TVET SKILLS INSIGHTS REPORT | 2025

BEHIND THE SCENES OF CARE: LABOR INSIGHTS INTO THE AUXILIARY HEALTH WORKFORCE *(CADAVER CARE & CLINICAL SIMULATION)*

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I. Overview of the Current Situation in Cadaver Care and Clinical Simulation

1.1. Industry Situationer

The Philippine healthcare sector is making significant strides toward achieving Universal Health Care (UHC), despite persistent challenges such as limited financing, a shortage of medical personnel, and gaps in infrastructure. The UHC system, operational since 2019, focuses on expanding preventive and primary care while addressing both communicable and non-communicable diseases (NCDs). These efforts are supported by public-private partnerships and targeted government initiatives, ensuring broader health insurance coverage through PhilHealth.

Progress is evident in improved health indicators, such as increased life expectancy and reduced infant mortality. However, issues remain, including declining vaccination rates, high NCD prevalence, and disparities in healthcare access across regions. The COVID-19 pandemic further highlighted systemic vulnerabilities, prompting a shift in priorities and underscoring the need for enhanced crisis management, research, and technology adoption. Aside from the pandemic, a 2019 study by the University of the Philippines Center for Integrative Studies highlighted the country's shortage of doctors, revealing that medical schools produce graduates averaging only 3,000 students annually. Nearly half (44%) of these graduates come from Metro Manila-based institutions, indicating a reliance on NCR medical schools.

To address these challenges, the government has implemented workforce development programs, such as scholarships and deployment initiatives, to strengthen healthcare capacity in underserved areas. Additionally, the private sector plays a crucial role by investing in specialized care and infrastructure, complementing public sector efforts. These combined initiatives demonstrate the commitment to building a more resilient, accessible, and equitable healthcare system under the UHC framework.

One initiative that supports the broader goal of the UHC is the Doktor Para Sa Bayan Act, which was signed by former President Rodrigo Duterte in 2020. The Act aims to implement a Medical Scholarship and Return Service (MSRS) program to support deserving students in state universities and colleges (SUCs) or partner private higher education institutions (PHEIs) in regions without SUCs offering medical courses. According to the Act's Implementing Rules and Regulations (IRR), each region must have at least one (1) medical school to address the doctor shortage in the country. This shall be overseen by the Commission on Higher Education (CHED), in collaboration with the Department of Health (DOH). The CHED will oversee the establishment and monitoring of medical schools, streamline requirements, evaluate applicants, manage scholarships, and maintain a medical school database. On the other hand, the DOH will provide data on healthcare worker distribution, identify ideal physician-to-population ratios, and, together with CHED, monitor Return Service Agreement (RSA) obligations to prioritize physician production in underserved areas. Given these stipulations, more medical schools will be established, and thus, will require the appropriate faculty and staff to support the implementation of the Doctor of Medicine program.

According to the Center for Educational Measurement, Inc., seventy (70) medical schools are in the Philippines as of January 2024. The list below shows the number of medical schools per region:

- National Capital Region - 19
- Cordillera Administrative Region - 3
- Region I - 4
- Region II - 3
- Region III - 4
- Region IV-A - 7
- Region IV-B - 1
- Region V - 2
- Region VI - 4
- Region VII - 8
- Negros Island Region - 1
- Region VIII - 2
- Region IX - 2
- Region X - 4
- Region XI - 4
- Region 12 - 2

Among these, only seven (7) are state universities and colleges (SUCs), namely:

- University of the Philippines
- Mariano Marcos State University
- University of Northern Philippines
- Cagayan State University
- Bicol University
- West Visayas State University
- Mindanao State University

To increase the number of SUCs offering the Doctor of Medicine program and address the resulting issues of the expensive cost of medical education, proposals are being filed for the establishment of a college of medicine, for example at Eastern Samar State University, aiming to add another SUC to the list of institutions offering medical program. This aligns with the Doktor Para Sa Bayan Act.

Moreover, according to the 2019 study by the UP Center for Integrative and Development Studies, there are not enough slots in medical schools in the country, particularly in public universities, which have not significantly expanded their programs in decades despite the increasing demand for doctors. Top-performing institutions such as UP Manila, West Visayas State University, Pamantasan ng Lungsod ng Maynila (PLM), and Mindanao State University-Marawi produce fewer than 170 graduates annually. While existing programs have room to expand their student bodies, especially in public universities, the overall lack of capacity limits the number of medical graduates. Expanding medical school slots and programs is essential to meet the rising demand for healthcare professionals in the country.

Building on the critical need to expand medical school programs, it is equally important to examine the Doctor of Medicine program in the Philippines and its capacity to meet the increasing demand for doctors, which underscores the urgency of bolstering manpower for the medical schools.

The Doctor of Medicine (MD) program is a postgraduate program, typically spanning at least four years, that integrates basic science and clinical courses designed to train and develop professional physicians. In all MD programs, anatomy serves as a cornerstone of medical education, providing students with a

comprehensive understanding of the human body's structure. Yet, anatomy education has faced concerns over declining standards in medical schools, prompting a shift from traditional dissection to more innovative, time-efficient methods. Technologies such as virtual reality, 3D printing, and simulations using anatomical models now provide interactive learning experiences, enhancing understanding of structures in ways previously impossible. Integrating anatomy with pathology, imaging, and clinical medicine further boosts its clinical relevance, helping students link anatomical knowledge to diseases and diagnostic interpretation. However, despite technological advancements in the teaching of anatomy, using cadavers to study human anatomy remains highly effective and essential in medical education. In fact, even postgraduates continue to use cadavers in their workshops and training for surgical sciences.

The practice of using human bodies for medical training originated in Europe during the Late Middle Ages and became more widespread in the 18th and 19th centuries. Historically, anatomists relied on sources like the gallows, jails, and poorhouses. However, in the 1960s and 1970s, body donation through informed consent was introduced. Despite advancements in 3D printing and virtual simulations sparking debates on the dissection's role, it remains widely practiced in medical schools and is increasingly used in postgraduate education. This underscores the ongoing global demand for cadavers in anatomical sciences.

Currently, the Philippines is experiencing a shortage of cadavers to be used by medical students. According to Dr. Rafael Bundoc, Chairperson of the Department of Anatomy at the UP Manila College of Medicine, the ratio of medical students to cadavers is 20:1. This is less desirable than the ideal ratio of four (4) or six (6) medical students to one (1) cadaver. With the enactment of the Doktor Para sa Bayan Act, the number of medical students competing for access to *silent teachers* in anatomy classrooms will keep increasing. To encourage and authorize the donation of human bodies for research and training purposes, the Silent Teachers Act, or House Bill 10416, is being proposed in Congress. This bill aims to streamline and standardize the procedures for donating human bodies and body parts for educational, scientific, and research purposes. The Silent Teachers Act highlights the importance of physicians using donated bodies, or "silent teachers," to refine skills and ensure patient safety. Moreover, other areas such as proper body handling (e.g., transferring to a holding/embalming activity) are part of the proposed legislation. Rep. Hernandez emphasized addressing the shortage through laws and establishing ethical and transparent body donation registries, supported by government awareness campaigns promoting the philanthropic value of body donation for medical education and healthcare improvement. Common ingredients in making embalming fluids include formaldehyde, methanol, sodium borate, sodium nitrate, glycerin, coloring agents, and water.

Laboratories with cadavers are required to employ specialists trained to care for the specimens. Cadavers intended for laparoscopic training need to be prepared using one of two methods: cryopreservation or embalming. Cryopreservation is a technique used to preserve organelles, cells, tissues, or other biological materials by cooling them to extremely low temperatures. On the other hand, embalming refers to the process of "cleaning, disinfecting and treating the dead human body with

chemicals to delay its decomposition after death, to provide time for viewing and mourning before the final disposition" (DOH Administrative Order No. 2010-0033). In line with these requirements, newly established medical schools with 50 to 100 students annually would likely need at least 3 to 4 laboratory technicians for the anatomical laboratory alone. This need becomes even more pronounced considering that additional technicians would be required for other departments such as Pathology, Biochemistry, and Pharmacology, each with its own technical demands.

In the Philippines, the Department of Health (DOH) maintains that the practice of embalming is regulated by its Committee of Examiners for Undertakers and Embalmers (CEUE) in compliance with the Code on Sanitation of the Philippines (PD 856) and Executive Order No. 102 s. 1999. The CEUE ensures that only qualified individuals are allowed to enter the regulated profession and that embalmers deliver care and services according to professional standards. This is ensured through a DOH-administered examination. The license to practice will only be issued to the embalmers once the theoretical and practical examinations are passed. During the consultation, it was shared that as a prerequisite, embalmers shall likewise pass the Board Exam as regulated by the Professional Regulation Commission (PRC).

The embalmers may then practice their profession only after fulfilling the requirements set by the DOH, with their licenses renewed every three (3) years during their birth month at their respective regional health offices. Additionally, the CEUE issues the certificate of registration to DOH-accredited trainers/institutions/associations who provide the training.

According to DOH Administrative Order No. 2010-0033, the responsibilities of embalmers include:

- Ensuring the identity of the deceased before proceeding with embalming;
- Attending to all procedures of embalming of remains;
- Ensuring that no parts of the remains shall be removed during embalming;
- Applying all sanitary precautions in the embalming of remains; and
- Updating their knowledge by undergoing training conducted by the Department of Health accredited trainers/ institutions/ associations.

While the use of cadavers in medical education is accepted as the *golden standard,* providing a chance to gain visual and tactile experience without posing any risk to patients, there are still alternatives to giving medical students the experience of treating patients. One of which is through clinical simulations.

Simulation is the artificial representation of complex real-world processes designed to facilitate immersive learning, reflection, feedback, and practice without the risks of real-life scenarios. In modern medical education, it plays a crucial role as curricula emphasize cognitive, psychomotor, and affective learning, focusing on patient care, error management, patient safety, and resource efficiency. Simulation enables experiential learning while addressing ethical, legal, and societal concerns that arise when working with real patients. By recreating high-fidelity scenarios, it enhances skills in crisis resource management and supports safer, more effective patient care practices. This approach is essential for individuals, multidisciplinary

teams, and healthcare institutions, making simulation an indispensable tool in medical training.

Fidelity in simulation refers to the realism and technical complexity of models, with higher fidelity models being more costly but flexible, while low-fidelity models are quicker and cheaper to develop. Not all objectives require high-fidelity simulations, as some are better suited to simpler part-task trainers. Simulators can be classified according to type and fidelity. The table below summarizes the classifications of simulators and their features.

Table 1. Summary of the Classification of Simulators

	Classification	Features
Type	Compiler driven	Part-task trainers replicate specific anatomical parts with varying sophistication to practice particular procedures or interventions
	Event driven	Standardized patients/care actors - actors role-play history taking, physical exams, and communication skills in clinical encounters
		Hybrid simulation - standardized patients and part-task trainers are combined
		Computer-based simulators - Uses mouse-and-keyboard navigation for various pharmaco-physiological models, and is categorized by fidelity
Fidelity	Low-fidelity simulators	Screen-based text simulators - create scenarios where user choices generate new narratives and management options
		Static mannequins - used for hands-on practice
	Medium-fidelity simulators	Screen-based graphical simulators - ideal for demonstrating physiological modeling and drug processes, typically using a mouse interface
		Mannequins with mechanical movement - includes a mannequin and software to simulate student-teacher interactions, with computer-based visuals to teach practical skills and a 'range of normal variation'
	High-fidelity simulators	Non-physiologic (static) programming - operator-dependent parameters must be manually set and reset after interventions
	Physiologic programming	Physiologic programming - parameters automatically change based on intervention, with physiological responses generated without operator input

In 2023, the Clinical Simulation Laboratory (CSL) was inaugurated in the UP College of Medicine to enable medical students to gain real-time experiences as healthcare providers and develop analytical decision-making without the risk of possibly harming actual patients. The UPCM CSL, the first fully-equipped simulation facility in a state university in the Philippines, serves as a benchmark for seventeen (17) SUCs and institutions in the country, namely:

1. Bataan State University
2. San Beda University
3. Palawan State University
4. Bohol Island State University
5. University of Santo Tomas
6. University of the Philippines Mindanao
7. National Kidney Transplant Institute
8. Caraga State University
9. Camarines State University
10. Batangas State University College of Medicine
11. North Eastern Mindanao State University
12. Sultan Kudarat University
13. Manila Central University
14. Iloilo Central University
15. University of Southern Mindanao
16. Southern Luzon State University
17. Tarlac State University

Since its establishment in 2023 until August 2024, the CSL has had a total of 1,535 student usage from different UPCM departments (Table 2), showing the laboratory's demand in medical education. The CSL is also used by external institutions to provide simulation-based training programs.

Table 2. Student Usage from 2023 to 2024

2023 (Jan - Dec 2023)	2024 (Jan - Aug 2024)	Total
721	814	1535

Note: Students are counted and recorded per activity/event; duplication in counting may occur (i.e., the same student participating in 2 different activities will be counted as 2)
Source: UPCM CSL

If laboratories with cadavers catering to 50 to 100 medical students need at least 3 to 4 laboratory technicians, clinical simulation laboratories would require an even greater number of personnel due to the complexity and scale of their operations. Unlike cadaver labs, simulation labs involve the use of high-fidelity mannequins, advanced software, and specialized equipment that must be maintained, operated, and programmed for various clinical scenarios. Each simulation session typically requires a multidisciplinary team—including simulation technicians, specialists, clinical educators, and standardized patients—to ensure effective facilitation and technical support. Further compounding this need is the observed worldwide trend for simulation-based education. For instance, neighboring countries like Thailand currently has about 10 cadaver laboratory centers where they perform the simulations, a minimal comparison to the Philippines' three existing centers. The same need for available infrastructure is anticipated but such investment would require skilled technicians specially trained in handling human remains and preparing it for clinical simulation.

Moreover, CHED now requires almost all health-related schools to be simulation-based education-ready. As a result, schools must continually invest in simulation equipment—ranging from high-fidelity mannequins to digital devices—to train future doctors, nurses, dentists, physical therapists, and other healthcare professionals. All of these practitioners begin their education by studying the human body, which in turn increases the demand for skilled personnel capable of handling and preserving instructional materials like cadavers.

Unfortunately, most simulation lab staff are hired on a job order basis with no plantilla positions available, making it difficult to attract and retain qualified individuals. This precarious employment setup contributes to the outmigration of skilled workers who seek better pay and more permanent positions abroad. To address this, there is a pressing need to institutionalize staffing in simulation labs through the creation of plantilla positions and the implementation of structured training and career development pathways.

1.2. UP Manila and TESDA Partnership

In light of Republic Act No. 11509 or An Act Establishing a Medical Scholarship and Return Service Program for Deserving Students, and Appropriating Funds Therefor, also known as the Doktor Para sa Bayan Act, more medical schools are being established, since particularly all regions must have at least one (1) state-operated medical school, and thus would need more laboratory technicians and related jobs. The Doktor Para sa Bayan Act stipulates that deserving medical students will be given medical scholarships to pursue medical education provided that they "render services in government public health offices or government hospitals in their hometown or any municipality in their home province or in any underserved municipality in any province, as part of their integration into the public health and medical service system." The Act serves as a solution to address the insufficient doctor-patient ratio in the Philippines, which is 3 to 10,000, which is significantly lower than the World Health Organization (WHO)-prescribed ratio of 10 to 10,000.

The following are the jobs/skills that are foreseen to be needed by medical schools and thus must be developed into TVET programs according to the University of the Philippines (UP) - Manila:
1. Wet & Dry Embalming
2. Simulation Technician
3. Autopsy Technician

As one of the eight constituent universities of the UP System, UP Manila provides academic programs, training, and extension services in health sciences, health professions education, arts, and sciences. Likewise, UP Manila is widely recognized as the country's leading institution in health sciences and a pioneer in health human resource development, education, training, and research.

Thus, recognizing the crucial role to be played by the TVET sector in the preparation and development of a skilled workforce, UP Manila and the Technical Education and Skills Development Authority (TESDA) formally forged a partnership in

September 2024 through the signing of a memorandum of understanding. The partnership aims to meet the growing demand for skilled professionals in healthcare and health sciences education support. Areas such as advanced cadaver care, health informatics, disaster response, and simulation-based health sciences education can be integrated into innovative TVET courses with the help of UP Manila. The agreed collaboration areas and activities include:

- Conduct knowledge and information sharing on science-focused health education and training standards;
- Conduct research for the development of national health policies and effective and efficient Technical Vocational Education and Training programs;
- Organize and conduct consultation seminars, conferences, and symposia; and
- Other academic activities may be mutually agreed upon by the parties.

II. Identification of the Industry Job and Skills Requirements

From the initially identified job and skills requirements of UP Manila (wet & dry embalming, simulation technician, autopsy technician), a skills mapping process (i.e., identification of requirements based on secondary research) followed by a validation through a sectoral consultation was conducted.

The industry consultation serves as one of TESDA's methodologies for skills needs anticipation, which intends to establish and strengthen industry collaboration and linkages and provide a forum for the relevant stakeholders to identify skills requirements needed, concerns within the industry, and recommendations.

2.1. Objectives

The consultation intends to collect information on the current situation of the auxiliary healthcare industry *(cadaver care and clinical simulation)* in the country to determine the necessary training-related support and programs for the sector. Specifically, it intends to:

1. Determine the challenges and opportunities;
2. Present and validate the skills map;
3. Discuss the relevance of the existing Training Regulations; and
4. Determine the priority skill requirements for the sector.

III. Highlights of the Industry Consultation

The identification and prioritization of the job and skills requirements for the auxiliary healthcare industry, focusing on cadaver care and clinical simulation, is an integral component of the TESDA and UP Manila partnership. Thus, with the assistance of UP Manila, the team convened relevant government agencies, including the Department of Health and industry players, to validate the jobs and skills requirements of the industry.

Prior to the consultation, a survey questionnaire was disseminated to cover the various applications of cadaver care and clinical simulation. As determined during

the scoping meeting, the following groups/subsectors had been included: (1) Academic institutions; (2) Medical facilities (i.e. hospitals); (3) Forensic institutions; and (4) Funeral services.

However, provided the limitations of the responses received and the representation during the conducted validation meeting, the results found in the succeeding sections will only cover the academic institutions and funeral services subsectors.

3.1. Challenges and Opportunities

According to the survey respondents and the attendees of the validation meeting, the auxiliary healthcare industry plays a vital yet often under-recognized role in supporting the broader health system, encompassing a wide range of services from academic training and laboratory support to end-of-life care. The DOH expressed that the Philippine health workforce extends far beyond just health professionals and the recognition of the varied cadres of health human resource is crucial for accurate workforce planning and ensuring the effective production and support of core health professionals.

The academic subsector of the auxiliary healthcare industry faces multiple economic and employment-related challenges. Low compensation, underpayment of specialized roles, lack of plantilla positions, and limited government funding restrict the growth and sustainability of support services. Additionally, the migration of skilled professionals and reliance on job order arrangements contribute to workforce instability and brain drain. The absence of comprehensive standards for auxiliary professionals, standardized metrics to assess shortages, and the high cost of simulation-based education further strain institutions. For instance, each of the mannequins used for dry simulation costs about PhP 20 million and leaving them to untrained personnel is not a risk the industry would be willing to take. UP Manila shared that the problem experienced with nurses in terms of workforce shortage will be the same occurence for professionals concerned with cadaver care, particularly with the existing employment status. Because the centers need to run and there are few equipped personnel, UP Manila had resorted to include as part of its team a high school graduate described as *"kapit sa patalim"* while emphasizing the latter's trainable characteristic.

Despite these, opportunities are emerging from Universal Health Care investments, the expansion of medical schools, digitalization including the rise of telemedicine and digital healthcare, and CHED's push for simulation-based training. To date, over 21 state universities have opened medical schools requiring anatomical laboratories with cadaver-care instruction — increasing the demand for trained personnel. The growing demand for skilled lab technicians, simulation specialists, and cadaver handlers—driven by the need for realistic clinical training—offers new avenues for workforce development, provided there is government and institutional support to create more plantilla positions, offer specialized training, and build certification frameworks. The development of competency-based training, ladderization of education with recognition of prior learning (RPL) pathways, and

provision of scholarship are among the initiatives that the industry is looking forward to further strengthen auxiliary healthcare services.

In the funeral subsector, challenges include low wages, high costs of embalmer education, and the profession's low societal regard as compared to other Asian countries like Japan and Singapore. These hinder the attraction and retention of qualified professionals, despite their essential role in dignified end-of-life care. The difficult licensure exam (i.e. with only about half of exam takers passing the test) due to limited education and training time further exacerbate the shortage of certified embalmers. The training and upskilling for specialized embalming techniques are currently being done by the facilities/institutions where they are currently employed. Nevertheless, there is a growing recognition of the importance of embalming as both a science and an art, especially in anatomical and reconstructive applications. With global demand for skilled embalmers and the growing domestic need due to new medical schools and forensic science developments, the sector sees potential for growth. Institutional efforts—like ladderized training through TESDA and emerging programs in forensic science—could elevate the status of embalmers and open up local and international opportunities from community roles to specialized fields, reinforcing the profession's critical role in both healthcare and death care services.

3.2. Technical Job and Skills Requirements

The value chains for cadaver care and clinical simulation and their initial list of requirements (Annex A) were validated by industry representatives during the initial consultation. The terminologies used were revised, and the job requirements were updated to what is reflected in the table below (Table 3).

In summary, the role of autopsy technicians was emphasized to extend beyond medical education and should also be recognized within public health, forensics, and criminal justice. For clinical simulation, the scenario design process was refined by removing simulation engineers and placing the clinical educator at the forefront of design, supported by simulation specialists. To improve clarity, the latter part of the value chain was redefined as "Simulation Implementation and Facilitation," comprising roles such as Clinical Educator, Facilitation/Instructor, Simulation Specialist/Technician, and Actor/Standardized Patient. Still, provided the limited laboratories and equipment in the country, the industry representatives reminded that not all medical schools would be able to comply with all of the specified requirements.

Table 3. List of Validated Job Requirements per Value Chain Segment in Cadaver Care and Clinical Simulation

Value Chain	Value Chain Segment	Jobs
Cadaver Care	Acquisition and Donation	Body Donation Program Coordinators
		Legal and Ethical Advisors
		Records Management Specialists

	Preparation and Preservation	Embalmers
		Laboratory Technicians
		Sanitation Specialists
		Autopsy Technician - Healthcare (Medical and Clinical Pathology)
		Autopsy Technician - Forensic Science (Medico-Legal & Law Enforcement)
		Autopsy Technician - Education & Research
		Autopsy Technician - Funeral & Mortuary Services
	Allocation and Distribution	Logistics and Supply Chain Specialists
		Ethical Allocators
		Inventory Managers
	Utilization in Medical Education	Anatomy Instructors
		Medical Trainers
		Ethics Educators
		Biomedical Informatics Specialists
		Autopsy Technician
		General Laboratory Technicians
		Laboratory Technician Specialist
	Complementation with Technology	Digital Simulation Developers
		Imaging Technologists
		Technology Integration Experts
	Ethical Disposal and Memorialization	Cultural and Religious Consultants
		Mortuary Staff
		Event Organizers
	Feedback and Continuous Improvement	Quality Assurance Specialists
		Research Scientists
		Policy Review Experts
Clinical Simulation	Simulation Program Development	Program Director
		Curriculum Designer
		Clinical Subject Matter Expert (SME)
	Simulation Scenario Design	Clinical Educator
		Simulation Specialist/Technologist

			Clinical Educator
	Simulation Implementation and Facilitation		Facilitator/Instructor
			Simulation Specialist/Technician
			Actor/Standardized Patient
	Feedback and Assessment		Debriefing Specialist
			Clinical Evaluator
			Quality Assurance Analyst
	Research and Development		SBME Researcher
			Innovation Specialist
			Grant Writer/Policy Advocate
	Infrastructure and Resource Management		Simulation Lab Manager
			IT Specialist
			Administrative Coordinator
	Policy, Ethics, and Legal Compliance		Compliance Officer
			Regulatory Specialist
			Legal Advisor

This list of job requirements was included in the disseminated questionnaire to determine the jobs/skills requirements that are relevant to the industry in the next five years, which is critical in the development of the TVET programs. The respondents were also asked what qualifications or certifications are required to perform the job.

3.3. Identified Priority Job Requirements for Cadaver Care and Clinical Simulation

Table 4 summarizes the validated and prioritized job requirements in cadaver care and clinical simulation, according to their respective value chain segment, as identified during the validation and presentation of the survey results.

Laboratory Technicians and Sanitation Specialists were unanimously identified as requiring higher education. This could mean that the TVET programs necessary for these job requirements lean toward upskilling. Simulation Lab Manager was also identified by the majority to require higher education. Particularly, the industry representatives noted that the title "manager" typically requires a master's degree and that their tasks are administrative, so it was recommended to change the job title to "simulation lab administrator."

The group also identified nuances in simulation-based roles, noting the difference between simulation technicians as those who can be trained from a basic educational background, and simulation specialists as those who require clinical experience and sometimes fellowship training. To simplify qualifications, it was recommended to standardize the role under the term "simulation technician." Further, it was emphasized that roles like IT

specialist or regulatory officer are redundant in academic simulation labs, as these are typically handled by the institution.

Further, the difference between laboratory technician specialists—who handle embalming and complex machinery—and bench technicians, who assist with prep and safety tasks, stressing the need for proper training due to hazardous exposure. A structured training pathway for a new "cadaver care technician" role was advocated, starting from high school graduates and leading to post-licensure opportunities. According to the participants, this would support workforce recognition and regulatory alignment through TESDA and DOH, and help professionalize and elevate the cadaver care profession.

Table 4. List of Priority Job Requirements in the Auxiliary Healthcare Industry

VALUE CHAIN	JOBS/ SKILLS/ QUALIFICATIONS	JOBS/SKILLS IMMEDIATELY NEEDED *(multiple response is allowed)*		ASSESS THE SHORTAGE OF WORKERS IN FILLING-UP THE SKILLS REQUIREMENTS *(choose only one from the three choices)*			REASONS/CONSTRAINTS IN FILLING-UP THE SKILLS REQUIREMENTS (e.g. no qualified applicants, prefer to work abroad, seek higher pay, work schedule)	RECOMMENDED ACTION (e.g. need for conduct of training, standardization, certification)
		In the next 1-3 years	In the next 3-5 years	Low (below 100)	Medium (100-500)	High (above 500)		
Cadaver Care								
Acquisition & Donation	Body Donation Program Coordinators		100.00%	100.00%	0.00%	0.00%		
	Records Management Specialist		100.00%	100.00%	0.00%	0.00%		
Preparation & Preservation	Embalmers	100.00%		50.00%	0.00%	50.00%		
	Autopsy Technician - Funeral & Mortuary Services	100.00%		0.00%	0.00%	100.00%	no qualified applicant. seek higher pay	standardized learnings, needs higher education on restoration,
	Laboratory Bench Technician	100.00%		100.00%	0.00%	0.00%		
	Sanitation Specialists	100.00%		100.00%	0.00%	0.00%		
	Cadaver Care Technician	100.00%		100.00%	0.00%	0.00%		
Complementation with Technology	Imaging Technologists	100.00%		100.00%	0.00%	0.00%		
Ethical Disposal and Memorialization	Mortuary Staff	100.00%		0.00%	100.00%	0.00%		
	Event Organizers	100.00%		0.00%	100.00%	0.00%		

Clinical Simulation								
Simulation Implementation and Facilitation	Simulation Technician	75.00%	25.00%	100.00%	0.00%	0.00%		
	Actor/ Standardized Patient	75.00%	25.00%	100.00%	0.00%	0.00%		
Infrastructure & Resource Management	Simulation Lab Administrator	75.00%	25.00%	100.00%	0.00%	0.00%		

Despite being identified as a priority of the industry, the job embalmers, however, was removed from the list of requirements to be developed into TVET programs since it requires DOH licensing as stated in Presidential Decree No. 856, Section 94. Licensing and Registration Procedures, (a) Issuance of license of practice:

"1. Any person who desires to practice undertaking or embalming shall be licensed to practice only after passing an examination conducted by the Department.

2. Licensed undertakers or embalmers shall practice undertaking or embalming in
accordance with requirements prescribed by the Department."

3.4. Soft Skills and Skills Related to the 4IR

In addition to technical skills, the respondents recognized the critical importance of soft skills for auxiliary healthcare workers. The table below lists the necessary soft/essential skills identified by the academic and funeral subsectors:

Table 5. List of Soft Skills Required in the Auxiliary Healthcare Industry– Academic and Funeral Subsectors

Academic Subsector	Funeral Subsector
- Communication skills (e.g. clear and effective, active listening, English and Filipino proficiency) - Interpersonal skills (e.g. empathy, compassion, teamwork, collaboration, cultural and patient sensitivity) - Critical thinking and problem solving (e.g. adaptability, patient needs assessment, troubleshooting) - Professionalism and work ethic (e.g. integrity, honesty, punctuality, reliability, commitment, flexibility, time management) - Resilience and stress management (e.g. emotional resilience, self-care) - Technical adaptability (e.g. willingness to learn, digital literacy, EMR, telehealth) - Basic and advanced computer programs competency - Eagerness to learn and do new things - Understands and values industry's importance	- Empathy - Attention to details - Patience - Good communication skills

On the other hand, the emerging/futuristc skills resulting from new jobs/tasks associated with the fourth industrial revolution relevant to the auxiliary healthcare industry identified by the respondents are the following:

Table 6. List of Emerging/Futuristic Skills in the Auxiliary Healthcare Industry that Result from New Jobs/Tasks Associated with the Fourth Industrial Revolution

Emerging/Futuristic Skills	Prioritization Result	Equivalent TVET Program
3D-Printed & Synthetic Cadaver Development	High Priority (Priority 1)	No Equivalent TVET Program
Data-Driven Clinical Training	High Priority (Priority 1)	No Equivalent TVET Program
Telemedicine & Remote Simulation	High Priority (Priority 1)	No Equivalent TVET Program

Digital Preservation & Virtual Dissection	Medium Priority (Priority 2)	No Equivalent TVET Program
Advanced Embalming & Bio Preservation	Medium Priority (Priority 2)	No Equivalent TVET Program

However, it was also noted that the adoption of these technologies remains limited in the Philippines, as most healthcare and funeral institutions lack the infrastructure and resources, with only a few major hospitals and universities having access to such advanced tools. As a result, while these emerging roles are acknowledged, the industry believes they need not be prioritized in program development at this time.

Based on the results of the survey, all respondents expressed readiness for emerging skills relevant to Industry 4.0, and that both academic and funeral subsectors have initiated efforts in this direction. However, a discrepancy emerged during the discussion, especially since it was highlighted that many institutions still lack the facilities and equipment to fully support these technologies. Despite this gap, the funeral subsector is beginning to take proactive steps, including planning, launching training initiatives, and acquiring tools such as advanced embalming machines and airbrush makeup equipment. In particular, they support international seminar participation to further advance their capabilities in the field.

3.5. Possible Training Providers

According to the respondents, the following are the possible training providers of the TVET programs that will be developed:
- Local academic institutions with established programs (e.g. UP)
- Foreign institutions with accredited or established programs
- Regulating government agencies with qualified experts
- Simulation faculty / local medical simulation centers (for workshops and hands-on training)

It should be noted, however, that the DOH is a regulating body and cannot provide training due to conflict of interest and lack of qualified experts, particularly for non-college degree holders.

3.6. Sector/Sub-Industry Employment

Listed below are the identified potential sectors and sub-industries where the developed skills could be applied:
- Agriculture, Forestry, and Fishery
- Human Health / Health Care
- Information and Communication Technology
- Logistics
- TVET
- Utilities

The respondents noted that seemingly unrelated sectors like agriculture and logistics are relevant to the auxiliary healthcare industry through environmental concerns (e.g., waste

disposal from embalming) and future body donation logistics for education and research. They acknowledged the importance of proper handling, transport, and regulation in these emerging needs.

IV.   Mapping of the Job and Skills Requirements vis-a-vis Existing TVET Programs

The table below shows the mapping of the identified skills requirements for the auxiliary healthcare industry vis-a-vis the existing TVET programs.

Table 7. Mapping of the Skills Requirements and their Corresponding Existing TVET Programs

Value Chain	Value Chain Segment	Technical Requirements (Job/Skill/Qualification)	Equivalent TVET Program
Cadaver Care	Acquisition & Donation	Body Donation Program Coordinators	No Equivalent TVET Program
		Records Management Specialist	No Equivalent TVET Program*
	Preparation & Preservation	Autopsy Technician - Funeral & Mortuary Services	No Equivalent TVET Program
		Laboratory Bench Technician	No Equivalent TVET Program
		Sanitation Specialists	Facility Cleaning and Disinfecting Level II
		Cadaver Care Technician	No Equivalent TVET Program
	Complementation with Technology	Imaging Technologists	No Equivalent TVET Program**
	Ethical Disposal and Memorialization	Mortuary Staff	No Equivalent TVET Program
		Event Organizers	Events Management Services NC III
Clinical Simulation	Simulation Implementation and Facilitation	Simulation Technician	No Equivalent TVET Program
		Actor/ Standardized Patient	No Equivalent TVET Program
	Infrastructure & Resource Management	Simulation Lab Administrator	No Equivalent TVET Program

*Competency from Barangay Health Services NC II
**Diploma Course on Digital Imaging Technology

In refining the training and qualifications landscape for roles within the cadaver care value chain during the validation meeting, several key developments and recommendations were discussed. For instance, while the existing Events Management Services NC III covers general event organization, it lacks specificity for funeral services. The suggestions were to either revise the TR or develop a microcredential tailored to funeral events. Additionally, the group identified overlap in competencies for records management within the Barangay Health Services NC II TR, recommending it also be repackaged as a microcredential program. Furthermore, the job requirement for Imaging Technologists has an equivalent

diploma course, which is Digital Imaging Technology. However, given that the diploma programs are at Level 5 of the Philippine Qualifications Framework (PQF), the TVET program that will correspond to the Imaging Technologist job requirement and its level are still dependent on the results of the functional analysis. Other than these qualifications, it is evident that there is a distinct lack of TVET programs that cater to cadaver care and clinical simulation.

V.   TVET Capacity

Listed below are the data on the TVET Capacity at the national level based on the jobs/skills/occupations listed in the previous section.

Table 8. Total Number of Enrolled, Graduated, Assessed, and Certified as of December 2024

TESDA Sector	Training Qualification	Enrolled	Graduates	Assessed	Certified
Human Health / Health Care	Barangay Health Services II	1,072	910	3,894	3,798
Social, Community Development and Other Services	Facility Cleaning and Disinfecting Level II	74	50	N/A	
Tourism (Hotel and Restaurant)	Events Management Services III	25,604	23,846	29,492	26,570
TOTAL		**26,796**	**24,851**	**33,386**	**30,368**

The TVET infrastructure is provided as well due to its impact on the efficiency of the TVET Capacity for the identified existing TVET programs.

Table 9. Total Number of Registered Programs, Trainers, Assessment Centers, and Competency Assessors as of December 2024

TESDA Sector	Training Qualification	Registered Programs	Trainers	Assessment Centers	Competency Assessor
Human Health/ Health Care	Barangay Health Services NC II	66	210	59	97
Social, Community Development and Other Services	Facility Cleaning and Disinfecting Level II	1	1	N/A	
Tourism (Hotel and Restaurant)	Events Management Services NC III	462	905	283	235
Total		**529**	**1116**	**342**	**332**

The significant lack of available programs in both cadaver care and clinical simulation is further compounded by the observation that among the available TVET programs, only two (2), namely Barangay Health Services NC II and Events Management Services NC III, have TVET infrastructure and output.

VI. Ways Forward

To address the declining number of doctors in the Philippines, more medical schools are being established by virtue of the Doktor Para sa Bayan Act. With the increase in medical schools comes an increase in manpower that will deliver the appropriate medical education to the students. In the country, the use of cadavers in teaching anatomy is still being practiced as it is proven to provide accurate information to the students. Embalming and autopsy are significant aspects of cadaver care. However, there is a glaring lack of workers in those fields. On the other hand, an efficient and effective alternative to this is through clinical simulation. The value chains of these practices were examined to determine the job priorities foreseen with the increase of medical schools in the country. Moreover, given the nature of the cadaver care industry, it is not just the medical schools that hire employees in that specific value chain, but also mortuaries and columbaria.

Based on the information presented, TESDA will be able to support the cadaver care and clinical simulation industries by supplying them with capable workers. With this, TESDA needs to:

1. Develop and review TVET programs that cater to specialized roles in cadaver care and clinical simulation, particularly those that have higher demands in the industry.

Based on the processed skills mapping survey results using the formula based on TESDA Circular No. 001, s. 2023, which were further validated by the industry, the following skills/jobs are recommended for the development of comprehensive Competency Standards to be conducted by the **Qualifications and Standards Office (QSO)**:

Table 10. List of Job Requirements Recommended for CS Development

Value Chain	Value Chain Segment	Technical Requirements (Job/Skill/Qualification)	Priority Level
Cadaver Care	Acquisition & Donation	Body Donation Program Coordinators	Low Priority (Priority 3)
	Preparation & Preservation	Autopsy Technician - Funeral & Mortuary Services	High Priority (Priority 1)
		Laboratory Bench Technician	Medium Priority (Priority 2)
		Cadaver Care Technician	Medium Priority (Priority 2)
	Complementation with Technology	Imaging Technologists	Medium Priority (Priority 2)
	Ethical Disposal and Memorialization	Mortuary Staff	High Priority (Priority 1)
Clinical Simulation	Simulation Implementation and Facilitation	Simulation Technician	Medium Priority (Priority 2)
		Actor/ Standardized Patient	Medium Priority (Priority 2)
	Infrastructure & Resource	Simulation Lab Administrator	Medium Priority (Priority 2)

	Management		

Similarly, there were existing TVET programs or their competencies identified to correspond to job requirements, particularly Barangay Health Services NC II for Records Management Specialist and Events Management Services NC III for Event Organizer. As discussed during the validation meeting, it is recommended that the QSO also develop microcredential programs for these job requirements and use the existing TVET programs as references.

Table 11. List of Job Requirements Recommended for Microcredential Program Development

Value Chain	Value Chain Segment	Technical Requirements (Job/Skill/Qualification)	Priority Level
Cadaver Care	Acquisition & Donation	Records Management Specialist	Low Priority (Priority 3)
	Ethical Disposal and Memorialization	Event Organizers	High Priority (Priority 1)

Additionally, the QSO shall explore job requirements and program ladderization during the conduct of its functional analysis. UP Manila highlighted the recommendation of the Philippine Society of Academic Laboratory Technicians on the proposed leveling of programs:

- Level 1: Laboratory Assistant/Laboratory Aide for Basic Embalming (college undergraduate/college graduates)
  - Embalmers get training from DOH-accredited institutions
  - Perform the following tasks
    - Perform routine cleaning, sterilization, and other light housekeeping tasks;
    - Complete tasks under the direct supervision of an administrative superior;
    - Assure equipment, glassware, and laboratory works area are clean and orderly;
    - Respond to the direction and feedback given by their supervisors on a daily basis

- Level 2: General Laboratory Technician (graduate of any bachelor's degree related to sciences like biology, chemistry, pharmacy, medical technology, and nursing)
  - Performs the following tasks:
    - Practical hands-on work in the laboratories, laboratory tech work in diverse setting, which include the healthcare industry, research, education institutions;
    - May work in a variety of fields, such as medicine, biology, chemistry, electronics, geology, and the environment

- Level 3: Laboratory Technician Specialist (graduate of any bachelor's degree in science, must have training in laboratory procedures or processes)

- ○ Specializes in specific categories
- ○ Examples include Anatomy Lab Technicians, Pathology and Forensic Technician, Simulation Technician

2. Ensure that the concerned government agencies and industry representatives are involved in the process of program development and shall recognize the TVET graduates that will increase employment opportunities.

The **QSO** shall ensure that the DOH - CEUE, as the office regulating the practice of embalming in the Philippines, will be involved in the TVET program development process particularly to guarantee that the TVET programs shall not lead to the illegal practice of embalming. The DOH - CEUE referenced during the consultation the experience with TESDA's massage therapy program. Additionally, industry associations both in the academic and funeral services subsector shall also be part of the working group provided the peculiarities surrounding the responsibilities specific to the intended application.

Further, the **Partnership and Linkages Office (PLO)** shall explore as an area of collaboration with the concerned government agencies, the recognition of the TVET program graduates to facilitate the transition from training to employment. The **Planning Office** shall provide the necessary assistance should a crafting of a specific policy be recommended.

3. Conduct the prioritization process for the forensic and medical services subsector of the auxiliary healthcare industry to determine its skills priorities.

Autopsy technicians or similar jobs or skills were not identified in the prioritization, as there was no response from the forensic and medical services in the skills mapping survey. Thus, the **Planning Office** is recommended to continue pursuing stakeholders from the forensic and medical services industry to answer the survey and identify the skills requirements in their industry. Particularly, the severe lack of practitioners prompted the ongoing discussions and Presidential Directive on the establishment of a National Forensics Institute in the Philippines.

The Technical Working Group (TWG) is looking into the skills training for autopsy technicians as Dr. Raquel Fortun, one of the only two officially certified trained pathologists expert in forensic science in the country, emphasized the absence of formal training, licensure, or qualification from any agency for handling bodies for physical evidence. The discussions of the TWG may also lead to proposed mandatory autopsy bill. The assistance of the organized TWG for forensic application and the medical associations shall be sought by the Planning Office to ensure the proactive prioritization and development of TVET programs for the particular subsector, which may be a form of support to the President's directive.

4. Implement the Enterprise-Based Education and Training (EBET) with medical schools and funeral service providers for the delivery of the identified training programs.

In line with the recently passed EBET Framework Act (Republic Act 12063), wherein enterprises are formally recognized as active partners in delivering quality technical

education and skills development, TESDA, facilitated by the **PLO** and the **Regional and Provincial Offices (ROPOs)**, is recommended to advocate for the implementation of EBET with medical schools and funeral service providers who can serve as EBET partners in implementing industry-responsive training, especially given that they may already have the facilities and equipment needed to conduct the training. These institutions may host enterprise-based programs such as General EBET, apprenticeship, and upskilling programs, depending on the selected training program and its level, to ensure that trainees gain real-world experience with actual tools, processes, and standards used in clinical simulation, cadaver care, and funeral services. This collaborative approach will not only bridge the skills gap but also foster smoother school-to-work transitions, improve the quality of graduates, and build a pool of competent professionals equipped with practical expertise tailored to the evolving needs of the healthcare and allied sectors.

5. Coordinate with the Department of Health for the exploration of TVIs delivering a training program on embalming, provided that it meets the requirements stated in PD 856.

TESDA, facilitated by the **PLO, Certification Office, and the Planning Office**, is recommended to work with the DOH in exploring the possibilities of offering a TVET program on embalming, provided that it meets the requirements provided in PD 856. The conducted industry consultations have repeatedly emphasized that there is a need for more embalmers in the country. As the authority overseeing technical education and skills development in the country, TESDA can play a key role in expanding training programs in embalming and increasing the number of qualified embalmers.

Among others, the collaboration shall explore concerns such as those surrounding program registration and certification. The DOH - CEUE representative reminded that a National Certificate alone is not sufficient to allow embalmers to practice, emphasizing the DOH's existing licensure and certification requirements. The industry recommended for DOH to provide the basic embalming training while TESDA shall provide the upskilling for specialized courses and services.

6. Continue the efforts for the request and approval of plantilla positions for laboratory technicians in cadaver care and clinical simulation.

The **industry** shall continue to push for the creation of plantilla positions for laboratory technicians provided the experienced brain drain due to the lack of job security. Additionally, with UP Manila at the forefront of the initiative, engagements and discussions with the relevant government agencies such as the DOH and the civil service commission may be explored.

A. Initial List of Job Requirements in Cadaver Care and Clinical Simulation

Value Chain	Value Chain Segment	Job Requirements
Cadaver Care	Acquisition and Donation	Body Donation Program Coordinators
		Legal and Ethical Advisors
		Records Management Specialists
	Preparation and Preservation	Embalmers
		Laboratory Technicians
		Sanitation Specialists
		Autopsy Technician
	Allocation and Distribution	Logistics and Supply Chain Specialists
		Ethical Allocators
		Inventory Managers
	Utilization in Medical Education	Anatomy Instructors
		Medical Trainers
		Ethics Educators
		Biomedical Informatics Specialists
		Autopsy Technician
	Complementation with Technology	Digital Simulation Developers
		Imaging Technologists
		Technology Integration Experts
	Ethical Disposal and Memorialization	Cultural and Religious Consultants
		Mortuary Staff
		Event Organizers
	Feedback and Continuous Improvement	Quality Assurance Specialists
		Research Scientists
		Policy Review Experts
Clinical Simulation	Simulation Program Development	Program Director

			Curriculum Designer
			Clinical Subject Matter Expert (SME)
		Simulation Scenario Design	Simulation Specialist/ Technologist
			Clinical Educator
			Simulation Engineer
		Simulation Operation and Facilitation	Simulation Operator/Technician
			Facilitator/Instructor
			Actor/Standardized Patient
		Feedback and Assessment	Debriefing Specialist
			Clinical Evaluator
			Quality Assurance Analyst
		Research and Development	SBME Researcher
			Innovation Specialist
			Grant Writer/Policy Advocate
		Infrastructure and Resource Management	Simulation Lab Manager
			IT Specialist
			Administrative Coordinator
		Policy, Ethics, and Legal Compliance	Compliance Officer
			Regulatory Specialist
			Legal Advisor

B. Full List of Processed Skills Mapping Survey Results (Identification of Priority Job Requirements and Tasks)

	Tasks	JOBS/SKILLS IMMEDIATELY NEEDED		ASSESS THE SHORTAGE OF WORKERS IN FILLING-UP THE SKILLS REQUIREMENTS			WHAT QUALIFICATION/CERTIFICATION IS REQUIRED TO PERFORM THE JOB?				
		In the next 1-3 years	In the next 3-5 years	Low (below 100)	Medium (100-499)	High (above 500)	PRC License	Higher Education	Basic Education	DOH License/Certification	TVET Certification/ National Certification
VALUE CHAIN: CADAVER CARE											
Body Donation Program Coordinators			100.00%	100.00%	0.00%	0.00%					
Legal and Ethical Advisors			100.00%	100.00%	0.00%	0.00%					
Records Management Specialists			100.00%	100.00%	0.00%	0.00%					
Embalmers		100.00%		50.00%	0.00%	50.00%	16.67%	16.67%	16.67%	33.33%	16.67%
Laboratory Technicians		100.00%		100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Sanitation Specialists		100.00%		100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Autopsy Technician - Healthcare (Medical and Clinical Pathology)											
Autopsy Technician - Forensic Science (Medico-Legal & Law Enforcement)											
Autopsy Technician - Education & Research											
Autopsy Technician - Funeral & Mortuary Services		100.00%		0.00%	0.00%	100.00%	20.00%	20.00%	20.00%	20.00%	20.00%
Logistics and Supply Chain Specialists											

Ethical Allocators										
Inventory Managers										
Anatomy Instructors		100.00%		100.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Medical Trainers										
Ethics Educators										
Biomedical Informatics Specialists										
Autopsy Technician										
General Laboratory Technicians										
Laboratory Technician Specialist		100.00%		100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Digital Simulation Developers		**100.00%**		100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Imaging Technologists		100.00%		100.00%	0.00%	0.00%					
Technology Integration Experts		100.00%		100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Cultural and Religious Consultants		100.00%		50.00%	50.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Mortuary Staff		100.00%		0.00%	100.00%	0.00%					
Event Organizers		100.00%		0.00%	100.00%	0.00%					
Quality Assurance Specialists		100.00%									
Research Scientists										
Policy Review Experts		100.00%		100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
VALUE CHAIN: CLINICAL SIMULATION										
Program Director		100.00%					50.00%	50.00%	0.00%	0.00%	0.00%
Curriculum Designer		66.67%	33.33%				50.00%	50.00%	0.00%	0.00%	0.00%
Clinical Subject Matter		66.67%	33.33%	100.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%	0.00%

Expert (SME)										
Clinical Educator		66.67%	33.33%	100.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%	0.00%
Simulation Specialist/Technologist		75.00%	25.00%	100.00%	0.00%	0.00%	0.00%	33.33%	0.00%	0.00%	66.67%
Clinical Educator		66.67%	33.33%	100.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%	0.00%
Facilitator/Instructor		66.67%	33.33%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Simulation Specialist/Technician		75.00%	25.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Actor/Standardized Patient		75.00%	25.00%	100.00%	0.00%	0.00%	0.00%	0.00%	66.67%	0.00%	33.33%
Debriefing Specialist		66.67%	33.33%	100.00%	0.00%	0.00%	0.00%	50.00%	0.00%	0.00%	50.00%
Clinical Evaluator		66.67%	33.33%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Quality Assurance Analyst		66.67%	33.33%	100.00%	0.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%
SBME Researcher		66.67%	33.33%	100.00%	0.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%
Innovation Specialist		66.67%	33.33%	100.00%	0.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%
Grant Writer/Policy Advocate		66.67%	33.33%	100.00%	0.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%
Simulation Lab Manager		75.00%	25.00%	100.00%	0.00%	0.00%	0.00%	66.67%	0.00%	0.00%	33.33%
IT Specialist		75.00%	25.00%	100.00%	0.00%	0.00%	33.33%	0.00%	33.33%	0.00%	33.33%
Administrative Coordinator		75.00%	25.00%	100.00%	0.00%	0.00%	0.00%	66.67%	33.33%	0.00%	0.00%
Compliance Officer		66.67%	33.33%	100.00%	0.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%
Regulatory Specialist		66.67%	33.33%	100.00%	0.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%
Legal Advisor		66.67%	33.33%	100.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%	0.00%

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