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**National Institute for Health Specialties**

**United Arab Emirates**

**NIHS Guideline for Accrediting Joint Residency and Fellowship Programs Across Multiple Participating Sites**

Vision (1)

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# **Background**

This guideline is intended to guide accredited institutions in obtaining NIHS program accreditation for joint residency and fellowship programs. It addresses various aspects of program implementation, including governance, curriculum design, supervision, evaluation, and resource allocation, to help maintain high standards in graduate medical education.

# **Objective**

The objective of this guideline is to outline the procedures for accrediting joint residency and fellowship programs conducted across multiple participating sites. It aims to ensure consistency in educational quality, adherence to accreditation standards, and the establishment of an optimal learning environment at all locations.

# **Definitions**

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| **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. |
| **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 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 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. |

**NIHS** provides specific guidelines for the governance of joint residency programs to ensure high standards of education and patient care. The governance of a joint residency program typically involves collaboration between multiple sponsoring institutions or departments. Key governance elements include:

**1. Sponsoring Institutions**

* Joint residency programs must be sponsored by one or more NIHA accredited institutions. There is usually a **primary sponsor** responsible for oversight and coordination.
* **Affiliated institutions** may participate in providing clinical education, but the primary institution holds responsibility for maintaining program standards and compliance with NIHS requirements.

**2. Program Leadership**

* The **DIO** of the primary sponsoring institution should take responsibility for the program, as this aligns with the NIHS guideline that the primary institution holds ultimate responsibility for maintaining program standards and compliance.
* The program must have a **Program Director** who has ultimate responsibility for the program. This person ensures that the residency program meets NIHS standards and oversees the educational and clinical training.
* In a joint program, there may be a director or an associate program director from the affiliated institution to help manage the program, but the Program Director is responsible for all aspects of the program’s administration.

**3. Governance Structure**

* A **Joint Residency/Fellowship Program Committee (JRPC)** may be formed to facilitate governance. This committee often consists of program director, associate program director and site directors from each participating institution or department.
* The JRPC is responsible for setting policies, approving curriculum changes, resolving disputes, and ensuring compliance with NIHS accreditation requirements.
* The JRPC should report to the GMEC of the primary sponsoring institution since this institution is responsible for maintaining compliance with NIHS accreditation standards and overall program oversight.

**4. Educational Oversight**

* Each participating institution must contribute to the educational resources and faculty necessary for residents to achieve competencies as required by the NIHS.
* Clear communication between institutions is critical to ensure that the curriculum is unified, and learning experiences are equivalent regardless of the site of rotation.
* Coordinated Educational Experience Across Multiple Sites including:
  + **Unified Curriculum:** The curriculum must be standardized across all sites to ensure that trainees receive equivalent educational content, regardless of location. Residents/fellows in the combined program must meet the specialty-/subspecialty-specific scholarly activity requirements specified as detailed in the Program Requirements for the applicable specialty/subspecialty.
  + **Consistent Supervision:** Faculty at each site should adhere to the same standards for supervision and feedback, with regular communication and calibration to maintain consistency.
  + **Resident/Fellow Evaluation:**
    - The Clinical Competency Committee(s) must include faculty members from each participating program.
    - The Clinical Competency Committee(s) must determine each resident’s/fellow’s progress on achievement of the Milestones for each participating specialty/subspecialty
    - The Clinical Competency Committee(s) must advise the program director on each resident’s/fellow’s progress
    - The program directors of the participating programs must provide input to the program director of the combined program regarding the required semi-annual evaluations and the final evaluation for residents/fellows in the combined program. (Core)
    - The final evaluation must verify that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties/subspecialties. (Core)
    - Residents /fellows must receive appropriate supervision at each participating site. The program must also implement a unified system for resident evaluation that reflects the standards of the **Milestones Project** as required by NIHS.
    - Program leadership is responsible for monitoring and ensuring that resident workload is distributed appropriately across participating sites to meet both learning and service requirements.
  + **Program Evaluation**
    - Residents/fellows must provide annual, written evaluations of the combined program and each of the participating specialty/subspecialty programs
    - The Joint Residency/Fellowship Program Committee (JRPC) must appoint a Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the combined program’s continuous improvement process.
  + **Shared Resources and Policies:** Shared governance mechanisms, like a Joint Residency/Fellowship Program Committee (JRPC), can help in aligning policies, resolving disputes, and overseeing compliance with accreditation standards.

**5. Full-Time Equivalents (FTE)**

* The program director and, as applicable, the leadership team of the joint program must be provided with support adequate for administration of the program based upon its size and configuration.
* The combined program must include at least one core faculty member from each participating specialty/subspecialty program
* For programs with an approved complement of more than eight resident/fellow positions, there must be at least one additional core faculty member from each participating specialty/subspecialty program for every eight residents/fellows in the program
* At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program

**7. Compliance and Accreditation**

* The primary sponsoring institution is responsible for ensuring that all sites comply with NIHS accreditation requirements.
* Regular **internal reviews** and self-studies are performed to ensure the program remains compliant, with joint programs subject to NIHS site visits and periodic review.

**8. Dispute Resolution**

* There should be a clear process for resolving disputes between participating institutions regarding the management of the residency/fellowship program. This may be part of the governance agreement established when the joint program is formed.

**9. Inter-Institutional Agreements**

* + Joint residency programs typically require formal Inter-Institutional Agreements between participating entities. These agreements define roles, responsibilities, financial obligations, and governance processes to maintain the smooth operation of the program. These agreements establish the framework for collaboration between institutions.
* Each joint residency program must meet these guidelines while allowing for flexibility to address specific challenges and opportunities based on the institutions and specialties involved.
* **Terms of Reference (ToR) for the JRPC:** The ToR should include:
  + **Chair (Program Director):** Oversees the program, ensures compliance with accreditation standards, and facilitates JRPC meetings.
  + **Associate Program Director: Oversees the program on the secondary training sites.**
  + **Site Directors:** Represent each participating institution, managing site-specific training activities and ensuring alignment with the program's curriculum and standards.
  + **Faculty Representatives:** Provide input on curriculum, trainee evaluation, and overall program improvements from their respective institutions.
  + **Trainee Representatives:** To offer feedback on training experiences and curriculum.

**10. Institutional Accreditation Process**

* **Annual Report Submission:** The JRPC should submit its annual report to the GMECs of all participating institutions. However, the primary institution's GMEC will take the lead in reviewing and addressing issues for accreditation compliance.
* **Recognition and Financial Responsibilities:**
  + Both institutions should acknowledge the program under their respective DIOs.
  + The financial arrangements should be clarified in the Inter-Institutional Agreement. NIHS could invoice the primary accredited institution, which can then distribute shared expenses among participating institutions based on the agreed terms.

# **References**

* NIHS Institutional Accreditation Requirements
* NIHS Common Program Accreditation Requirements
* Accreditation Council for Graduate Medical Education (2016) ACGME international institutional requirements. Available from: https://www.acgme-i.org/Portals/0/InternationalInstitutionalRequirementsPreComment. pdf?ver=717-161905-05-02-2020