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National Institute for Health Specialties

Guideline for Providing Evidence in NIHS Program Accreditation Services

Version 1

National Institution for Health Specialties

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About the National Institute for Health Specialties

The National Institute for Health Specialties (NIHS) was established by Cabinet Decree No. 28 of 2014. It serves as a national institution responsible for leading, regulating, and organizing professional development for the health workforce, with a particular focus on specialty training.

Mandate and Key Functions

The NIHS is authorized to accredit hospitals and health institutions to host specialty programs that lead to postgraduate qualifications. Its primary functions include:

- **Setting Standards:** Establish standards for specialty health programs and accreditation criteria for institutions and programs.
- **Institutional Evaluation:** Evaluate and approve healthcare institutions for delivering specialty training.
- **Accreditation:** Accredit hospitals, medical centers, and specialty programs.
- **Curriculum Approval:** Approve specialty training curriculums in the UAE.
- **Program Approval:** Approve residency and fellowship programs.
- **Examinations:** Conduct specialized professional examinations adhering to international standards.
- **Certification:** Issue certificates for higher health specialties (board and fellowship).
- **Continuing Education:** Approve standards for continuing medical education and continuing professional development programs in health specialties.
- **Admission Standards:** Develop admission standards and conduct admission exams for specialty training programs.
- **National Registry:** Establish a national registry for all health specialties and qualifications within the country.


The NIHS is dedicated to developing a highly qualified health workforce capable of supporting the health system and promoting health and wellbeing.





For more information about the *Guidelines for Evidence in the NIHS Program Accreditation Services*, please contact:

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ABBREVIATIONS

| TERM | DEFINITION |
|-------------|---|
| NIHS | National Institute for Health Specialties |
| DIO | Designated Institutional Official |
| PD | Program Director |
| APD | Associate Program Director |
| CCC | Clinical Competency Committee |
| PEC | Program Evaluation Committee |
| GMEC | Graduate Medical Education Committee |
| FTE | Full Time Equivalent |
| PLA | Program Letter of Agreement |
| APE | Annual Program Evaluation Report |

Introduction

The National Institute for Health Specialties (NIHS) produces this document as part of its role in accrediting residency and fellowship training programs. According to Cabinet Decree No. 28 of 2014, the NIHS is mandated to accredit hospitals and health institutions to host specialty programs leading to postgraduate qualifications. This document is designed to assist institutions and programs in preparing their accreditation applications and gathering the necessary information and documentation for accreditation.

Purpose

This document serves as a guide for institutions and programs seeking accreditation from the NIHS. It outlines the necessary evidence to be included with the accreditation application to ensure adherence to NIHS accreditation standards.

How to Use This Document

This document serves two primary purposes:

1. **For Sponsoring Institutions:** It aids institutions in seeking accreditation for their residency and fellowship programs. Institutions can reference this document to understand the evidence required for program accreditation submission to NIHS.
2. **For NIHS Accreditation Apparatus and Surveyors:** It serves as a benchmark for evaluating program accreditation applications, guiding surveyors during site visits, and informing accreditation decisions.

Structure of Program Accreditation Requirements

The NIHS Program Accreditation Requirements are organized into a hierarchy of domains, components, and requirements. The domains, which represent the main pillars of residency and fellowship training, are composed of several components that represent subsets or functions within each domain. These components are further detailed into specific requirements that programs must fulfill to achieve accreditation for specialty or subspecialty training purposes.

Below is the list of requirements along with the evidence guidelines:



Domain 1: Institution

| Accreditation Requirements | Evidence guidelines |
|--|--|
| 1.1. The program is sponsored by a National Institute for Health Specialties (NIHS) accredited sponsoring institution. | <ul style="list-style-type: none"> ▪ Valid NIHS institutional accreditation certificate copy. |
| 1.2. A valid program letter of agreement (PLA) exists with each participating site. | <ul style="list-style-type: none"> ▪ Provide copies of valid PLA exists with each participating sites <i>PLAs should be:</i> <ul style="list-style-type: none"> - Valid for 5 years period. - Approved by the designated institutional official (DIO). - Specify the duration and content of the educational experience. - State the policies and procedures that will govern resident education during the assignment. - Identify the faculty members who will assume educational and supervisory responsibility for residents. - Specify the responsibilities for teaching, supervision, and formal evaluation of residents - Signed by both authorized official persons. |
| 1.3. The program has a mechanism to monitor the clinical learning and working environment at each participating site. | <ul style="list-style-type: none"> ▪ Names of faculty members designated by the program director as site directors, responsible for resident education at their respective sites in collaboration with the program director. ▪ Copy of end-of-rotation filled by faculty at the participating site. |
| 1.4. The program has a policies and procedures manual including eligibility and selection of fellows, duty hours, education and work environment, supervision, and evaluation. | <ul style="list-style-type: none"> ▪ Copy of the residency/fellowship policies and procedures manual including: <ul style="list-style-type: none"> - eligibility and selection of residents/fellow's policy. - duty hours policy. - education and work environment policy. - supervision policy. - evaluation policy. |

Domain 2: Program Personnel and Resources

Component 1: Program Director (PD)

| Accreditation Requirements | Evidence guidelines |
|---|---|
| 2.1.1. The PD has an active consultant license. | <ul style="list-style-type: none"> ▪ Copy of PD active consultant license. |
| 2.1.2. The PD has qualification(s) or competency in medical education. | <ul style="list-style-type: none"> ▪ Copy of PD CV. ▪ Fill in the PD profile in REDCap. |
| 2.1.3. The PD has at least 3 years' experience in residency training/management. | <ul style="list-style-type: none"> ▪ Copy of PD CV. ▪ Experience/reference letters. |
| 2.1.4. The SI provides the PD with adequate protected time for program administration 0.5 full-time equivalent (FTE). | <ul style="list-style-type: none"> ▪ Copy of PD appointment letter with allocated FTE signed by DIO/equivalent <p>Note: FTE requirements must align with NIH specialty program requirements.</p> |
| 2.1.5. The PD actively participates in the Graduate Medical Education Committee (GMEC). | <ul style="list-style-type: none"> ▪ GMEC Membership List. ▪ GMEC meeting minutes. |
| 2.1.6. PD appoints a designee to ensure the seamless continuation of work, specifically to carry out duties in their absence. | <ul style="list-style-type: none"> ▪ Copy of the designee appointment letter for covering the PD role during their absence. |

Component 2: Associate Program Director (APD)

| Accreditation Requirements | Evidence guidelines |
|---|---|
| 2.2.1 The program has appointed (an) APD(s) (if applicable) | <ul style="list-style-type: none"> ▪ APDs appointment letter signed by DIO/equivalent. ▪ Detailed description of the APDs' duties and responsibilities for program administration, emphasizing the expected workload within allocated protected time. |
| 2.2.2 The APD actively participates in program administration and educational activities. | <ul style="list-style-type: none"> ▪ APDs' meeting attendance records. ▪ Records of involvement in program committees. ▪ Documentation of educational session facilitation. ▪ Membership lists and meeting minutes for relevant committees. |

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| <p>2.2.3 The SI provides the associate program director with adequate protected time for program administration (0.3 FTE).</p> | <ul style="list-style-type: none"> ▪ Appointment letter specifying associate program director's protected time (0.3 FTE). ▪ Documentation breaking down time allocation for program administration. ▪ FTE requirements aligned with NIHS specialty program requirements. ▪ Complete APD profile in REDCap. |
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Component 3: Faculty

| Accreditation Requirements | Evidence guidelines |
|---|--|
| <p>2.3.1 Physician faculty hold a specialist or consultant license in their specialty/subspecialty.</p> | <ul style="list-style-type: none"> ▪ Copy of all faculty valid licenses. |
| <p>2.3.2 The PD has designated core faculty members who have a significant role in resident education and supervision.</p> | <ul style="list-style-type: none"> ▪ Provide up-to-date faculty list including core and non-core faculty members ▪ Fill in the faculty profiles in REDCap. |
| <p>2.3.3 The PD has designated subspecialty education coordinators (SEC) in all the following specialties/subspecialties.</p> | <ul style="list-style-type: none"> ▪ List of designated subspecialty education coordinators (SEC) per institution and per rotation. ▪ Copies of appointment letters or official documentation designating individuals as subspecialty education coordinators in the specified specialties/subspecialties. |
| <p>2.3.4 The SI provides core faculty members with adequate protected time for resident education (0.2 FTE).</p> | <ul style="list-style-type: none"> ▪ Appointment letters or contracts for core faculty specifying protected time for resident education (0.2 FTE). ▪ Documentation of time allocation for resident education duties. ▪ Records showing adherence to protected time for resident education activities. |
| <p>2.3.5 The ratio of core faculty to residents is a minimum of 1:6.</p> | <ul style="list-style-type: none"> ▪ Rosters listing all core faculty members and residents currently enrolled in the program, indicating the total number of each <p>Note: The ratio of core faculty to residents is tailored to each specialty. Refer to the</p> |

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| | specialty program requirements for further details. |
| 2.3.6 The ratio of all faculty to residents is a minimum of 1:1. | <ul style="list-style-type: none"> ▪ Rosters listing all faculty members (core and non-core) and residents currently enrolled in the program, indicating the total number of each |
| 2.3.7 Faculty members regularly participate in organized educational and teaching activities. | <ul style="list-style-type: none"> ▪ Teaching schedules detailing faculty involvement, topics covered, dates, and duration of sessions. ▪ Attendance records from educational sessions, such as lectures, seminars, grand rounds, or journal clubs, showing faculty participation. |
| 2.3.8 Faculty members regularly attend faculty development activities. | <ul style="list-style-type: none"> ▪ List of faculty development activities. ▪ Documentation of faculty attendance at development workshops, seminars, or training sessions. ▪ Certificates or proof of participation in faculty development programs. ▪ Logs tracking faculty participation in ongoing development activities. ▪ Individual faculty professional development plans outlining attended activities. |
| 2.3.9 Faculty are evaluated at least annually by the PD. | <ul style="list-style-type: none"> ▪ Completed evaluation reports for each faculty member, signed and dated by the PD. ▪ Feedback forms or surveys used in the evaluation process. ▪ Minutes from evaluation meetings between the PD and faculty members. ▪ Copies of the criteria or standards used for evaluating faculty performance. |

Component 4: Program Coordinator

| Accreditation Requirements | Evidence guidelines |
|---|---|
| 2.4.1. The program has a dedicated program coordinator. | <ul style="list-style-type: none"> ▪ Program coordinator appointment letter. |

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| <p>2.4.2. The SI provides the program coordinator with adequate time and support to perform the administrative duties of the program.</p> | <ul style="list-style-type: none">▪ Program coordinator' appointment letter specifying role and time commitment.▪ Work schedule showing dedicated time for administrative responsibilities.▪ Records of additional support staff or resources available to assist the program coordinator.▪ Institutional policies or guidelines detailing support and time allocation for program coordinators.▪ Surveys or feedback from the program coordinator on the adequacy of time and support provided. |
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Component 5: Resources

| Accreditation Requirements | Evidence guidelines |
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| 2.5.1. The following clinical services are available in the sponsoring institution or the participating site(s). | <ul style="list-style-type: none"> ▪ List of available resources as required for each specialty/subspecialty. ▪ This will also be assessed during the facility tour. |
| 2.5.2. The patient population served is diverse with a variety of clinical problems. | <ul style="list-style-type: none"> ▪ Statistical reports detailing the demographic characteristics of the patient population. ▪ Clinical Case Logs. ▪ Institutional reports highlighting patient population diversity and clinical issues addressed. |
| 2.5.3. Allied healthcare services are available (including social workers, case managers, dieticians, physiotherapists, etc.) to assist in patient care. | <ul style="list-style-type: none"> ▪ Lists of allied healthcare professionals employed, including social workers, case managers, dieticians, physiotherapists, etc. ▪ Documentation of patient referrals and interactions with allied healthcare services. |
| 2.5.4. Consultation from other clinical services is available in a timely manner. | <ul style="list-style-type: none"> ▪ Records showing requests for consultations and the response times. ▪ Examples of patient records demonstrating timely consultations from other clinical services (on site). |
| 2.5.5. Adequate clinical and teaching space is available including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space for educational staff. | <ul style="list-style-type: none"> ▪ Lists detailing the available equipment and educational aids, including computers, visual aids, and teaching materials. |
| 2.5.6. The program has a mechanism to monitor the number of other learners (including medical students, interns, residents from other programs), to ensure it does not interfere with the program's residents' learning experience | <ul style="list-style-type: none"> ▪ Policy/mechanism to monitor the number of other learners |

Domain 3: Resident Appointment

| Accreditation Requirements | Evidence guidelines |
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| 3.1 There is a minimum number of residents/fellows in each year of the program. | <ul style="list-style-type: none"> ▪ Complete residents/fellows' profiles in REDCap. ▪ List of active residents/fellows. |
| 3.2 There is a minimum number of residents/fellows enrolled in the program, at all times. | <ul style="list-style-type: none"> ▪ List of active residents/fellows per program. |
| 3.3 Eligibility and selection of residents as per NIHS criteria. | <ul style="list-style-type: none"> ▪ Copy of residents'/fellows' eligibility and selection criteria policy. |
| 3.4 Program orientation process for new residents available including but not limited to policies, work structure, curriculum, wellbeing, physician impairment, fatigue and sleep deprivation, etc. | <ul style="list-style-type: none"> ▪ Residents/fellows orientation program/schedule. ▪ Attendance tracking sheet. |

Domain 4: Educational Program

Component 1: Curriculum

| Accreditation Requirements | Evidence guidelines |
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| 4.1.1. The program has written competency-based goals and objectives for each rotation. | <ul style="list-style-type: none"> ▪ Residency/fellowship curriculum manual encompassing the six core competencies for each rotation. |
| 4.1.2. The goals and objectives are available for all residents/fellows and faculty members. | <ul style="list-style-type: none"> ▪ Screen shots from the system are used to exchange information with residents/fellows. ▪ Copy of emails exchanging information with residents/fellows. |
| 4.1.3. Didactic activities take place regularly. | <ul style="list-style-type: none"> ▪ Schedule of residents'/fellows' didactic activities, including the names of faculty assigned to cover each session. ▪ Sample attendance sheets. ▪ Examples of presentations or any materials used. |
| 4.1.4. The following didactic sessions take place at least monthly. <ul style="list-style-type: none"> A. Grand rounds. B. Case-based discussions. | <ul style="list-style-type: none"> ▪ Schedule of residents'/fellows' didactic activities, including the names of faculty assigned to cover each session. ▪ Sample attendance sheets. |

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| <p>C. Multidisciplinary meetings/conferences.</p> <p>D. Morbidity and mortality meetings/rounds.</p> <p>E. Subspecialty-specific lectures and workshop.</p> | <ul style="list-style-type: none"> ▪ Examples of presentations or any materials used. |
| <p>4.1.5. Residents are provided with protected time to attend didactic activities.</p> | <ul style="list-style-type: none"> ▪ Sample attendance sheets. ▪ This will be verified during the site visit |

Component 2: Clinical Experiences

| Accreditation Requirements | Evidence guidelines |
|---|---|
| <p>4.2.1. Residents'/fellows' clinical experience includes the following rotations:</p> | <ul style="list-style-type: none"> ▪ Copy of the block diagram. ▪ List of Procedures skills. ▪ Case Log System/ Logbook. ▪ Excel sheet with procedures skills completed by residents/fellows. ▪ Scen shots from electronic data system. <p>Note: Each specialty/subspecialty has a customized list of clinical experiences. Evidence should be tailored and provided according to the requirements of each specialty.</p> |
| <p>4.2.2. The program has a mechanism to ensure that residents/ fellows receive adequate clinical supervision.</p> | <ul style="list-style-type: none"> ▪ Supervision policy. ▪ Supervision grid/master Rota. |
| <p>4.2.3. The program has a mechanism to evaluate the number of procedures and competence of each resident /fellow in above-mentioned procedures.</p> | <ul style="list-style-type: none"> ▪ Evaluation policy. ▪ Evaluation forms. ▪ Samples of residents/fellows completed evaluation forms. |

Domain 5: Scholarly Activities

Component 1: Resident Scholarly Activities

| Accreditation Requirements | Evidence guidelines |
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| <p>5.1.1. The program provides the residents/fellows with research training.</p> | <ul style="list-style-type: none"> ▪ Research training goals and objectives. ▪ List of publications/ research projects. |

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| 5.1.2. The program provides residents/fellows with opportunities to participate in scholarly activities. | <ul style="list-style-type: none"> ▪ List of research training workshops. ▪ This will be verified during the site visit. |
| 5.1.3. All residents/fellows in the program participate in scholarly activities. | <ul style="list-style-type: none"> ▪ List of residents/fellow's projects/publications. ▪ Sample of residents/fellow's scholarly activities. |

Component 2: Faculty Scholarly Activities

| Accreditation Requirements | Evidence guidelines |
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| 5.2.1. Faculty demonstrate accomplishment in scholarly activities. | <ul style="list-style-type: none"> ▪ List of faculty scholarly activities. |

Domian 6: Residents/ Fellows Evaluation and Promotion

Component 1: Resident /fellow Evaluation

| Accreditation Requirements | Evidence guidelines |
|---|---|
| 6.1.1. The program has objective performance evaluation tools for all Core competencies. | <ul style="list-style-type: none"> ▪ Copy of performance evaluation tools. ▪ Sample of completed evaluations. |
| 6.1.2. Residents/fellows are evaluated by multiple evaluators (e.g. faculty, peers, patients, etc.). | <ul style="list-style-type: none"> ▪ Copy of different evaluations forms. ▪ Sample of competed forms. |
| 6.1.3. Residents/fellows receive feedback after each rotation | <ul style="list-style-type: none"> ▪ Copy of end of rotation evaluation form. ▪ Sample of completed forms. |
| 6.1.4. Evaluations are documented at the end of each rotation. | <ul style="list-style-type: none"> ▪ Screenshot of documented evaluation forms. |
| 6.1.5. The PD or designee meet at least semiannually with each resident and review the resident/fellow performance. | <ul style="list-style-type: none"> ▪ Meeting minutes. |
| 6.1.6. Semiannual evaluations are documented for each resident. | <ul style="list-style-type: none"> ▪ Copy of competed semiannual reports. |
| 6.1.7. Final evaluations are completed for each resident at the end of the training period (Summative letter). | <ul style="list-style-type: none"> ▪ Sample of summative letters. |

Component 2: Resident /Fellow Promotion

| Accreditation Requirements | Evidence guidelines |
|---|---|
| 6.2.1. The program has written annual resident/fellow promotion criteria. | <ul style="list-style-type: none"> List of promotion criteria. |
| 6.2.2. The promotion criteria is available for residents to review. | <ul style="list-style-type: none"> Email/screenshot from system. |

Domain 7: Clinical Competency Committee

| Accreditation Requirements | Evidence guidelines |
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| 7.1. The program has a clinical competency committee that meets at least semi-annually. | <ul style="list-style-type: none"> CCC terms of reference. |
| 7.2. CCC has at least three members. | |
| 7.3. At least one of the CCC members is a core faculty. | |
| 7.4. CCC has a written description of the duties, meeting process, decision making and reporting of the committee. | |
| 7.5. CCC meetings have minutes. | <ul style="list-style-type: none"> Signed CCC meeting minutes |
| 7.6. CCC reviews each resident/fellow performance at least semi-annually and develops individual plans for residents. | <ul style="list-style-type: none"> CCC meeting minutes |
| 7.7. The PD or designee meets with each resident/fellow semiannually and shares the CCC's findings and plan. | <ul style="list-style-type: none"> Meeting minutes for residents/fellows meeting. |

Domain 8: Program Evaluation Committee (PEC)

| Accreditation Requirements | Evidence guidelines |
|---|---|
| 8.1 The program has a PEC that meets at least annually. | <ul style="list-style-type: none"> PEC terms of reference. |
| 8.2 The PEC has at least two faculty members, one of whom is a core faculty. | |
| 8.3 The PEC has resident representatives from each year of training. | |
| 8.4 The PEC has a written description of the duties, meeting process, decision making and reporting of the committee. | |

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| 8.5 The PEC produces an annual program evaluation report. | <ul style="list-style-type: none"> ▪ Copy of Annual Program Evaluation Report (APE). |
| 8.6 The program annual report is presented by the PD or designee to the GMEC annually. | <ul style="list-style-type: none"> ▪ GMEC meeting minutes. |
| 8.7 At minimum, the PEC evaluates the following aspects of the program: <ul style="list-style-type: none"> A. Competency-based rotation goals and objectives. B. Curriculum C. Resident and faculty scholarly activity. D. Written program evaluations E. Annual program survey by faculty and residents F. Aggregate faculty evaluation. G. Aggregate resident in-training examination H. Board pass rates. I. Graduate performance. J. Resident recruitment and retention. K. Quality and safety of patient care. L. Prior annual program reports. | <ul style="list-style-type: none"> ▪ PEC meeting minutes. ▪ Annual Program Evaluation Report (APE). |
| 8.8 The annual report is distributed and discussed with the residents and faculty. | <ul style="list-style-type: none"> ▪ Email/screen short of available evidence. ▪ Meeting minutes. |

Domain 9: Duty Hours

| Accreditation Requirements | Evidence guidelines |
|---|---|
| 9.1 The program has a mechanism to monitor residents' working hours. | <ul style="list-style-type: none"> ▪ Duty hours policy and procedure. ▪ Screen short of duty hours tracking system. |
| 9.2 The program adheres with duty hour regulations. | |
| 9.3 Duty hours are limited to 80-hours per week averaged over 4-weeks. | |
| 9.4 Residents have one day off in seven free from all clinical and educational duties, averaged over 4-weeks. | |
| 9.5 A minimum of 10-hours off in between all duty periods. | |

Domain 10: Resident Supervision

| Accreditation Requirements | Evidence guidelines |
|---|---|
| 10.1. The program has a written supervision policy. | <ul style="list-style-type: none">▪ Supervision policy. |
| 10.2. Each resident in the program has appropriate privileges assigned to them based on their level of training, ability, and complexity and acuity of the situation. | <ul style="list-style-type: none">▪ Supervision grid indicating appropriate oversight based on residents' training levels.▪ Records of supervision during procedures or clinical encounters.▪ Assessments of residents' competency and readiness for independent tasks. |
| 10.3. The faculty is aware of supervision requirements. | <ul style="list-style-type: none">▪ Records indicating that faculty have undergone training or orientation sessions regarding supervision requirements. |

Glossary of Terms

| TERM | DEFINITION |
|--------------------------------------|---|
| Associate Program Director (APD) | The APD is the qualified person appointed when residents/fellows number exceeds 15 and designated with authority, responsibility, and resources to assist the PD. |
| Clinical Competency Committee | The specific committee appointed by the PD to assess and evaluate the performance of residents/fellows within the specialty/subspecialty program. |
| Designated Institutional Official | The designated institutional official is the qualified person appointed by the sponsoring institution as authorized and responsible for leadership and management for all aspects pertaining to the residency and fellowship training. |
| Faculty | The entire teaching workforce responsible for educating residents/fellows. |
| Fellows | Individual candidates enrolled for training in a subspecialty program leading to fellowship qualification. |
| Formative evaluation | Monitoring resident/fellow training and providing ongoing feedback to improve learning. |
| Full Time Equivalent | The FTE refers to calculation of the time dedicated for residency/fellowship training management or delivery as part of the full time allotted to work (ideally 40 hours per week). |
| Graduate Medical Education Committee | The committee appointed by the sponsoring institution to support the role of the DIO in overseeing all aspects pertaining to residency training. |
| Internal review | The internal evaluation conducted within the training program to identify and act on strengths and weaknesses/areas for improvement of residency/ fellowship training. |
| Participating site | An organization (hospital, health center, health facility, etc.) providing educational experiences or educational assignments/rotations for residents/ fellows through arrangement with the sponsoring institution. A participating site can be within the sponsoring institution's country or international. |
| Program coordinator | The program coordinator is a qualified administrative staff member designated with authority to assist the program director in managerial and logistical coordination. |
| Program director | The program director (PD) is the qualified person designated with authority, responsibility, and accountability |

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| | of managing and coordinating a specific (particular specialty) residency/fellowship program. |
| Program Evaluation Committee | The specific committee appointed by the PD to assess and evaluate the whole business of the specialty program. |
| Residents | Individual candidates enrolled for training in a residency. |
| Sponsoring institution | The organization or entity (Hospital, group of health facilities, a health department, a health system, etc.) that assumes the ultimate responsibility for a residency/fellowship training experience. The sponsoring institution has the primary responsibility of applying for accreditation and committing resources and support to comply with accreditation requirements. |
| Summative evaluation | Evaluating resident/fellow's learning by comparing performance against the goals and objectives of the program with the intent to make decisions about promotion or program completion. |
| Training center | The hospital or group of health facilities accredited to host residency/fellowship training programs |
| Training environment | The diverse context for trainee development, including physical locations, learning resources, clinical experiences, and institutional culture. |
| The training team | The totality of faculty and administrative personnel involved in the delivery and coordination of actual residency/fellowship training activities. Faculty represent the mainstay discipline-specific personnel entrusted with the supervision of trainees. Other faculty are personnel from other disciplines taking part in training activities. Administrative personnel include administrators, logistic staff, and secretaries. |

References:

1. NIHS Program Accreditation requirements
2. NIHS Specialty Program requirements