another HEI. To summarize, the QA Head is responsible for QA in several HEIs. In conclusion, the QA Head directs, oversees, and organizes all accrediting efforts and all other activities that contribute to these tasks. "It is self-evident that a university's authorized offerings are the most important single indicator of quality assurance and organizational trustworthiness." This is the first line of a paper "Don Mariano Marcos Memorial State University Accreditation: A Living History (Sapitula et al., 2012). The accrediting of programs, as stated above, is the most basic measurement of quality standards among state institutions and universities. The Accrediting Agency of Chartered Colleges and Universities (AACUP, 1987) characterizes accreditation as the procedure whereby a higher education institution reviews itself as a whole organization or its school programs, wholly or partially, and makes an individual assessment to verify that it significantly accomplish its goals and is of reasonable quality. In addition, accreditation of a program or an organization considers the level of university outputs compared to local, nationwide, and even foreign criteria for particular fields or specializations. Quality is defined in Article II of CHED Memorandum Order No. 46, series of 2012 as the congruence and consistency of the educational setting with the school's vision, mission, and objectives as evidenced by excellent learning and service results and the growth of quality. The definition emphasizes the importance of accreditation in achieving SUC's vision and goal, as accreditation is a system that analyzes the quality of SUC's outputs. Furthermore, according to section 8 of the CMO, Quality Control is about guaranteeing that there are methods, systems, and policies implemented to ensure that the desired quality is provided, however, established and monitored. Quality assurance is synonymous with accreditation in the context of the aforementioned fundamental notions.

#### 1.4 Assignment of Personnel

With simply a manager of the department, the QA Office cannot operate effectively. To guarantee that defined goals are accomplished, supporting staff is required. The amount of support workers in any

medical university or college is thought to be a significant determinant in the long-term viability of QA.

Table 5. Assignment of personnel

Manpower of the QA Office	Frequency	Percentage
1 Support Staff	8	40%
2 Support Staff	7	35%
3 Support Staff	2	10%
4 Support Staff	2	10%
None	1	5%
Total	20	100

Most of QA Departments employ 1 to 2 support workers, as shown in table5. Nevertheless, there have been two of them, each with three support employees. In some circumstances, support personnel at other medical colleges are Job Orders for the position of permanent position in the DBM employment guidelines. It must be highlighted that these QA Units have not been formally established to supervise or manage QA.

#### 1.5 Stakeholders' participation in QA activities

The participation of stakeholders is vital to the development of any initiative. Without the participation of stakeholders, QA programs cannot arise or be preserved. The data is shown in Table 6.

Table 6. Stakeholders' participation in QA activities

Stakeholders	F	%
Faculty members	20	100%
Non-Teaching personnel	19	95%
Students	18	90%
Parents	13	65%
Industry	8	40%
Others, as specified by the respondents		
Alumni	1	5%
Public Partners	1	5%
Research and Extension Collaborators	1	5%
Management	1	5%
Government Agencies	1	5%
LGUs	1	5%
College Administrators	1	5%

As shown in the table, the academic staff has been the most active participants in accreditation preparation since their colleges are on the line for assessment. Non-teaching employees also were appointed to assist with teaching and other Academic activities. There seem to be documents from practically every department at the university. Numerous support documents are required, ranging from Management to the Student Services Department to the Registrar's Office. As a result, they are one of the most important participants in accreditation. The students came in third place. Accreditation initiatives enlist the assistance of students. Students participate in this kind of activity by running errands and completing documents like organizing, printing, and binding. Students may be a huge help in planning for accreditation if they are properly oriented. In addition to the accrediting process, students are surveyed about the university's QA measures. Some medical schools, through their Parent-Teacher Councils, seek parental assistance. Parents can help by sponsoring part of the university's required infrastructure

and facilities. They play a significant role not just in terms of finances but also in providing insight and assisting with QA efforts and projects. In certain institutions, business collaborators are enlisted to aid the university as well. They assist by giving technical, budgetary, or other assistance to their university as needed. Graduates are another group of stakeholders. They have always been willing to lend a hand to their former university. They contribute either financially or physically during the accreditation process. Volunteers for research and extension might not be available. In HEIs, they work hand in hand with the college to ensure excellence. Typically, they plan for the inspection and organize a day to consult the extension site during the certification process. This office supports colleges in getting to and from the extension site, as well as authenticating documentation. When government entities such as the DEPED, the CHED, or local government units are summoned to authenticate accreditation findings, they arrive to help. To summarize, faculty personnel, non-teaching professionals, and students play an important part in medical university QA.

## 2. Contribution of the practices on QA/accreditation

Participants were asked how they view QA's contributions to their respective colleges. The impact of QA practices to the University was evaluated. The evaluation's findings are shown in Table 7.

Table 7. Contribution of the practices on QA/accreditation

Contributor	Mean	Rating
Achievement of university vision	4.46	Excellent
Use of university budget	4.05	Very Satisfactory
University progress	4.27	Very Satisfactory
Sustainability of quality	4.25	Very Satisfactory
Contributor	Mean	Rating
Personnel development (in terms of degree earned)	4.12	Very Satisfactory
Capability building of personnel	4.07	Very Satisfactory
Improvement of facilities	4.19	Very Satisfactory
Grand Mean	4.20	Very Satisfactory

QA practices aid in the realization of the institution's objectives (4.46, excellent). It has a great ranking. It indicates that QA is the standard wherein the institution's goal is realized since it is through QA that the institution's reputation in society is elevated to a higher level or position. Organizational QA is a sign of quality. This is something to be proud of to have all of the programs approved. It also leads to the creation of the University and growth (4.27, Very Satisfactory). Parallel to the University's expanding stature and growth. This can be regarded as a symbol of distinction. The level of quality is maintained through QA and accreditation (4.05, Very Satisfactory). Regular QA and accreditation of programs and institutions ensure that the quality management mark is maintained. As a result, all flaws discovered throughout each accreditation phase are continually addressed until the exceptional state is achieved. This also entails human capital development (4.12, Excellent) to fulfill the standard degree level for every program and facility enhancement (4.19, Excellent) to fulfill the essential facilities to guarantee QA at institutions. Furthermore, the impact of these techniques on staff competence development is quite positive (4.07). QA examines all facets of a university's growth, especially employee development. QA entails the enhancement of all elements of medical universities, from their facilities to their personnel. In their research, Serafin Ngohayon and Jeng-Jeng M. Bolintao (2012) stated that initiatives to establish QA in public-funded SUCs officially began with the formation of AACCUP. The organization mentioned above is largely responsible for program and organizational accreditation. The Quality Assurance Agency (UK) characterizes accreditation as a course of developing the institutional QA system to represent an evaluation of the reliability of the QA system and the trust which can be placed in the data provided on the quality of its offering. Accreditation, as defined above, is a quality control mechanism that ensures that Universities' endeavors are of excellent quality. In addition, its alumni and other partners, influences the success of specific HEIs and SUCs in general. Max P. Guillermo et al. (2012)



evaluated the effect of accreditation on the academic achievement and mobility of Tarlac Agricultural University alumni in their paper "Accreditation Odyssey: The Tarlac College of Agriculture Experience." As a result, this research aimed to investigate the quality management systems used by Medical Universities in metro Manila Philippines.

2. Difficulties on QA

Most Higher Educational Institutions (HEIs) that provide medical programs make every effort to guarantee that QA is established. Firstly, it is among the most important prerequisites for HEIs to be levelled at both the national and international levels. Obstacles, on the other hand, are a certain or unavoidable. Table 8 depicts the aforementioned impediments.

Table 8 Difficulties on QA

Difficulties on QA	Mean	Description
Lack of commitment of key officials on QA/accreditation	1.7	Seldom
Lack of commitment of faculty members on QA/accreditation	1.85	Seldom
Uncooperative faculty members	1.10	Never
Uncooperative students	1.59	Seldom
Uncooperative parents and other stakeholders	1.64	Seldom
Limited support from the administration	1.61	Seldom
Limited budget support	1.78	Seldom
Unclear policies on accreditation	1.72	Seldom
There is no QA/accreditation office	1.26	Never
No RATA for head of QA/accreditation office	2.13	Seldom
Lack of director on QA/accreditation	1.28	Never

There have been no major issues encountered during QA, as stated in the table. The problem stated here was rarely addressed. A few of the reasons for this is that medical universities are committed to the institution's long-term sustainability of QA. As a result, obstacles are rarely overcome. A few of the issues are a lack of response from key officials (1.85), and there have been few cases where this issue has been addressed when actual engagement is inadequate. It ought to be a deterrent to QA because the output or preparations could be inadequate. Although uncommon, a lack of collaboration from multiple sectors can be a stumbling block. Students' lack of attention (1.59); stakeholders' lack of concern (1.64, rare); admin's lack of concern (1.78). These are very influential stakeholders whom all have a role in the QA process. As a result, QA may fail if they do not cooperate. The learners are first and essential. They are the ones who will receive accreditation. Accreditors evaluate the quality of education for these stakeholders. As a result, their participation is important. Accreditors may engage parents and other stakeholders. They must take part in the interview. Last but not least, the administrator's help is crucial. Without the full backing of the institution's management, there can be ineffective QA. This is because the administration must meet QA standards, not only in terms of infrastructure but also in terms of finances. QA will not be successful if any of these components are lacking. There will be shortcomings if they pass. RATA may be required by some QA/Accreditation heads (2.13, Seldom). In conclusion, QA roadblocks were not always substantial and didn't take place often. Hazman Shah Abdullah (2012), who noted that the rising concerns encountered by universities in QA, both local and international, are causing change, revealing recent innovations, and providing unique obstacles, backed up this claim. In addition, the absence of right competencies, poor education, poor awareness, research, and innovation are all major problems for university quality assurance. Other issues and threats to Quality Assurance she mentioned included monitoring, public policies, and international competition, as well as greater pressure on academic qualifications and acknowledgement of competence due to varying educational rules and policies.

**CONCLUSIONS**

When it came to accreditation, most medical schools established QA Departments. The accreditation office is normally situated under the President's or Vice President's Office for Academic Affairs. The term "director" is assigned to the office's head. The nature of the employment as a director necessitates the use of a plantilla item. The QA dept's main responsibilities were preparing program accreditation and coordinating their departments, as well as assisting colleges with program accreditation, formative evaluation, and monitoring program accreditation standards. The personnel have been appointed to assist with the accreditation process. A staff was assigned to the QA Department at the majority of medical universities. The operations of QA are supported by parents, students, and the industry. Faculty and non-teaching professionals, on the other hand, are by far the most supportive stakeholders. The QA processes make a significant contribution to the achievement of the medical university's goal. QA contributes significantly to the maintenance of excellence and progress, capacity development, and infrastructural and facility development. The absence of engagement of key administrators and faculty and staff to QA is a major hindrance to QA.

### **RECOMMENDATIONS**

Since accreditation is an unavoidable Quality Assurance indicator, university administrators must engage to accreditation in order to achieve higher SUC Levels and maintain excellence. When fully dedicated to QA, University presidents must guarantee the participation of all stakeholders in all accreditation operations. To maintain Quality Assurance's long-term viability, the organization, processes, and practices must be standardized. In the Philippines, there may be policy campaigning for centralized Quality Assurance among medical universities.

### **REFERENCES**

- AACCUP (1987). Accrediting Agency of Chartered Colleges and Universities in the Philippines, Inc.  
<http://www.aaccupqa.org.ph/http://www.aaccupqa.org.ph/>
- CHED CMO No. 46, series of 2012. Policy-Standard to enhance QA (QA) in Philippine Higher Education through an Outcomes-Based and Typology-Based QA <https://ched.gov.ph/wp-content/uploads/2017/10/CMO-No.46-s2012.pdfhttps://ched.gov.ph/wp-content/uploads/2017/10/CMO-No.46-s2012.pdf>
- CHED Memorandum Order No. 01, s. of 2005. Revised Policies and Guidelines on Voluntary Accreditation in Aid of Quality and Excellence in Higher Education  
<https://ched.gov.ph/wp-content/uploads/2017/10/CMO-No.01-s2005.pdf>
- DBM-CHED 2003 Joint Circular No. 1-A, s. 2003. SUC Levelling Instrument and Guidelines for the Implementation Thereof.  
<https://www.dbm.gov.ph/wp-content/uploads/2012/03/JC-No.-1-A-s.-2003.pdf>
- DBM-CHED 2016 Joint Circular No. 1, s. 2016. FY 2016. Levelling Instrument for SUCs and Guidelines for the Implementation Thereof.  
<https://ched.gov.ph/wp-content/uploads/2017/06/DBM-CHED-Joint-Circular-No.-1-2016-FY-2016-Levelling-Instrument-for-sues-and-Guidelines-for-the-Implementation-Thereof.pdf>
- Executive Order 83, series of 2012. Institutionalization of the Philippine Qualifications Framework.
- Corpuz, M.T., Colinares, N.E., & Quesada, M.S. (2012). *Reckoning AACCUP's 25 years in accreditation and quality assurance*. Quality Assurance: Concepts, Structures and Practices. Quezon City: AACCUP, Inc.
- Guillermo, M.P., Valdez, M.T.S.J., & Ferrer, C.N. (2012). *Accreditation Odyssey: The Tarlac State College of Agriculture Experience*. Quality Assurance: Concepts, Structures and Practices. Quezon City: AACCUP, Inc.
- Sapitula, B.P., Buccat, H.C., & Caluscasin, M.T. (2012). *Accreditation at DMMMSU: A Living History*. Quality Assurance: Concepts, Structures and Practices. Quezon City: AACCUP, Inc.
- Nohayon, S. & Bolintao, J. (2012). *Impact of Accreditation in the Improvement of State Universities. Quezon City Philippines: AACCUP, Inc.*