



Japan
Fund for
Poverty
Reduction



SEAMEO College Module 2: High Officials Country Case Study (HOCCS)

*Forum on Promoting Harmonization and Mobility in Higher
Education Focusing on Health Professions in Southeast Asia*

PROCEEDINGS



10-12 May 2016, Bangkok, Thailand



Japan
Fund for
Poverty
Reduction



SEAMEO College Module 2: High Officials Country Case Study (HOCCS)

*Forum on Promoting Harmonization and Mobility in Higher
Education Focusing on Health Professions in Southeast Asia*

PROCEEDINGS

**(R-CDTA 8389: Support for a Regional Platform on Innovations in Education
and Human Resource Development towards an Integrated ASEAN
Community)**

PROCEEDINGS

I. INTRODUCTION

1.1 Background and Rationale

In Southeast Asia, governments, private sector and all stakeholders have been working together towards the full realization of the ASEAN Community 2015 which is envisioned to be “politically cohesive, economically integrated, culturally harmonious and socially responsible.” Various efforts of governments in support of integration in ASEAN have focused on various aspects such as comprehensive security, common identity, free-trade areas, education harmonization, people mobility, and others.

SEAMEO as the leading organization in education, science and culture cooperation in the region has initiated several projects in support of ASEAN integration and the ASEAN Community 2015. The SEAMEO College is one of SEAMEO’s initiatives under the 2011-2020 SEAMEO Strategic Plan that aims to strengthen SEAMEO’s capacity to promote education and social development in Southeast Asia and support regional platforms on innovation in education and human resource development towards an integrated ASEAN Community. SEAMEO College consists of a series of forums targeting 4 groups (4 Modules): education ministers, high officials, education leaders, and youth leaders. Module 2 or the High Officials Country Case Study (HOCCS) performs a dual function: (a) to support the Strategic Dialogue for Education Ministers in preparing the SDEM agenda and generating innovative solutions and policy interventions (if required) in implementing the decisions reached by the SDEM; and (b) to deliberate on the inputs provided by the policy research, in-depth case study and other sources and propose innovative solutions and necessary actions and interventions.

The health sector, in particular, the health professionals in higher education in Southeast Asia has received limited attention in terms of student mobility, establishment of a credit transfer system and provision of qualifications standardization/framework. It is within these parameters that Module 2 focuses its theme on mutual recognition and harmonization of higher education in general and in particular, on health professionals in Southeast Asia. To fully achieve one of the main objectives of Module 2 in its aim to harmonize higher education in general, specifically for health professionals, SEAMEO Regional Tropical Medicine and Public Health Network (SEAMEO TROPMED) was tasked by the SEAMEO Secretariat, the Executing Agency for the implementation of the SEAMEO College Project, to lead Module 2.

Module 2 Round 1 Forum was organized last 11-13 March 2015 and was participated by high education officials of the 11 Member Countries of SEAMEO as well as officials of relevant line ministries , officials of health professional regulatory boards,

nursing and medical training institutions, international partner institutions of SEAMEO, selected SEAMEO Centres, and officials of SEAMEO Secretariat. A total of 59 participants attended the forum.

The first forum aimed to:

- Provide a platform for SEAMEO high officials to share and discuss national and regional higher education frameworks with particular focus on nursing and medical professions;
- Identify common areas of cooperation on higher education with particular focus on medical and nursing professions and in support of further development of SEAMEO RIHED's AIMS programme and ASEAN's MRA; and
- Recommend steps to promote greater higher education harmonization and student mobility in SEA with particular focus on medical and nursing professions.

The next steps that were recommended by the body to move the harmonization process in medical and nursing education within the country and in SEA included:

- Development of a Regional Database for Higher Education, Medical, and Nursing professional education
- Undertake a Comparative Study of Higher Education, Medical and Nursing Professional Education in SEA countries and the harmonization process taking place within the countries.
- Organization of a Regional and National Task Force on Higher Education, Medical and Nursing professions.

This second forum is one of the follow-up actions on the results of the recommendations of the first forum. The initial results of the comparative study undertaken will be presented for discussion and validation as well as for the development of policy directions and recommendations.

1.2 OBJECTIVES

Specifically, SEAMEO College Module 2 Forum 2 aims to:

- To provide a forum for high officials to discuss the current efforts undertaken towards harmonization of medical and nursing professions within the country and within SEA;
- Identify the challenges on harmonization efforts in relation to qualifications standardization/framework, credit transfer system and student mobility;
- Analyse cross-sectoral policies that influence harmonization within the countries and within the region;

- Recommend approaches and policy directions to enhance harmonization in medical and nursing professions within the countries and within the SEA region.

1.3 Participants and Officials

There were 29 participants from nine Southeast Asian countries consisting of 2 officials from the Ministry of Health, 2 officials of higher education agencies, 3 members of regulatory boards and councils, 10 Deans/Deputy Deans, Rectors of medical/nursing schools, 1 each from a professional organization and an accrediting body and 3 consultants / resource persons.

Officials from SEAMEO Centers include Dr. Gatot Hari Priowirjanto, Director , SEAMEO Secretariat, Dr. Chantavit Sujatanond, Centre Director, SEAMEO Regional Centre for Higher Education and Development (SEAMEO RIHED), Prof. Dr. Ma. Sandra B. Tempongko Deputy Coordinator, SEAMEO TROPED Network who organized the Forum 2, Dr. Ethel Agnes P. Valenzuela, Deputy Director, SEAMES, Dr. Zubaidah Zakaria, SEAMEO TROPED Malaysia, Prof. Romeo R. Quizon, SEAMEO TROPED Philippines, Assoc. Prof. Emsri Pongponratn, SEAMEO TROPED Thailand, members of the SEAMEO TROPED Network and SEAMEO Secretariat, and Ms. Thidaporn Wareenin, British Council Thailand, Dr. Georg Verweyen, DAAD and Ms. Kanokphan Khamasundara,, Asian Development Bank.

The full list of participants and secretariat is attached as Annex 1.

1.4 Organization of the Meeting

The meeting was divided into five plenary sessions and two workshop sessions for the group discussions spread over three days.

Plenary Session 1: This session was devoted to the presentation by Dr. Chantavit on the activities of SEAMEO RIHED

Plenary Session 2: Presentation of the partial results of the research on harmonization of medical and nursing education

Plenary Session 3: Country presentations were delivered by representatives from nine Southeast Asian countries.

Workshop 1: Small group discussion (SGD) to discuss the issues/barriers to harmonization at country/regional levels in relation to accreditation and credit transfer

Workshop 2: Continuation of the small group discussion (SGD) on the suggested actions to resolve issues and overcome barriers

Plenary Session 4: Presentation of Workshop 1& 2 outputs of higher education, medical and nursing groups

Plenary Session 5: Report on the consensus on next steps

1.5 Opening Ceremony

Welcome Remarks was delivered by Dr. Ma. Sandra B. Tempongko, Deputy Coordinator of SEAMEO TROPMED Network, on behalf of Dr. Pratap Singhasivanon, Secretary General/Coordinator of SEAMEO TROPMED Network.

She extended her sincerest thanks to all attendees, that inspite of their busy schedule and the short notice, they found time to participate in the forum. She announced that the partial results of the Comparative Study done on harmonization efforts on medical and nursing profession will be presented by the two consultants.

Dr. Tempongko also welcomed and thanked Dr. Chantavit and SEAMEO's partners, British Council of Thailand, DAAD and ADB, and SEAMES with the able leadership of Dr. Gatot for their support in the undertaking.

She ended by emphasizing that Dr. Gatot and Dr. Pratap share the same goal for SEAMEO to work with the countries in all possible ways through the expertise available in the organization and in collaboration with development partners to further efforts towards meeting a harmonized health profession education in the region. She mentioned that the various countries have so much to share in terms of experiences which can serve as models for harmonization in other higher education professions that will contribute to the achievement of one of the priorities of the Ministers of Education of SEA and will complement efforts of ASEAN in ensuring smooth implementation of the MRA signed by all countries represented in the conference.

Opening Remarks given by Dr. Gatot Hari Priowirjanto

Dr. Gatot presented the SEAMEO Education Agenda and Roadmap (2015-2035). He related the study done by the SEAMEO Secretariat which became the background document for the SEAMEO Strategic Dialogue of Education Ministers (SDEM) in Vientiane, Lao PDR, on September 13, 2014. The SEAMEO 7 Priority

Areas, their basis, and the initiatives that have been adopted were composed of the following:

- Early childhood care and education

The target for the setting up of Early Childhood Care and Education in several countries were the disadvantaged poor children belonging to the rural communities, marginalized ethnic and linguistic communities, and children with disabilities.

- Addressing barriers to inclusion

In 2014, there were 7 million out of school of primary school age in East Asia and the Pacific who needed help. SEAMEO came up with the Framework for Quality and inclusive education developed for marginalised children. SEAMEO also encouraged the adoption of 21st Century Curriculum through SEA-Digital Class. A SEAMEO Regional Centre for Community Education Development (SEAMEO CED) was established in Lao PDR.

- Resiliency in the face of emergencies

Because of the disruptions of educational programs were frequently brought about by natural disasters in the region, affecting 100 million schoolchildren, SEAMEO came up with programs such as the Regional Training Programmes for School Heads on Community Disaster Risk Reduction (CDRR), School Based Approach in Promoting Disaster Risk Mitigation for Cultural Heritage and OER based CDRR modules for capacity building.

- Promoting technical and vocational education and training(TVET)

This aimed to promote TVET among learners, teachers and parents to adopt this career pathway which utilizes relevant curricula that focus on creativity and innovation. TVET is the major producer of skilled workers that meet the requirements of qualification framework from Level 1 or 2 up to Level 5 or 6. SEAMEO developed competency standards for agriculture and fishery for all levels, offered Vocational Training programmes to lifelong learners and set up the SEAMEO Regional Centre for Technopreneurship and Vocational Education (SEAMEO TVE) in Cambodia.

- Teacher Education

In some countries in Southeast Asia, teaching still viewed as a highly desirable profession. A few countries showed a declining interest in recent years. Despite its nobility, teaching has oftentimes failed to attract the best students due to poor compensation, interest other professions, poor equipment and facilities, and limited career growth. SEAMEO came up with programs such as the Southeast Asian Regional Standards for Science and Mathematics, the SEAMEO Easy Teach Programme, SEA Teacher and Teacher 2035.

- Harmonization in higher education and research

Recognizing that there are serious issues related to the harmonisation of higher education, the integrity of the new types of providers, and the recognition of credentials (Jane Knight, 2012), and that in 2025, demand for international education will grow to 7.2 million students, SEAMEO aims to expand and enhance

the SEAMEO ASEAN International Mobility for Students (AIMS) Programme, develop SEAMEO credit transfer scheme (CTS) for Greater Mekong Subregion (GMS), finalize High Officials Case Studies on Academic mobility for health and medical profession, and develop/institutionalize the SEAMEO Centres Policy Research Network (CPRN).

- Adopting a 21st century curriculum

The challenge is to revisit and redesign the curriculum. following the agreed “6Cs” in the 21st Century educational curriculum for the future. A radical reform through systematic analysis of knowledge, skills, and values needed to effectively respond to changing global contexts, particularly to the ever-increasing complexity of the Southeast Asian economic, socio-cultural, and political environment.

Overview of SEAMEO College Project – Dr. Ethel Agnes P. Valenzuela

Dr. Ethel Agnes P. Valenzuela provided an overview of the SEAMEO College Project, discussing the following:

- what SEAMEO College is

It is a platform for high-level discussions on forward-looking issues, and consists of a series of forums and research and development activities. It was intended to address specific challenges confronting high-level education leaders and practitioners in Southeast Asia and the world, to help prepare future education leaders and to support the realization of the ASEAN community.

- rationale for its establishment

There is a need to prepare for the future and its challenges with a more global outlook, a stronger fortitude for regional cooperation and with new and more innovative ideas. It will also provide support to the ASEAN Community through human resource development and intellectual connectivity

- target groups and modules/expected outputs

Module 1 – Strategic Dialogue of Education Ministers (SDEM)

Module 2 – High Officials Country Case Study (HOCCS)

Module 3 – Education Leaders’ Innovation Forum (ELIF)

Module 4 – Learning and Innovation Forum of Youth Leaders (LIFYL)

It is expected that there will be a more dynamic regional policy dialogue process,

a more strategic and forward-looking standards setting process, and a more vibrant and systematic process for capturing and sharing best practices

- specific objectives

The main objectives include creating a flagship initiative to respond to the ministerial direction, enhancing leadership of SEAMEO, creating a platform for sharing and exchanging of ideas, practices and research,

strengthening the integration of regional human resource development, and supporting ASEAN's Work Plan on Education.

- the implementation of SEAMEO College
SEAMEO College is being implemented collaboratively by the SEAMEO Regional Centres as implementing agencies, with the SEAMEO Secretariat serving as executing agency and funds conduit. A project management office was set up and is attached with the SEAMEO Secretariat. The Project Management Committee composed of Centre Directors from 10 SEAMEO Countries oversee project implementation and there are internal and external advisory boards providing technical guidance and serving as think tank for the project.
- key activities
There are four modules, the second of which is the present conference. There are planned workshops and forums, surveys and research studies, workshop and trainings.

Module 2 Forum 2 Objectives and Mechanics - Dr. Ma. Sandra B. Tempongko

Dr. Tempongko presented the mechanics of Forum/Preliminaries, with its focus on higher education and building on AIMS of SEAMEO RIHED. These were anchored on the results of the SDEM harmonization in higher education priority area. The Forum 2 also launches an exploration of harmonization in higher education with a particular focus on health professions medicine, nursing and dentistry, and expand the study fields of AIMS, and at the same time strengthen professional preparation and development for the three health professions in support of the ASEAN MRA. Dr. Tempongko reviewed Forum 1 objectives, activities, and the decisions on the next steps, which were concurred in by the participants.

As decided in Forum 1, the next steps are:

- Development of a regional database for higher education, medical and nursing professional education
- Undertake a comparative study of higher education, medical and nursing professional education in SEA
- Organization of a regional and national task force on higher education, medical and nursing professions

Objectives of Module 2:

- Discuss current efforts undertaken towards harmonization of med and nursing professions within the country and within SEA
- Identify the challenges on harmonization efforts in relation to qualifications standardization/framework, credit transfer system and student mobility
- Analyse cross sectoral policies that influence harmonization within the countries and within the region

- Recommend approaches and policy directions to enhance harmonization in medical and nursing professions within the countries and within the SEA region.

Mechanics of the Forum:

- Plenary Sessions: higher education harmonization and mobility efforts
- Presentation of initial result of the study
- Country presentations
- Presentation of small group outputs
- Agreement on next steps.

Small group discussions

- Issues and barriers for harmonization, suggested national and regional actions to overcome barriers and resolve issues
- Prioritization of suggested actions for harmonization; ID of areas for potential regional cooperation; policy recommendations to be brought to the HOM and SEAMEC.

1.6 Closing Ceremony

The message for the closing ceremony was delivered by Dr. Sandra Tempongko who thanked all the participants for spending precious time with the SEAMEO Module 2 Forum 2, for delivering country presentations and for actively participating in the small group discussions, and coming up with outputs and consensus on what to do next.

II. PROCEEDINGS

2.1 Plenary Session 1: Panel Discussion

Higher Education Harmonization Efforts of SEAMEO RIHED - Dr. Chantavit Sujatanond, Centre Director, SEAMEO RIHED

Dr. Chantavit provided the background of SEAMEO RIHED as the Regional Centre for Higher Education and Development. It was originally founded as the Regional Institute of Higher Education and Development in Singapore in 1959, then reorganised and established in Thailand in 1993, as a regional center of SEAMEO. SEAMEO RIHED initiated discussions and set out our working direction & goals towards the concepts of Harmonization and Creating Common Space for Higher Education since 2007.

Dr. Chantavit discussed the mission, vision and goal of organization. The Goal is regional higher education harmonization; the Vision is making RIHED a dynamic, strategic and internationally recognized regional centre for promoting

understanding, collaboration and synergy in higher education for regional development. Towards these end, RIHED crafted a 5-year development plan (2012-2017) with 5 objective areas. (1). Empowering HEIs; (2). Developing harmonization mechanisms. (3). Cultivating globalized human resource. (4). Advancing knowledge frontiers in higher education system management and (5). Promoting university social responsibility and sustainable development.

The scope of work of RIHED:

1. Facilitating policy dialogues
 2. Developing harmonization mechanisms
 3. Promoting multilateral collaboration in the region and beyond.
- Facilitating policy dialogues: DG/SG/C: Meeting of DG/SG/commissioner of higher education in SEA; GBM: SEAMEO RIHED governing board meeting; Regional Seminar: Annual Seminar organized in conjunction with the SEAMEO RIHED governing board meeting and DG/SG/C meeting.
 - Key Policy Infrastructures: RIHED's 4 key areas were identified for regional higher education harmonization. They are e-learning and mobile learning, leadership, student mobility enhancement and ASEAN Research Cluster and Citation Index.
 - Promoting Multilateral Collaboration: ASEAN China Centre (ACC), ASEAN-QA Project, Asian Development Bank (ADB) and EU Share Project.
 - Also discussed the diversity of SEA in higher education institutions. Also discussed students and diversity of students in SEA.
 - Alignment is key: RIHED. Government commitments and supports from 11 Southeast Asian nations. Networking and active participations from HEIs and facilitating, coordinating and working toward mutual agreements.
 - Building harmonization and a regionally competitive reg for higher education. With Solidarity: base on academic readiness of each country with self-sufficiency.
 - With self-sufficiency approach: Commitment and strong felt need of government to work cooperatively to harmonize education systems in SEA; Ministry of Education are serious and determined and have been working closely with HEIs; individual HEIs very keen to push forward; financial assistance extended by participating government and HEIs to support ongoing project and new initiatives.
 - Harmonization Mechanisms A: Through Multilateral Platforms.
 - Student Mobility: Funding comes from government. Faculties and staff mobility: Based on networking within student mobility, able to get this done. Also, networking has progressed to researcher mobility. Funding is still self funding.
 - Student Mobility Networks established by SEAMEO RIHED. SEAMEO RIHED's AIMS Programme. ASEAN international mobility for students (AIMS) program. Credits transfer system (ACTFA (Academic Credit Transfer Framework),

ASEAN Plus Three). Quality Assurance, GMS-UC (Greater Mekong Sub region University Consortium), ACNET-EngTech (ASEAN China Network for Cooperation Exchanges among Engineering and Technology Universities). Quality Assurance (QA) (AQAN, ASEAN QA).

- AIMS Program: Initiated in 2008 and piloted in 2010. One of the support mechanisms that helps promote student mobility among the SEA nations. Balanced mobility. Universities nominated by respective governments of participating countries. Discussed the development of the AIMS programme. As of 2015, there were 68 universities participating. 100 are expected in 2016. Consists of Malaysia, Indonesia, Thailand, Vietnam, Brunei, Philippines, Japan and South Korea. Cambodia, Lao and Myanmar will join in 2016. There are 10 study fields. These include Hospitality and Tourism, Agriculture, Language and Culture, International Business, Food Science and Technology, Economics, Engineering, Environmental Management and Science, Biodiversity and Marine Science.
- Dr. Chantavit discussed academic credit transfer system, and presented the table showing credits, student workload and teaching loads. The Academic Credit Transfer Framework for Asia (ACTFA) was mentioned. The speaker highlighted the GMS UC universities with cooperation in higher education and research as one of the strategic thrusts.
- The ACNET-EngTech was explained, with exploration of possible collaboration with the ACC since 2012. Helping promote better understanding; enhance more structured cooperation, increase sharing of info of good practices as well as promote the mutual recognition towards higher education between the SEA region and PR China.
- Quality Assurance was presented as a common quality mechanism which will build up mutual trust among countries, enhancing mutual recognition of degrees and qualifications. AQAN has developed ASEAN quality assurance network. ASEAN QA was a joint-initiative, by AQAN, DAAD, ENQA, HRK, SEAMEO RIHED and AUN, aimed at developing capacity in the field of quality assurance (QA) in the ASEAN region
- Dr. Chantavit ended by stating that “We need to be ready for the unforeseen outcomes that can transpire from the common trends in education today”.

OPEN FORUM:

Question Number 1: ASEAN Citation Index. In the ASEAN CI, ASEAN countries will be listed. Can we see that if journals that would be listed can be said as academic journals? Second, we have some journals in Indonesia we have reference. Is there any possibility that ASEAN CI can provide list of blacklisted journals?

Dr. Chantavit: For ASEAN CI, there’s specific criteria laid down and agreed upon by national agencies and members. Once they set this, each country will have to form similar steering committee and national level so that when they include any

specific journal in the national list, it has to be as same criteria required at ASEAN level. This is the first layer. Each country has a screening committee which is headed by a member who served in ASEAN CI steering committee. When they approve at national level, they have to bring those lists to steering committee for ASEAN CI where it is screened and scrutinized. Under ASEAN CI, there are two levels: Level 1 or Level 2 (advanced and recognized by international journals). ACI working with international organizations with indexes to be recognized as a standard body within ASEAN. Steering committee meets more than one time a year. Big assembly once a year. For second question, regarding blacklist journals. We are now working on positive side. If you are not listed, we don't pay attention. This body has no authority to be publishing blacklisted journals. Focus more on accepted journals that have been included.

Question Number 2: What is the AQAN? How is the implementation of QA? Do you have similar instruments for whole ASEAN to provide a qualification score? As for student mobility around ASEAN countries: I think the issue is we have different quality of teaching and different quality of students as well. How do you manage the diversity of countries? Facilities of institutions are also very different. How do you deal with this?

Dr. Chantavit: It's an agency that visits places regularly to assess quality of universities and schools. We are not trying to develop one system with the same scoring. It's not possible. We have to respect the practices of each member countries. At this point, AQAN only came up with broad framework. For mobility, you talked about diversity of students and teaching staff. Of course, this is the difficult part. That's why SEAMEO RIHED works in very structured student mobility defined studied fields. Participating universities have to compare curriculum and courses and how everything is being taught. This is to ensure quality at the very minimum. But we haven't gone through a common standard curriculum yet. We haven't gotten to that point. Quality of teacher is also another big issue/ with the network of each study field, they have to sit down together every year to discuss their curriculum, exchange, and how to recognize credits. So, through this networking and conversation. Those who are not really committed or serious about academic content eventually have to drop out. Good ones become stronger. We hope to set more minimum requirements. I don't think for SEA, we can force certain standards to be incorporated into a national implementation plan.

2.2 Plenary Session 2: Presentation of Partial Results of the Research

2.2.1 Presentation and Validation of Initial Findings of Medical Education Research: MEDICINE

Dr. Cueto first presented an overall scheme showing the various factors that shape and influence medical education systems in the ten

countries. These include the higher education agencies which implement laws on higher education passed by Parliament or Congress, or issued through Presidential decrees. The others are the medical education policies that are crafted by higher education agencies in consultation with regulatory bodies, qualifications agencies when they are present, accrediting bodies, the medical schools, the professional medical regulatory authorities, professional organizations and societies, and representatives from the society, and currently the ASEAN Mutual Recognition Arrangements which were aimed to enhance mobility of professionals.

The system of Indonesia was presented as a prototype or model from which the other countries may learn from. There is the National Education System Act 2003 and the more recent Higher Education Act 2012. At the lower level, there were decrees that were issued to provide guidelines on medical education. There is an office that regulates medical schools, the Directorate General for Higher Education, with collaboration from the Indonesian Medical Council. The quality assurance mechanism comes from the Indonesian Accrediting Agency for Higher Education in Health (IAAHEH) which is the exclusive accrediting body for health professions programs. There is also the Indonesian Qualifications Framework which contain the qualification level for the degree obtained by medical graduates.

Dr. Cueto mentioned that five handouts containing the country case studies of Indonesia, Malaysia, Thailand, Vietnam and the Philippines were in the folders distributed by the Secretariat.

He then presented the World Federation for Medical Education (WFME) global standards as basis for selecting the criteria used in the template for data-gathering which were sent to medical school deans prior to the Forum 2 conference. Out of the nine standards, educational program, entry requirement for students, and assessment methods were selected.

Comparative data on the following were then presented:

1. Higher Education Agency
2. Accrediting Agency
3. Number of Medical Schools
4. Pre-requisite for Entry
5. Curricula / Curricular Approaches
6. Learning Outcomes
7. Duration and Curricular Structure

8. Subjects / Modules / Blocks
9. Teaching-Learning Activities
10. Assessment Methods
11. Degree conferred / When conferred
12. Licensure Examination

In addition, a question on the steps/activities undertaken to harmonize medical education to allow for credit and student mobility within the country and later in the ASEAN region was asked, with the resource person requested to provide a description.

The results showed that all countries had higher education agencies. The accrediting bodies differed in the nature (government and private organization), and system (mandatory and voluntary), and coverage (exclusive to health professions and those covering all professions/courses). There is wide variation in the curriculum / curricular approaches ranging from discipline-based, to integrated organ system-based, problem-based learning, competency-based and outcome-based. The learning outcomes had wide variation in the number and in the kind of outcomes. There are countries administering licensure examinations and some without licensure examinations.

Dr. Cueto provided examples of credit transfer system in some countries. Not all countries have working credit transfer system and student mobility is relatively limited.

National qualifications frameworks were presented with emphasis on the levels assigned to basic medical graduates.

The presentation ended on the discussion of the operational definition of harmonization.

2.2.2 Presentation and Validation of Initial Findings of Nursing Education

Dr. Barcelo focused her presentation on the variables which were obtained through the template for gathering data on nursing education and the interviews with key informants from selected countries. These were on the following criteria, with variations and commonalities:

2.2.2.1 Agency regulating nursing education

Cambodia and Vietnam have no regulatory law on nursing practice. Regulation of nursing education is done by Ministry of Education and Ministry of Health in Vietnam and Cambodia.

2.2.2.2 Types of Nursing programs

2.2.2.3 Entry requirements

- 2.2.2.4 Course credits
- 2.2.2.5 Curricular structure
- 2.2.2.6 Method of teaching
- 2.2.2.7 Methods of assessing learning outcomes
- 2.2.2.8 Credit transfer system
- 2.2.2.9 Quality assurance
- 2.2.2.10 Level of bachelor's degree in nursing
- 2.2.2.11 Registration and licensing for nursing

Types of Nursing Programs

- o Singapore has an Honours program, BSc (Nursing), 5 years
 - Commonalities (see slide)
 - Entry requirement
- o Brunei, have to have A grade in Biology, Chemistry, Math or Physics, multiple mini-interview, HS graduate 12
- o Cambodia: HS diploma, have to pass national entrance exam, English test score at least level 5
- o Indonesia – HS grade 12
- o Lao PDR – grad of upper secondary ed (grade 12) pass national exam on math, bio, chem., and Lao culture
- o Malaysia – obtained at least a B at Sijil Tinggi.... (see slide)
- o Only Singapore has a computing requirement

2.2.3 Open Forum

Question number 1 from Dr. Carmel Divinagracia: There is so much variations in terms of different areas; maybe not representative or captured the large number of population and schools; considering the variation that you are looking at in your report. Earlier you are talking about harmonization, there should be 1st and 2nd stage. I'm wondering in terms of the target, in terms of the MRA, and the qualifications framework, if you are able to really do some harmonization at what particular timeframe do we expect that we are able to achieve this, because we are running out of time. In terms of QA, you are referring to mandatory and non-mandatory. In terms of recommendations, may I hear from the two researchers what recommendations in terms of QA?

Dr. Cueto – We have pointed out the limitations and the difficulties we face, and given the timeframe given to us in conducting the research. Even the selection of med schools may affect the observations because we selected med schools that rank very high if not the best medical schools in the different countries. If you look at the no. of medical schools, there are large numbers especially in Indonesia (75),

Philippines (44). I emailed 44 Phil schools but only 13 responded. If somebody from each country will have the initiative to gather country data, we could address the lack data even within the countries. We are dealing with countries with the bigger number of med schools. We just have to be satisfied basing on our observations and conclusions. I will pursue my study of 44 schools in the Philippines, but if I could have somebody from Indonesia to take on the challenge of conducting the study of the 75 schools; sometimes you need to travel to conduct interviews, filling up a template is not enough. I have not come across a study that compiled such data. I was asking the president of schools about a database in their respective countries – there is none. We would like to see databases on medical schools in the different countries. We admit there are difficulties.

Question number 2 from the Moderator – is the study about harmonizing within countries or is it harmonizing among different countries?

Dr. Cueto: The long term objective is the enhancement of mobility of professionals so harmonization among the different countries may be more important. If the regulatory body has evidence that there is substantial equivalence or comparability among medical schools, it will be easier to confer a license to a foreign medical professional. This is just an initial level, we are just talking of general practitioners who are the graduates of basic medical education. However, more mobility will be in the level of specialists. The need for physicians in the rural areas is high. Even if there's a big number of medical or nursing professionals, maldistribution is responsible for the lack of health professionals in many areas. Therefore, we need to look at the ultimate objective of why we are studying harmonization

Question number 3: In Indonesia, there are two stages in studying nursing: academic and professional. It is actually 5 years. There are different types of entry requirement in public and private university. In public they have to do the national examination, in private they have to do the local examination. Credits: 1 credit include laboratory for 2 hours, in clinical for 4 hours (?); and also whether credit transfer, according to university regulatory; it's not what you said that you can transfer where you want but also according to agreement of university. Core competencies: there are 5 nursing competencies that are already established in ASEAN countries; it will be better if you use it for harmonizing the nursing education in ASEAN.

Dr. Barcelo – We said that we limited the study to Bachelor’s degree because we understand that in all countries except Thailand and Philippines, there are different types of programs. Also because in the MRA, the one that has been accepted as the agreement for unification or harmonization is bachelor’s degree. I like your suggestion to use the ASEAN qualifications framework that has been used by the AJCCN. But it will only be useful to countries with more advanced programs. It’s not easy how implementation can be done. My limitation however is we were not able to get detailed curricula per country. I was able to get curricula coming from universities that responded to the template. I understand that in some countries they allow institutions some flexibility. In Indonesia / Thailand (?), the academic program and the learning outcomes are decided by the regulatory body (70%), 30% by the higher education institutions.

Question number 4 from Cambodia (to Dr. Barcelo) – Regrading the presentation on public (1) and private (11) nursing schools, need clarification on the statistics per country.

Dr. Barcelo – we will give you the data for validation tomorrow.

Question number 5 from Myanmar: On the licensing examination for the nursing graduate, as far as I understand we do not have the licensing examination. They are offered the practice licence. I do not know whether the template was built by someone from the council. Actually I was given the template and I returned it, and I am not sure whether you have received it

Question number 6: What will be the purpose of the presentation tomorrow, is it a validation or will the presentation be inputted?

Dr. Sandra Tempongko: The presentation today is the presentation of the initial study, but there will always be some limitations. The initial presentation is primarily for validation. Some of the people may have given maybe inadequate information, maybe the literature review is a bit late, or the respondents did not complete the template. The visits helped a lot, but you cannot do extensive interviews. The validation will be an input to the comparative study. The country presentations tomorrow will also serve as an input. Just a brief description, if you think that the need for the existing info has already been covered in the initial presentation, you can skip that in your presentation. The more important will be a more detailed description of the credit transfer system present in each country, how does it work within the country. To get models

that can be tested in other countries, maybe we can come up with several models of credit transfer system which can be tested in the region. Get more information that will help us achieve harmonization in professional education. We are not saying that one model is the best.

In Indonesia – they have a specific accrediting body for medical/health professions. We want to know the rationale behind this. Is it really helpful compared to an overall accrediting body that deals with different courses?. Results can be transformed into a database for the region which everyone can access, this will be useful for everybody and we intend to do that for the next steps.

Comment: I'd like to follow through with the suggestion of the participant from Indonesia. In nursing education, Dr. Barcelo mentioned about the curriculum being competency-based. One of the questions that can be asked would be the comparability in terms of the competencies of each ASEAN member state. At the end of the baccalaureate programs, what competencies does a graduate have. I'm looking at the 5 competency standards that has been agreed upon by the Nursing Council.

Question number 7 to Dr. Cuero: What were your findings in your study of the situation of medical education in the Philippines?

Dr. Cueto: Out of the 13 respondents, about 7 utilized the organ system integration which they have been implementing for a number of years. Many of them previously utilized traditional, subject-based, lecture based curriculum. Out of the 13, 6 still continue with the subject based because of constraints (not enough faculty members, resistance to change). No ASEAN member state is being forced to change just to comply with MRA requirements, domestic rules and regulations apply. The MRA is about mutual recognition of qualifications no matter what school they came from. It's really comparability that's more attainable rather than standardization or uniformity.

Question number 8 from Malaysia: Some data not captured, like for example prerequisite entry requirement.

Dr. Cueto – we have details in the templates, but when we come up with many details, we have to decide which are the most important and substantial. We rely heavily on the template data submitted to us, but we welcome additional information. The reason why we have country

representatives is for them to provide additional information. Are country representatives requested to come up with a written report

Dr. Sandra Tempongko: Just powerpoint presentations; everybody will get a complete copy of what you will submit. To provide a short synthesis – the initial presentations dealt on the efforts of SEAMEO towards harmonization, credit transfer and mobility of students and professionals.

2.3 Plenary Session 3: Country Presentations

1. BRUNEI DARUSSALAM

Presentors: DK Dr Nurolaini Dug Armah and Dr HJ MD Yusni, Universiti Brunei Darussalam and MOH Brunei

The presentation provide an overview of higher education system in Brunei, the focused on the Brunei Darussalam Qualification Framework (BDQF), nursing and medical education, brief description of the Quality Assurance Framework, harmonization efforts in the medical and nursing education, credit transfer system & student mobility programme in medical and nursing education in Brunei and overseas.

There are public universities which offer Bachelor, Masters and PHD, like UBD, UNISSA, UTB (MOE) and KUPU SB. There also Polytechnic and IBTE, private Institutions (IGS, Laksamana College, Cosmopolitan College, MicrNet, Kemuda Institute. Higher Education in 21st century shows that the landscape is changing. It is now more global, open and competitive. The Vision – Wawasan 2035 – is to produce a well educated and highly skilled people, a dynamic economy and a high quality of life.

The Brunei Darussalam Qualifications Framework (BDQF) is under Brunei Darussalam National Accreditation Council. It provides academic qualifications to Higher Education. Nursing and medical education policies are set by the MoE and MoH. Scholarship are still provide to students to do MBBS overseas. Curriculum setting are approved at Senate level of the university (UBD). BHSc (Medicine) involves 3 + 3 years with Partner Medical Schools (PMS). The Brunei Medical Board regulates the practice of medicine. The Board maintains a register of all registered med practitioners and dentists in Brunei Darussalam. There is also a Brunei Nursing Board which regulates the practice of nursing.

The QA Framework is governed by Brunei Darussalam National Accreditation Council (BDNAC). Its primary role is to accredit programmes, qualifications and Higher education (HE) providers, to develop standards and criteria and all other

relevant instruments as national references, to continuously monitor HEI's and the programmes they offer - compliance with the standard and criteria set forth by the BDNAC, provide reliable information on accreditation status of institutions and programmes to stakeholders and to implement the Brunei Darussalam Qualifications Framework (BDQF) as a basis for QA of HE & as a reference point for criteria and standards for national qualifications.

Standard setting and program accreditation constitute the Quality Assurance Framework. The Medicine program is more on self-accreditation of the program in collaboration with foreign partner medical schools. Harmonization efforts in medical education comes as a result of membership of UBD in the ASEAN MEDICAL Deans' summit since 2012 where medical education elements are being discussed.

At the present time, no form of credit transfer is used in medical education. In nursing, there is membership in the UMAP and ASEAN Credit Transfer System. Mobility programme in nursing education has been happening in the region and internationally – student exchange programme with universities overseas; study abroad programme under discovery year programme (3rd year)

2. CAMBODIA

Presenter: Ros Chansophea, Department of Higher Education, MOEYSP Cambodia

In the Higher Education System of Cambodia, there are 118 HEIs under 15 Ministries. , with 46 of them public. There are 250,000 students, with the biggest percentage of students studying in business administration (47%) and foreign languages (12%).

Cambodian Higher Education Vision 2030 has the following objective: To build a quality higher education system that develops human resources with excellent knowledge, skills and moral values in order to work and live within the era of globalization and knowledge based society. Its goal is to develop a good governance system and higher education mechanisms that ensure all eligible and qualified students have an opportunity to access quality higher education programs, create a comprehensive equity and access program that ensure all qualified students have opportunity to study at HEIs, develop relevant curricula to advance students; improve quality of learning teaching and research systems; develop a governance system, mechanism and policies for higher education which enhance quality of management and performance.

Quality Assurance in Higher Education is implemented by the ministry of education, Youth and Sports (MoEYS). The accreditation of HEIs is under the jurisdiction of the Accreditation Commission of Cambodia (ACC), which is under the Minister.

The National Qualification Framework of Cambodia was approved by PM in 2014 under Sub Decree no. 153. It came into force in 2015. It is based on 4 principles: Levels, credits, learning outcomes and study pathways. The Cambodian Qualification Framework: Has 8 levels. The issues of Cambodia Qualification Framework implementation: Managing qualifications: intuitions in charge of managing on implementation and development of NQFC are institutions in charge of education and institutions in charge of accreditations. No single intuition is in charge of registration of levels and degrees. (HE by ACC and TVET by NTB). Limited capacity of study programs development. Issuing qualifications (MoEYS issued the policy action by themselves).

Solutions and Step forwards: There should be one single national entity in charge of registration all types of qualifications and by levels of NFQC. Capacity development and other needed activities should be supported. Medical and nursing education were discussed together with the process of certification using the 1st cycle: certificate; 2nd: Bachelor and 3rd: Doctor diploma. On quality assurance and harmonization: The national curriculum which is discipline based is being converted to competency based curriculum to ensure uniformity in the graduates' competencies. Credit transfer system is not yet functional.

3. INDONESIA

Presenter: Prof. Setiwati (LAMPTKes)

The presentation was made following these headings:

- Indonesian Higher Education System
- Quality Assurance
- Indonesian Qualifications Framework
- Credit Transfer System
- Harmonization Efforts in Medical and Nursing Education

Indonesian Higher Education System is governed by the Higher Education Act Number 12 year 2012, with the following objectives: (1) To provide universities with greater power and autonomy over their management, curriculum and use of resources, (2) To promote internationalization of education and (3) To encourage the entrance of foreign universities. There are three types and levels of education, the academic, professional and vocational, with corresponding types of educational institutions offering the different programs.

The Quality assurance concept and implementation in HEIS in Indonesia involves a Data Center of Higher Education provides internal quality assurance and external quality assurance. This is guided by national standard of higher education. Sustainability of higher education quality assurance activities were discussed with specific activities, goals, status of institutions. There is a Standards Improvement Strategy in Higher Education where in so many years, there will be HEIs attaining different levels of rankings and accreditation. HEIs, association of HEI, directorate general of HE and HE national accreditation board are responsible for HE quality. Ministries of education, health and national planning through health profession education quality had launched reforms in higher education in health which strengthened accreditation of higher education in health and strengthen competency of graduates.

IAAHEH was founded by different organizations and institutions. There is an accreditation process by IAAHEH (with components and business processes), with a quality stairway to health improvement. The presenter discussed a diagram of study programs already accredited. It tackled the benefits of presence of a facilitator to guide study programs for following up the results of accreditation and education and experience background of the assessor for managing study programs, and satisfaction with the result of accreditation by IAAHEH.

Indonesian Qualification Framework was discussed including how it impacts curricula. In establishing the framework, about 1000 descriptors from 97 HEIs were used as baselines. There are 9 levels in the IQF.

Credit Transfer System. The University Credit Transfer System (UCTS), a mechanism to satisfy mobility for students seeking transfer of credits within the Asia Pacific region, with 35 countries and over 359 HEIs members and the ASEAN University Networks credit transfer system are being used for student mobility. The legal basis for student mobility is the Indonesian Law No.12 year 2012 article 38, that student mobility can be performed through: (1) Study programs at the same education programs, (2) Type of higher education and/or, (3) Higher education institutions. In addition, the decree of Ministry of Education and Culture No. 14 Year 2014, Article 7 endorses that higher education institutions can establish cooperation with cross national higher education institutions in the field of teaching, researches, and community services. Student mobility existing in medical and nursing education (physical and virtual mobility), within the country and among countries was described. Problem of credit transfer and student mobility; different level in quality of medical and nursing institutions. ASEAN Credit transfer system is not suitable for medical and nursing education due to lack of financial and different quality of institutions, teachers students and facilities. The problem of Credit Transfer and Student mobility: in nursing was due to the different level of quality in nursing education. There are financial constraints. There is no

regulatory body and there too many institutions running the nursing educational programs. The current medical and nursing programs in Indonesia: Medical =148; Nursing =999.

Harmonization efforts in the medical and nursing education within the country at the academy stage and professional stage were presented. The main issue was competency standards among graduates of nursing. There were five domains adopted for the ASEAN Nursing Core Competency.

Nursing higher education system in Indonesia involves a definite career pathway. There are seven nursing education standards guiding the education of a nurse. Medical education is guided by the Medical Education Act 2013. There is a continuum of medical education in Indonesia starting from basic medical education up to postgraduate medical education to the practice of the profession. There is a Standard of Education and Competency of General Practitioner and a Standard of Education and Competency of Specialist. Regulation involves Ministry of Research, Technology and Higher Education (for private medical schools), the University (higher education and university based profession), Indonesian Medical Doctor Association (profession organisation) for doctor competency certification, Council of Indonesian Medicine for doctor/dentist registration and Ministry of Health for Educational Hospital and Internship Program.

4. LAO PDR

Presentation: Dr. Phouthone Vangkonevilay, VP of university of Health Sciences, MOH

Based on Education law 2007, higher education system follows upper secondary education or equivalent, in which teaching and learning starts from associate degree to doctoral degree. Higher education is a component of the national education system indicated in Education law. It consists of different levels: associate degree, bachelors degree, masters degree, doctorate degree. The government's policy about nursing and medical education: supports all Lao citizens to gain access to higher education based on individual competencies. Standards of curriculum have been developed and are based on Ministry and regulated by the body in charge of MOH and MOES.

Higher education of all types and forms must have a quality assurance unit and network in their institutions to ensure the quality of education in their institutions. It shall be independent in terms of academic management and is under the guidance of the board of directors of the institution. They shall follow the conditions and standards of high education quality assurance set up by the MOEs, MOH and technical committee of AUN.

For harmonization, there are only the University of Health Sciences, 3 Colleges of Health Sciences and 5 schools of health and all belong to MOH. MOH exerts efforts to harmonize medical and nursing education within the country. Credit transfer system and student mobility have not yet been introduced.

National Qualifications Framework (NQF) of Lao was developed and based on Australia, and ASEAN QRF. High education qualification is certification of success in each level of higher education as indicated above. Each qualification framework of degree are described in 4 domains such as: knowledge, skills, application of knowledge and skills and social skills.

5. MALAYSIA

Overview of higher education system in Malaysia.

Higher Ed sector is under jurisdiction of MOHE. There are different types of institutions under MOHE: Public Universities, Private Higher Educational Institutes (HEIs), Polytechnics and Community Colleges. Quality of higher education is assured through the Malaysian Qualifications Agency. Malaysia has an Education blueprint, 2015-2025 and the National Higher Education Strategic Plan (NHESP) 2007 – 2015. Highlights include autonomy of universities and increasing leadership and increasing recognition of the importance of TVET. In addition to MOHE, there are other important agencies that governs some of our programmes: Ministry of Health, Ministry of Education, Ministry of Science, Technology & Innovations, National Specialist Councils, Conjoint Boards and other related regulatory agencies/ministries. There are provisions and policies (acts of parliaments, policies and national blueprints).

The authority for the Malaysian Qualifications Framework is the Malaysian Qualifications Agency created in 2007. The MQA undertakes the implementation of the MQF, is responsible for the quality assurance (supervise and regulate quality standard of HEIs) and accreditation of programmes covering both public and private institutions and maintains the MQR – Malaysian Qualifications Register.

Credit transfer: There is absence of a well established credit transfer program for medical field. It is done on a case by case basis at the level of the university where a student has applied. There are policies that govern credit transfer in Malaysia. A student who has taken and passed a course in program of study can apply for course credit.

There are a number of agencies which participate in the regulation of medical education, through the formulation of standards, and conduct of site visits and inspections of medical schools, namely, Ministry of Higher Education, Malaysian

Medical Council, Malaysian Qualifications Agency and Ministry of Health. The Malaysian Medical Council is a body corporate established under the provisions of section 3(1) of the Medical Act 1971. Its primary mission is to ensure the highest standards of medical ethics, education and practice, in the interest of patients, public and the profession through the fair and effective administration of the Medical Act. The entry requirements to medical programs, curricula (disciplined based, integrated, community based, outcome based and competency based), learning activities employed by teachers (large group, small group, PBL, etc.) and assessment methods (EMQ, MCQ, essay, case, etc.) were discussed.

Nursing Education in Malaysia was also presented and discussed, with the degrees and diplomas for nursing programs. Institutions offering Bachelor Degree in Nursing are seven Public Universities and nine private universities. Diploma in Nursing program still continue despite of the mission towards degree nurses – mainly run by Ministry of Health and private colleges

Harmonization efforts are in the form of credit transfer, inter professional learning and teaching within nursing and medical education; early stage of discussion within public and private universities with teaching hospitals.

6. MYANMAR

Presenter: Prof Myat Thandar, Rector, University of Nursing (Yangon)

Overview of higher education system in Myanmar:

There are 169 HEIs in Myanmar under twelve (12) different ministries, with the biggest number of HEIs under the Ministry of Education (68), Ministry of Science and Technology(62) and Ministry of Health (15). The academic structure of the education system was presented in detail. The National Education Law (enacted by the Pyidaungsu Hluttaw on September 30 , 2015) governs the education system, covering all schools in Basic Education Sector and all universities and colleges in Higher Education Sector.

The National Health Policy 1993 (Human resource and Health services) provided the Medical and Nursing education policies, standards and regulatory body/bodies. It was intended to produce sufficient as well as efficient human resource for health. The aim of training institutions to produce competent doctors and nurses locally in sufficient numbers. National standard for doctors and nurses was set by professional bodies and institutions. The regulatory body is Department of Health Professional Resource Development and Management under the Ministry of health. Licensing is done by Myanmar Medical Council and Myanmar Nursing and Midwifery Council, with the legal aspect of regulation done jointly with the health ministry.

Brief description of the QA Framework

The policies on QA were meant to assure the quality of programs run by the university and graduates of the university through the establishment of the quality management system and to follow the ASEAN University Network (AUN) QA guidelines. The IQA criteria for institutional level was also developed. There is no external accreditation body at the present time but the National Education Standard and QA Committee was established to help maintain high standards. A task force was formed for the universities under the Health Ministry.

On Harmonization

Local harmonization is not an issue since all health professional institutions are under the Ministry of Health and there are only 15 including 5 medical and 2 nursing universities. They have adopted and have implemented a common curriculum and common exam and used the common criteria. There is a plan to harmonize curriculum content and structure with similar programs in the region. Harmonization should not compromise delivery of the programs which will negatively affect the competency and capability of graduates

Credit transfer system and student mobility

Students are allowed to transfer if reason is valid. Medical and nursing universities are undergoing curricular reform in the form of developing outcome based integrated spiral curriculum. For academic year 2017-18, the semester based program, credit system and GPA will be used. This step will place the country one step closer towards student mobility. The details of the procedure need to be discussed between schools and to decide whether it should be started with optional and elective topics in the initial phase.

The proposed Myanmar National Qualifications Framework was presented with the different levels. The framework has 8 levels to be compatible with ASEAN and European framework, with three sectors, basic education, technical vocational training and education, higher education.

7. PHILIPPINES

Presenter: Dr. Amelia Biglete, Commission on Higher Education

Overview of Higher Education

Education system in the Philippines is trifocalized with basic education under the Department of education, technical vocational training and education under TESDA, and higher education under the Commission on Higher Education (CHED). Beginning schoolyear 2016-2017, the new program of K-12 and tertiary education will be implemented. CHED is in charge of administering higher

education, both public and private HEIs. There are 1,935 higher education institutions. With 3.81 million students. Majority of schools are private (88%), while 12% are public. Seventy percent of institutions are private non-sectarian. There are also local universities and colleges and state universities and colleges.

Nursing and medical education in the Philippines are offered by 366 institutions offering nursing programs and 45 offering medical programs. There are 28,266 graduates of bachelor of science in nursing program, which is down from 37,000 in 2013-2014. There are 2,906 graduates from doctor of medicine program. There is only one nursing program, which is the BS Nursing program. There are a total of 258 units and 6,162 contact hours. Curriculum is competency based. Core competency standards. Focused on producing nurses who can be nurse practitioner, nurse leader or beginning nurse researcher. Emphasis is on individual, family, population groups and community. Culture of research is emphasized, and this prepares them to work in both local and global levels. The Doctor of Medicine is the primary educational qualification for graduates of the basic medicine program. It is a graduate entry program. Taking national medical admission test is a requirement. The MD program is at least 4 years. Consists of basic science and clinical based. Medical schools may adopt different types of curricula as such discipline based, integrated and etc. 6400 minimum curricular hours.

Quality Assurance Process: Regulatory processes are implemented by CHED (formulation of PSGs, issuance of government authority and monitoring and evaluation). The developmental processes are implemented by accrediting bodies (voluntary accreditation and CHED (centers of excellence and centers of development). Comparability of Philippine Medical Education is based on the adoption of global standards formulated by the World federation for Medical Education (WFME). Nursing and medical programs offered by HEIs in the Philippines are governed by existing CHED policies, standards and guidelines. They differ in terms of total number of units, schools accepting foreign students have different systems of admission and crediting of courses taken from foreign institutions; quality of nursing and med programs differs in terms of quality of students admitted, qualification of faculty etc. and curriculum of some institutions is supposed to be outcomes based aligned but in the real sense it is not.

Credit transfer system in the Philippines is possible among Technical/Vocational courses, Higher Education and Postgraduate Degrees. There are different ways of crediting programs between institutions. Higher Education institutions have autonomy to determine what courses can be credited in their own programs. They use CHED, UMAP, AUN, AIMS, assessment recognition of prior learning and competency standards. HEIs are encouraged to join the different student mobility programs.

The Philippines Qualifications Framework was institutionalized in 2012. In 2014, RA 10647 (Ladderized Education Act) was also passed by Congress. The PQF covers all institutions and systems that provide training, specialization and lifelong learning. It is governed by five working groups (DEPED TESDA CHED PRC and DOLE), with eight (8) levels of qualifications.

8. THAILAND

Presentor on Nursing Education: Darunee Rujkorakarn, Mahasarakham University and President of Consortium of Deans and Heads of Nursing Institutions

The key components in the Thailand Qualifications Framework for Higher Education are level of qualifications, learning outcomes, teaching learning & assessment strategies and quality assurance. There are 6 levels in higher education. Bachelor's degree is assigned in level 2. The domains of learning include moral and ethics, knowledge and cognitive skills, interpersonal skills and responsibility, numerical analysis, communication and information technology skills. The Ministry of Education developed handbook on how to implement TQF. Each discipline develops their own TQF 1 (discipline standard). UK calls it subject benchmark. Some disciplines have not developed their standards. In nursing, TQF 1 is qualification standard for bachelor of nursing science and qualifications standard for graduate degrees in nursing. Key components in TQF1 in Nursing: nature of nursing, expectations, learning outcomes, teaching, learning and assessment strategies; structure of nursing curriculum: 140 credits minimum. For maternal and child nursing/midwifery: 12 credits are required in every curriculum for nursing and midwifery license. The credit hours are a minimum of 25 credits which are required for clinical practice. New standard by MOE requires 36 for a professional degree. Practicing credit hours have been increased to 36.

Learning Outcomes in TQF1 of nursing consist of psychomotor skills, which are added as the 6th domain of learning outcome. Each domain contains a number of learning outcomes. Curriculum map is designed and all learning outcome items are distributed in appropriate courses. At the end of each course, verification of achievement of course learning outcomes will be conducted, and at the end of the program, verification of achievement of the curriculum learning outcomes will also be conducted. Regulation of nursing education quality is the responsibility of the MOE through the conduct of internal quality assurance. The Nursing Council accredits nursing educational institutions while the Office of National Education Standards and Quality Assessment (ONESQA) conducts external quality assessment. Initial accreditation is done by having new nursing institutions annually accredited until the first batch of students are graduated. Continuing accreditation is given after institutions are visited on the last year before the end of accreditation period. Only graduates from accredited institutions can apply to take a license exam.

Credit Transfer: There is no specific system. MOE announced a broad guideline for credit transferring. Universities will use MOE guideline to develop its own criteria for credit transfer.

9. VIETNAM

Presenter: Dr. Diem, Ministry of Health

Overview of medical and nursing education.

In Vietnam, there are two tracks which students can choose from, the academic track or the practical track. There are delineated levels for both tracks. The academic track is under the Ministry of Education and Training (MOET) while the practical or professional track is under the Ministry of Health.

The Medical Education program lasts six years and it involves having Y1-Y2 with general subjects and basic sciences and Y3 – Y6 with the clinical rotations. There are 22 medical programs. For Nursing Education, there are 2-year, 3 year and 4-year types of nursing programs. There are 24 bachelor of nursing programs (8 in private schools). To guide general education, Congress issued Law of Education 38/2005/QH11, Revised Law of Education 44/2009/QH12 and Law of Higher education 08/2012/QH13. Specific regulations are issued by MoH.

Quality Assurance Framework

The policies and regulation are issued by the MoET through the Administration of Examination and Accreditation office. The Law of Higher Ed (08/2012/QH13) ensures higher education equality assurance and accreditation. Circulars and guidelines specify the standards, procedures of accreditation, how to establish accreditation body. There are four accreditation centers established whose function is not limited to accreditation but includes providing training program on education quality assessment and accreditation. Schools are required to establish their QA unit, implement the QA activities, implement the self assessment, submit report to MOET and cooperate with accreditation body for external assessment. The MoH focuses on the standards to assess the health science education programs. It works with experts and MoET to develop the standards to assess nursing education programs (Circular 33/2014/TT-GBDDT) and develop the core competencies of health professionals. The Accreditation procedures start with self-assessment of education institution. Educational institution register with an accreditation body and the Accreditation body conducts external assessment, and provides the recognition on the quality of education institution. Accreditation certification is valid for 5 years. At the present time, schools do self-assessment and submit report to MoET (compulsory)

Harmonization in the medical and nursing education

This process involves recognition of nurses and doctors from other countries. MoET issues the recognition of university equivalent while MoH issues recognition of equivalence for doctor degree (bachelor of medicine). Credit transfer system and student mobility is already existing in medical and nursing education. There is autonomy in curriculum being implemented by the schools. However, there is no recognition for credits acquired abroad. The National Qualification Framework is waiting for approval by higher authorities.

2.4 Workshop 1 and Workshop 2:

Three groups were created, namely, the Higher Education Group, the Medical Group and the Nursing Group. The members were instructed to elect a Group Leader and then have the rapporteur and recorder appointed by the Group Leader. The groups were advised to conduct brainstorming, going around the table to allow opportunities for every member of the group to be able to articulate their thoughts and ideas about the topics assigned. The topics dealt with quality assurance and credit transfer.

Resource persons were assigned:

1. For the Higher Education Group: Dr. Carmen Tolabing
2. For the Medical group: Dr. Jose Cueto Jr.
3. For the Nursing Group: Dr. Teresita Barcelo

Outputs to be reported by the three groups

2.5 Plenary Session 4:

GROUP 1: HIGHER EDUCATION AGENCIES

The members of the group were:

Leader:	Dr Phouthone Vangkonevilay (Lao-PDR)
Reporter:	Dr.Amelia A.Biglete (Philippine)
Recorder :	Prof Dra Setyowati, SKp MAppSc,PhD (INA)
Member:	Dr.Hj Mohd Yusni Hj Mohd Yasin (Brunei)
	Ms.Ros Chansophea (Cambodia)
	Prof.Dr Ahmad Sukari Halim (Malaysia)
	Dr. Pham Ngan Giang (Vietnam)
	Prof. Romeo R.Quison (Philippine)
	Dr Carmen Cornellia Tolabing (Philippines)

The Identified country issues and barriers to harmonization in Accreditation:

- Vietnam : No Problem , just new and for further development
- Lao : no problem , under development
- Cambodia: no problem. under development of instrument
- Malaysia : no problem
- Philippines: different instruments and different standard among accreditation bodies
- Indonesia: no problems
- Brunei: no problems

Country issues and barriers to Credit Transfer:

- Vietnam: no credit transfer system
- Lao/Cambodia: no system
- Malaysia/Philippines/Indonesia: no system, institution-based

Regional issues and barriers to harmonization in Accreditation: Comparability of standards among countries (no common instruments, no common standards)

Regional issues to Credit Transfer: No system of credit transfer across countries and differences: courses content; credits/unit, hours; standard/validation exam

Suggested actions/Recommendations:

- Form a QA network on health professions education to:
 - identify enabling polices. Laws on accreditation in South east Asian countries;
 - identify the standard of the different countries;
 - do mapping based on AQRF and MRA, AQAN; identify the gaps;
 - develop mechanism of harmonization (harmonize the existing credit transfer system among countries, system of equivalencies, etc.)
- QA network on health professions education: composition will be one representative from each SEA country. Secretariat of the network will be SEAMEO TROPMED.

GROUP 2 MEDICAL GROUP

The members of the group include:

Leader Dr Ma Graciela Garayblas
Presenter Prof Dr Zaw Wai Soe

Rapporteur	Dk Dr Nurolaini PHM Kifli
Members	Prof Jose Cueto, Jr. Prof Sirintara Singhara Na Prof Adeeba Kamarulzaman Prof Nguyen Duc Hinh Prof Zubaidah Zakaria Prof Pratiwi Pujilestari Sudarmono, A/P Hang Chanvohreak A/P Niranh Phoumindr A/P Emsri Pongponratn Ayudhaya Ms Chulatom Olanprasert

The Identified Issues and Barriers to harmonization in Accreditation:

Country Accreditation Issues/Barriers to Harmonization.

- Funding and costs.
- Absence of link between accreditation of schools and taking of licensure exams
- Internal against external quality assurance;
- Difficult to assess the impact of accreditation; how well is it implemented; the factor of number of medical schools should be considered
- enforcement is not stringent.

Regional Issues

- No uniformity of the accreditation body; some countries have no accrediting bodies and some countries have existing accrediting bodies;
- absence of regional standard;
- voluntary accreditations may result in the schools not implementing/participating;
- no incentives;
- quality of graduates from non accrediting school may be questioned;
- absence of regional body to lead the accreditation process, e.g. funding, authority, etc

Issues and Barriers to Credit Transfer:

- No credit transfer system, in fact National Policy discourage Credit Transfer e.g. in UM Malaysia
- No Uniformity of the meaning of Credit Units = students contact hours
- No MoU/MoA in the country
- University being autonomous
- Conflict in Academic Calendar (some start semester in June, August & September)
- System-based vs. Traditional curriculum
- No Clinical Placement / Elective Programs exists within the country

Regional issues to Credit Transfer

- Language and Culture
- No Uniformity of the meaning of Credit Units = students contact hours
- Not all Universities are member of AUN, UMAP or AIMS
- Conflict in Academic Calendar
- Ranking of the Universities
- Funding e.g. Lodging, Tuition Fees etc...

Recommendations/Suggested actions:

- Establishment of regional body that sets policies for accreditation including capacity building help countries develop their own accreditation system
- Government structured funding with political will and support
- Identification of National/Regional best practices
- Set up of regional minimum standards

GROUP 3: NURSING GROUP

Group Members:

- Ms Armah Binti Tengah
- Dr. Dewi Irawaty
- Dr. Bomthamong Phengsisomboun
- Dr. Zainah Mohamad
- Prof. Dr. Myat Thandar
- Dr. Carmelita C. Divinagracia
- Assoc. Prof. Darunee Rujkorakarn
- Mr. Joko Gunawan
- Ms. Ly Thi Phuog Hoa
- Dr. Rohani Ahmad
- Dr. Teresita R. Irigo-Barcelo

Regional Issues on harmonization

- Comparability of standards among countries (no common instruments, no common standards).

The Identified country issues and barriers to harmonization in Accreditation

- Indonesia: Funding for accreditation, No Nursing Council yet

- Philippines: several accrediting body for all programmes (Health and Non-health) so their standard may different from one another; Who accredit the accrediting body?
- Thailand: high cost
- Malaysia: Diploma and Bachelor degree take the same licensure exam; The chairperson of the Nursing is non-nursing
- Myanmar: Possible issue on fee for accreditation

Country Issues and Barriers to Credit Transfer

- Vietnam, Thailand, Malaysia, Indonesia, Brunei and Myanmar credit transfer is case by case
- Malaysia regulation for credit transfer is not more than 30% and Indonesia not more than 40%.
- Philippines – transferees accepted only 1st and 2nd year because of the nursing clinical placement difficult to credit transfer
- Malaysia has identified the barriers to credit transfer which occur internally within the country. Private Institution to public Institution – accreditation level is considered. However for public to public it is case by case.

Regional issues to Credit Transfer

- varied credit allocation for theory and practical among the 10 countries
- no system of credit transfer across countries. Differences: courses content, credits/unit, hours; standard/validation exams

Recommendations/ Suggested Actions:

Country level:

- Lao to discuss with MOH and Vietnam to discuss with MOH and higher education agency.

Regional level:

- Prioritize regional action plan for harmonization of accreditation and credit transfer in nursing education.
- align national core competency to the 5 core competency standards of ASEAN;
- international accreditation process is done by stages and the stages among countries be the same with the same description;
- agreement to adopt the 5 domains of the core competency standards of ASEAN developed by AJCCN;
- sustain the implementation of decision derived preferably from the regulatory body with nursing ed expert;

- suggest if SEAMEO TROPMED can prove a common website for information sharing such as core competency standards.
- Country Member commitment: AS a way to move this agreement forward member representing their country should be committed to articulate our plan to ensure that it will be carried out.

Open Forum:

- Can a research be done in order to be able to compare quality of graduates between accredited and non-accredited medical institutions? And a follow up of each student after grad?
- In relation to certain incentives, I want to share with group that in the Philippines once a program is accredited, there are incentives being offered by commission on higher education in relation to funding to facilities, faculty, research and etc. I want to make an observation.
- Quality assurance is a major component of MRA and I'm curious to find out how SEAMEO's plan of actions and observations in this forum can be articulated to the MRA official groups?

2.6 Plenary Session 5:

The participants as a group agreed to the following priority actions:

Suggested Actions at the regional level:

- Form a QA Network on Health Professions Education to:
 - Identify enabling policies /laws on accreditation in South East Asian countries
 - Identify the standard of the different countries
 - Do mapping based on AQRF (ASEAN Qualifications Reference Framework) and MRA (Mutual Recognition Arrangement), AQAN
 - Identify the gaps
 - Develop mechanism of harmonization (harmonize the existing credit transfer system among countries, system of equivalencies, etc).
- Capacity building to help countries develop their own accreditation system
- Identification of National / Regional best practices
- Exchange of Information [e.g. medium of instructions, schedules, modules etc..] between universities
- Mutual agreement need to be sorted between universities
- Medical Schools need to create platform for student exchanges e.g. depending on their strength e.g. Medical Education or Primary Health Care

- Clinical / Elective Rotation/Community Medicine / Research exchanged placement
- Suggest if SEAMEO TROPMED can provide a common website for information sharing e.g. the core competency standard for graduate outcome (both theory and clinical) of each country

Country level:

- Agreement to adopt the 5 core competency standards of ASEAN developed by ASEAN joint coordinating committee for Nursing (AJCCN)
- Countries to develop their own core competency standards harmonized with ASEAN core competency standard.

ANNEX 1: List of Participants

SEAMEO MEMBER COUNTRIES

- Brunei Darussalam**
1. Dk Dr. Nurolaini Pg Haji Muhd Kifli, PhD
Deputy Dean (Undergraduate, Administration & Finance)
& Senior Assistant Professor
PAP Rashidah Sa'adatul Bolkiah Institute of Health Sciences
Universiti Brunei Darussalam (UBD)
Jalan Tungku Link, Gadong BE 1410
Tel: +673 2463001 Ext 2210
Fax: +673 2461081
E-mail: nurolaini.kifli@ubd.edu.bn
 2. Ms. Armah binti Tengah
Programme Leader for Nursing and Midwifery
Lecturer (Nursing & Midwifery)
PAPRSB Institute of Health Sciences
Universiti Brunei Darussalam
Jalan Tungku Link, BE1410
Brunei Darussalam
Tel: +673 2463001 ext. 2209
E-mail: armah.tengah@ubd.edu.bn
 3. Dr. Hj Mohd Yusni Hj Mohd Yasin
Brunei Medical Board
Ministry of Health
Bandar Seri Begawan BB3910
Brunei Darussalam
Tel: +6732384182
E-mail: yusni.yasin@moh.gov.bn
- Cambodia**
4. Dr. Chheng Kannarath
Deputy Director
National Institute of Public Health, Ministry of Health
No. 2, St 289, Toul Kork, Phnom Penh, Cambodia
Tel: +855 (012) 936 685
Fax: +855 23 880346
E-mail: ckannarath@niph.org.kh
 5. Ms. Ros Chansophea
Acting Chief of Policy and Curricula Office
Department of Higher Education (DHE)
Ministry of Education, Youth and Sport (MoEYS)
#80, Norodom Blvd. Phnom Penh, Cambodia
Tel: +855 23 219 285
E-mail: sopheadhe@yahoo.com

6. Assoc. Prof. Hang Chanvohreak
Vice Rector
University of Health Science (UHS)
73 Preah Monivong Boulevard (93),
Phnom Penh, Cambodia
Tel: (855) 12 484 817
E-mail: chanvohreakhang@uhs.edu.kh
- Indonesia**
7. Dr. Dewi Irawaty
President
Indonesian National Nurses Association
University of Indonesia
Tel: +62 8129104773
E-mail: wieks@indosat.net.id
8. Prof. Dra. Setyowati, S.Kp., M. App. Sc., Ph.D.
Nursing Head of Division
LAM-PTKes
Jalan Sekolah Duta I No.62
RT 003 RW 014
Kelurahan Pondok Pinang
Kecamatan Kebayoran Lama
Jakarta Selatan 12310, Indonesia
Tel: +62 81281542102
E-mail: watib4150@gmail.com
9. Prof. Pratiwi Pujilestari Sudarmono, MD, PhD
Vice Dean for Education, Research, and Student Affairs
Faculty of Medicine, University of Indonesia
Jalan Salemba Raya
No. 6, Jakarta Pusat 10430 Indonesia
Tel +62-21-3155675
E-mail pratiwi.pujilestari@ui.ac.id; psdrmn@yahoo.com
- Lao PDR**
10. Dr. Bouthavong Phengsisomboun
Deputy Director
Training and Research Department
Ministry of Health
Tel: +856 20 565 98909
E-mail: bouthavong@hotmail.com
11. Dr. Phouthone Vangkonevilay
Vice President
University of Health Sciences
Samsenthai Road, P.O. Box 7444
Vientiane, Lao PDR
E-mail: vangkonevilay@hotmail.com

12. Assoc. Prof. Niranh Phoumindr
Vice-Dean, Faculty of Medicine
University of Health Sciences
Lao PDR
E-mail: niranhp@yahoo.com

Malaysia

13. Prof. Dr. Ahmad Sukari Halim
Chairman of Medical Deans Council of Malaysian Public
Universities
Dean and Senior Consultant Plastic Reconstructive Surgeon
School of Medical Sciences, Universiti Sains Malaysia
16150 Kubang Kerian, Kelantan, Malaysia
Tel: (609) 7676000
Fax: (609) 7656434
E-mail: ashalim@usm.my

14. Prof. Adeeba Kamarulzaman
Professor/Dean
Department of Medicine
Faculty of Medicine
University of Malaya
50603 Kuala Lumpur Malaysia
Tel: +60 (3) 7949 2050
E-mail: adeeba@ummc.edu.my

15. Dr. Zainah Mohamad
Head of Department of Nursing
Faculty of Medicine
Universiti Kebangsaan Malaysia
Tel: +60 (3) 91456250
Mobile: +60 193181292
E-mail: zaizan@ppukm.ukm.edu.my

Myanmar

16. Prof. Dr. Zaw Wai Soe
Rector/Dean
University of Medicine 1, Yangon
No.245, Myoma Kyaung Street, Lanmadaw Township,
Yangon, Myanmar.
Tel: +951 251032; 251037
Mobile: +95-95 000573
E-mail: zwsoe3@gmail.com

17. Prof. Dr. Myat Thandar
Rector, University of Nursing Yangon
677/709 Bogyoke Aung San Road,
Lanmadaw P.O 11131, Yangon, Myanmar
Tel : +95-1-222883, 222884, 222885, 222889
Fax : +95-1-227449
E-mail : uonygn@uonygn.edu.mm;
thandar.myat@gmail.com
URL: www.uonygn.gov.mm, www.uonygn.edu.mm

Philippines

18. Dr. Amelia A. Biglete
Director IV
Office of Programs and Standards Development (OPSD)
Commission on Higher Education
Higher Education Development Center (HEDC) Bldg.
Carlos P. Garcia Avenue, U.P. Campus, Diliman, Quezon City,
Philippines
Tel/Fax: +63-2-441-11-77
E-mail: amybiglete2008@yahoo.com;
abiglete@ched.gov.ph

19. Dr. Ma Graciela Garayblas
Former Dean of the Faculty of Medicine and Surgery
University of Santo Tomas
St. Martin de Porres Building, UST España Boulevard, Sampaloc,
Manila, Philippines, 1015
E-mail: deangracefms@yahoo.com

20. Dr. Carmelita C. Divinagracia
Member, Board of Nursing
Professional Regulation Commission
P. Paredes St., Sampaloc, Manila, Philippines
Tel: +63 (2) 735 1534
E-mail: carmelitadivinagracia@yahoo.com.ph

Thailand

21. Assoc. Prof. Darunee Rujkorakarn
Dean, Faculty of Nursing, Mahasarakham University and
and President of the Consortium of Nursing Education
Institutions of Thailand
Faculty of Nursing, Mahasarakham University
Kuntharawichai District, Mahasarakham 44150 Thailand
Tel/Fax: +66 (0) 43 754 356-7
Mobile: +66 (0) 81 873 1335
E-mail: drdarunee@gmail.com

22. Assoc. Prof. Dr. Yajai Sitthimongkol
Dean
Faculty of Nursing, Mahidol University
Bangkok, Thailand
Tel: +662-419 7466-80 ext. 1201
Fax: +662-412 8415
E-mail: denanns@mahidol.ac.th; yajai.sit@mahidol.ac.th

23. Prof. Suthiluk Patumraj
Assistant Dean for Academic Affairs
Professor (Physiology)
Faculty of Nursing, Chulalongkorn University,
1873 Rama IV Road, Pathumwan, Bangkok, Thailand
Tel: (662) 256 4454; 256 4478
Fax : (662) 252 2702 ext. 14
E-mail: suthilukp@yahoo.com

24. Dr. Sararud Vuthiarpa
Assistant Dean for Research and International Affairs
Faculty of Nursing, Thammasat University
Rangsit Campus, Klong 1, Klong Luang, Pathumthani
Bangkok, Thailand
Tel: (662) 9869213 ext. 7307-8
Fax: (662) 5185381
Mobile: (6680) 451 1439
E-mail: vsararud@yahoo.com

25. Professor Sirintara Singhara Na Ayudhaya, MD
Deputy Dean for International Relations
Professor of Radiology (Interventional Neuroradiology)
President of World Federation of Interventional and
Therapeutic Neuroradiology
Faculty of Medicine Ramathibodhi Hospital
Mahidol University Thailand
Tel: (662) 2003391-2
Fax: (662) 2003392
E-mail : sirintarapongpech2@hotmail.com

26. Mr. Joko Gunawan
Research and Teaching Assistant
PHD Graduate Student
Faculty of Nursing, Chulalongkorn University
Tel: 062-0819073
E-mail: joe_gunawan@ymail.com

Vietnam

27. Professor Nguyen Duc Hinh
President, Hanoi Medical University Vietnam
No.1 Ton Ttat Tung-Dong Da
Hanoi, Vietnam
Tel: +84 4 38523798
Fax: +84 4 38525115
E-mail: duc_hinh@yahoo.com; president@hmu.edu.vn
www.hmu.edu.vn
28. Dr. Pham Ngan Giang
Chief of Cabinet of ASTT
Administration of Science Technology and Training (ASTT),
Ministry of Health
138A Giang Vo
Hanoi, Vietnam
Tel: (84) 913593736
Fax: (84) 462732124
E-mail: phamngangiang@gmail.com
29. Ms. Ly Thi Phuong Hoa
Vice Director
Faculty of Nursing and Medical Technology
University of Medicine and Pharmacy
201 Nguyen Chi Thanh Street, District 5
Ho Chi Minh City, Vietnam
Tel: (84) 908329959
E-mail: lyphuonghoa.ump@gmail.com

**SEAMEO TROPMED
Malaysia**

30. Dr. Zubaidah Zakaria
Acting Director, Institute for Medical Research (IMR) and
Acting Director, SEAMEO TROPMED Regional Centre for
Microbiology, Parasitology and Entomology
Jalan Pahang 50588 Kuala Lumpur, Malaysia
Tel: +60-3 -2616 2602
Fax: +60-3 -2693 9335
Email: zubaidah@imr.gov.my, drzubai@gmail.com
31. Dr. Rohani Ahmad
Research Officer and Deputy Dean DAPE Entomology Unit
Institute for Medical Research
Jalan Pahang, 50588 Kuala Lumpur, Malaysia
Tel: 603-2616 2686
Fax: 603-2616 2689
Mobile: +6012-2268122
E-mail: rohania@imr.gov.my

**SEAMEO TROPMED
Philippines**

32. Prof. Romeo R. Quizon
Director, SEAMEO TROPMED Regional Centre for Public Health,
Hospital Administration, Environmental and Occupational
Health (SEAMEO TROPMED Philippines)
Dean, College of Public Health,
University of the Philippines Manila
625 Pedro Gil St., Ermita Manila
P.O. Box EA-460, Manila 1000, Philippines
Tel: (+632) 524 2703
Fax: (+632) 521 1394
Mobile: (+63) 9276270741
E-mail: rrquizon@post.upm.edu.ph;
romeoreyesquizon@yahoo.com

**SEAMEO TROPMED
Thailand**

33. Assoc. Prof. Emsri Pongponratn
Consultant to the Dean for International Affairs and
Alliance
Faculty of Tropical Medicine, Mahidol University
420/6 Ratchawithee Road, Ratchadewee, Bangkok 10400,
Thailand
Tel: +66(0) 2306 9118, 66 (0) 2354 9100 ext.1621
Fax: + 66(0) 2354 9141, 66 (0) 236 9184
Mobile: +66(0)81 937 7403
E-mail: emsri.pon@mahidol.ac.th

CONSULTANTS & RESOURCE PERSON

34. Professor Jose Y Cueto, Jr
Consultant for Module 2 (Research) of SEAMEO College
Dean & Professor, Mariano Marcos State University
College of Medicine
Tel: +63 927 315 8137
E-mail: jcuetomd@gmail.com
35. Dr.Teresita R. Irigo-Barcelo, Phd, R.N.
Consultant for Module 2 (Research) of SEAMEO College
Dean, School of Nursing
Centro Escolar University,
San Miguel, Manila Philippines
Tel/fax: (632)7362211
Mobile: +63 917-7996122
E-mail: titabarcelo@gmail.com

36. Dr. Carmen Cornelia Tolabing
Resource Persons for Module 2 of SEAMEO College
Professor of Epidemiology
Department of Epidemiology and Biostatistics
College of Public Health (CPH), UP Manila Philippines
Tel: +63 (91) 7866 9687
E-mail: ctolabing@gmail.com

Partners

SEAMEO RIHED
*(SEAMEO Regional
Centrefor Higher
Education and
Development)*

37. Dr. Chantavit Sujatanond
Centre Director
SEAMEO Regional Centre for Higher Education and
Development (SEAMEO RIHED)
5th Floor, The Office of the Higher Education Commission
Building, 328 Sri Ayutthaya Road
Rajathevee, Bangkok 10400, Thailand
Tel: +66 (2) 644 9856 to 62; 2644 5418
Fax: +66 (2) 644 5421
E-mail: chantavit@rihed.seameo.org

**British Council
Thailand**

38. Ms. Thidaporn Wareenin
Assistant Manager (Partnerships)
British Council Thailand
254 Chulalongkorn Soi 64
Siam Square, Phyathai Road, Pathumwan, Bangkok 10330,
Thailand
Tel: +66 (2) 657 5638
Fax: +66 (2) 253 5311
E-mail: Thidaporn.Wareenin@britishcouncil.or.th

DAAD
*(German
Academic Exchange
Service)*

39. Dr. Georg Verweyen
Director of the Information Center
German Academic Exchange Service DAAD
18/1 Soi Goethe, Sathorn 1, Bangkok 10120, THAILAND
Tel. +66 2 286 8708
Fax: +66 2 286 4845
E-mail: georg.verweyen@daad.or.th; verweyen@gmail.com
<http://www.daad.or.th>; <http://fb.com/DAAD.Thailand>

ADB
(Asian
Development Bank)

40. Ms. Kanokphan Khamasundara
Senior Operations Officer
Thailand Resident Mission
Asian Development Bank
23rd Floor, The Offices at Central World
999/9 Rama 1 Road, Wangmai, Pathumwan
Bangkok 10330 Thailand
Tel: +66 2 263 5357
Fax: +66 2 263 5301
Mobile: +66(89) 956 4294
E-mail: kkhamasundara@adb.org

SEAMEO SECRETARIAT

SEAMEO Secretariat

41. Dr. Gatot Hari Priowirjanto
Director, SEAMEO Secretariat
Mom Luang Pin Malakul Centenary Building
920 Sukhumvit Road, Bangkok 10110, Thailand
Tel: +66 (0) 2391 0144
Fax: +66 (0) 2381 2587
E-mail: gatot@seameo.org
42. Dr. Ethel Agnes P Valenzuela
Deputy Director (Programme and Development)
E-mail: ethel@seameo.org
43. Mr. Thanit Promsalee
Information Technology Officer
E-mail: thanit@seameo.org
44. Mr. Avelino Jr Mejia
Project Officer
E-mail: avelino@seameo.org
45. Mr. David Young
International Intern (from United States)
E-mail: david@seameo.org

SEAMEO TROPMED Network

SEAMEO TROPMED Network (SEAMEO Regional Tropical Medicine and Public Health Network)

46. Dr. Ma Sandra B. Tempongko
Deputy Coordinator
SEAMEO TROPMED Network
420/6 Ratchawithi Road,
Bangkok 10400, Thailand
Tel: +66 (0) 2354 9145 to 46 ext. 18
Fax: +66 (0) 2354 9144
E-mail: jolinatwoph@yahoo.com

47. Ms. Pornpimol Chaivittayangkul
Administrative Officer for Programme
E-mail: dang_il@hotmail.com
48. Ms. Pensri Chuenpradit
Programme Officer
E-mail: gemini11june@gmail.com
49. Ms. Parinda Chomming
Accountant II
E-mail: chomming3@gmail.com

ANNEX 2: PROGRAM OF ACTIVITIES

0830 - 0930	<p>Opening Programme</p> <ul style="list-style-type: none"> ✚ SEAMEO Colors & Song ✚ Welcome Remarks: <ul style="list-style-type: none"> • Dr. Pratap Singhasivanon Secretary General/Coordinator SEAMEO TROPMED Network ✚ Opening Remarks <ul style="list-style-type: none"> • Dr. Gatot Hari Priowirjanto Director , SEAMEO Secretariat ✚ Overview of SEAMEO College Project <ul style="list-style-type: none"> • Dr. Ethel Agnes P. Valenzuela Deputy Director, SEAMES ✚ Module 2 Forum 2 Objectives and Mechanics <ul style="list-style-type: none"> • Dr. Ma. Sandra B. Tempongko Deputy Coordinator SEAMEO TROPMED Network ✚ Introduction of Participants ✚ Group Photo
	Coffee Break
	Plenary Session 1: Panel Discussion
1000-11:30	<p>Higher Education Harmonization Efforts of SEAMEO RIHED Dr. Chantavit Sujatanond Director SEAMEO RIHED</p>
1130-1200	Open Forum
1200-1300	Lunch Break
	Plenary Session 2: Partial results of Research
1300-1400	<p>Presentation & Validation of Initial Findings of Medical Education Research Dr. Jose Y. Cueto, Jr. Consultant</p>

1400 - 1500	Presentation & Validation of Initial Findings of Nursing Education Research Dr. Teresita R. Irigo-Barcelo Consultant
1530 -1600	Open Forum : Dr. Carmen C. Tolabing Moderator
1600 - 1630	Break
1630 - 1700	Synthesis of Day 1 by Moderator
1800	Dinner
Time	Day 2
0900 – 1030	<i>Plenary 3: Country Presentations</i> <ul style="list-style-type: none"> • Indonesia • Malaysia • Singapore • Brunei • Cambodia
1030 – 1100	Coffee Break
1100-1230	Continuation Plenary 3: <ul style="list-style-type: none"> • Philippines • Thailand • Vietnam • Lao PDR • Myanmar
1230-1330	Lunch Break
1330-1500	<i>Workshop I: Small Group Discussion :</i> <ul style="list-style-type: none"> - Issues and barriers for harmonization at the country level and at the regional levels - Suggested national and regional actions to overcome barriers and resolve issues

1500-1530	Coffee Break
1530- 1700	<i>Plenary 4: Presentation of small group discussion outputs</i>
Time	Day 3
0900-1000	<i>Workshop 2: Small Group Discussion</i> <ul style="list-style-type: none"> - Prioritization of Suggested Actions for Harmonization based on Presentation - Identification of areas for potential regional cooperation - Policy recommendations
1000-1030	Coffee Break
1030-1200	<i>Plenary 5 : Presentation of Workshop 2 Outputs of Medical and Nursing Groups</i>
1200-1230	Open Forum
1230- 1330	Lunch Break
1330 - 1430	<i>Plenary 6: Summary Report of Plenary discussions and Workshop outputs</i>
1430 - 1530	<i>Plenary 7: Consensus on next Steps and Follow-up Actions, Agreements</i>
1530 - 1600	Closing Programme
1600 – 1630	Coffee Break