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United Arab Emirates University

National Institute for Health Specialties

United Arab Emirates

General Requirements for Accreditation of Institutions with Residency/Fellowship Programs

Accreditation Standards Series 2

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ABBREVIATIONS

CPD	Continuing Professional Development.
DIO	Designated Institutional Official.
FTE	Full Time Equivalent.
GMEC	Graduate Medical Education Committee.
ICT	Information and Communication Technology.
IMED	International Medical Education Directory.
NIHS	National Institute for Health Specialties.
PHC	Primary Health Care.
PD	Program Director.
PLA	Program Letter of Agreement.
TEL	Technology Enhanced Learning.



Introduction

The National Institute for Health Specialties (NIHS) produces this document as part of its role in accrediting residency training. The NIHS is mandated according to Cabinet Decree No 28 for the year 2014 to accredit hospitals and health institutions for the purpose of hosting specialty programs leading to postgraduate qualifications. This document is the first of a series on accreditation standards to assure quality, and support continuous improvement of residency/fellowship training in the country. The series of standards are developed based on evidence and best practice internationally while accommodating the specificities of the country context.

Purpose of the document

This document sets the standards and requirements necessary for hospitals and other health institutions (training centers) to be accredited for the purpose of residency/fellowship training. These requirements are essentially general, stipulating the broader standards and conditions needed to ensure an effective residency/fellowship training. The document represents a guide for institutions and entities applying for accreditation and informs the process administered by the NIHS in relation to accreditation including guidance for site visits and the role of surveyors. Rubrics will further streamline, and quantify where possible, the requirements in the spirit of facilitating accreditation decisions. It is, however, pertinent to note that the overall assessment of institutions for suitability to run residency/fellowship training is a comprehensive endeavor with both quantitative and qualitative dimensions involved.

Conceptual framework for the requirements

The institutional accreditation standards are based on five domains as depicted in figure 1. These domains represent the pillars for residency/fellowship training and entry points for interventions directed at ensuring robust functioning.





Fig.1. The five domains for accreditation of institutions hosting residency/fellowship programs

The four domains of governance, training environment, residents/fellows, and faculty are distinct yet interconnected, necessitating a coordinated approach to ensure balanced coverage and synergies among them. The fifth domain of continuous improvement and innovation applies across the four domains hence it is horizontally positioned in the chart.

The structure of the requirements

The contents of this document are structured into a hierarchy of domains, components, and requirements. The domains which describe the main pillars of residency/fellowship training are composed of several components representing sub-sets or functions within each domain. The components are further elaborated and detailed into specific requirements, which are the ultimate units that institutions must fulfil in order to be accredited as a training centers.

In this document, the 5 domains of governance, training environment, residents, faculty, and continuous renewal and innovation involve 17 components that are further translated into 70 observable requirements (figure 2).

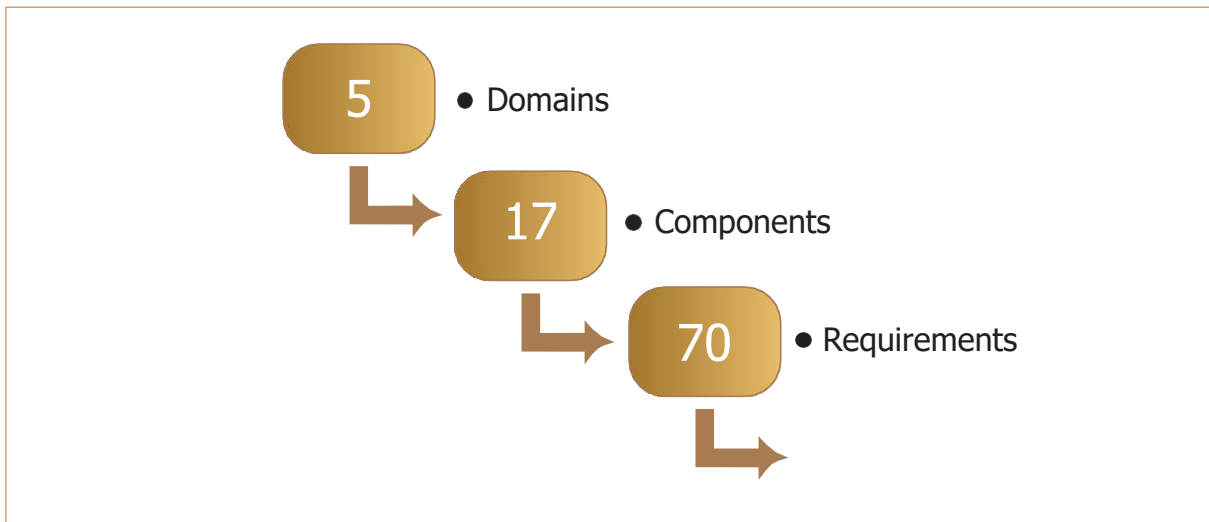


Fig. 2. The structure of the requirements, components, and domains in the context of institutional accreditation

The 70 requirements are in essence actions or interventions that are key to ensuring a robust residency/fellowship training system. These requirements are further explained in the document in terms of some guiding notes and specific deliverables to help clarity and ensure consistency. Means of verifying fulfilment of the requirements include both quantitative and qualitative approaches.

How to use this document?

This document is intended for use externally by sponsoring institutions embarking on accreditation for residency/fellowship training and internally by the accreditation apparatus of the NIHS, including accreditation surveyors.

Sponsoring institutions can use this document to be aware of the scope and framework of accreditation for residency/fellowship training in addition to gaining insight into specific requirements that must be fulfilled for institutional accreditation to be conferred.

In that sense, sponsoring institutions can get clarity about the type of work and compliance steps involved, and that are instrumental in informing strategies and plans for obtaining accreditation. The document in addition, provides framework and guidance for self-study reports and assessment criteria for conferring accreditation status.



The NIHS uses this document as a reference point and standard to assess applications for institutional accreditation. Rubrics and checklists, based on the content of the document, will be used to guide and facilitate the role of surveyors during site visits and to inform the ultimate decisions around accreditation by the NIHS.

Domain 1: Governance

The governance domain focuses on the oversight and steering of the residency/ fellowship training by the sponsoring institution. It examines the components of governance structures, relationships, and processes (figure 3) with the aim of ensuring the existence of robust leadership and oversight for residency training.

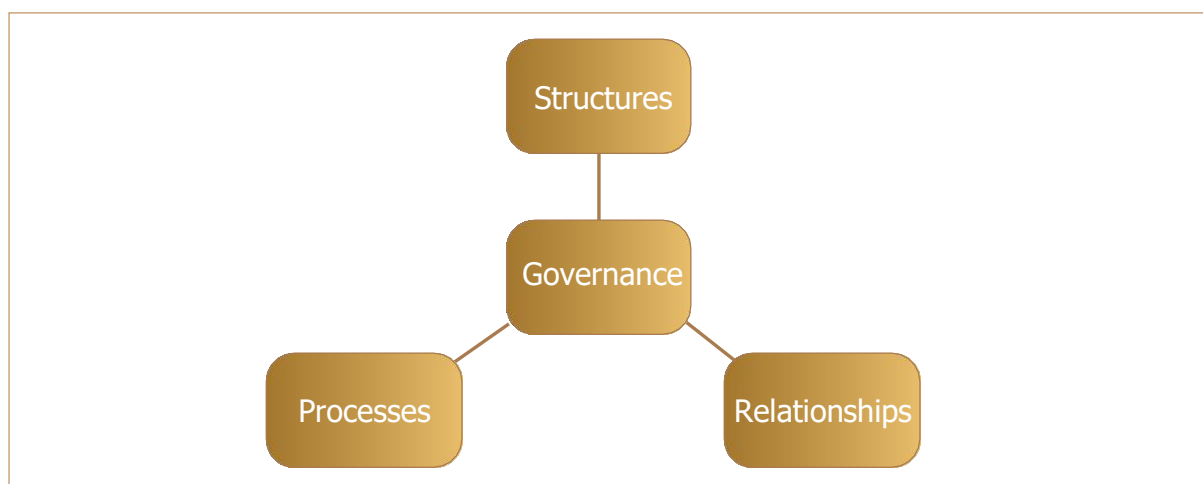


Fig.2. The three components of the governance domain for accreditation of institutions hosting residency/fellowship programs

The following is a description of the components and associated requirements under this domain:

Component 1.1. Governance Structures

Requirement 1.1.1. The sponsoring institution is committed to promoting residency/ fellowship training as testified by its compliance with accreditation standards and requirements, and the existence of the following:

- A vision and mission, or strategy emphasizing the overarching purpose of residency/ fellowship training.

- Written statements of commitment, such as Board or senior management statements.
- Funding and support of leadership development for residency education.

Requirement 1.1.2. Appointment by senior management of a designated institutional official (DIO) with:

- Medical consultant status and qualification or competency in medical education with experience of at least three years in residency management.
- Clear mandate, authority, and responsibility for all aspects of residency training.
- Clearly stated job description and reporting structure.
- Clearly established mechanism to formally review and monitor performance.
- Provision for space, equipment and technology, admin support, and resources corresponding to the level of responsibility.
- The DIO must be provided at least 0.6 full time equivalent (FTE) to devote for leadership and management responsibilities. FTE is calculated based on 40 hours of work per week.
- The DIO must establish and implement procedures to ensure continuity of work e.g. through a designee to perform duties in his/her absence.

Requirement 1.1.3. Formation of a graduate medical education committee (GMEC) to support the role of the DIO in overseeing all aspects of residency/fellowship training according to the following:

- Committee preferably chaired by the DIO.
- Committee membership representation involving program directors, faculty, residents, management and administration, and other relevant representatives.
- Clear terms of reference on the mandate, role, and responsibilities of the committee in addition to its meeting process, decision-making, and reporting.
- Functional committee with regular meetings, minutes, and monitoring mechanism and process leading into a tangible output. The GMEC should meet quarterly to discuss progress and challenges and take relevant actions.

The GMEC may convene sub-committees to deal with different functions such as the curriculum, assessment, resident welfare, faculty development, research, and evaluation, and any other functions relating to accreditation.



Component 1.2. Governance Relationships

Requirement 1.2.1. Timely and effective internal relationships, including among DIO, training committee, program directors, faculty, residents, and administration as evidenced by functional mechanisms and documentation.

Requirement 1.2.2. Effective relationships of residency/fellowship program leadership and staff with stakeholders at the level of the sponsoring institution and beyond including other health professionals, health services structures, medical education and CPD entities, and relevant governmental bodies as evidenced by documentation and results.

Requirement 1.2.3. Effective coordination or integration between residency/fellowship training governance and clinical governance at the level of the sponsoring institution, as evidenced by systems, documentation, and mechanisms.

Requirement 1.2.4. Effective relationships with participating training sites as evidenced by the existence of a program letter of agreement (PLA) renewable every 5 years, and channels of communication and monitoring.

Requirement 1.2.5. Timely and effective communication of the DIO with NIHS, including compliance with accreditation requirements and requests for information.

Component 1.3. Governance Processes

Requirement 1.3.1. Existence of effective policies for residency/fellowship training that are developed through transparent consultative processes, documented, accessible for all concerned, and regularly reviewed.

Requirement 1.3.2. Existence of financial strategy/plan for the residency/fellowship program together with budgeting and allocation of sufficient dedicated funds according to priorities and dimensions of the residency/fellowship training.

Requirement 1.3.3. Provision for a strategy/plan for quality assurance and improvement of the residency/fellowship training, including mechanisms for review, monitoring and evaluation, and reporting. The GMEC annual report must be presented to the sponsoring institution as well as to the governing bodies of major participating sites. The annual report will



review the activities of the GMEC during the past year with attention to resident/fellow supervision, resident/fellow responsibilities, resident/fellow evaluation, compliance with duty hour standards, and resident/fellow participation in patient safety and quality of care education.

Requirement 1.3.4. Provision for a robust information system including residency databases, files for residents/fellows and faculty, and format for reporting. The information system should be secure, confidential, and essentially supported by electronic applications.

Domain 2: Training environment

This domain ensures that the training environment and culture within the sponsoring institution is supportive of residents/fellows and faculty and optimal for patient safety. Such a setting will enable residents/fellows to achieve the learning outcomes required by their curriculum.

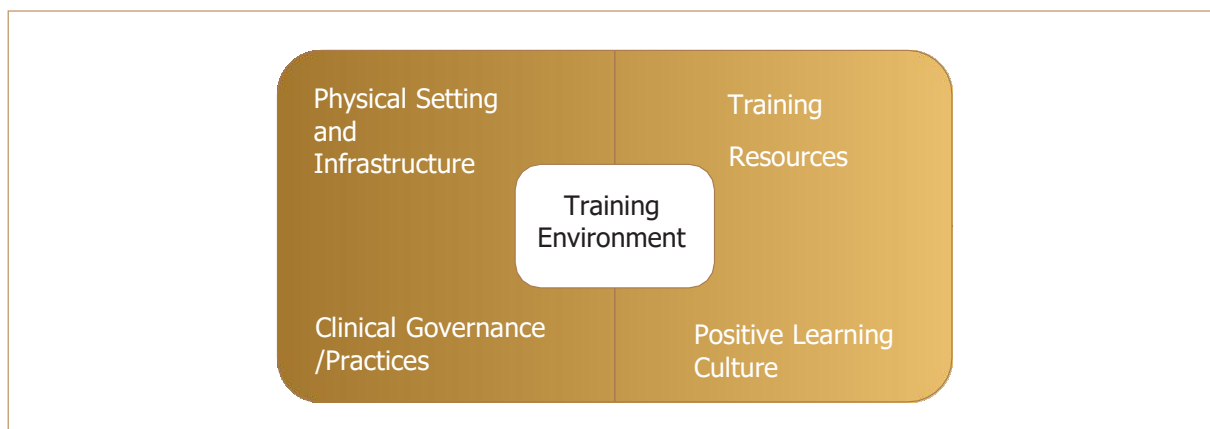


Fig.4. The components associated with the domain of training environment

The following is a description of the components and associated requirements under this domain:

Component 2.1. Physical setting and infrastructure

Requirement 2.1.1. Adequate clinical/service facilities and resources including, space, variety, and patient load commensurate to the scope of accreditation.



Requirement 2.1.2. Adequate educational space, including:

- Classrooms, conference and seminar rooms, and space for small group training activities in addition to services and break area.
- Space and infrastructure for practical labs, simulation, and library.
- Office spaces for training management and administrative personnel.

Requirement 2.1.3. Provision for amenities and services space, including an adequate number of call rooms, access to food, and personal storage space.

Component 2.2. Clinical governance/practices**Requirement 2.2.1.** Systems and practices of clinical governance, including:

- Guidelines and protocols for health services and patient care, including emergency directives.
- Safety measures for patients, residents/fellows, and faculty, including necessary information and protection from harmful substances, specimens, and organisms in addition to laboratory and equipment safety.
- Clinical activities such as morning reports, clinical rounds, journal clubs, and mortality/morbidity meetings and didactics.
- Electronic health and other medical records to ensure ease of access to files of patients and incident records.

Requirement 2.2.2. Adequate number and mix of clinical teams required for service and training including professional mix, clinical knowledge and skills, and medical education expertise.

Requirement 2.2.3. Systems in place to ensure education-service balance, including arrangements to deal with peripheral activities such as patient support services and minor procedures (such as phlebotomists, nursing for intravenous medication etc.) by cadres other than the residents.

Requirement 2.2.4. Systems for a diversity of training experience for residents/fellows, including rotations in different levels of services (including primary health care (PHC)



settings) and possibilities of training in alternative settings such as through national and international collaborations if required by the specialty program.

Requirement 2.2.5. Sponsoring institutions and participating sites should be accredited by The Joint Commission International or by another entity with reasonably equivalent standards. When a sponsoring institution or a participating site loses its accreditation, the sponsoring institution must notify the NIHS and provide a plan of response within one month of such loss.

Component 2.3. Learning/training resources

Requirement 2.3.1. Provision for equipment and supplies for learning, including setup of educational rooms and facilities in addition to simulation-based training equipment as required by curricula.

Requirement 2.3.2. Existence of adequate information and communication technology (ICT) infrastructure and systems including servers, computer equipment, and software enabling technology-enhanced learning (TEL) and a website or webpage dedicated to residency training.

Requirement 2.3.3. Existence of a library, including reading space and discussion area, educational resources, and access to relevant electronic databases.

Requirement 2.3.4. Provision for setup and facilities for research and scholarly activities including training, guidelines, and support such as statistical services.

Component 2.4. Positive learning culture

Requirement 2.4.1. Provision for a caring and compassionate culture promoting team spirit, interdisciplinary and inter-professional learning, and nurturing lifelong learning and inquiry.

Requirement 2.4.2. Flexible and motivating learning environment based on respect, collegiality, and value for opinion and feedback.

Requirement 2.4.3. A secure system of raising concerns and resolving issues with no fear of adverse consequences.



Domain 3: Residents/fellows

This domain relates to the residents'/fellows' recruitment, responsibilities, and rights. It ensures that residents get an effective training experience and support so they can demonstrate all competencies required by their curriculum. The chart below depicts the four components of this domain.

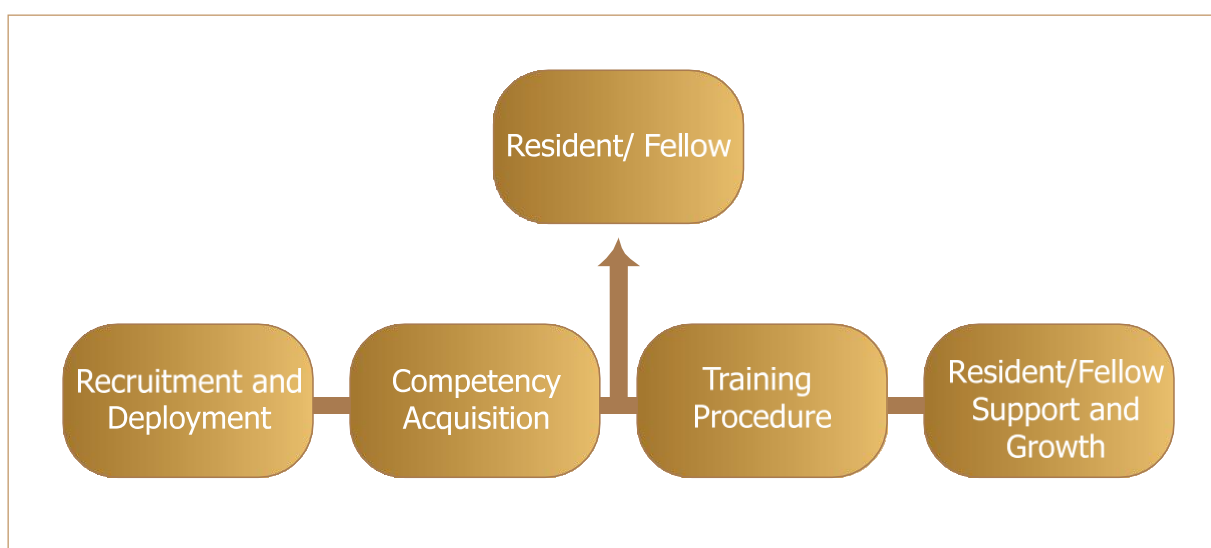


Fig.5. Components to recruit and support residents in the context of residency/fellowship training

The following is a description of the components and associated requirements under this domain:

Component 3.1. Recruitment and deployment

Requirement 3.1.1. The sponsoring institution must have written policies and procedures for resident/fellow eligibility and selection criteria. The resident/fellow eligibility must be inline with the NIHS training bylaw including the following:

- Applicants must be with qualifications from a medical school registered in the International Medical Education Directory (IMED; <http://www.faimer.org>; or a health sciences school recognized by the regulatory authorities in the country in the case of non-physician applicants.

- Applicants should satisfy all requirements for licensure or its equivalent in the jurisdiction of the residency/fellowship program.

Resident/fellow selection must observe the following:

- The sponsoring institution must ensure that its programs select eligible applicants on the basis of residency/fellowship program-related criteria, such as their preparedness, ability, aptitude, academic credentials, and communication skills, as well as personal qualities, such as motivation and integrity. The programs must not discriminate with regard to sex, race, age, religion, colour, national origin, disability, or any other applicable legally protected status.
- In selecting qualified applicants, it is strongly suggested that the sponsoring institution and all of its programs participate in an organized matching system.

Requirement 3.1.2. Provision for a recruitment process including clear, fair, transparent, and well-communicated procedures.

Requirement 3.1.3. Existence of a fair deployment system for matching and distribution/ allocation of residents/fellows to training slots, preferably digitalized.

Requirement 3.1.4. The sponsoring institution and program directors must ensure that residents and fellows are provided with a written agreement/contract outlining the terms and conditions of their appointment to a program. The resident/fellow agreement of appointment/contract must contain or provide a reference to at least the following institutional policies:

- Residents' and fellows' responsibilities;
- Duration of appointment;
- Financial support;
- Conditions for reappointment;
- Non-renewal of appointment or non-promotion: In instances where a resident's/ fellow's agreement will not be renewed, or when a resident/fellow will not be promoted to the next level of training, the sponsoring institution must ensure that its programs provide the resident/fellow with a written notice of intent no later than four months prior to the end of the resident's/fellow's current agreement. If the primary reason(s) for the non-renewal or non-promotion occurs within the four.



months prior to the end of the agreement, the sponsoring institution must ensure that its programs provide the resident/fellow with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow prior to the end of the agreement.

- Residents and fellows must be allowed to invoke the institution's grievance procedures if they receive a written notice either of intent not to renew their agreement(s) or of intent to renew their agreement(s) but not to promote them to the next level of training.
- professional coverage; The sponsoring institution must provide residents and fellows with liability protection, health and disability benefits.
- leaves of absence; to include annual, parental, sick, and other leaves of absence and the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency/fellowship program.

Requirement 3.1.5. An induction process in place to introduce residents/fellows to the training environment and context of work based on the specific program requirements.

Component 3.2. Competency acquisition

Requirement 3.2.1. Provision for effective supervision based on the following considerations:

- Acceptable resident-faculty ratios corresponding to stipulation of program accreditation standards.
- Variety of supervisors relevant to training experience.
- Effective and timely monitoring of resident/fellow progress.
- Constructive and meaningful feedback.

Requirement 3.2.2. Existence of a policy and guidelines on the training process, including the following:

- Ensuring implementation by programs of increasing clinical exposure and experience commensurate with the stage of training.
- Guidelines for effective balance of education and service duties, not compromising patient safety yet still enabling skill acquisition by residents/fellows.



- Provision for diversity in training experience in terms of didactic, clinical, and cognitive aspects.
- Provision for professional indemnity insurance for residents as appropriate.

Requirement 3.2.3. Existence of policy, system, and guidelines for formative assessment that is fair, objective, and built on multiple approaches.

Requirement 3.2.4. Provision for a special policy and guidelines on identifying and coaching “residents with difficulties in progress” including identification of reasons and provision of remedial actions.

Component 3.3. Training procedures

Requirement 3.3.1. Provision for clear, objective, and well-communicated criteria and procedures for resident/fellow promotion in line with NIHS training bylaw and directives.

Requirement 3.3.2. Procedures for compliance and duty hours for residents/fellows including on call arrangements.

Requirement 3.3.3. Existing policy and procedure for transfer, freezing, and withdrawal from training in line with the NIHS training bylaw and directives.

Requirement 3.3.4. Policy and procedures for vacations and leaves of absence, including emergency leaves in line with NIHS training bylaw.

Requirement 3.3.5. Existence of system and procedures for complaints and grievances by residents/fellows including raising ethical concerns and awareness of appeal processes.

Component 3.4. Resident/fellow support and growth

Requirement 3.4.1. Provision for a positive learning culture with fairness, respect for diversity and non-discrimination.

Requirement 3.4.2. Adoption of procedures for health and safety and risk management in addition to options for training continuation in cases of closing down training programs.

Requirement 3.4.3. Access to learning resources and support, including participation in conferences, information and electronic databases, and effective communication means.



Requirement 3.4.4. Empowerment and participation of residents/fellows, including representation in suitable committees and mechanisms, reflections, and voice such as through resident forums, and confidential feedback channels.

Requirement 3.4.5. Opportunities for leadership and career progression for residents/ fellows in preparation for the independent professional role such as through career advice and support, opportunities to teach students and junior trainees, and selection to leadership tasks.

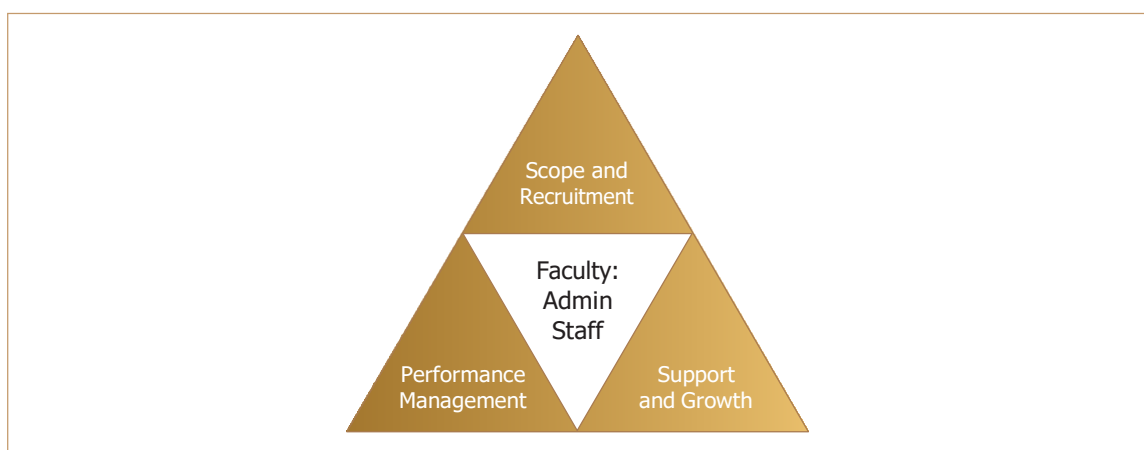
Requirement 3.4.6. Existing system and procedures for counseling and support, including occupational health services, confidential mental health counselling, and disability policies. Residents/fellows should take part in physician impairment training including on issues relating to substance abuse and sleep deprivation.

Requirement 3.4.7. Provision for a clearly delineated policy governing program reductions, closures, and disasters on a program or institutional level.

Domain 4: Faculty and administrative staff

This domain ensures that members of the training team in the context of residency/ fellowship programs have the necessary requirements, knowledge, and skills for their expected role and duties. It also ensures that faculty and administrative staff get the support, resources, and personal development needed to secure an optimum training environment that enables residents/fellows to realize all competencies required by their curricula.

Fig.6. The three components pertaining to the residency/fellowship training team



The following is a description of the components and associated requirements under this domain:

Component 4.1. Scope and recruitment of faculty and administrative staff

Requirement 4.1.1. Existence of a policy on the structure of the training team based on multi-disciplinary and inter-professional approaches. Training teams should ideally include:

- Core faculty and supervisors.
- All faculty, including from outside the specialty when relevant.
- Administrative staff.

Requirement 4.1.2. Existence of criteria for eligibility and selection of faculty reflecting qualification, expertise, and personal qualities. The criteria must be in line with the policies and directives of the NIHS.

Requirement 4.1.3. Provision for policy and procedure for recruitment and appointment of faculty and administrative staff, including description of mandate and duties, expectations, entitlements, time allocation, and accountability and reporting.

Requirement 4.1.4. Adoption of an induction policy and procedure for introducing faculty and administrative staff to their expected roles and providing for all necessary information and guidance in relation to training environment and process.

Component 4.2. Support and growth of the training team

Requirement 4.2.1. Provision for time allowance, space, and equipment suitable for enabling performance and delivery of the expected role of faculty and administrative staff.

Requirement 4.2.2. Existence of a system and procedure for training team safety and wellness in addition to effective channels for raising concerns and obtaining feedback and remedial action.

Requirement 4.2.3. Existence of a faculty development program, including training needs assessment, relevant educational activities, and access to knowledge resources. This should include clinical as well as educational development and weighting of these will vary between members. Faculty development must include:

- All members of the training team, including faculty and administrative personnel.



- Provision of leadership and educational development training for DIO and program directors.
- Promoting lifelong learning.

Requirement 4.2.4. Provision for career progression or promotion including recognition for outstanding performance.

Component 4.3. Performance management of training team

Requirement 4.3.1. Existing system and practice for performance appraisal in relation to faculty and administrative staff including focus on the following:

- Systematic faculty assessment and feedback covering teaching abilities, commitment, professionalism, and scholarly activities.
- Periodic assessment of administrative staff based on expected roles and relevant rules and regulations.
- Seeking multiple sources of feedback, including from program directors, residents/fellows, and service staff.
- Addressing concerns with training team performance or behavior in a fair and timely manner.

Requirement 4.3.2. Procedures in place to ensure a suitable balance among training duties, service duties, and research activities for faculty, including mechanisms for feedback and follow-up.

Requirement 4.3.3. Provision for fair treatment of the training team members supported by an appeal process allowing for an objective and timely response.

Domain 5: Continuous improvement and innovation

This domain emphasizes a culture of continuously looking into needs and opportunities to further improve residency/fellowship training in view of the dynamic nature of the health industry and educational approaches. The domain addresses continuous improvement across the four domains of governance, training environment, residents/fellows, and faculty and administrative staff. It also entails introducing change and embracing innovations to enrich the training program.



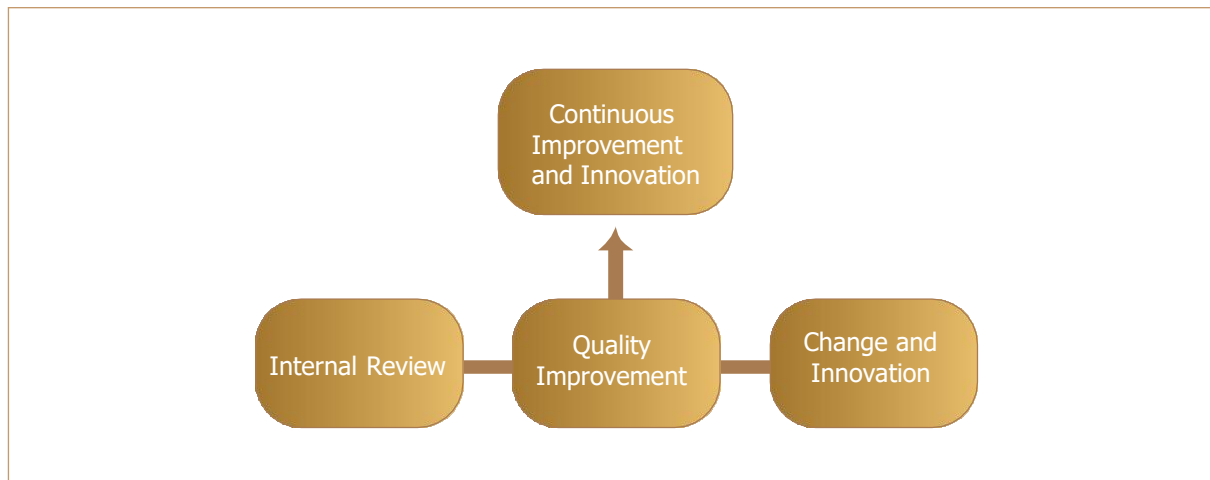


Fig.7. Components of the continuous improvement and innovation domain

The following is a description of the components and associated requirements under this domain:

Component 5.1. Internal review

Requirement 5.1.1. GMEC must develop, implement, and oversee an internal review process that should be conducted by an internal review committee for each program. The committee must include at least one faculty member and at least one resident from within the sponsoring institution but not from within the program under review; additional internal or external reviewers may be included as determined by the GMEC.

Requirement 5.1.2. The internal review should assess each program's:

- Compliance with the NIHS Institutional, Program level, and Advanced Specialty/ Subspecialty Requirements.
- Educational objectives and effectiveness in meeting those objectives.
- Educational and financial resource.
- Effectiveness in addressing areas of non-compliance and concerns in previous accreditation letters of notification and previous internal review.
- Effectiveness of educational outcomes in the general competencies.
- Effectiveness in using evaluation tools and outcome measures to assess a resident's/fellow's level of competence in each of the general competencies.
- Annual program improvement efforts in;
 - Resident/Fellow performance using aggregated resident/fellow data;
 - Faculty development.



- Graduate performance, including performance of program graduates taking the certification examination; and
- Program quality.

Requirement 5.1.3. The internal review committee must conduct interviews with the program director, key faculty members, at least one peer-selected resident or fellow from each level of training in the program, and other individuals deemed appropriate by the committee. Materials and data to be used in the review process must include:

- The NIHS Institutional, Program level and Advanced Specialty/Subspecialty Requirements in effect at the time of the review.
- Accreditation letters of notification from previous NIHS reviews and progress reports.
- Reports from previous internal reviews of the program.
- Previous annual program evaluations.
- Results from internal or external resident/fellow surveys, if available.

Requirement 5.1.4. A structured internal review report must be produced documenting a full review of the program and identifying challenges and stipulating actions. The DIO and the GMEC must monitor the response by each program to actions recommended by the GMEC in the internal review process. At minimum the written report of the internal review for each program must contain:

- The names of the program reviewed.
- The dates of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint.
- The names and titles of the internal review committee members.
- A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed.
- Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol.
- A list of the citations and areas of non-compliance or any concerns or comments from the previous NIHS accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

Requirement 5.1.5. Internal reviews for fully accredited programs must be in process and documented in the GMEC minutes by the midpoint of the accreditation cycle as dictated by the NIHS.



Component 5.2. Quality improvement culture and system

Requirement 5.2.1. A system in place for internal quality improvement, including suitable structures, relationships, and processes.

Requirement 5.2.2. A documentation and reporting system in place, including the production of guidelines, manuals, and reports.

Requirement 5.2.3. Quality parameters and indicators incorporated in all types of processes and reporting in the context of residency training.

Component 5.3. Change and innovation

Requirement 5.3.1. Provision for arrangements and resources for continuous renewal and innovations including ensuring:

- Structure and mechanisms for leadership on continuous renewal and innovations.
- Setting a dedicated budget for continuous renewal and improvement e.g. through research.
- Fostering research and studies and embracing evidence-based practice.

Requirement 5.3.2. Residency/fellowship training socially accountable, responsive, and adaptable in consideration of changes and developments including:

- Demographic profile.
- Epidemiological and diseases pattern, including emerging health challenges.
- Socio-economic and cultural conditions.
- Changes in basic medical education.
- Labor market dynamics, including stakeholder perspectives.
- ICT and digitalization.

Requirement 5.3.3. Existence of innovative initiatives and practices that add value to residency/fellowship training such as inter-professional training, technology-enhanced learning, socially-accountable practices, etc.



Glossary of Terms

Clinical governance	The system of structures, relationships, and processes involved in continuously overseeing and safeguarding highstandards of clinical services.
Continuous improvement	A systematic approach to continuously review, update, and improve residency training experience to enhance quality and ensure effective outcomes.
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.
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.
Fellows	individual candidates enrolled for training in a subspecialty program leading to fellowship qualification.
Full Time Equivalence (FTE)	Calculation of the time dedicated for residency training management or delivery as part of the full time allotted to work (ideally 40 hours per week).
Internal review	The internal evaluation conducted within the training center to identify and act on strengths and weaknesses/ areas for improvement of residency training.
Participating training site	A hospital or health facility affiliated to a training center through special agreement and taking part in residency training.
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.
Residents	Individual candidates enrolled for training in a residency program leading to board qualification.



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.
Training center	The hospital or group of health facilities accredited for the purpose of hosting residency training programs.
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.
Training team	The totality of faculty and administrative personnel involved in delivery and coordination of actual residency/ fellowship training activities. Faculty represent the main stay discipline specific personnel entrusted with supervision of residents in addition to qualified persons from other related fields as relevant. Administrative personnel include administrators, logistic staff, and secretaries.



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