



UAEU

جامعة الإمارات العربية المتحدة  
United Arab Emirates University

# NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

United Arab Emirates  
Accreditation bylaws v.2020



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## **UNDERPINNINGS FOR THE BYLAW**

In reference to the Cabinet Decision No. 28 for 2014 to establish the National Institute for Health Specialties, based on the general internal bylaw of the Institute approved by the Board of Directors, and guided by the practice in the accreditation of residency and fellowship programs in the country, and in comparison to similar regional and international experiences, the Board of Directors of the Institute approved at its meeting number 5 on 1/7/2020 the following bylaw.

### **NAME OF THE BYLAW AND ITS ENTRY INTO FORCE**

This bylaw is named the "Accreditation Bylaw of the National Institute for Health Specialties" and is operated from the date of its approval by the Institute's Board of Directors. This bylaw aims to establish the standards, requirements, conditions, and procedures on which the Institute conducts accreditation of training centers and programs. The Institute conceives accreditation as a mechanism whose main objective is to ensure and develop the ideal training environment and encourage continuous improvement and innovation to prepare the competent and relevant health workforce.

### **PART 1: DEFINITIONS**

In this bylaw, the following words and phrases denote the meanings set out in front of each of them unless the context of the text indicates, otherwise.

<b>TERM</b>	<b>DEFINITION</b>
Institute	National Institute for Health Specialties
Secretary-General	Secretary-General of the Institute
Board of Directors	Board of Directors of the Institute

Specialized Scientific Committees	Specialized scientific committees of the Institute
Council of Scientific Affairs	Council of scientific affairs of the Institute
Accreditation	Institutional or program level accreditation
The health establishment	Hospital or health facility licensed to carry out its activities
Institutional accreditation	Accreditation of the health establishment as a training center after meeting the accreditation criteria set by the Institute
Program level accreditation	Accreditation of a specialized training program in an accredited training center after meeting the accreditation criteria set by the Institute
Training Center	The health establishment that received institutional and program-level accreditation by the Institute
Specialized training program	The specialized training program that received program-level accreditation by the Institute
Training capacity	Maximum training center capacity to accommodate trainees at all levels during the accreditation period
National accreditation standards	National accreditation standards issued by the Institute
The executive rules of accreditation	The executive rules of accreditation issued by the Institute

## **PART 2: ACCREDITATION PROVISIONS**

### **Article 1**

This bylaws provisions apply to the health establishment that wishes to implement the specialized training programs approved by the Institute.

### **Article 2**

The Institute shall accredit the health establishment after fulfilling this bylaws requirement and those detailed stipulations included in the executive rules of accreditation and any other relevant policies or procedures issued by the Institute.

### **Article 3**

Granting the first institutional accreditation to a health establishment is based on the condition that the requirements for institutional accreditation be met in addition to the requirements for program accreditation for at least one specialized training program.

### **Article 4**

Program level accreditation requires that the specialized training program under consideration be in place or planned to be held in a training center that has been accredited by the Institute.

### **Article 5**

The health establishment may not implement any of the Institute's recognized specialty training programs or to accept trainees in these programs without obtaining the necessary accreditation from the Institute.

### **Article 6**

The accredited training center must abide by the regulations, executive rules, procedures, and decisions issued by the Institute through its official communication channels.

### **Article 7**

The Institute is the competent body responsible for accreditation. It exercises its role, including visits to supervise, evaluate and verify compliance with standards. The Institute has the right to take regular measures against any violation of this bylaw's provisions or the executive rules, procedures, or decisions related.

**Article 8**

Decisions of accreditation, freezing or withdrawals of accreditation and related procedures are issued following this bylaw and the executive rules of accreditation or any relevant procedures or decisions issued by the Institute.

**Article 9**

The accreditation decision shall be valid for a specified period following this bylaw, and the executive rules specify the detailed procedure for the duration of the accreditation and its renewal.

**Article 10**

The health establishment must commit to implementing the standards of accreditation, including the establishment of the required structures, the provision of resources, and the creation of the environment following the accreditation requirements issued by the Institute, and the responsibility of the health establishment extends to include any training sites that are cooperating with them and complementary to their programs.

**PART 3: NATIONAL STANDARDS FOR ACCREDITATION****Article 1**

The Institute is the responsible entity for issuing national standards for institutional and program-level accreditation in health specialties.

**Article 2**

The Institute prepares national standards for accreditation through a process based on relevant knowledge, evidence and related global experiences and stakeholder's participation in the country.

**Article 3**

The National Accreditation Standards issued by the Institute are the highest reference point for institutional and program-level accreditation processes in the field of health specialties.

**Article 4**

The Institute shall work to review and further develop national standards of accreditation periodically or as required by keeping up with professional and scientific developments.

## **Article 5**

The Institute provides information on national accreditation standards and avails its contents regarding its application to all relevant entities.

# **PART 4: ACCREDITATION STRUCTURES**

## **CHAPTER 1: CENTRAL ACCREDITATION COMMITTEE**

### **Article 1**

The Secretary-General forms a Central Accreditation Committee to be chaired by the Director of the Department of Academic Support and whose membership includes representatives of Specialized Scientific Committees and other members chosen by the Secretary-General.

### **Article 2**

The head of the Accreditation Unit shall be a member and rapporteur of the Central Accreditation Committee and shall supervise the organization of its meetings, record its minutes, and ensure the preservation of its relevant documents.

### **Article 3**

The scope of the Central Accreditation Committee jurisdiction includes the areas of institutional and program-level accreditation, as well as developing the requirement to select and validate surveyors and supervise their performance.

### **Article 4**

The Central Accreditation Committee performs the following tasks and duties:

- a) Preparing systems, procedures, and documents related to accreditation processes and requirements and providing them to relevant authorities.
- b) Supervising the receipt of accreditation applications and organizing accreditation processes according to this bylaw and the stipulations included in the executive rules, procedures and decisions issued by the Institute.
- c) Recommending to the Secretary-General regarding appropriate decisions related to accreditation applications after reviewing, auditing, and discussing them.

- d) Reviewing the bylaw, executive rules, requirements, and procedures related to accreditation and recommending to the Institute on them periodically or as requested by the Institute.
- e) Studying the recommendations issued by the Specialized Scientific Committees in matters related to accreditation and using them as appropriate in the Committees work.
- f) Learning about the international experiences and developments in accreditation and benefiting from those experiences in the work of the Committee and in its recommendations to promote the performance of the Institute in this aspect.
- g) Developing standards and requirements for selecting accreditation surveyors in the areas of institutional and program-level accreditation and recommending to the Secretary-General for approval of the list of accreditation surveyors.
- h) Proposing and organizing seminars and training activities suitable for developing the capabilities of the accreditation surveyors and those related, in coordination with the relevant entities.
- i) Studying matters related to accreditation referred to it by the Council of Scientific Affairs or the Institute's organs and issue appropriate opinion and recommendations.
- j) Carrying out any other related tasks contained in the executive rules of accreditation or issued by the Secretary-General.
- k) The Central Accreditation Committee may form sub-committees or working groups to accomplish its institutional accreditation tasks, program-level accreditation, the selection of accreditation surveyors, and may also employ persons outside its membership.

## **Article 5**

The executive rules shall determine the modus operandi of the Central Accreditation Committee, its meetings, and the processes of issuing its decisions and recommendations.

## **CHAPTER 2: ACCREDITATION UNIT**

### **Article 1**

The Accreditation Unit acts as a technical secretariat and point of contact to support the Central Accreditation Committees work.



## **Article 2**

The Accreditation Unit has the following tasks and duties:

- a) Collecting the accreditation applications from the health establishments wishing to implement the specialized training programs recognized by the Institute and respond to the inquiries received.
- b) Providing publications and documents related to accreditation and enabling access to these materials to relevant stakeholders inside and outside the Institute.
- c) Developing accreditation databases, keeping records of accreditation processes and publication of the list of accredited training centers, and updating these according to the latest developments.
- d) Maintaining the database of the accreditation surveyors and continuously updating it in accordance with the latest developments.
- e) Organizing meetings related to the Central Accreditation Committee and its working groups and drafting the Committee recommendations and submitting them to the Secretary-General through the Committee chairperson.
- f) Organizing communications with the health establishments and training centers and responding to inquiries received from them in accreditation matters.
- g) Organizing and coordinating site visits by the Central Accreditation Committee, Specialized Scientific Committees, or the accreditation surveyors in matters related to accreditation.
- h) Any other tasks contained in the executive rules of accreditation or issued by the Director of the Department of Academic Support.

## **CHAPTER 3: SPECIALIZED SCIENTIFIC COMMITTEES**

### **Article 1**

Specialized Scientific Committees are mandated with technical advisory roles in institutional accreditation and have reference and supervisory functions concerning program-level accreditation.

### **Article 2**

Regarding accreditation, the Specialized Scientific Committees carry out the following tasks and duties:

- a) Preparing the program-level accreditation requirements and standards for each specialty and periodically revising them and recommending accordingly to the Central Accreditation Committee and the Council of Scientific Affairs.
- b) Assessing the performance and quality of the training centers specialty training programs through follow-up and site visits and raising relevant observations and recommendations to the Central Accreditation Committee.
- c) Providing opinion and suggestions on any accreditation-related topics referred to them by the Council of Scientific Affairs, the Central Accreditation Committee, or the relevant Institute's organs.
- d) Participation in the developmental work related to the national accreditation standards and the periodic updates involved.
- e) Any other tasks contained in the executive rules or issued by the Institute.

## **CHAPTER 4: ACCREDITATION SURVEYORS**

### **Article 1**

The accreditation surveyors function under supervision of the Central Accreditation Committee and undertake field roles in ensuring that the health establishment or training center meets the criteria, requirements, and conditions of accreditation. The accreditation surveyors are selected through the criteria established at the Institute, and the executive rules and procedures determine the selection of accreditation surveyors and their rewards.

### **Article 2**

The accreditation surveyors carry out the following tasks and duties:

- a) Being adequately informed about the policies, regulations, standards, requirements and accreditation conditions at the Institute and any procedures issued by the Institute.<sup>12</sup>
- b) Studying the applications and files submitted by the health establishment or training center and using them to prepare site visits for accreditation.
- c) Implementing site visits intended to the health establishment or training center after the completion of the requirements, provided that site visits are implemented according to the procedures issued by the Institute.

- d) Working as a homogeneous team and taking care to benefit from all the accreditation team members experiences and insight.
- e) Participation in the Institute's enlightenment, training, and development activities for the accreditation surveyors' team and those concerned.
- f) The declaration of any case arising from a member of the accreditation team that indicates a conflict of interest and working at that time per the procedures and decisions issued by the Central Accreditation Committee or the competent organ of the Institute.
- g) Providing observations and opinions that will help to avoid shortcomings and develop the accreditation experience at the Institute.
- h) Any other tasks contained in the executive rules of accreditation or issued by the Central Accreditation Committee.

## **PART 5: ACCREDITATION PROCEDURES**

### **CHAPTER 1: APPLICATION PROCEDURES FOR ACCREDITATION**

#### **Article 1**

The health establishment or training center sends the application for institutional or program-level accreditation to the Accreditation Unit, provided that the application is signed by the competent authority in the health establishment or training center as appropriate.

#### **Article 2**

The applying entity must fill out application forms issued by the Institute following stipulations contained in accreditation executive rules.

#### **Article 3**

The applying entity shall pay the Institute's fees per the nature of the application and the specific financial category.

#### **Article 4**

The Accreditation Unit reviews and audits accreditation applications and may request the health establishment or training center to complete the deficiencies or provide them with any necessary documents or data.

#### **Article 5**

The health establishment or training center must complete the deficiencies and provide the accreditation unit with any required documents within the period

specified in the Institute's letter of notification; otherwise, the application is considered null and canceled.

## **CHAPTER 2: EXAMINATION OF APPLICATIONS AND SITE VISITS**

### **Article 1**

The Accreditation Unit presents completed accreditation applications to the Central Accreditation Committee in preparation for appropriate action.

### **Article 2**

The Accreditation Unit shall inform the applying entity of the Central Accreditation Committee's decision, including the submission of any observations or requests for additional information or the decision to carry out a site visit and the arrangements and date of that visit.

### **Article 3**

In a site visit for accreditation purposes, the Accreditation Unit shall communicate with the health establishment and the training center and with the accreditation, surveyors' team and organize the visit and follow up its outputs.

### **Article 4**

The executive rules for accreditation specify how to prepare and implement site visits by accreditation surveyors and the roles and duties of relevant entities, including the applying entity.

### **Article 5**

When visiting the health establishment or training center, the accreditation surveyors' team is entitled to inspect all relevant sites and buildings and speak to the administration, trainers, trainees, employees and related persons and the health establishment or training center must cooperate in this.

### **Article 6**

The accreditation surveyors' team must provide the necessary notes and deliver them to the Accreditation Unit after the visit, which in turn sends them to the health establishment or training center with notice of the time limit for response.

## **CHAPTER 3: AUDITING APPLICATIONS AND RECOMMENDATION**

### **Article 1**

After receiving the health establishment or training centers response to the visit notes, if any, the team of accreditation surveyors shall submit a detailed report as determined by the executive rules of accreditation in terms of the structure and content, to the Central Accreditation Committee through the Accreditation Unit.

### **Article 2**

The Central Accreditation Committee shall study the accreditation surveyors' teams report and may invite the members of the team to attend its meetings to explain or answer questions; the Committee shall also request any additional documents or statements from the health establishment or training center.

### **Article 3**

The Central Accreditation Committee has the right to accept or reject the accreditation surveyors report and, after the full justification, reconstitute the accreditation team and determine a new site visit to the health establishment or training center.

### **Article 4**

After reviewing and auditing, the Central Accreditation Committee issues its recommendations concerning institutional or program-level accreditation decisions and submits them to the Secretary-General through the Chairperson of the Committee.

## **PART 6: ACCREDITATION DECISIONS**

### **Article 1**

The Secretary-General issues decisions on accreditation based on the recommendations of the Central Accreditation Committee.

### **Article 2**

Accreditation decisions are under the following categories:

- a) Decision to grant institutional or program-level accreditation.
- b) Decision to grant conditional institutional or program-level accreditation.

- c) Decision not to grant accreditation.
- d) Decision to notify a possible freeze of accreditation (warning).
- e) Decision to freeze accreditation.
- f) Decision to withdraw accreditation.
- g) Decision to modify training capacity in cases of program-level accreditation.

### **Article 3**

The Secretary-General shall issue, based on the Central Accreditation Committees recommendations, the decision to grant institutional or program-level accreditation or both after the criteria have been met; and the duration of accreditation is five years.

### **Article 4**

Training centers must commit to providing periodic reports and supplying the Institute with the data and information it requests during the accreditation period, following the system adopted by the Institute.

### **Article 5**

Based on the Central Accreditation Committee recommendations, the Secretary-General shall issue the decision to grant conditional institutional or program-level accreditation, provided that a site visit to the health establishment or training center is completed to ensure completion of deficiencies within not more than one year. The training centers is allowed during this period to enroll trainees, and in the case of not addressing the deficiencies within one year, the accreditation decision shall be void and trainees withdrawn and redistributed to other training centers.

### **Article 6**

On the Central Accreditation Committee's recommendation, the Secretary-General shall issue the decision not to grant institutional or program-level accreditation or both because of non-compliance with the criteria or the existence of significant deficiencies.

### **Article 7**

The Secretary-General shall issue, based on the Central Accreditation Committee recommendation, the decision of notifying a warning to freeze the institutional or program-level accreditation in the presence of a defect that does not mount to disrupting the training process. Provided that the defect is

corrected within a maximum of eight months from the decision date, the training center or program can continue the training process and accept new trainees during that period.

#### **Article 8**

The Secretary-General shall issue, based on the Central Accreditation Committees recommendation, the decision to freeze the institutional or program-level accreditation when the defect is not addressed during the warning period or when there is a defect that leads to the disruption of the training process. In such a case, the training center or program is granted a maximum of eight months from the date of the decision to correct the defect, and the training center or program is allowed to continue the training process on the condition of not accepting new trainees until the freeze is lifted.

#### **Article 9**

On the recommendation of the Central Accreditation Committee, the Secretary-General shall issue the decision to withdraw institutional or program-level accreditation in any of the following cases:

- a) Failure to address the defect referred to in the freezing decision concerning meeting the criteria for institutional or program-level accreditation within the time limit stipulated in article 8 of this section.
- b) There is a fundamental defect in adherence to institutional or program-level accreditation standards that disrupts the training process.
- c) Accepting no trainee in the center or program two years after the start of the training following the decision to accredit the institution or program.

#### **Article 10**

The Secretary-General shall issue, based on the recommendations of the Central Accreditation Committee, the decision to modify the designated training programs training capacity, provided that the decision is made during the period of the validity of the decision of the program-level accreditation.

#### **Article 11**

Institutional and program-level accreditation decisions and training capacity modification decisions are in effect until the new Secretary-General's decisions are issued.

**Article 12**

The decision to withdraw the institutional or program-level accreditation issued by the Secretary-General is final, and the training center may, upon discretion, submit a new application for institutional or program-level accreditation.

**Article 11**

Institutional and program-level accreditation decisions and training capacity modification decisions are in effect until the new Secretary-General's decisions are issued.

**Article 12**

The decision to withdraw the institutional or program-level accreditation issued by the Secretary-General is final, and the training center may, upon discretion, submit a new application for institutional or program-level accreditation.

**Article 13**

Institutional accreditation is automatically revoked in the event of a competent health authority decision to revoke the license of the health establishment or freeze its work.

**Article 14**

Program-level accreditation is automatically dropped if institutional accreditation is withdrawn from the health establishment.

**Article 15**

The institutional or program-level accreditation decision is renewed in the same way that it was issued unless otherwise dictated by the Institute.

**PART 7: ACCREDITATION FEES****Article 1**

The Institute provides institutional and program-level accreditation services and adheres to all the financial arrangements and costs related to the accreditation process and follow-up to ensure compliance with the standards.

**Article 2**

The administrative fees associated with the institutional accreditation follow the approved and declared category by the Institute and are not refunded in the



event of non-accreditation and are calculated to complete the institutional accreditation fees in the event of granting.

### **Article 3**

The administrative fees associated with the application for program-level accreditation follow the approved and declared category by the Institute and are not refunded in the event of non-accreditation and are calculated to complete the program-level accreditation fees in the event of granting.

### **Article 4**

The institutional accreditation fees follow the annual category approved and announced by the Institute, and the fees are paid for each year of the accreditation period.

### **Article 5**

The program-level accreditation fees follow the annual category approved and announced by the Institute, and the fees are paid for each year of the accreditation period.

### **Article 6**

The payment of fees related to the accreditation is regulated according to the Institute's financial bylaw.

## **PART 8: GENERAL PROVISIONS**

### **Article 1**

The executive rules of accreditation and the Institute's guidelines specify the details relevant to the terms of this bylaw and must not conflict with it.

### **Article 2**

This bylaw, together with the executive rules of accreditation and decisions issued by the Institute and their amendments, applies to all current and future institutional and program-level accreditation applications.

### **Article 3**

When explaining or interpreting matters, this bylaw's provisions prevail over the executive rules of accreditation and any procedures or decisions issued by the Institute regarding accreditation.

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**Article 4**

The Secretary-General or a delegate is entitled to invite any committee or related persons under this bylaw to a meeting and has the right to include any relevant topic on the meeting agenda and may chair the meeting if attending.

**Article 5**

This bylaw shall be reviewed periodically or at any time determined by the Board of Directors on the recommendation of the Secretary-General and the approved bylaw shall be published by the Institute through appropriate means.



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