



**National Institute for Health Specialties
United Arab Emirates**

Addendum 1 Guidelines for Program Directors on EPA Planning, Communication, and Entrustment

Title:	Addendum 1 Guidelines for Program Directors on EPA Planning, Communication, and Entrustment
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Stakeholders:	<ul style="list-style-type: none"> ▪ DIOs, GMECs, PDs, administrative staff, faculty of NIHS accredited programs ▪ Trainees of NIHS accredited programs ▪ Chairs and members of NIHS Committees ▪ NIHS Employees or Staff

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Guidelines for Program Directors on EPA Planning, Communication, and Entrustment

1. **Annual orientation and communication of requirements**
 - 1.1. Program Directors shall communicate with all trainees at the beginning of each academic year preferably through a formal meeting. All required EPA documents shall be included in the trainee folder.
 - 1.2. The Program Director shall clearly explain:
 - The rotations and training plan for that academic year.
 - The EPA requirements and promotion requirements applicable to that year. Any variation in distribution of mandatory EPAs, from that listed on the e-portfolio, shall be explicitly communicated to the trainees as explained in 2.2 and 2.3.
2. **Alignment of EPAs with rotations**
 - 2.1. The required number of observations for each EPA is specified under the section “Basis for Entrustment” in the EPA document.
 - 2.2. Program Directors have the discretion to align mandatory EPAs with specific program rotations in a manner that best fits their specialty and local context, provided that all EPAs are achieved and entrusted before the end of the program.
 - 2.3. These alignment decisions shall be communicated to trainees:
 - At the start of their training in the program.
 - At the beginning of each new training year.
3. **Classification of EPAs by PGY and flexibility in achieving EPAs**
 - 3.1. EPAs are classified by the particular PG-year for convenience of trainees and faculty. This classification is not a rigid rule.
 - 3.2. Trainees may complete EPAs that are listed for a later PGY earlier in their training, where appropriate, if those EPAs are feasible at the time.
 - 3.3. Program Directors are encouraged to prepare a clear, longitudinal schedule that:
 - Shows how EPAs are expected to progress from year to year.
 - Builds in flexibility for trainees to achieve EPAs and enhance their abilities further while ensuring that all EPAs are met.

4. Continuous progression and timing of entrustment decisions

4.1. The trainee's completion of training and eligibility for graduation requires that all mandatory EPAs are entrusted.

4.2. EPAs should not be accumulated or entrusted only at the end of the academic year or solely at the end of the program. Progress toward entrustment is expected to be continuous.

4.3. During the semi-annual evaluation meetings, following the Clinical Competency Committee (CCC) advice, the Program Director shall grant entrustment decisions. This will be based on all available evidence.

5. Use of observation numbers and professional judgment

5.1. The required number of observations listed in the EPA documents serves as a guide and minimum expectation for consideration of entrustment.

5.2. The decision to grant or withhold entrustment remains a professional judgment of the Program Director and CCC, based on the quality and consistency of performance, not solely on the number of observations.

5.3. Program Directors retain discretion and flexibility to determine whether a trainee has demonstrated sufficient competence to be entrusted with a given EPA.

6. Grace period and assessment for learning

6.1. If a trainee has not completed all mandatory EPAs by the end of the academic year, the Program Director and CCC may grant a grace period of two to three months to allow the trainee to fulfil the remaining requirements.

6.2. This structured flexibility is intended to support trainee development, reinforce the principle that EPA-based assessment is an assessment for learning, and maintain the standards required for safe, independent practice.

7. Approval of 'List of faculty members' who are eligible for assessing EPAs

7.2 The list of faculty members who are eligible to do assessment on the portfolio is decided by the program director. Only approved faculty can assess trainees using the e-portfolio.

7.3 This list has to be updated from time to time. In case of external rotations, the list of faculty members in that rotation also have to be included.

7.3. This list has to be communicated to faculty and trainees, through the coordinator.

8. Exclusive Authority of the Program Director

The e-Portfolio vests exclusive authority to Program Director to certify and sign off on trainee entrustment and eligibility letters in accordance with applicable policies and regulations. Under no circumstances shall their passwords or credentials be disclosed or made accessible to any trainee.

The Program Director may, in exceptional circumstances, authorize limited delegation of access to a formally designated associate PD/core faculty acting in a deputized capacity on behalf of the Program Director, provided that such delegation is documented.

9. Internship EPA - Supplementary Guidelines

As in all programs, the **Program Director (PD)** is responsible for reviewing the EPA portfolio with the **CCC** at least every 3 months and at a minimum **every 6 months**. The following points highlight aspects of **internship** that may differ from residency or fellowship programs.

9.1 PD Review of EPAs on ePortfolio

The PD must review the ePortfolio after each rotation to ensure that interns are making progress and actively engaging with EPAs. As interns are required to complete at least 2 EPAs in each rotation, many EPAs may reach **Level 4 or 5 (achieved)**, but completion is expected to occur longitudinally across the internship year. For these EPAs, you shall **grant entrustment**, only at the end of the year. Ensure that at the end of the internship year, the portfolio demonstrates entrustment of all EPAs.

9.2 Procedures with safety implications

Some procedures with important patient safety considerations are classified as **observe only** and do not require Level 4 or 5. For these procedures, a rating of **Level 2 or 3 is sufficient**. At present, these include:

- Lumbar puncture
- Pleural aspiration
- Joint aspiration

These procedures will be indicated as (observe) in the procedure log on the ePortfolio

9.3 Flexibility of procedures across rotations

Most procedures may be completed in **any relevant posting**, even if they are listed under one major specialty in the ePortfolio. However, if a procedure is specifically identified to a particular setting eg. pediatric, it must be completed in that setting. The Dentistry internship will follow their own procedure documentation system until the NIHS procedure list is announced.

9.4 Ensuring opportunities for EPA completion

In Dentistry, some EPAs may not be available in all training locations. In such cases, the **institution and Program Director** must ensure these opportunities are arranged through suitable partner centers through written PLAs. The relevant faculty should be included in the internship faculty list for documentation. This has to be reported to NIHS and shall be assessed during **re-accreditation**.

9.5 Interns starting at Level 4

Some internship programs have reported that interns, especially dental interns, are expected to start at **Level 4** for most EPAs, as these are already required for graduation. Therefore, progression during the internship may not always be demonstrable. The number of observations and **narrative feedback** will be important in confirming and documenting their higher levels of competence.