



UAEU

جامعة الإمارات العربية المتحدة
United Arab Emirates University

NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

EXECUTIVE RULES FOR ACCREDITATION V.2020
United Arab Emirates



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ADOPTION OF THE DOCUMENT

This version of the executive rules document for accreditation was issued after the Council of Scientific Affairs approval.

THE PURPOSE OF THE DOCUMENT

This document on the executive rules of accreditation is read in conjunction with the National Institute for Health Specialties accreditation bylaw. It aims to clarify the foundations and details the steps and procedures to organize the process of accreditation of training centers and specialized programs.

The executive rules of accreditation provide a guide and a road map for training centers to prepare application files for accreditation and follow the steps required to obtain accreditation. The document also represents a reference for the institute in organizing systematic assessments for accreditation purposes.

DEFINITIONS

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

TERM	DEFINITION
Institute	National Institute of Health Specialties
Secretary-General	Secretary-General of the Institute
Advisory Committee	Advisory Committee of the Institute
Specialized Scientific Committees	Specialized Scientific Committees at the Institute
Council of Scientific Affairs	Scientific Affairs Council 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 facility as a training center after meeting the accreditation criteria set by the Institute
Specialized training program	The specialized training program that obtained accreditation 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	A health establishment that obtained institutional and 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	The national standards for accreditation issued by the Institute
The executive rules of accreditation	The executive rules of accreditation issued by the Institute.
The accreditation bylaw	The accreditation bylaw issued by the Institute
Central Accreditation Committee	The central accreditation committee formed by the decision of the Secretary-General
Accreditation Unit	The accreditation unit of the Institute
Department of Academic Support	Department of academic support of the Institute
The accreditation surveyors	The team of specialist formed by the Institute for the purposes of accrediting specialized training centers and programs
Site visit	The visit by the accreditation surveyors team to any health establishment for accreditation purposes

PART 1: GENERAL RULES

Rule 1.

Granting institutional accreditation to any training center requires meeting the conditions for institutional accreditation in addition to the conditions for the accreditation of at least one specialized program.

Rule 2.

Granting program-level accreditation to any specialized program requires that the program under consideration be in place or planned to be held in a pre-accredited training center by the institute.

Rule 3.

Trainees registered with the Institute may not be accepted into a program that has not been accredited by the Institute.

Rule 4.

The Institute exercises its role as the national body responsible for accrediting training centers and specialized programs. It has the right to supervise, conduct visits and take measures to verify compliance with accreditation standards and conditions.

Rule 5.

The Institute issues national accreditation standards, which are the basis of the accreditation process.

PART 2: ACCREDITATION PROCEDURES

Rule 1.

The application for institutional or program-level accreditation is submitted according to the following:

- Address a letter to the Secretary-General of the Institute with the desire of the entity to obtain institutional or program-level accreditation; the letter must include designation of the executive officer authorized to sign on behalf of the entity and follow-up with the Institute.
- The application form has been completed and signed by the authorized executive officer of the applying entity. In applying for institutional accreditation for the first time, the applying entity must also submit

application for at least one specialized program.

- Provide the self-assessment form with all the annexes and documents contained in the form and provide the Institute with any additional data or documents requested.
- Payment of accreditation fees based on the nature of the application submitted and following the categories of fees established by the Institute.

Rule 2.

The Accreditation Unit reviews and audits the accreditation application and communicates with the applying entity to request the completion of the deficiencies, if any.

Rule 3.

The applying entity must provide the Institute with the required data and requested information within the specified period in the Accreditation Unit's notice; otherwise, the Institute considers the application null and canceled.

Rule 4.

The Accreditation Unit immediately submits completed and audited applications to the Central Accreditation Committee to approve the application and determine the following steps.

Rule 5.

The Central Accreditation Committee examines the applications, checks the technical aspects, and requests any additional information or documents. The Accreditation Unit will inform the applying entity of the request and follow up with them to provide the requirements.

Rule 6.

When the requirements are met, the Central Accreditation Committee will form a team of accreditation surveyors to carry out the site visit, from among the names contained in the accreditation surveyor's database approved by the Institute. The Committee determines the appropriate number of accreditation surveyors.

Rule 7.

The Accreditation Unit coordinates the site visit for accreditation purposes within three months of receipt of the completed accreditation application.

Rule 8.

The accreditation surveyors team implements the site visit to ensure that the criteria for institutional or program-level accreditation are met according to the request's nature.

Rule 9.

Upon arrival at the health facility, the accreditation surveyors team will perform the following tasks:

- Review the self-assessment document and its annexes and ensure that the requirements are updated.
- Inspection of the site including infrastructure and capabilities to verify compliance with requirements.
- Conduct qualitative interviews involving the designated institutional official, program director, a sample of trainers and trainees and some officials in the administrative and medical aspects.
- Use the results of any previous studies or surveys that reflect views of trainees and trainers.
- Use any appropriate documents or means.

Rule 10.

The applying entity must do the following concerning the accreditation surveyors team:

- Reception at the entrance to the health establishment under site visit.
- Provide a suitable room for office work and interviews.
- Prepare all required documents and information.
- The designated institutional official must be fully available for the accreditation surveyors team for the duration of the site visit.
- Notify those involved in the qualitative interviews and facilitate interviewing them.
- Immediate access relevant buildings and places for inspection purposes.

Rule 11.

The accreditation surveyors team does not have the right to notify the applying entity of the opinion or possible decision regarding the acceptance or rejection of the accreditation application, nor does the accreditation surveyors team accept gifts or any benefits from the applying entity or the institution visited.

Rule 12.

Through the Accreditation Unit, the accreditation surveyors team submits a detailed report following the format adopted by the Institute to the Central Accreditation Committee within two weeks from the date of completion of the site visit, provided that all members of the team sign the report document.

Rule 13.

The Central Accreditation Committee examines the accreditation surveyors team report and may request a meeting with the team or some of its members for further clarification.

Rule 14.

The Central Accreditation Committee has the right to reconstitute the accreditation surveyors team to visit the same health establishment if the Committee considers that there are reasons and justifications for this, and the first visit team has not met that.

Rule 15.

The Central Accreditation Committee decides on the submitted application for accreditation and submits its recommendations through its Chairperson to the Secretary-General within two months of receiving the accreditation surveyors teams completed report.

Rule 16.

The Central Accreditation Committees recommendation may differ from the accreditation surveyors team's conclusion; in that case, the Central Accreditation Committee must provide justification when the recommendation is made to the Secretary-General.

Rule 17.

The Secretary-General shall make the decision based on the Central Accreditation Committee recommendation, and the Secretary-General is entitled to return the file to the Central Accreditation Committee for further study.

Rule 18.

The training center that has obtained accreditation by the Institute must abide by all the observations stipulated in the accreditation decision.

Rule 19.

The applying entity may submit a complaint against the Institute's decision by sending a letter to the Secretary-General within one month of the decision in question. The Secretary- General may refer the complaint to the Central Accreditation Committee or form a select committee to respond to the complaint within one month from the date of receipt of the complaint.

PART 3: ACCREDITATION DECISIONS**Rule 1.**

The Secretary-General issues accreditation decisions on the Central Accreditation Committee recommendation and after satisfying all standards and regular procedures.

Rule 2.

The duration of the institutional and program-level accreditation decision is five years, at the end of which a new accreditation cycle begins.

Rule 3.

The program-level accreditation decision includes a list of participating training sites with the programs training capacity determined.

Rule 4.

In the event of a decision to accredit a new training center with observations on the center, the accreditation duration will be two years in principle; and that would extend to five years if the center committed to processing the notes and satisfying the conditions.

Rule 5.

The accredited training center must commit to providing the Institute with the data and information it requests with periodic reporting, including a comprehensive evaluation report in the middle of the accreditation cycle.

Rule 6.

The Institute may organize site visits to follow up on the training center's compliance with institutional and program-level accreditation standards. A decision may be made to amend the accreditation status based on these visits.

Rule 7.

The duration of the conditional accreditation decision is one year, during which shortcomings in the accreditation decision are completed; in case of non-compliance, accreditation is considered null, and the trainees must be withdrawn and distributed to other centers. The Institute may decide the appropriate time for implementing the withdrawal decision so that no harm impinges on the trainees.

Rule 8.

The grace period at the time of the decision to freeze the accreditation is eight months, during which the defect referred to in the warning decision is corrected, and the center can continue to accept new trainees during this period.

Rule 9.

The decision to freeze accreditation is issued if the defect is not addressed during the grace period referred to in rule 8 of Part 3 above. In such a case, the center is granted eight months as an opportunity to lift the freeze, provided that the center continues training activities for those trainees who are already enrolled and cannot accept new trainees.

Rule 10.

In the event of a decision to withdraw accreditation, the training center shall bear any legal consequences towards the trainees or others. The Institute does not take any responsibility for this. The center cannot apply for a new accreditation until one year after the decision to withdraw the accreditation.

Rule 11.

To modify any specialized programs training capacity, the designated institutional official must apply to the Institute within not less than three months from the date of opening admission for new trainees. The Secretary-General shall issue the decision to modify the training capacity on the Central Accreditation Committee's recommendation within two months of the application.

PART 4: CENTRAL ACCREDITATION COMMITTEE

Rule 1.

The Secretary-General forms the Central Accreditation Committee headed by the Director of the Department of Academic Support, and its membership shall be as follows:

- One Specialized Scientific Committee representative is nominated by the Specialized Scientific Committees Chairperson, considering that the candidate has knowledge or experience in accreditation.
- Five members with appropriate scientific qualifications and accreditation experience selected by the Secretary-General in consultation with the Advisory Committee and their employers.
- The head of the Accreditation Unit shall be a member and rapporteur of the Central Accreditation Committee and oversee the organization of the meetings, recording minutes, and preserving documents.

Rule 2.

The Central Accreditation Committee shall take over its functions according to the accreditation bylaw and the decisions issued by the Institute on the condition they do not contradict the bylaw.

Rule 3.

The Central Accreditation Committee meets at least once a month at the invitation of its Chairperson, and the Chairperson of the Committee may invite more meetings if necessary.

Rule 4.

The quorum of the committee meetings shall be by a simple majority (half plus one), and decisions and recommendations are taken by consensus or vote, and in the event of an equal number of votes, the Chairperson of the Committee has the balancing vote.

Rule 5.

If a member is absent from the Central Accreditation Committee's meetings three consecutive times or five times in one year without an acceptable excuse, the Chairperson of the Committee has the right to raise the issue to the Secretary-General. In such a case, the Secretary General may drop membership and choose an alternative member according to the approved mechanism.

Rule 6.

The Chairperson and the rapporteur shall approve the minutes of the committee meeting within one week of the meetings date.

Rule 7.

The Central Accreditation Committee may form sub-committees or working groups following the Committee's role and the nature of its functions, and the Central Accreditation Committee may employ those outside its membership, provided that there is no conflict of interest.

Rule 8.

The Institute's financial bylaw specifies the financial rewards related to the Central Accreditation Committees work and its meetings and any additional work required to complete the study of accreditation applications.

Rule 9.

The Institute shall work on developing the capabilities of the Central Accreditation Committee by providing appropriate training and relevant knowledge to the members of the Committee.

Rule 10.

The Central Accreditation Committee is reconstituted every three years or as soon as needed. The new decision shall consider the continuation of at least one-third of the committee members to ensure the continuity of work and expertise transfer.

PART 5: ACCREDITATION SURVEYORS TEAM**Rule 1.**

The accreditation surveyors team is affiliated with the Central Accreditation Committee and reports to it through the Accreditation Unit.

Rule 2.

The accreditation surveyors team tasks shall be following the accreditation bylaw, or any decisions issued by the Institute or the Central Accreditation Committee in a manner that does not contradict the accreditation bylaw.

Rule 3.

The following conditions must be met in any of the accreditation surveyors team

members:

- Consultant status in one of the health specialties.
- Participation in specialty training with a minimum experience of three years.
- Commitment to complete accreditation courses through the Institute or to provide a pre-training that meets the requirements.
- Compliance with the policies, regulations, and procedures governing the accreditation process at the Institute.
- Commitment to providing a minimum of five days per year for accreditation site visits.
- Obligation to sign the conflict of interest undertaking and protect the confidentiality of data and documents.

Rule 4.

Applying to join the accreditation surveyors team shall be voluntary and open to all those who meet the conditions, provided that the application is submitted through the format prepared by the Institute manually or electronically via the Institute's website

Rule 5.

The Central Accreditation Committee shall screen and review applications to join the Institute's accreditation surveyors team and submit its recommendations to the Secretary-General for endorsement of those selected.

Rule 6.

Admissions to the accreditation surveyors team are notified officially by the Accreditation Unit, which maintains and updates the accreditation surveyors team members record according to the latest developments.

Rule 7.

The accreditation surveyors team adheres to the Institute and the Central Accreditation Committees principles and directives received through the Accreditation Unit.

Rule 8.

Each team of accreditation surveyors deployed for a site visit shall be composed of a chairperson, a rapporteur, and some members determined by the Central Accreditation Committee; the rapporteur should be from the same specialty if the visit is for accrediting that particular specialty.

Rule 9.

The Institute's financial bylaw specifies rewards for members of the accreditation surveyors team and the financial obligations related to the implementation of site visits.

Rule 10.

The Central Accreditation Committee may recommend to the Secretary-General to remove any member of the accreditation surveyors team if they do not fulfill their duties, comply with the requirements of rule 3 of this section, or demonstrate an attitude adversely affecting the reputation of the Institute.



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