National Institute for Health Specialties

United Arab Emirates

GRADUATE MEDICAL EDUCATION

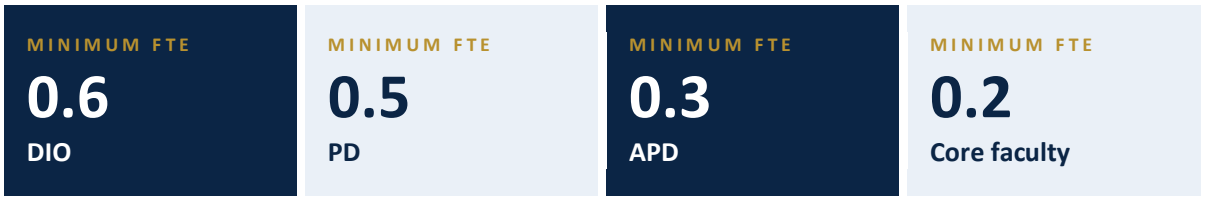
Guidelines for Protected Time (FTE)

for Residency Education

Version 2026

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At a glance: the NIHS minimum protected time for educational leaders and core faculty (see **Table 1**).

Abbreviations

ABBREVIATION	MEANING
ACGME	Accreditation Council for Graduate Medical Education
APD	Associate Program Director
CCC	Clinical Competency Committee
DIO	Designated Institutional Official
FTE	Full Time Equivalence
NIHS	National Institute for Health Specialties
PD	Program Director
PEC	Program Evaluation Committee
QIPs	Quality Improvement Projects

Background

The movement towards a competency-based educational approach has highlighted the importance of achieving the correct balance between educational and service activities in residency education. Based on this, the importance of protected time for residents, faculty, and educational leaders has come to center stage. Accreditation bodies such as the ACGME are increasingly introducing and adjusting standards and requirements to ensure an effective balance between education and service delivery towards the goal of ensuring competent graduates.

There are, however, challenges in this respect as there are no accepted definitions or guidelines regarding the appropriate balance of clinical education and service in graduate medical education.[1] Reaching consensus on the definition and description of the two concepts (education and service) can advance efforts towards this goal. According to literature evidence, there exists variation in conceptualizing education-service definitions and balance among the concerned stakeholders including residents and faculty.[2] To this end, it is essential that specialty boards responsible for setting standards for residency education devote a focus to clarifying concepts around education-service balance and the protected time involved.

Accreditation standards involve stipulations to ensure that the training environment and its governance provide adequate time and support for residents to focus on the educational activities counting towards competency acquisition. For the faculty and managerial roles, the protected time required is usually stated as a **full-time equivalence (FTE)**, meaning the portion of the working hours dedicated to residency education responsibilities. The NIHS accreditation requirements specify FTE allotments on the part of the institutional/program leadership and the core faculty.

[1] Galvin SL, Buys E. Resident perceptions of service versus clinical education. J Grad Med Educ. 2012;4(4):472–8. doi: https://doi.org/10.4300/JGME-D-11-00170.1

[2] Anteby R, Sinyard RD, Petrusa E, et al. Defining service and education in residency: a scoping review of trainees' and supervisors' perceptions. Glob Surg Educ. 2022;1:14. doi: https://doi.org/10.1007/s44186-022-00016-1

Purpose and Objectives

The NIHS introduces this guidelines document to further explain its stated requirements related to the education-service balance and the protected time. The experience of applying the NIHS accreditation standards demonstrates the need to better understand and streamline the practice of allocating and using the protected time across institutions and programs. The purpose of this document is, therefore, to provide the necessary guidance to support an effective education-service balance signaled by the implementation of appropriate protected time for residency education.

SPECIFIC OBJECTIVES

01
To provide clarity on the definition of the protected time and the FTE concept.

02
To streamline allocation and use of protected time in the context of residency education.

03
To introduce an approach (and tool) to verify compliance with the NIHS requirements on protected time.

04
To provide guidance to institutions and programs on ensuring effective implementation of FTEs.

Use of this Document

This document is essentially meant to provide clarity and guidance on the NIHS requirements on the protected time for the faculty and those involved in leading and managing residency education at the level of sponsoring institutions and specialty programs. The document, therefore, appeals to a wide range of audiences including Designated Institutional Officials (DIOs), Program Directors (PDs), program coordinators, and faculty. The guidance is also useful for the surveyors involved in the NIHS accreditation process as well as the related NIHS staff. The document can be used to:

- Guide institutions and programs in understanding and applying the NIHS requirements in relation to protected time.
- Orient faculty and institution/program management personnel on the protected time, its components, and adherence to it.
- Support accreditation surveyors in relation to verification of adherence to the NIHS requirements.
- Assist institutions and programs in better ensuring the balance between education and service and effectively monitoring implementation of protected time commitments.

The Importance of Protected Time

Strategic planning and scheduling of teaching and learning sessions in residency programs are important to promoting a comprehensive educational experience. Scheduling a specific block of time for teaching and learning supports residents' ability to learn and improves their well-being.[3] Dedicated time for residents is understandably secured through the policies and regulations governing entry into residency education. However, in the case of faculty and those engaged in leading and managing residency programs, the situation is challenging due to the competing obligations of service provision.

> **Dedicated faculty time for education is foundational to the residency learning environment, transition to competency-based education, and excellence in education.**[4]

The NIHS considers implementation of the required protected time for residency education an essential dimension of its accreditation standards, especially as the health care context in the country is dynamic and service targets are strictly applied to ensure efficiency.

Defining the Protected Time

Protected time in the context of residency education is defined by the Royal College of Physicians and Surgeons of Canada as the designated period of time granted to an individual for the purposes of performing a task and/or participating in an activity.[5] This designated time is usually defined as a full-time equivalence (FTE) to clearly indicate the portion of working hours exclusively dedicated to activities concerning residency education. Considering the responsibilities and types of activities pertinent to residency education, the protected time for the faculty and educational leaders is required for the direct delivery of education, the contribution to research and scholarly activities, and the duties related to governance and management of education (Figure 1).

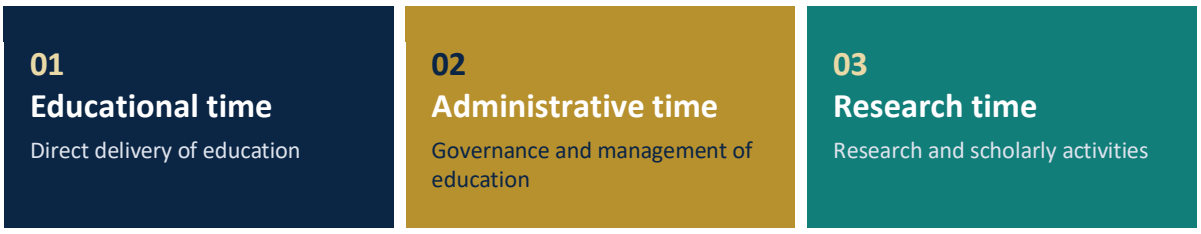


Figure 1. The three grand categories of protected time for ensuring effective residency education

The delineation of the protected time and the allotment of the required FTEs can help to establish a robust educational process towards ensuring the production of competent graduates of specialty

[3] Jung P, Kennedy M, Winder MJ. Protected block time for teaching and learning in a postgraduate family practice residency program. Can Fam Physician. 2012;58(6):e323–9. PMID: 22700741.

[4] Newton WP, Hoekzema G, Magill M, Hughes L. Dedicated time for education is essential to the residency learning environment. J Am Board Fam Med. 2022;35(5):1035–7. doi: https://doi.org/10.3122/jabfm.2022.05.220269

[5] Royal College of Physicians and Surgeons of Canada. General standards of accreditation for residency programs: glossary. Available from: https://www.royalcollege.ca/content/dam/documents/accreditation/competence-by-design/non-resource-documents/canera/general-standards-accreditation-for-residency-programs-e.html#glossary

education. Additionally, this can also support measuring productivity of those involved in residency education. Faculty productivity can be defined as a measurable output of a faculty member related to clinical, research, education, or administrative activities.[6]

The NIHS Protected Time Requirements

The NIHS values the integration of education and service and the fact that practice-based learning is a key dimension of residency education. However, protected educational time is necessary to ensure that service obligations do not compromise the effective delivery of the educational program.

As part of its institutional and program accreditation requirements, the NIHS specifies certain FTEs for those involved in residency education with special focus on educational leaders and faculty (Table 1).

Table 1. The NIHS requirements for protected time related to faculty and educational managers

ROLE	MINIMUM FTE	SHARE OF A 40-HOUR WEEK	HOURS PER WEEK	DAYS PER YEAR
DIO	**0.6**	60%	24 hours per week	132 days per year
PD	**0.5**	50%	20 hours per week	110 days per year
APD	**0.3**	30%	12 hours per week	66 days per year
Core faculty	**0.2**	20%	8 hours per week	44 days per year

The NIHS does not specify FTEs for the **non-core faculty**, but it requires that institutions allow sufficient time to enable the engagement of all faculty in educational duties.

Likewise, there are no stated FTEs for the **program coordinators**, but specialty-specific standards generally indicate a full-time coordinator for any program with 15 residents or more.

[6] Akl EA, Meerpohl JJ, Raad D, Piaggio G, Mattioni M, Paggi MG, et al. Effects of assessing the productivity of faculty in academic medical centres: a systematic review. CMAJ. 2012;184(11):E602–12.

The Protected Time Components

The NIHS embraces the three-category definition of protected time encompassing education, administration, and research. Under each of the three categories of protected time, the NIHS defines a few activities for the allocation of the FTEs. Table 2 delineates the specific areas under each category.

Table 2. Types of activities under the protected time categories of education, administration, and research

ASPECT OF FTE	APPLICATION	RELEVANCE
Education	**Clinical teaching:** ward rounds, bedside teaching, clinic sessions, etc.	Core faculty, faculty, APD, PD
	Non-clinical teaching: lectures and didactics, grand rounds, journal clubs, literature reviews, exam preparations, etc.	Core faculty, faculty, APD, PD
Administration	**Core admin responsibilities:** institutional/program leadership, daily managerial duties, communication and coordination, report writing, key admin meetings, duty hour review, case log review, monthly and quarterly meetings with trainees, trainee support, etc.	DIO, PD, APD, Coordinator
	Other admin responsibilities: institutional/program review, committee membership (CCC, PEC, etc.), curricular design, etc.	PD, APD, Core faculty
Research and improvement	**Research:** peer-reviewed grants/journals, conducting relevant research, preparing for publications, research supervision, etc.	Core faculty, faculty, APD, PD, DIO
	Quality Improvement Projects (QIPs): patient safety initiatives, service improvement initiatives, audits, guidelines, innovations, etc.	Core faculty, faculty, PD, APD, Coordinator

Verifying Compliance with Protected Time Requirements

The NIHS verifies that FTEs are understood, allocated, and implemented by institutions/programs and those privileged in accordance with the accreditation requirements. Institutional and program commitment is fundamental in this respect. The NIHS verifies adherence to the stipulated protected time through several means including:

Policy check
Checking for relevant policies and statements on protected time as part of institutional/program application for NIHS accreditation.

Site visit review
Reviewing the allocation and use of protected time during the site visits, including through the meetings with the DIO, PD, faculty, and residents.

Reporting
Reporting by institutions and programs in accordance with the NIHS requirements.

Surveys
Surveys administered by NIHS to obtain opinions and feedback on institutional and program performance.

The role of the NIHS accreditation surveyors is critical for verifying adherence to protected time stipulations as they can review the documentation and check the implementation during their conversations with the faculty and program management. The **table annexed to this document** provides a tool to assist surveyors in verifying the allocation and use of protected time.

Further Guidance for Institutions and Programs

Based on the conceptualization and the guidance included in this document, institutions and programs can implement measures to ensure allocation and use of protected time for those involved in residency education. Each institution or program can further delineate areas and activities warranting the use of the protected time, including the specific balance involved.

> While the NIHS sets the **minimum** for the protected time, institutions and programs can allow more FTEs depending on the context and the identified need, in line with ensuring robust residency education.

For effective monitoring of the protected time, institutions and programs can apply the following measures:

- Stipulate and advertise the institutional/program policy on the protected time.
- Advise and orient the personnel entitled to the protected time privilege.
- Design a mechanism (e.g., a form) for assigning FTE for each faculty member, with the designed implementation of the FTE across the year.
- Produce reports on the progress and challenges with implementing the FTEs.
- Participate in NIHS surveys related to allocation and use of FTEs.

Annex: Protected Time Verification Tool

This tool assists accreditation surveyors (and institutions conducting self-review) in verifying the allocation and use of protected time against the NIHS reference minimums.

ROLE	ASSIGNED FTE		PERFORMANCE CHECK			EVIDENCE	REMARKS
	Reference minimum	Actual allotted	Education	Admin	Research		
DIO	**0.6**						
PD	**0.5**						
APD	**0.3**						
Core faculty	**0.2**						
Faculty	**Not specified**						
Coordinator	**1 (>15 residents)**						

Faculty: the NIHS does not specify a minimum FTE for non-core faculty; record the time actually allotted. Coordinator: specialty-specific standards generally indicate a full-time coordinator for any program with 15 residents or more.

Acknowledgement

A special gratitude to the Committee Members for their contribution in preparing the Guidelines for Protected Time (FTE) for Residency Education.

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