National Institute for Health Specialties

Sponsoring Institution Information Form

1.	GENERAL INFORMATION	
1	Application Information	
Date:	Click or tap here to enter text.	
Application Type:	☐ New (Initial Accreditation Application) ☐ Renewal (Continued Accreditation Application)	
2	Institution Information	
Name of Sponsoring Institution:	Click or tap here to enter text.	
Address:	Click or tap here to enter text.	
PO Box:	Click or tap here to enter text.	
Governmental institution:	☐ Yes ☐ No	
Facility Owner:	Click or tap here to enter text.	
Sponsoring Institution's Governing Body:	Click or tap here to enter text.	
Accreditation Status:	Click or tap here to enter text.	
Joint Commission International Approved:	☐ Yes	☐ No
If above is (No), Is it recognized by Equivalent Entity:	☐ Yes	☐ No
Does sponsor have an affiliation with a medical school (could be the sponsoring institution):	☐ Yes	☐ No
If (Yes), The name of the medical school:		
Number of Program Applications Planned for the Next Two Years:	Click or tap here to enter text.	
Program Specialties/Subspecialties	Expected Resident/Fellow complement(s)	Primary Clinical Site

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Medical School Affiliations:	Click or tap here to enter text.	
All Participating Sites:	Click or tap here to enter text.	
Site Name	Code (if available)	Joint Commission International Approved
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

3 Institution Leadership	

Institution Chief Executive Officer/Director:

Name:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

Designated Institutional Official Responsible for GME (Institutional Education / Academic Affairs Director)

Name:	Click or tap here to enter text.
Official Title:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

Institutional Coordinator:

Name:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

4 Vision and Mission	
Educational Vision and Mission statement:	Click or tap here to enter text.
Rationale statement for seeking NIHS accreditation:	Click or tap here to enter text.

5 Institutional Review Questions	

How does your Sponsoring Institution have ultimate authority for and oversight of GME?

Describe the position of the Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC) in your Sponsoring Institution reporting structure, including relationships to the Governing Body and participating sites:

Click or tap here to enter text.

Describe the operating structure of the GMEC, including:

- A. *The frequency of its meetings;*
- B. *Peer-selection process for resident/fellow member(s);*
- C. *The charge of any GMEC subcommittees; and*
- D. *The frequency and method by which subcommittees report to the GMEC.*

Click or tap here to enter text.

Describe the Sponsoring Institution's method for ensuring sufficient financial support and protected time for the DIO to effectively carry out educational, administrative, and leadership responsibilities and participate in professional development activities applicable to his or her responsibilities as an educational leader. *(Limit response to 400 words)*

Click or tap here to enter text.

Describe the Sponsoring Institution's method(s) for ensuring sufficient salary support and resources for effective GME administration. Identify personnel and resources that will support institutional GME operations. *(Limit response to 400 words)*

Click or tap here to enter text.

Describe the mechanism(s) by which the Sponsoring Institution, in partnership with each of its programs, will ensure sufficient support for its programs. Indicate resources, including financial support and protected time, for the program directors(s), program coordinators(s), and core faculty members. Indicate how the Sponsoring Institution will ensure the program director(s) and core faculty members engage in professional development applicable to their educational leadership roles. *(Limit response to 400 words)*

Click or tap here to enter text.

Is there a credentialing process for teaching faculty at the sponsoring institution?	☐ Yes ☐ No

If "YES", describe the process and the information used to credential physicians as program faculty:

Click or tap here to enter text.

In which of the six competencies is institutional level education provided to residents?	☐ Systems-Based Practice ☐ Practice Based Learning ☐ Professionalism ☐ Interpersonal Communication ☐ Medical Knowledge ☐ Patient Care ☐ None of the Above
The institution has provided faculty development for teaching the following competencies:	☐ Systems-Based Practice ☐ Practice Based Learning and Improvement ☐ Professionalism ☐ Interpersonal Communication Skills ☐ None of the Above

2. TRAINING AND FACILITY SITES / INFRASTRUCTURE

1 Clinical Support Services

Clinical Support Services	Availability	Description / Additional Information
Anaesthesiology department	☐	
Operation theatre	☐	
Intensive care units	☐	
Emergency department	☐	
Laboratory department (indicate type of tests performed)	☐	
Radiology department (indicate equipment used)	☐	
Physiotherapy and rehabilitation department	☐	
Isolation unit	☐	
Outpatient clinics	☐	
Pharmacy department	☐	
Blood bank	☐	
Medical record / health information department	☐	
Medical library and / or online access to medical resources (Indicate type of educational material available)	☐	
Nursing department	☐	
Nutrition department	☐	
Health education department	☐	
Quality and safety department	☐	

2   Other Facilities and Services

Facilities and Services	Availability	Description / Additional Information
Ambulance services	☐	
Cars parking	☐	
Infection control	☐	
Emergency and evacuation systems / policy	☐	
Kitchen / Cafeteria	☐	
Laboratory samples collection area	☐	

	Availability	
Lactation area	☐	
Laundry systems	☐	
Medical waste systems/policy	☐	
On-call rooms	☐	
Safety and security systems	☐	
Learning spaces (seminars, auditorium, etc.)	☐	
Others (specify :)	☐	

3.   CLINICAL GOVERNANCE

1. Institutional Committees

Name of Committee	Availability	Description / Additional Information
Mortality and morbidity	☐	
Infection control	☐	
Research and ethics	☐	
Graduate medical education	☐	
Pharmacy and therapeutics	☐	
Quality and safety assurance	☐	
Medical executive	☐	
Child protection	☐	
Others (specify :)	☐	

2. Policies and Procedures

Name	Availability	Description / Additional Information
Graduate medical education policy on graduate medical education committee and terms of reference	☐	
Graduate medical education policy on management of institutional accreditation	☐	
Institutional or graduate medical education policy on disaster management or business continuity	☐	
Graduate medical education policy on internal review	☐	

Graduate medical education policy on education and work environment	☐	
Institutional or graduate medical education policy on accommodation for disabilities	☐	
Graduate medical education policy on reductions and closures of programs, including information about communication with the NIHS	☐	
Institutional or graduate medical education policy on harassment and bullying	☐	
Graduate medical education policy on program letter of agreement	☐	
Graduate medical education policy on promotion, appointment renewal, and dismissal	☐	
Graduate medical education policy on residency disciplinary actions and grievance	☐	
Graduate medical education policy on evaluation	☐	
Graduate medical education policy on leave of absence	☐	
Graduate medical education policy on supervision	☐	
Graduate medical education policy on residents' orientation	☐	
Graduate medical education policy on residents' committee appointment	☐	
Graduate medical education policy on residents' clinical and educational work hours	☐	
Graduate medical education policy on presence of other learners	☐	
Institutional or graduate medical education policy on physicians' impairment, counselling and wellbeing	☐	
Graduate medical education policy on eligibility and selection of residents	☐	
Graduate medical education policy on residents' appointment (recruitment and contract)	☐	
Institutional policy on infection control	☐	
Institutional or graduate medical education policy on vendor interactions between	☐	

representatives/corporations and residents/fellows		
Institutional policy on physicians' medical licensing, competencies and privileging	☐	
Institutional policy on medical records	☐	
Institutional policy on patients' right and responsibility	☐	
Institutional policy on quality and safety	☐	
Others (specify:)	☐	

4.   GRADUATE MEDICAL EDCUCATION

Did the institution have currently residency/fellowships programs?

If yes, please provide the list of programs:

Program list	Name of Program Director	No. of Core Faculty	No. of all Faculty (Physician and Non - Physician)	Total No. of Residents

List the current programs that may plan to discontinue with justification?
Click or tap here to enter text.

Do you have training for Residents/Fellows on physicians' impairment including issues relating to substance abuse?

☐ Yes   ☐ No

How will the Sponsoring Institution ensure systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows?

Describe educational activities for residents/fellows and core faculty members related to fatigue mitigation. *(Limit response to 400 words)*

 Click or tap here to enter text.

If the Sponsoring Institution will sponsor more than one program, describe plans to ensure all residents/fellows will have organization, council, town hall, or other platform (forum) to communicate directly with other residents/fellows about their programs and learning and working environments. Describe how concerns discussed at this forum will be shared with the DIO and GMEC. Indicate how residents/fellows will have the option to conduct this forum without the DIO, faculty members, or administrative present. *(Limit response to 400 words)*
Click or tap here to enter text.

Will the sponsoring Institution provide the following patient support service in a manner that minimizes resident'/fellows' work that is extraneous to their program's(s') educational goals and objectives; and that ensures that residents'/fellows' educational experience is not compromised by excessive reliance on them to fulfil non-physician service obligations? Check all that apply.

☐ Peripheral intravenous access placement

☐ Phlebotomy

☐ Laboratory

☐ Pathology

☐ Radiology

☐ Patient transportation

☐ Medical records

☐ Scheduling of patient appointments

Provide a rationale for any boxes above that are not checked. *(Limit response to 400 words)*

Click or tap here to enter text.

Describe how the Sponsoring Institution will provide resident/fellows with opportunities to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner. *(Limit response to 400 words)*

Click or tap here to enter text.

In the past academic year, what percentage of residents in your institution's core specialties:

A. Had opportunities to be part of multi-disciplinary inter-professional teams to provide care. The team composed of physicians from one or more specialties, nurses and other health professionals, such as pharmacist, social workers, respiratory therapists, etc.	Click or tap here to enter text.
B. Participated in quality improvement projects to improve health outcomes. Projects may be resident-initiated, program initiated, such as completing a Practice Improvement Module, or institution-initiated such as participation in an institutional effort to reduce central line-associated bloodstream infections, root cause analysis of errors or near miss events, etc.	Click or tap here to enter text.
C. Participated in patient safety projects.	Click or tap here to enter text.
D. Utilized electronic health records, including order entry and progress notes, in the direct care of patients.	Click or tap here to enter text.

Describe how the Sponsoring Institution will ensure the availability of system(s) for resident/fellows to report errors, adverse events, unsafe conditions, and near misses in a protected manner and without reprisal. Describe residents'/fellows' opportunities to contribute to risk reduction processes (e.g., root cause analyses, fishbone diagrams). *(Limit response to 400 words)*

Click or tap here to enter text.

Describe how the Sponsoring Institution will ensure that residents/fellows have access to data to improve systems of care, reduce health care disparities, and improve patient outcomes. *(Limit response to 400 words)*

Click or tap here to enter text.

Describe how residents/fellows will participate in quality improvement initiatives. *(Limit response to 400 words)*

Click or tap here to enter text.

Describe how the Sponsoring Institution will facilitate the professional development of core faculty members and residents/fellows regarding transition of care to provide safe and effective care to patients. *(Limit response to 400 words)*

Click or tap here to enter text.

Describe how the Sponsoring Institution will ensure and monitor effective, structured patient hand-off to facilitate continuity of care and patient safety. *(Limit response to 400 words)*

Click or tap here to enter text.

Describe how the Sponsoring Institution will oversee supervision of residents/fellows consistent with institutional and program-specific policies. *(Limit response to 400 words)*

Click or tap here to enter text.

Describe how the Sponsoring Institution will ensure the availability of mechanisms for residents/fellows to report inadequate supervision and accountability in a protected manner and without reprisal. *(Limit response to 400 words)*

Click or tap here to enter text.

Describe how the Sponsoring Institution will oversee resident/fellow clinical and educational work hours. How will the Sponsoring Institution identify and address areas of non-compliance with the NIHS-program requirements concerning clinical and educational work hours? *(Limit response to 400 words)*

Click or tap here to enter text.

How will the Sponsoring Institution provide systems for education in and monitoring of residents /fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits? *(Limit response to 400 words)*

Click or tap here to enter text.

How will the Sponsoring Institution educate residents/fellows and faculty members regarding creating an environment that is professional, respectful, and civil, and that is free from unprofessional behavior? Describe the Sponsoring Institution's confidential process(es) for reporting, investigating, monitoring, and addressing unprofessional behavior, including mistreatment, abuse, and/or coercion of resident/fellows, other learners, faculty members, and staff members. *(Limit response to 400 words)*

Click or tap here to enter text.

How will the Sponsoring Institution ensure adequate sleep facilities and safe transportation options for residents/fellows who may be too fatigues to return safely home? *(Limit response to 400 words)*

Click or tap here to enter text.

Describe the Sponsoring Institution's projected engagement in practices that focus on ongoing, mission-driven, systemic recruitment and retention of a diverse and inclusive workforce of residents/fellows, faculty members, senior administrative staff members, and other relevant members of the GME community? *(Limit response to 400 words)*

Click or tap here to enter text.

5.   MAJOR CHANGES

Provide a brief update explaining any major changes to graduate medical education, key personnel, or organizational structure within the sponsoring institution since the last academic year.

Click or tap here to enter text.

6.   RESPONSE TO PREVIOUS INSTITUTIONAL CITATIONS

Describe how the recommendations, suggestions and citations that resulted from the last Institutional accreditation survey report have been addressed (If applicable).

Click or tap here to enter text.

7.   APPENDIX

Attach the following documents in the Appendix:

1. Institution License Certificate - including License No., Date of Issue, Date of Expiry, and Authority Licensing body.
2. Current Institution Accreditation/Recognition certifications - e.g. JCI, ACGME-I (letter without citations), ISO etc.
3. Organizational Chart of the Sponsoring Institution.
4. Organizational Chart of the Education / Academic Affairs Department - Contains organizational chart(s) depicting the organized administrative system that will oversee the GME program(s) in the Sponsoring Institution. Chart(s) should provide a graphic representation of the reporting relationships and indicate where graduate medical education and the DIO are located within the overall institutional structure.
5. GMEC Membership – Indicates GMEC membership, including list of names of GMEC members. Where applicable, this upload identifies the specialty program affiliation for members (such as internal medicine, general surgery, anaesthesiology, etc.), as well as their projected role in the program (such as program director, program coordinator, etc.). The upload also includes the position title of other institutional administrators. Include the residency/fellowship program and post-graduate year for all resident/fellow members.
6. The terms of reference of the Graduate Medical Education Committee, that oversees training experiences at the sponsoring institution.
7. GMEC Minutes – Comprised of the minutes for all GMEC meetings conducted within 1 year of this application, in chronological order. Any agenda attachments or subcommittee minutes should not be included.
8. If applicable, attach as an appendix affiliation agreement with Medical School.

9. The job description and current curriculum vitae of the Academic Director / Designated Institutional Official (or equivalent designate).
10. Graduate Medical Education Policy & Procedures Manual (including strategy, funding, information system, summary of the above-mentioned policies at minimum etc.)
11. The Annual Graduate Medical Education Report of the last academic year (to include details about the activities of the Graduate Medical Education Committee during the past year with attention to resident/fellow supervision, responsibilities, evaluation, compliance with duty hour standards, and participation in patient safety and quality of care education. Other required details, faculty development training; List of residents, Core Faculty, and Graduates; Key Performance Indicators)
12. Institutional commitment statement for sponsoring residency/fellowship programs signed by Board or senior management (at minimum the Chief Executive Officer, Chief Medical Officer, Chief Finance Officer, the Designated Institutional Official and Chief/Director of Human Resource).

13. Delegation letter signed by the Designated Institutional Official and his/her designee to ensure continuity of work i.e. to perform duties in his/her absence.
14. Resident/Fellow Agreement or Contract – Consists of an annotated copy of the residents /fellows' agreement of appointment/contract, with the required elements from Sponsoring Institution requirement highlighted.
15. Internal Review Form and the related protocol/policy.

8.	DECLARATION BY DIO/ ACADEMIC AFFAIRS DIRECTOR

The Designated Institutional Official of the Institution applying for Institutional Accreditation must complete this declaration.

I hereby declare that the information I have provided in this application form and attached as supporting evidence are valid. I understand that should this application for Accreditation be successful, the Institution must be able to demonstrate compliance on the *National Institute for Health Specialties* Accreditation Requirements and Bylaws for continued accreditation.

I understand that this application may be rejected or cancelled if the Institution does not provide the necessary evidence or fails to provide valid information.

Designated Institutional Official/ Academic Affairs Director

Name	Click or tap here to enter text.
Signature	Click or tap here to enter text.
Date	Click or tap here to enter text.