

PHILIPPINE BOARD OF ANESTHESIOLOGY FOUNDATION, INC.
Accreditation Standards for the PBA Anesthesiology Residency Training Program

Instructions:

Institution:
Address:
Region:
Category (Private, Govt-Local, National, DOH):

Date of Training Program Established:
Current status of Accreditation:

1. Column 1 - Categories
2. Column 2 - Score given if standard is met as described in the Standard column
3. Column 3 - Percentage of the domain
4. If an institution is below standard, above standard or excellent, the institution is given the point corresponding to what is written in the respective column
5. Yellow Column - for self evaluation
6. Green Column - auto-computation
7. Last column - for suggestions

Category	Proposed for 2026 - 2028		Below Standard	Standard	Above Standard	Excellent	Self Evaluation	Auto Computation	Comments
	POINTS	Percentage							
INSTITUTION	if Standard is	10%							
Facilities and Services	12								
a. Anesthesia machine	2			Functioning anesthesia machine in all areas with immediate backup (e.g., a full oxygen tank and necessary ancillary equipment) that is immediately	+ Presence of gas analyzer (2.5)	+ Presence of functioning gas scavenging system (3)		0	
b. Anesthesia Accessories and Related equipment	2			Complete, functioning, strategically placed and easily accessible in all areas which must include airway management system, manual resuscitators suction equipment and patient warming	+ Presence of medical air supply (2.5)	+ Presence of Nitrous oxide supply (3)		0	
c. Patient monitors	2			Standard monitors present in all areas (NIBP, pulse Ox, ECG, Temp), + NMB monitor in major O.R.	Advanced monitors available; capable of monitoring and delivering care across the entire range of complex surgical cases. (2.5)			0	
d. PACU	2			PACU present in main OR and remote sites with a maximum patient:nurse ratio of 1:3; staff are capable of safely managing patients emerging from complex surgeries and high-risk				0	
e. Pharmacy supply including:									
e-1 Anesthetic drugs (80% available)	0.5			Available				0	
e-2 Emergency drugs (80% available)	0.5			Available				0	

e-3 Dantrolene	1			with mechanism in place to avail/ procure (ex. Inter-institutional MOA)	Available supply of at least 6 vials of dantrolene (1.25)	Available supply of more than 6 vials of dantrolene for subsequent dosing (1.5)		0	
f. Pain Management Service	1			Active. With pain specialist to help address the multifaceted nature of pain				0	
g. Patient blood management program	1			Active. focused on optimizing patient outcomes while conserving blood	Presence of massive blood transfusion protocol (1.25)	presence of blood conservation techniques (1.5)		0	
								0	
Quality Assurance	13	15%	(maximum of 9 points)				Self Evaluation	Auto Computation	Comments
a. Records (consent form, evaluation form, pre-induction form, anesthesia record, PACU sheet available)	2			complete, accurate, legible, timely, identifiable with evidence of safe practice (plans to mitigate preop risks, monitors used, fluid summary) with version of consent form in local dialect				0	
b. Sentinel and serious adverse events reporting and mitigation procedures	3			Present		An incident reporting system identifies potential harms, evaluates causal and contributing factors for the necessary corrective and preventive		0	
c. Infection control protocol	2 if specific for anesth			Present and is specific for anesthesia. Protocol ensuring safety of patient and provider is present. With quality metrics (ex. %compliance) discussed during audit.		The organization undertakes surveillance, identification and prevention of important healthcare-associated infections as appropriate. (3)		0	
d. Narcotic disposal protocol (PDEA approved)	1			Follows the PDEA CDAS format in documentation, reporting and the legal requirements for witnessed disposal with a clear chain of				0	

e. Patient satisfactory survey	1			Present. It provides direct feedback on service quality (anesthesia care, pain mx, PONV, preop eval etc), identify communication gaps, and validate the value of the team's non-technical skills.		Policies and procedures are in place for routinely determining and improving the level of patient satisfaction with all relevant aspects of care AND surveys results are documented and monitored.(1.5		0	
f. Workplace harassment/bullying protocol	1			Present; With multiple, confidential, and easily accessible reporting options; the person reporting the incident is protected and complaints are handled quickly and		Policies and procedures address residents' and staff's needs for confidentiality, privacy, security, spiritual and psychosocial support and communication. (1.5)		0	
g. Wellness program	2			Residents and staff have access to advice and tools for stress management. With enforced protected time post-call.	Workload is monitored and appropriate guidelines consulted to ensure that appropriate staff numbers and skill mix are available to achieve desired patient and organizational outcomes; with identified health professional available if needed. (2.5)	With proven benefits of the program ex. High percentage of residents reporting that the program is helpful, safe, and would be recommended to future residents. Post-intervention assessment using validated tools shows improvement in scores. (3)		0	
h. Mentoring program	1			1 mentor: 1 mentee; with activities addressing the "whole person," mitigating burnout, and preparing the trainees for the complexities of a long-term medical career (leadership & management skills, career diversification, advocacy work, etc)		There is a formal and structured program with administrative oversight, guided matching process, providing the mentee with guidance on personal and professional development. Documentation of the Mentoring Program (1.5)		0	
								0	
DEPARTMENT	14	10%							
Facilities	5						Self Evaluation	Auto-computati	Comments
a. Anesthesiology office/ administrative staff	1			Present				0	
b. Anesthesiology call room/ study area	2			Space is adequate and well maintained				0	

c. Simulation and skills lab facility	2			Simulation is used primarily for basic skills training (e.g., airway management) or occurs on an isolated, non-mandatory basis.	mandatory simulation sessions for core skills and a range of critical scenarios, including some CRM. (2.5)	integrating simulation into all levels of training.. Scenarios cover high-acuity, low-occurrence events (HALOs), team training (Crisis Resource Management/ CRM), and advanced communication skills. (3)			0
Learning Resources	5								
a. PBA document/manual	0.5			Available					0
b. at least 2 standard latest edition textbooks per resident or in the department (?)	1			Available					0
c. at least 2 specialty textbooks per resident or in the department (?)	0.5			Available					0
d. Computer with internet -> Internet access in workstations	1			Adequate Wi-Fi is available in all designated academic and work areas; minor latency issues during peak usage.	Dedicated, high-bandwidth network is provided in all lecture halls, simulation centers, and resident work/study rooms for concurrent use by all trainees (e.g., video conferencing, large file downloads, realtime WPBA assessment). (1.25)				0
e. Current Journal subscription	1			At least one current journal subscription					0
f. Cognitive AIDS and equipment (e.g., ACLS, PALS, MH cart, difficult airway, LAST, massive transfusion)	1			Protocols and cognitive aids present in all areas					0
Activities	4								
a. Professional development program	2			Present; Development activities are ad-hoc, mostly consisting of one-off lectures or basic skills workshops (e.g., presentation skills).	dept offers a formal, tiered, and longitudinal curriculum for both residents and faculty, covering areas like leadership, finance/billing, research methodology, and academic portfolio building. (2.5)	The hospital creates and implements training and development programs designed to build staff capacity so they can meet their professional, organizational, and community needs. (3)			0

b. Performance evaluation process of faculty/consultants and residents	2			The department utilizes a multi-source (360-degree) performance evaluation system to collect clinical, educational, and professional data for all trainers and/or trainees year-round. Action plan for improvement collaboratively created, if needed.	A formal follow-up meeting is scheduled 3-6 months after the primary evaluation discussion to review progress on the collaboratively developed action plan for the trainers and/or trainees. (2.5)				0	
									0	
TRAINERS	10	10%						Self Evaluation	Auto-computati	Comments
a. DPBA	1			100% Board certified					0	
b. PBA CDQ-certified	1			All eligible must have CDQ certification					0	
c. Fellow of PSA	1			All eligible must be FPBA					0	
d. 1:3 trainer/trainee ratio	1			1:3 ratio					0	
e. ACLS current certification	1			100%					0	
f. Attendance to anesthesia workshop/meeting/convention	2			100% of trainers with attendance to at least 2 activities/ year					0	
g. Education and training courses (Test construction, simulation, WpBA, EPA, mentoring)	3			100% attended					0	
									0	
TRAINEES	23	15%						Self Evaluation	Auto-computati	Comments
a. Minimum of 3 trainees in the program	2		>0.75% to 99% of target 1.0 point	At least 3 residents for 1 year during the accreditation period					0	
Service activities/output	13									
a. Major general surgery	1		0.75	25 open & 8-9 min iv sc/r/y (75 open & 24-27 min iv sc/r in 3 yrs) 1.5pts					0	
b. Major general surgery (minimally invasive)	1		0.75	17 sc/r/y (51 sc/r in 3 yrs) 1.5pts					0	
c. Minor general surgery	1		0.75	17 sc/r/y (51 sc/r in 3 yrs) 1.5pts					0	
d. Orthopedic	1		0.75	1-2 trauma/dislocation sc/r/y with a total of 10 points/r/y 1.5pts					0	
e. Urology	1		0.5	7 points/r/y (21 points/r in 3 years)					0	
f. Thoracic, vascular, cardiac	1		0.5	3-4 points/r/y (9-12 points/r in 3 years)					0	
g. Neurosurgery	1		0.5	3-4 points/r/y (9-12 points/r in 3 years)					0	
h. Pediatric general surgery	1		0.75	3-4 sc/r/y with 2 in the age range of 3-7 with a total of 13-14 points/r/y 1.5pts					0	
i. Obstetric & gynecology	1		0.75	32 sc/r/y with 7 cd, 7 labor (96 sc/r in 3 yrs). 1.5pts					0	

-Residents	0.5			Available				0	
-Consultants	0.5			Available				0	
f. Calendar of activities	1		didactics consist mostly of residents reporting chapters of textbooks	at least 1 consultant-led didactic activity/week on topic within his/her specialty/interest each with stated learning objectives, learners are evaluated (1)	didactics topics cover 75% of the curriculum, consultant and resident lecturers are evaluated (1.25)	learning objectives presented in multiple sessions (spiral learning) and mapped out, didactics by year level, includes guest lecturers/expe		0	
g. Policies and procedures for promotion	1			promotion is governed by a transparent policy that defines performance criteria across Knowledge, Skills, and Attitude (KSA) domains.				0	
								0	
PERFORMANCE AND ASSESSMENT	22	20%							
(Periodic eval) Quarterly assessment	8						Self Evaluation	Auto-computa	Comments
a. Quizzes	1		1/month	2/month; Quizzes should be highly specific, focusing narrowly on material covered in a recent lecture, journal club, or a particular clinical rotation; Quizzes are often graded instantly or reviewed immediately after completion, allowing for in-the-moment correction and discussion.(1)	4/ month (1.25)	>4/ month (1.5)		0	
b. Long Quizzes (Do we combine long quiz and short quizzes as one to have a total score of 2?)	1		2x/year	3x/year. 100-items; The questions are typically single-best-answer multiple-choice questions (MCQs) focused on application, analysis and synthesis thinking skills. The examination is level-specific, with content and standards tailored to each year of	4x/year (1.25)			0	

d. Comprehensive Examinations	2			1/year, 200-items; The questions are typically single-best-answer multiple-choice questions (MCQs) focused on application, analysis and synthesis thinking skills. The examination is level-specific, with content and standards tailored to each year of				0
f. Oral exam (frequency)	1		no exam	2x per year	3x per year (1.25)	4x per year Not include anymore in COE, 2x year as standard (1.5)		0
- Content	1			The scope and complexity of the clinical cases used are progressive and level-specific that advance with the resident's year of training		The examination is level-specific, with content and standards tailored to each year of training. (1.5)		0
- Assessment	1			Uses specific, standardized criteria and rating sheets to score performance, focusing on the core attributes; with inter-rater				0
- Feedback	1			Feedback given (catch up plan, commendations, recommendations). Feedback is focused on growth. Available remediation/catch up plan is tied directly to the performance				0

WpBA, compliance with	6			There should be sufficient number and variety of WPBAs, conducted by multiple assessors, across different clinical scenarios and competency domains. There should be provision and documentation of immediate, constructive, and specific feedback that clearly identifies strengths and areas for improvement, including					
a. CBD	2		>75% -99% (1)	100% of the resident demonstrated compliance with the prescribed cases for discussion established by the PBA for their designated year level, and attained a requisite minimum final				0	
b. DOPS	2		>75% - 99% (1)	100% of the resident demonstrated compliance with the prescribed skills established by the PBA for their designated year level, and attained a requisite minimum final				0	
c. Mini-CEX	2		>75% - 99% (1)	100% of the resident demonstrated compliance with the prescribed cases for mini-clinical examination established by the PBA for their designated year level, and attained a requisite minimum final				0	
PBA Led Exam	8								

a. RITE	2		<50%	50 - 100%. Training Committee reviews ITE performance reports and implement measures to actively assist trainees in addressing domains and subspecialties where their scores indicate a need for improvement. (Where do we		>75% (2.5)		0
b. WE basic	1		<75%. The training institution must provide mandatory, structured remediation for graduates who fail the diplomate exam to support re-examination	75 - 90% passed		>90% (1.25)		0
WE clinical	1		<75%. The training institution must provide mandatory, structured remediation for graduates who fail the diplomate exam to support re-examination	75 - 90% passed		>90% (1.25)		0
Oral Exam	2		<75%. The training institution must provide mandatory, structured remediation for graduates who fail the diplomate exam to support re-examination	75 - 90% passed		>90% (2.5)		0
c. DPBA	2		<75%. The training institution must provide mandatory, structured remediation for graduates who fail the diplomate exam to support re-examination	75 - 90% passed		>90% (2.5)		0
TOTAL								0
*FOR CENTERS OF EXCELLENCE								
1. Community Service and Social Responsibility						a. In-hospital charity work		
						b. Charitable programs/ collaborations		
						c. Missions (internal/ external)		

