Guidelines for Adding New Participating Sites to a Sponsoring Institution

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1. Introduction and Purpose

The National Institute for Health Specialties (NIHS) serves as the federal authority for accrediting healthcare institutions and programs offering postgraduate medical education in the United Arab Emirates. This guideline establishes a structured process for **adding new participating sites** to the institutional scope of NIHS-accredited sponsoring institutions. It aims to ensure **quality consistency, governance alignment, and educational equivalence** across all training sites.

2. Applicability and Scope

This guideline applies to all NIHS-accredited sponsoring institutions that intend to expand their educational footprint to include additional hospitals, clinics, or health facilities (referred to as participating sites) as part of their **residency and/or fellowship training delivery**.

3. Key Definitions

Term	Definition
Graduate Medical Education Committee (GMEC)	The committee appointed by the sponsoring institution to support the role of the DIO in overseeing all aspects pertaining to residency training.
Designated Institutional Official (DIO)	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 training.
Associate Designated Institutional Official (Associate DIO)	The Associate DIO is a senior leader who supports the DIO in managing graduate medical education (GME) programs, focusing on education, operations, and quality across training sites. This role ensures continuity and coordination, especially in multi-site or complex settings.
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 training experience. The sponsoring institution has the primary responsibility of applying for accreditation and committing resources and support to comply with accreditation requirements.
Joint Program	Residency or Fellowship training programs that offer a coordinated educational experience across multiple sites. Trainees rotate through various facilities, with consistent curriculum, supervision, and evaluation across all locations, ensuring uniform education and competency development.

Participating Site	A hospital or health facility affiliated to a training center through a special agreement and taking part in residency training
Primary Site	The main institution responsible for the administration and oversight of the residency or fellowship program
Program Director	The program director (PD) is the qualified person designated with authority, responsibility, and accountability of managing and coordinating a specific (certain specialty) residency program
Site Director	The designated individual is responsible for overseeing the program at a specific participating site.
Residents	Individual candidates enrolled for training in a residency program leading to board qualification.
Fellows	Individual candidates enrolled for training in a subspecialty program leading to fellowship qualification.
Training environment	The diverse context for trainee development including physical locations, learning resources, clinical experiences and institutional culture.
Training governance	The system of structures, relationships, and processes involved in oversight and maintenance of high-quality residency training experience.
Continuous improvement	A systematic approach to continuously review, update, and improve residency training experience to enhance quality and ensure effective outcomes.

4. Requirements for Adding a New Participating Site

4.1 Institutional Accreditation and Governance

- The sponsoring institution must possess active NIHS institutional accreditation status.
- The participating site must either:
    - Be governed directly under the institutional framework, or
    - Be affiliated through a formal **Program Letter of Agreement (PLA)**.

4.2 Roles and Responsibilities:

4.2.1 RESPONSIBILITIES OF THE SPONSORING INSTITUTION

- Maintain NIHS accreditation for the PGME program(s).
- Ensure the Program Director retains full educational authority.

- Approve all resident rotations at the participating site.
- Provide participating sites with program objectives, policies, and evaluation tools.
- Monitor educational quality and compliance at participating sites.
- Retain overall responsibility for educational quality and compliance through the DIO.
- Appoint an Associate Designated Institutional Official (Associate DIO) at the participating site, who reports directly to the DIO.
- Ensure the Associate DIO serves as a GMEC member.
- Ensure Program Directors based at the participating site are GMEC members.
- Provide FTE to the Associate DIO and Program Directors in compliance with NIHS requirements.
- Ensure the addition of the participating site is documented in GMEC meeting minutes and formally submitted to NIHS.

4.2.2 Responsibilities of the Participating Site

- Support the educational goals of the sponsoring institution's PGME program(s).
- Ensure qualified faculty are appointed and available.
- Provide appropriate supervision, duty hours, and work environment.
- Participate in resident evaluation and program feedback.
- Provide safe clinical learning and working conditions.
- Comply with NIHS and Sponsoring Institution policies, including duty hours, supervision, and reporting standards.
- Submit an official commitment letter signed by senior leadership (CEO, CMO, CFO, HR Director) affirming support and resource provision for GME.

4.2.3 Key Responsibilities of Associate DIO Include:

- Supporting the DIO in implementing GME policies and procedures.
- Ensuring accreditation standards are maintained at participating sites.
- Serving as a liaison between site leadership, program directors, and the GMEC (Graduate Medical Education Committee).
- Overseeing GME activities in assigned sites to ensure alignment with institutional goals.

- Assisting in faculty development, trainee support, and quality improvement efforts.

4.2.4 Program Letter of Agreement (PLA)

Sponsoring institution must have effective relationships with participating training sites as evidenced by the existence of a written program letter of agreement (PLA) that stipulates:

- Coordination mechanism including identification of a person (local
- director) at the participating site.
- Selection of faculty involved together with specifying their responsibilities for
- training and evaluation of residents/fellows.
- Duration and content of the rotations or training experience for residents/
- fellows at the participating site.
- Policies and procedures governing the training experience and faculty at
- the participating sites.
- Timely reporting on changes that may affect the training experience.
- Participating sites PLA to be renewed every 5 years.

4.3 Clinical Training Environment

- Participating site must be accredited either by JCI or equivalent
- Participating Site must demonstrate:
    - Adequate infrastructure (clinical and IT)
    - Case volume and patient diversity
    - Specialty services aligned with curriculum objectives
    - Access to library, EMRs, simulation labs, and safe learning spaces
- Clinical governance practices such as M&M meetings, rounds, and quality dashboards must be implemented.

4.4 Faculty and Educational Oversight

- Site Director must be licensed and experienced in clinical education.
- All faculty must:
    - Hold UAE licensure
    - Engage in teaching, assessment, and mentoring
    - Be documented in institutional HR and training systems
- Ratios:

    - Core Faculty-to-Resident: minimum (1:6 for medical specialities, 1:4 for surgical specialties)
    - Total Faculty-to-Resident: minimum (1:1)
- Core Faculty FTE: Each core Faculty member must have 0.2 FTE in compliance with NIHS requirements.

4.5 Curriculum Alignment

- The educational experience must be equivalent to that offered at the sponsoring institution.
- Institutions must submit:
    - Updated rotation schedules
    - Site-specific learning objectives
    - Mechanisms for inter-site coordination (e.g., academic calendars, centralized faculty meetings)

4.6 Monitoring and Supervision

- All trainees must be supervised by qualified personnel per NIHS standards.
- Supervision logs must be maintained and accessible for audit.
- DIO and Program Directors must regularly monitor:
    - Trainee feedback
    - Faculty participation and performance
    - Clinical exposure and teaching quality

5. Quality Assurance and Continuous Monitoring

To ensure ongoing compliance and continuous improvement, institutions must implement a **robust, system-wide quality assurance (QA) framework** that incorporates the following:

5.1 Integration into Institutional QA System

- The participating site must be **formally integrated into the institution's quality assurance and risk management structures**.
- This includes being part of:
    - Internal audits

    - Annual program evaluations
    - Faculty and resident satisfaction surveys
    - Resident milestone tracking and outcomes
    - CCC and PEC meetings

5.2 Annual GMEC Institutional Review

- The new site must be **included in the Annual GMEC Review**.
- Site-specific performance indicators must be collected and analyzed, including:
    - Duty hour compliance
    - Teaching effectiveness
    - Supervision adequacy
    - Resident progression and attrition

5.3 Trainees' Feedback and Action Plans

- Structured surveys or interviews must be conducted with residents rotating at the new site.
- Identified issues must lead to **documented action plans** with timelines and responsible persons.

5.4 Incident and Risk Reporting

- The site must implement and report:
    - Clinical incidents involving trainees
    - Unsafe patient care environments
    - Breaches in supervision or training protocol
- Reports must be reviewed by the DIO and GMEC with mitigation plans in place.

5.5 Faculty Development and Evaluation

- All faculty must undergo:
    - Annual performance reviews
    - Peer and learner evaluations
    - Mandatory training on teaching, supervision, and patient safety

5.6 Documentation and Record Keeping

- The site must maintain:
    - A training file for each resident

- Logs of faculty development activities
- Evidence of curriculum delivery and assessment

- Records must be retained per NIHS requirements and available for review.

6. Submission Requirements to NIHS

The following must be submitted for review:

1. Formal request letter signed by the DIO
2. Signed Program Letter of Agreement
3. CVs and licensure of the Site Director(s)
4. Description of clinical infrastructure and services
5. Organizational chart including the new site
6. A new faculty and trainees list, along with a copy of their licenses.
7. GMEC minutes confirming approval
8. Updated rotation schedule
9. Policies on:
    - Supervision
    - Evaluation
    - Duty hours
    - Resident safety and grievances
10. QA and monitoring plan specific to the new site

7. Review and Approval

- NIHS will evaluate the submission and may:
    - Request clarifications
    - Conduct a remote or on-site review
- Upon satisfactory review, the site will be officially added to the institution's scope of accreditation and reflected in the updated certification.

8. Ongoing Responsibilities

- The institution must:
    - Notify NIHS of any major changes (e.g., site closure, accreditation loss)

    - Submit periodic site evaluation data
    - Participate in NIHS-initiated inspections or audits
- Failure to comply may result in:
    - Site suspension
    - Institutional reaccreditation risk
    - Revocation of training privileges at the site

9. References

- NIHS Institutional Accreditation Requirements (2024)
- NIHS Program Accreditation Evidence Guidelines (2024)
- NIHS Joint Residency & Fellowship Accreditation Framework