

Advancing Social Accountability in a State University Offering a Medical Scholarship and Return Service Program in the Philippines

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Abstract

Introduction: In December 2020, Republic Act 11509 established a medical scholarship and return service program in the Philippines to address health worker shortages. Batangas State University (BatStateU) initiated a medical program in 2021, focusing on primary health care (PHC) and universal health care (UHC), demonstrating social accountability. Mandated to produce medical graduates for underserved areas, the BatStateU College of Medicine conducted a self-assessment to gauge its progress and plan actions towards greater social accountability.

Methodology: In February 2025, the college began its self-assessment using the *Towards Unity for Health* Institutional Self-Assessment Social Accountability Tool (ISAT). Faculty, students, and representatives from government agencies, local government units, and partner institutions joined meetings and discussions to complete the assessment and develop an action plan.

Findings: The participants included seven students, five faculty members, and representatives from the Department of Health, a regional referral hospital, the city health office, a partner rural health unit, and a local school. The college was rated Phase 1 in half of the ISAT components and Phase 2 in the rest.

Discussion: Student selection for admission to the medical school is mainly based on academic performance. Most faculty are hospital-based. The curriculum covers individual and public health competencies but lacks community-based research projects. Social accountability is an integral part of the college's vision and mission, although awareness among faculty and students is relatively low. Societal impact can only be assessed once graduates join the health workforce.

Recommendation: The college should incorporate social accountability into the mission, expand community engagement, set research and extension agendas, and enhance exposure to community and patient care through curriculum review and interprofessional collaboration.

Conclusion: The ISAT process enabled reflection and alignment of BatStateU's practices with its mandate to produce PHC- and UHC-ready doctors for the Philippines.

Introduction

Access to basic healthcare services in the Philippines remains a significant challenge, especially in rural areas where factors like geographic isolation, limited healthcare infrastructure, and socioeconomic barriers often prevent individuals from receiving timely and adequate medical care. According to a report from the University of the Philippines (David et al. 2019, 2), the country faces a deficit of 70,000 doctors, underscoring the critical shortage of physicians.ⁱ

In December 2020, Republic Act 11509 established a medical scholarship and return service program to address the Philippines' shortage of health workers. The Implementing Rules and Regulations (IRR) of Republic Act No. 11509, also known as the "Doktor Para sa Bayan," aim to establish a Medical Scholarship and Return Service (MSRS) program that will enable deserving medical students to pursue medical education and training in the field of health and medicine. These medical students shall render services in government public health offices or government hospitals in their hometown or any underserved municipality in any province as part of their integration into the public health and medical service system.

This shall ensure the availability of doctors who will provide quality basic, promotive, preventive, and curative health care services in every municipality in the country, especially the underserved, remote, economically underdeveloped, distressed, conflict-afflicted, and geographically disadvantaged areas. The MSRS program includes the following components: establishment of a medical scholarship and return service program for deserving medical students in the field of medicine; expanded access to quality education and opportunities for underprivileged individuals; determination of the scheme for return service and monitoring and evaluation of both the programs and scholars; and promotion and assurance of equitable distribution of human resources for health through competitive compensation, benefit packages, and good working conditions.

Batangas State University, The National Engineering University (BatStateU TNEU) immediately implemented this law and started a medical program in 2021. The BatStateU TNEU College of Medicine (COM) aims to develop holistic and technology-oriented medical graduates who can pursue various medical career options to become physician leaders and managers who can improve healthcare and advance biomedical research in the clinical and community healthcare delivery system at local, national, and global levels. The program intends to promote high-quality healthcare using outcome-based learning with a technology-infused traditional pedagogy. This innovative curriculum introduces basic biomedical engineering concepts and biomedical informatics as integral parts of healthcare with the purpose of providing healthcare that is responsive to current needs with better accuracy in diagnosis and more appropriate treatment utilizing data analytics, informatics, and ethical and practical innovations.

As part of transformative education, the students are empowered with personal growth, social responsibility, and the development of social skills necessary to navigate complex and challenging healthcare problems in the country. Students in the program are prepared for a technology-infused community and clinical care practice by being trained in the professional

doctor-patient relationship, the conduct of basic medical procedures, ambulatory and hospital care, and, most importantly, health promotion and disease prevention. The program, designed for population health, includes, in addition to the basic sciences, clinical courses and integrated topics prescribed by the Commission on Higher Education, with a strong foothold in the community and public health-related courses.

This program is anchored on the Commission on Higher Education (CHED) Policies, Standards, and Guidelines for the Doctor of Medicine program and the COM Curriculum Framework, which emphasize competency-based, patient-centered education. The rationale for this program lies in bridging classroom learning with hands-on clinical practice, progressively building students' skills from observation in the first year to independent yet supervised clinical decision-making in the final year. The significance of this training program extends beyond academic preparation—it fosters professional values, ethical conduct, and social accountability by immersing students in a primary care environment that mirrors the realities of the Philippine health care system.

To further enhance learning, the program is reinforced by supporting components applicable across all year levels, including the Mentorship Program, which ensures continuous guidance from assigned faculty mentors; Case-Based Learning Sessions, where actual patient cases are integrated into academic discussions to strengthen clinical reasoning; and Simulation Labs, providing a safe environment to practice and refine skills before live patient encounters. Guided by BatStateU's commitment to leading innovation, transforming lives, and building the nation, the BatStateU-COM training plan aspires to produce physicians who are lifelong learners, champions of equitable health services, and leaders in advancing the quality of medical health care.

At the start of the program offering, there were twenty (20) full-time faculty with different medical specialties, led by the dean and department chairs. At present, the college has fifty-four (54) faculty members with different specialties. Only three are permanent faculty, while the rest are part-time guest lecturers. There were twenty-eight pioneer students in 2021, but only 23 students graduated and completed the program after four years. At present, there are 123 students from the first to fourth year levels. These students are from 29 municipalities and five cities of Batangas province.

BatStateU is mandated to generate medical graduates who will be deployed to underserved areas in the country. Thus, the curriculum is oriented towards the primary health care approach and universal health care. The Department of Health (DOH), Commission on Higher Education (CHED), and Professional Regulation Commission (PRC) Joint Administrative Order 2021-0001 created the guidelines for the reorientation of health professionals' education curriculum and training programs to primary health care and universal health care. This initiative includes embedding Primary Health Care (PHC) principles across all educational levels through new modules, extensive faculty training workshops, and the development of a primary care facility for hands-on training. Educational strategies, such as case-based collaborative learning, promote active, learner-centered education and practical PHC concept application. The curriculum

emphasizes community-based education, interdisciplinary collaboration, and preventive medicine.

This mandate is aligned with the college's interest and initiative to embody social accountability. In 2024, the Chair for Health Research and Community Extension Services of the college applied for The Network: Towards Unity for Health's Social Accountability Fellowship. The application was accepted, and with the dean and another chair, the three faculty members completed the fellowship and applied the learnings to the college. Thus, the BatStateU College of Medicine conducted a self-assessment to gauge its status and plan concrete actions towards being a socially accountable institution.

Methodology

In 2017, the Consortium on Social Accountability in Health Professions Education in the Americas was established to assess the social accountability of medical schools in the region. Key organizations, including The Network Towards Unity for Health, and experts agreed on a set of core indicators, known as the Indicators for Social Accountability Tool (ISAT), to assess the social accountability of medical schools in the region.ⁱⁱ The ISAT aids health professionals in assessing progress towards social accountability, ensuring programs meet health system needs, promoting interprofessional collaboration, health equity, and service quality, and enabling comparison across regions and countries. The ISAT is broken down into eleven (11) core components under six (6) domains, each of which focuses on a crucial component to evaluate. Although the majority of medical schools and allied institutions can benefit from each of these core components, not all of them can be evaluated in the same way because national contexts, including laws and regulations, can differ.

1. Students
 - 1.1. Student recruitment, selection, and support
2. Faculty
 - 2.1. Faculty Recruitment
 - 2.2. Faculty Development
3. Educational Program
 - 3.1. Curriculum: Content
 - 3.2. Curriculum: Learning Methods
 - 3.3. Curriculum: Types and locations of educational experiences (Community-based education)
4. Research
 - 4.1. Community-Based, Community-Engaged, and Socially Accountable Research
5. Governance
 - 5.1. Governance (Social Accountability Mandate)
 - 5.2. Stakeholder and Partner engagement
6. School Outcomes, Graduates, and Societal Impact
 - 6.1. School/Graduate Outcomes
 - 6.2. Societal Impact

In February 2025, the BatStateU College of Medicine started its self-assessment using ISAT to evaluate its status in the social accountability journey and set a plan of action so that the institution will be optimally positioned to meet current and future health system needs towards achieving Universal Health Care. Identifying needs in close cooperation with stakeholders is a fundamental component of the concept of social accountability. Social responsibility is therefore centered on meaningfully engaging with other stakeholders, such as students, service providers, administrators of health systems, and community representatives, in the process of reflecting on the different components involved in training health professionals.

First, invitation letters were sent to stakeholders, which included students, faculty members, government agencies, local government units, health offices, health units, community leaders and members, the training hospital, and the partner school. An orientation was held a month after, where the administrators of the College of Medicine explained the institution's effort to undergo self-assessment and explained the important role of the stakeholders in this reflection process. To address schedule concerns and different locations, an online setup was used for the orientation and the subsequent activities.

A few days later, the ISAT sheet and guide were distributed to all of the stakeholders. They were requested to complete the tool individually and return the filled-out ISAT sheets. They were encouraged to reflect on the core components and honestly answer which phase is most appropriate, based on their available knowledge and direct observations. They were given almost a month to complete the ratings and give their remarks. In the interim, faculty and student orientations were done to increase their awareness of social accountability.

Once all the ISAT sheets were in, the ratings were tallied. An online roundtable discussion was held in May 2025 to discuss the ratings given by the stakeholders. Consensus building was used to finalize the phase for each of the core components. Remarks were discussed, and additional suggestions were noted for the preparation of the plan of action for social accountability.

Throughout the several communications, meetings, and discussions held with the faculty, students, and representatives from government agencies and local government units, emphasis was given on their crucial role as stakeholders, and the process was made participatory.

Findings

The process involved seven students, five faculty members, and representatives from the Department of Health, the regional referral hospital, the city health office, the partner rural health unit, and the partner school for the extension services of the college. The BatStateU College of Medicine is still in Phase 1 for half of the components and was rated at Phase 2 for the other half. Reaching Phase 2 means that an institution is in a situation where leaders and faculty are early in the process of reflecting on or starting to implement strategies or policies associated with social accountability.

Students	
Student recruitment, selection, and support	Phase 1
Faculty	
Faculty recruitment	Phase 1
Faculty development	Phase 2
Educational Program	
Curriculum: Content	Phase 2
Curriculum: Learning Methods	Phase 2
Curriculum: Types and locations of educational experiences (Community-based education)	Phase 2
Research	
Community-Based, Community-Engaged, and Socially Accountable Research	Phase 1
Governance	
Governance (Social Accountability Mandate)	Phase 1
Stakeholder and Partner Engagement	Phase 2
School Outcomes, Graduates, and Societal Impact	
School/Graduate Outcomes	Not Applicable Yet
Societal Impact	Phase 1

1. Students

1.1. Student recruitment, selection, and support (Phase 1)

The current selection criteria for student admission are still more focused on the academic performance and achievements of the applicants. While the selection process

ensures that deserving students from different towns may get accepted, with many of them being the first to attend medical school in their families, there are no efforts made to actively recruit students from underserved and underrepresented backgrounds. There are some students from geographically isolated and disadvantaged areas of the province, but their numbers are very small compared to the whole student population. Diversity is lacking, with the observation that most students still come from the cities and higher-income classifications. Most of the students are scholars under the medical scholarship and return service program, and their tuition fees and other expenses are covered by the financial assistance.

2. Faculty

2.1. Faculty Recruitment (Phase 1)

Faculty recruitment still follows the conventional academic and clinical credentialing, which is biased to specialists and clinicians. Though the college has a mix of primary care practitioners, clinical specialists, and subspecialists, most of the faculty members are based in hospital settings. This is likely due to the proximity of the regional tertiary-level hospital, making the academe a viable and accessible option for hospital-based doctors who are also interested in teaching. Only a few are truly experienced with community service and have the competencies needed to address health systems. The college has no formal plans or strategies to recruit faculty members with such competencies yet.

2.2. Faculty Development (Phase 2)

The college's Medical Education Unit ensures that faculty development programs are in place to help the doctors improve their pedagogical skills. Faculty members attend seminars, training, and workshops to further improve their teaching and test-making skills, among other competencies. There are still conventional lectures, but faculty members are also encouraged to apply student-centered and active learning in maximizing different strategies and related learning experiences. However, opportunities focusing on how to integrate social accountability into the teaching and learning process are needed. One stakeholder remarked,

“The college wants its graduates to be socially responsive to the needs of the community where they will be deployed once they pass the boards. I think that it’s not enough that faculty are aware of what we visualize as a college, but also know how to translate this into their way of teaching.”

- Student Participant 1

3. Educational Program

3.1. Curriculum: Content (Phase 2)

The curriculum is a mix of traditional medical school topics and elements of public health related to general community needs. For individual care, students are not just taught concepts from the reference books but also local clinical practice guidelines on disease management, emphasizing cases that are often encountered in the Philippine setting. A small proportion of the curriculum is also allotted for priority community needs that are not traditionally part of the medical curriculum, such as medical informatics, biomedical engineering, interprofessional education, nutrition, and health systems, policy, and administration. However, the college has not yet identified the priority health, cultural, and social needs of specific populations in the province.

3.2. Curriculum: Learning Methods (Phase 2)

Learning methods are student-centered and include active learning, with some classes utilizing problem-based learning, but are mostly implemented in classroom settings. Students also noted that they do not have much patient interaction until they go into their clinical clerkship.

“This can be a hindrance to learning, as it doesn’t enable us to connect theoretical knowledge with real-world scenarios, which makes it harder to develop critical thinking and problem-solving skills that are needed as doctors. I also think that experiential learning helps us retain information better than just by being passive learners in the classroom.”

- Student Participant 2

There are community exposures that provide opportunities for students to work with allied health professionals, local officials, and community members in the implementation of projects and delivery of primary care services. However, this only happens about once every semester, which raises concerns about sustainability. Though there is a course for interprofessional education, there is a lack of interprofessional learning and integration of students in primary health care teams until they start rotating in the hospital and community during their fourth year.

3.3. Curriculum: Types and locations of educational experiences (Community-based education) (Phase 2)

Clinical exposure officially starts during the fourth year. Early exposure from the first to third year levels is lacking, and students hope that there would be more opportunities to see patients before being deployed to the hospital. Some students are invited by their mentors to shadow the practicing doctors during hospital rounds or while performing procedures, which they find helpful in providing early clinical or community exposure.

The college encourages early engagement of students with the local community through the course-integrated community projects discussed earlier. However, the bureaucratic procedures in conducting off-campus activities hinder the college from having more community activities and immersions. Community-based education is evidenced by a separate 7-week rotation for primary health care conducted in the city health office and rural health unit setting, aside from the traditional 6-week family and community medicine rotation based in the training hospital.

4. Research

4.1. Community-Based, Community-Engaged, and Socially Accountable Research

Students craft their research proposals based on statistics, indicators, and observations from the province, aligning their proposed solutions to community needs. One group has already finished its research on a biomedical device that aims to make health services more accessible to community members. The college has also identified priority areas for research and extension services, which faculty members and students are encouraged to focus on. However, as of writing, socially accountable research projects and programs have yet to be implemented. Only one faculty member has a recent engagement in community-based and community-engaged research, though there are already approved proposals for funding by 2026. Faculty members also attend capacity-building activities related to writing proposals, conducting research, and utilizing research through scientific publications, extension through community projects, and securing intellectual property.

5. Governance

5.1. Governance (Social Accountability Mandate) (Phase 1)

Social accountability is integrated into the college's vision and mission. However, the students and faculty are not aware of this, as most of them judged that BatStateU College of Medicine is still in phase 1. One responded, "It is not clear whether social accountability is present in the vision, mission, and values." This is a challenge to the leadership of the college to strengthen its social accountability mandate and involve all stakeholders in this effort.

VISION

Batangas State University College of Medicine envisions to transform lives through its innovative & socially accountable healthcare service delivery in the community.

MISSION

To provide affordable medical education to students who will contribute in accelerating progress towards Universal Health Care and sustainable development goals.

Decision-making is done through councils and committees composed of faculty members and students. There are platforms offered by the college for students to raise their concerns. However, there is still room for improvement in terms of student representation. One student voiced out that they never felt involved in the decisions made by the university and that students were simply followers of rules and guidelines.

5.2. Stakeholder and Partner engagement (Phase 2)

Being a new medical school, stakeholder and partner engagement is still being established. Initially, there was very little input from community partners of the college and little emphasis given to social accountability, as seen in the college-initiated community projects, which were not sustainable. The majority of the decisions are still coming from the college, but with the conscious decision to be a socially accountable medical school, the institution makes sure to have consultations with stakeholders. These inputs influence internal policies and help the college to align with the priorities of the stakeholders to ensure the continuity of collaborations. BatStateU College of Medicine has existing local partnerships with active memoranda of agreement.

6. School Outcomes, Graduates, and Societal Impact

6.1. School/Graduate Outcomes

The college graduated its first batch in July 2025. However, they will still have a year of postgraduate internship before they are allowed to take the Physician Licensure Exam and be deployed to different communities. Thus, this component cannot be assessed yet. There are plans to track the graduates, their compliance with the terms of the MSRS program, and their impact on the communities where they will be deployed. Regular tracking is included in the terms within the legal agreement signed by the scholars. But a systematic mechanism for tracking is yet to be developed.

6.2. Societal Impact (Phase 1)

BatStateU only started its medical program in 2021. Thus, it is too early to expect societal impact. The institution does not yet have a systematic method to measure the impact it has on the regions it serves, but the self-assessment highlighted the need to set expected medium- and long-term outcomes and impact.

*“It seems it is still too early to comment regarding this matter,
considering the partnership is still young.”*

- Institutional Partner

Discussion

The creation of Batangas State University's Doctor of Medicine program is in itself a socially accountable initiative of the institution because it heeded the call to address the country's shortage of physicians, especially in underserved and geographically isolated and disadvantaged areas. This mandate is the university's greatest strength in its journey to social accountability. For a young 4-year-old medical program, reaching phase 2 for half of the core components is already fair progress. Below, we analyze the observations for each of the core components, present related evidence, and discuss their implications.

1. Students

For student selection, the college still gives a heavier weight to academic performance. Aside from the grades from their undergraduate studies, they are also required to submit their National Medical Admission Test result and take a test from the admission office. Under the MSRS program, the number of scholarship slots depends on the budget allocated by the Commission on Higher Education to the medical schools. Students are given scholarships based on several factors, such as residence, income class, and family characteristics. Preference is given to those from minority groups, with low family income, with sick parents, residing in poorer municipalities, and geographically isolated and disadvantaged areas. In a study (Silvestri et al. 2017, 1512-1520) examining non-academic attributes of nursing and medical students, results suggested that altruistic values and prolonged rural residence were associated with increased retention.ⁱⁱⁱ

2. Faculty

The majority of faculty members are hospital-based, though most of them exert effort to make the teaching and learning experience community-oriented. Many of the faculty members are from the regional referral tertiary hospital located within the city. Thus, those who are interested in teaching are able to take up a teaching load at the college. However, out of more than fifty faculty members, less than a fifth have postgraduate degrees in public health, epidemiology, management, social sciences, education, informatics, and technology. This is a reflection of the dominant specialist-centric culture in medicine and health. There is a low regard for primary care practitioners and public health professionals. The default track for medical graduates is to take up residency in hospitals to specialize. Even the CHED Memo No. 18, series of 2016, for the establishment of the Doctor of Medicine program, lays down the qualifications for department chairs, which states that board-certified specialists are preferred.

The Joint Administrative Order of the Department of Health, Commission on Higher Education, and the Professional Regulation Commission No. 2020-0001 is an attempt to change this status quo by calling for the reorientation of health professional education toward primary health care as the country implements universal health care. This is an

opportunity for institutions to reflect on the diversity of their faculty members. There should be educators who are capable of teaching community medicine, public health, and interprofessional collaboration. Faculty members should know how to integrate social determinants of health into the curriculum, both for the basic and clinical sciences. A study evaluated medical students' experiences with an innovative, social determinants of health-focused curriculum in a university in Rwanda, where social medicine is embedded in the Bachelor of Medicine, Bachelor of Surgery (MBBS) program (Swedberg et al. 2025, 1371-1379).^{iv} Results showed that the social determinants of health-focused curriculum increased self-awareness and empathy, allowed students to see patients as whole people, and strengthened the students' commitment to addressing health system shortcomings. Having experts in biomedical engineering, medical informatics, and technology, and new emerging fields in medicine and health, is also an advantage.

3. Educational Program

The curriculum already contains elements of universal health care, covering competencies for both individual care and public health. But there is still limited student exposure to clinical and community settings during the earlier years of medical school. Learning should not only be inside classrooms using theoretical cases. Early immersion in primary, secondary, and tertiary levels of care allows students to understand the management of patients and implementation of programs at different levels and settings, giving them a glimpse of the health system. The Philippines has rich examples of innovative curricula with extensive community engagement, such as the University of the Philippines Manila School of Health Sciences (Labarda and Labarda 2018) and Ateneo de Zamboanga University School of Medicine (Guignona et al. 2021, 1-14).^{v, vi} Universities use active learning and student-centered methods such as problem-based learning to develop critical thinking, reflective practice, problem-solving skills, and lifelong learning among students.

The College of Medicine has the Medical Education Unit (MEU), which serves as its arm for curriculum development, teaching methodology, student assessment, and faculty development. Having the MEU is an asset in the institution's effort to ensure social accountability in the educational program.

4. Research

There are no research projects or outputs yet that are community-based or engaged. On a positive note, the college has already identified four priority areas based on preliminary needs assessments of the partner communities and institutions. The next step is to finalize the research agenda with the relevant stakeholders. Community participatory action research is being used in community courses and extension projects of the college to ensure that solutions and services offered by the institution to its partners are based on evidence and the real concerns of society. This is a good start on the effort to translate

research into policy and programs. However, forming partnerships with communities does not automatically equate to being perceived as trustworthy. Authentic engagement between the college and the community—beyond tokenistic involvement—is essential to build trust, especially among marginalized groups when doing clinical or translational research (Mullins et al. 2020, 751-753).^{vii}

The Batangas State University is the country's National Engineering University. Thus, the College of Medicine also integrates engineering, informatics, and technology into its research endeavors.

5. Governance

Though social accountability is included as part of the college's vision and mission, awareness among the faculty and students is low. The college is only 4 years old, with only three full-time permanent faculty out of more than fifty faculty members. This is a major limitation in integrating social accountability in all aspects of management and operations. The college has already started establishing relationships with stakeholders and partners, but they are not yet involved in decision-making, planning, evaluation, resource mobilization, allocation, and daily functions. There are several frameworks for stakeholder involvement, such as the Partnership Pentagon Plus (Markham et al. 2021, 1-7), which recognizes the need to engage policymakers, health administrators, health professionals, academics, community members, and other sectors, such as the industry and not-for-profits.^{viii} Also, higher-level administrators are unfamiliar with social accountability. Thus, the institution is indifferent to the college's efforts.

6. School Outcomes, Graduates, and Societal Impact

Lastly, societal impact shall be examined once the college has already graduated doctors working as part of the country's health human resources. It is challenging to assess the effect of educational strategies on health systems and population health. But still, it is important to track the deployment of graduates, their practices, and retention rates. For research and extension programs and projects, there should be a method to assess impact. Together with stakeholders, the college shall evaluate the outcomes of its efforts on the medical graduates, the health system, and the health status of the society.

Recommendations

Social accountability has to be part of the college's vision and mission, and the institution should be more visible in the community. Establishing a research and extension agenda with the stakeholders will encourage socially accountable outputs and sustainable community projects. Early exposure to patient care and communities should be improved by reviewing the curriculum and reaching out to other colleges for interprofessional education and collaboration.

To widen the reach of the college and entice more students from underrepresented and underserved areas, the college should make its medical program more visible in the province. Admission requirements should be transparently broadcast with emphasis on the preference given to applicants from socioeconomic backgrounds, demographics, and geographical locations that need greater access to health care. Factors suggested by the Commission on Higher Education (CHED) as priority characteristics of medical scholars should be mirrored in the application and admission process for the college. The college should also consider adding psychometric tests and assessments of interpersonal skills to screen those who have the soft skills and traits needed to practice in communities and a wide range of health settings.

The college should also explore securing more scholarship options aside from the slots provided by CHED. Other universities have already established agreements with local government units (LGUs) and even private sponsors who are willing to fund the education of medical scholars, with conditions such as return service in the LGUs that endorsed them.

The CHED policies should also be reviewed to align with the reorientation to primary health care. Qualifications should be inclusive for doctors who work across disciplines and sectors. More faculty members with experience in public health and managing health systems should be recruited. The college could also consider recruiting adjunct faculty members from local health offices and other allied health professionals. Finally, a comprehensive faculty development plan shall be prepared to strategize the training of educators, not just in instruction and assessment, but also in the implementation of service-learning.

The curriculum could still be further improved by initiating early exposure to both clinical and community settings. Simulation models should be procured and set up for practicing basic physical examinations and practical skills. Once they are more adept, students may have ward work and patient exposures to hone their communication skills and practice actual patient care.

The Batangas State University partnered with the Batangas Medical Center in establishing the Bagong Urgent Care and Ambulatory Service (BUCAS) center in Batangas. This is an intermediate health facility that provides care to walk-in patients. This partnership should be maximized by letting the first- to third-year students assist doctors at the BUCAS centers.

Batangas State University also has a College of Health Sciences (CHS), which offers nursing, public health, and nutrition. The College of Medicine shall establish a partnership with CHS for offering IPE courses.

For community exposure, a main challenge is the bureaucratic process in requesting local off-campus activities. All state universities and colleges have to submit numerous requirements for even a few hours of community exposure. The number of documents required reaches more than fifteen. This discourages both faculty and students from organizing off-campus learning activities. For medical programs that have community-based curricula, the CHED should reconsider this policy. At the level of the university, processes should be streamlined to assist the faculty and students in complying with the agency's requirements. This should be resolved as

service-learning is further enhanced. The community projects implemented as part of the different basic and clinical courses should be sustainable and aligned with comprehensive programs created with the stakeholders and communities. This is the solution to “one-shot” or “band-aid” projects with no clear outcomes. If all course projects are aligned with the college’s research agenda and extension agenda, the students will also appreciate the value of community-engaged and sustainable health interventions.

A research agenda should be formulated with the different stakeholders and community partners. Initial informal consultations have been done to know the research needs and priorities from local partners. However, there has to be a roundtable discussion and meeting with all partners so that a comprehensive agenda can be created. Then, these shall be the prescribed topics for faculty and student research projects. Even the ideas for capstone projects that generate health technologies and biomedical devices should be anchored on the research agenda. Workshops shall be organized for both faculty and students in community-based and community-engaged research. New fields of research, such as health systems and policy research, and health technology, should also be introduced to members of the college.

As for governance, the college has to increase awareness among the faculty, students, and stakeholders on social accountability. As discussed, the concept is already integrated into the vision and mission. However, the majority are not familiar with social accountability. Equally important, the administrators of the university should also be oriented towards social accountability. The college shall lobby for the adoption of this endeavor to secure institutional support. Engagement of stakeholders has already started and is strengthened by this self-assessment. To further this, areas for decision-making shall be defined, and committees should involve the stakeholders to ensure genuine partnership. It will also be helpful to clarify the deployment areas for the students so that the college and partners can anticipate the needs of the communities that the graduates will serve.

To monitor societal impact and outcomes, a graduate tracking system shall be implemented. Research on the effectiveness of the curriculum and efforts of the college in molding the graduates using measurement instruments and monitoring and evaluation plans shall provide evidence in assessing the college’s progress in social accountability.

Conclusion

Self-assessment using the ISAT helped the state university to assess its progress in social accountability and allowed reflection on how it could align current practices with social accountability and its mandate to generate PHC- and UHC-ready medical doctors for the country.

Endnotes

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