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United Arab Emirates University 

National Institute for Health Specialties

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General Requirements for Accreditation of Residency/Fellowship Programs

Accreditation Standards Series

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ABBREVIATIONS

TERM	DEFINITION
ACGME	Accreditation Council for Graduate Medical Education
APD	Associate Program Director
CCC	Clinical Competency Committee
DIO	Designated Institutional Official
FTE	Full Time Equivalent
GMEC	Graduate Medical Education Committee
ICT	Information and Communication Technology
NIHS	National Institute for Health Specialties
PHC	Primary Health Care
PD	Program Director
PEC	Program Evaluation Committee
PLA	Program Letter of Agreement

INTRODUCTION

The National Institute for Health Specialties (NIHS) produces this document as part of its role in accrediting residency/fellowship training.

The NIHS is mandated according to the Cabinet Decree No 28 for the year 2014 to accredit hospitals and health institutions to host specialty programs leading into postgraduate qualifications. This document is the second of a series on accreditation standards that are to assure quality and support for continuous improvement of residency/fellowship training in the country. The series of standards are based on evidence and best practice internationally while accommodating the specificities of the country context.

PURPOSE OF THE DOCUMENT

This document aims to set the general requirements necessary for residency/fellowship programs to be accredited for the intake of residents/fellows for specialty/subspecialty training. Residency is defined as the stage of postgraduate training leading to qualification for independent practice in a core specialty, while fellowship is advanced postgraduate training beyond a core residency and leading into qualification for independent practice in the realms of a certain subspecialty.

These requirements are essentially general and shall stipulate the broader standards and conditions needed to ensure an effective residency/fellowship training program; they are not to be confused with the specific standards and detailed requirements stipulated for each specialty/subspecialty program. The document represents a guide for institutions and entities applying for accreditation. It also informs the process administered by the NIHS concerning accreditation, including guidance for the site visits and the role of surveyors. Rubrics will streamline further, and quantify where possible, the requirements in the spirit of facilitating accreditation decisions.

THE CONCEPTUAL FRAMEWORK FOR THE REQUIREMENTS

The program 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. To support easy reference and consistency, the overall framework for residency/fellowship program accreditation largely

conforms with the framework used for institutional accreditation.



Figure 1. The five domains for accreditation of residency/fellowship programs.

The four domains of governance, training environment, residents/fellows, and faculty and administrative staff 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 the horizontal position 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 programs must fulfil in order to get accredited for specialty/subspecialty training purposes.

In this document, the five domains of governance, training environment, residents/fellows, faculty and administrative staff, and continuous renewal and innovation involve 16 components that are further translated into 70 observable requirements (Figure 2).

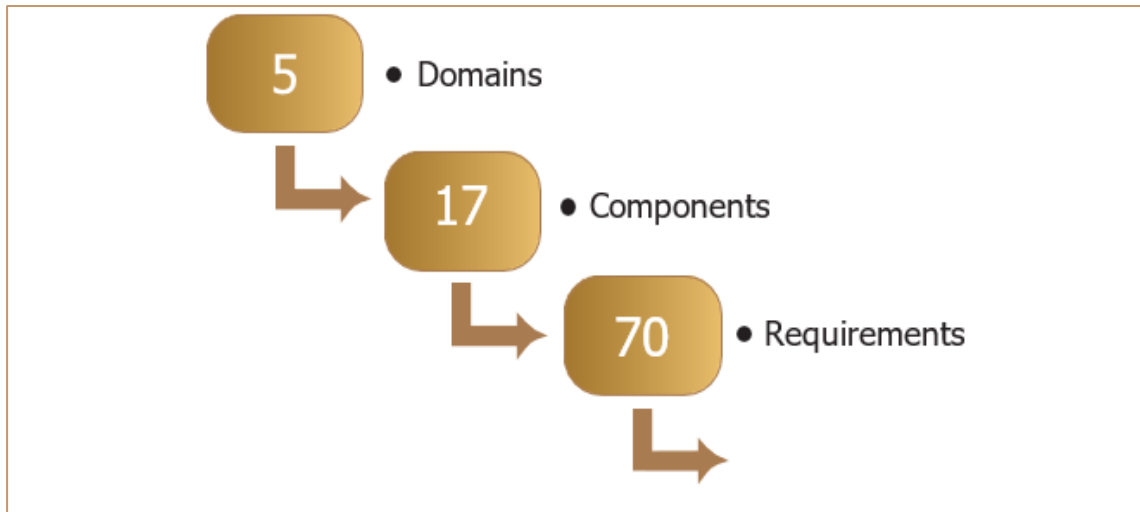


Figure 2. The structure of the requirements, components, and domains in the context of program accreditation.

The 70 requirements are 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 the fulfilment of the requirements include both quantitative and qualitative tools. The 70 requirements are all essential; however, the NIHS shall define the level of attainment suitable for granting accreditation status.

HOW TO USE THIS DOCUMENT?

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

Sponsoring institutions and applying entities 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 program accreditation to be conferred. In that sense, sponsoring institutions would be clear about the type of work and compliance steps involved, and that would be instrumental in informing strategies and plans for obtaining accreditation. The document also provides a framework and guidance for self-study reports and assessment criteria for granting accreditation.

The NIHS, uses this document as a reference point and standard to assess applications

for program accreditation. Rubrics and checklists based on the content of the document will guide and facilitate the role of surveyors during site visits and inform the ultimate decisions around accreditation by the NIHS.

Domain 1: GOVERNANCE

Governance domain focuses on the oversight and steering of the residency/fellowship training program. It examines the components of governance structures, relationships, and processes to ensure the existence of robust leadership and oversight for residency/fellowship training.

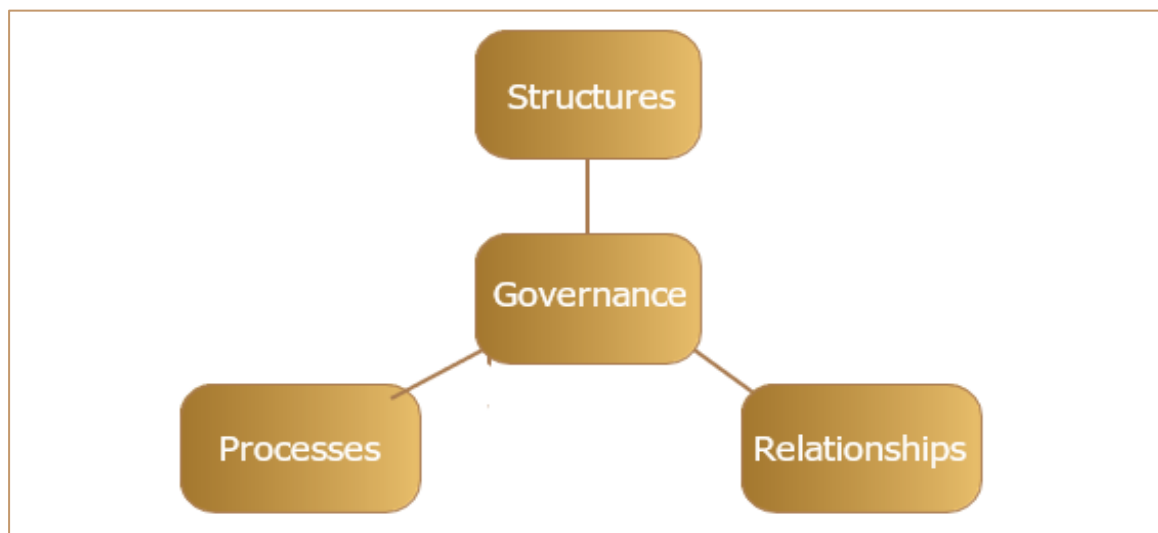


Figure 2. The three components of the governance domain for accreditation of residency/fellowship programs.

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 a robust structure for the residency/fellowship training program as testified by the following:

- Assigning one institution or training site as assuming ultimate responsibility for the residency/fellowship program under consideration.

- Ensuring the selection of participating sites as appropriate.
- Submitting a letter of commitment, including the need for the program and the pledged support for its functioning.

Requirement 1.1.2.

Appointment by the sponsoring institution of a single program director (PD) with:

- Licensed consultant status (core specialty/subspecialty), and qualification or competency in medical education with experience of at least three years in residency/fellowship training/ management.
- The clear mandate, authority, and responsibility for all aspects of residency/fellowship program management including administration and operations, teaching and scholarly activities, and resident/fellow recruitment and supervision.
- Clearly stated job description which defines duties, expectations, and accountability and reporting structure.
- Provision for space, equipment, and technology, protected time, admin support, and resources commensurate to the level of responsibility.
- PD protected time for residency administration must be no less than 0.5 full-time equivalent (FTE).
- PD protected time for fellowship administration must be no less than 0.3 full-time equivalent (FTE).
- The PD should assume the position for a minimum duration of three years to maintain continuity and program stability.

Requirement 1.1.3.

Appointment by the sponsoring institution of an Associate Program Director (APD) when the number of residents/fellows exceeds 15 with the purpose of supporting the PD. The APD is to be allowed 0.3 FTE in residency and fellowship programs and the institution should ensure his/ her appointment for a duration suitable for ensuring program continuity and stability.

Requirement 1.1.4.

Appointment by the PD of a clinical competency committee (CCC) as follows:

- The committee must be composed of at least three program faculty members with a minimum of one core faculty.
- Committee to have a clear mandate relating to reviewing resident/fellow evaluation and making recommendations to the PD on promotion, remediation, or dismissal of residents/fellows.

- There must be a written description of the duties, meeting process, decision making, and reporting of the committee.
- A functional committee with regular meetings, minutes, and monitoring mechanism and process that leads to a tangible output.
- CCC meetings should be conducted at least twice annually, and a report sent to the PD.
- The findings of the CCC and the PD must be shared with each resident/fellow on at least a semi-annual basis

Requirement 1.1.5.

Appointment by the PD of a program evaluation committee (PEC) as follows:

- Committee membership to include at least two program faculty members (at least one of whom is a core faculty member), representatives of residents/fellows who are peer selected from different years, and other members as deemed suitable.
- Committee to have a clear mandate relating to reviewing and evaluating all activities of the program (using multiple perspectives) and providing the PD with relevant report and recommendations.
- There must be a written description of the duties, meeting process, decision making, and reporting of the committee.
- PEC is to develop competency based curricular goals and objectives, review the GMEC internal review of the program, and ensure that areas of non-compliance with the NIHS requirements are corrected.
- PEC must meet at least annually.
- The PEC report (annual program evaluation document) must be presented through the PD to the GMEC.

Component 1.2. Governance Relationships

Requirement 1.2.1.

Timely and effective internal relationships including PD, faculty, and residents/fellows as evidenced by documentation of meetings and protocols for communication.

Requirement 1.2.2.

Effective relationships of residency/fellowship program management (PD) and training team with stakeholders at the level of the sponsoring institution/training site including with DIO and GMEC, other residency/fellowship training programs,

health services structures, medical education and CPD entities, and relevant governmental bodies as evidenced by documented communications, meetings, and results.

Requirement 1.2.3.

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 focal 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.

Component 1.3. Governance Processes

Requirement 1.3.1.

Compliance with the sponsoring institution's policies and procedures for residency/fellowship training including those specified in the institutional requirements with effective, transparent, and collaborative implementation.

Requirement 1.3.2.

Existence of an effective and transparent funding allocation process for the residency/fellowship program as part of institutional resource allocation.

Requirement 1.3.3.

Provision for a transparent and collaborative review process for program-related policies and procedures with effective feedback and reporting mechanisms.

Requirement 1.3.4.

Existence of a robust information system including residency/ fellowship program databases, files for residents/fellows and faculty, and format for reporting. The information system should be secure, confidential, and essentially supported by electronic applications and timely submission of reports.

Domain 2: TRAINING PROGRAM

This domain ensures that the training program organization and delivery is ideal and supportive for residents/fellows and faculty and optimal for patient safety. Such an arrangement will enable residents/fellows to achieve the learning outcomes required by their curriculum.



Figure 4. The components associated with the domain of training program.

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

Component 2.1. Program Organization

Requirement 2.1.1.

PD to ensure, within the available institutional resources, access of residents/fellows to adequate training space including rooms, skill labs, recreation space, and gender-sensitive amenities.

Requirement 2.1.2.

The core curriculum must include regular didactic sessions based upon the core knowledge content and areas defined as training outcomes in the specialty/subspecialty. The following didactic sessions should take place at least monthly:

- Grand rounds
- Case-based discussions
- Multidisciplinary conferences
- Morbidity and mortality meetings
- Journal clubs and evidence-based reviews
- Seminars and workshops to meet specific competencies
- Computer-aided online learning

Requirement 2.1.3. There must be a structured clinical experience with the curriculum ensuring:

- Overall educational goals for the program that must be communicated to residents/fellows and faculty annually.
- Competency-based goals and objectives for each assignment at each training level that must be communicated to residents/fellows and faculty annually and reviewed by the residents/fellows at the start of each rotation.
- Each resident/fellow is provided with increasing responsibility in patient care and management, leadership, supervision, teaching, and administration according to the training stage.

Requirement 2.1.4.

The curriculum must equip residents/fellows with essential research principles and competencies, including how research is conducted, evaluated, explained, and disseminated. PD to ensure that residents/fellows and faculty take part in research and scholarly activities.

Requirement 2.1.5.

PD to ensure implementation of guidelines on education-service balance for residents/fellows, including arrangements to deal with peripheral activities such as patient support services and minor procedures by cadres other than the residents/fellows. Fellows may be allowed a portion of independent practice in their core specialty not exceeding 20% of their allotted time per week.

Requirement 2.1.6.

There should be practices for the 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 as applicable and appropriate.

Component 2.2. Training Resources

Requirement 2.2.1.

PD to seek the support of the sponsoring institution to ensure the availability of adequate resources for training as defined in the detailed specialty/ subspecialty program requirements and standards.

Requirement 2.2.2.

There must be a sufficient population of patients with variety in demographic, socioeconomic background, and disease patterns to allow for effective training experiences enabling attainment of curriculum objectives.

Requirement 2.2.3.

PD to ensure that within the institutional knowledge resources, the residents/fellows have access to specialty/subspecialty-specific and other reference materials including relevant electronic databases.

Requirement 2.2.4.

Residents/fellows must be provided with software resources, training, and technical assistance for research and scholarly activities including presentations, manuscripts, etc.

Requirement 2.2.5.

PD to ensure a positive learning and training environment for residents/fellows, including:

- Caring and compassionate culture promoting team spirit, interdisciplinary and inter-professional learning, and nurturing lifelong learning and inquiry.
- Flexible and motivating learning environment based on respect, collegiality, and value for opinion and feedback.
- A secure system of raising concerns and resolving issues with no fear of adverse consequences.

Component 2.3. Resident/Fellow Evaluation

Requirement 2.3.1.

The residency/fellowship program must possess a planned, defined, and implemented system of resident/fellow assessment/evaluation with clearly defined methods and identified level of the expected attainment.

Requirement 2.3.2.

There must be a system of formative evaluation of resident/fellow performance promptly during each rotation, and that must be documented at the completion of the rotation or assignment.

Requirement 2.3.3.

The formative evaluation must:

- Assess resident/fellow performance based on a competency framework following the ACGME six core competencies: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice.¹
- Include a review of case volume, breadth, and complexity to ascertain comprehensive coverage.
- Use formal in-service cognitive exams when appropriate to monitor resident/fellow knowledge.
- Use multiplicity in resident/fellow evaluation (e.g., by faculty, peers, self, other professional staff members, and patients).
- Document progressive resident/fellow performance improvement appropriate to the level of training.
- Provide feedback to each resident/fellow in the form of an annual evaluation of performance.
- Provide each resident/fellow with a documented semi-annual evaluation of performance together with feedback to help residents/fellows to identify strengths and weaknesses and develop their learning plans accordingly.

Requirement 2.3.4.

There must be a system of a summative evaluation of resident/fellow performance upon successful completion of the training period, and that must become part of the permanent resident/fellow record maintained by the institution.

Requirement 2.3.5.

The summative evaluation must:

- Document resident/fellow performance during the final period of education.
- Verify that the resident/fellow demonstrated sufficient competence to enter practice without direct supervision.

¹ A description of the ACGME six core competencies is included at the end of the glossary section of this document.

- Satisfy the eligibility requirements for the NIHS exit exams toward obtaining the commensurate specialty/subspecialty certificate.

Domain 3: RESIDENTS/FELLOWS

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

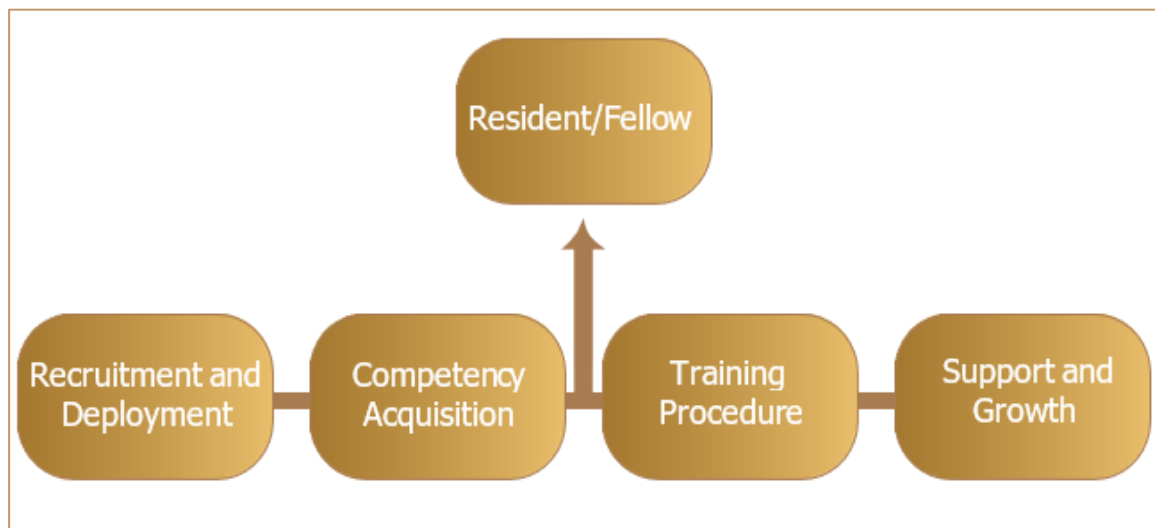


Figure 5. Components to recruit and support residents/fellows in the context of residency/ fellowship training programs.

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

Component 3.1. Recruitment and Deployment

Requirement 3.1.1.

PD to ensure recruitment of residents/fellows to the program in line with policies and eligibility criteria stipulated in the institutional requirements.

Requirement 3.1.2.

There should be a minimum of three residents/fellows in each year of the

program unless otherwise stipulated in the specific standards for the residency/fellowship program. The maximum number of residents/fellows should conform with faculty-resident/fellow ratios stated in requirement 4.1.4 unless otherwise indicated by theNIHS.

Requirement 3.1.3.

Existence of a fair deployment system for matching and distribution/ allocation of residents/fellows to training slots, preferably digitalized and in line with, or as part of an institution-wide matching program.

Requirement 3.1.4.

PD to ensure implementation of the institutional remuneration policy for residents/fellows based on salary system or contracts stipulating adequate and commensurate financial return.

Requirement 3.1.5.

PD to ensure effective induction process to introduce residents/fellows to the training environment and context of work. The induction package must stipulate the following for residents/fellows:

- Their duties and supervision arrangements.
- Their role in the team including relationships with faculty and admin staff.
- How to communicate with and obtain support from senior colleagues.
- The workplace rules and regulations they must abide by including administrative and clinical guidelines.
- The program-specific rules and regulations if any.
- Guidance on patient safety and resident's/fellow's health and wellbeing including dealing with issues of fatigue/burnout, depression, and substance abuse.
- How to access information, advice, and raise concerns or report incidents.

Component 3.2. Competency Acquisition

Requirement 3.2.1.

PD to ensure provision for effective supervision of residents/fellows based on the following considerations:

- Acceptable faculty-resident/fellow balance conforming to the ratios stated in requirement 4.1.4.

- Variety of supervisors relevant to training experience and level of training.
- Effective and timely monitoring of resident/fellow progress, as well as the supervision provided by faculty.
- Constructive and meaningful feedback such as that, provided on an annual basis on the evaluation of resident/fellow performance.
- PD to ensure that effective supervision is provided commensurate to the level of education, and that a supervision policy is in place including continuous oversight, direct supervision where supervisor is physically available, and indirect supervision where support is provided through other means.

Requirement 3.2.2.

PD to ensure that residents/fellows are equitably assigned to particular training experiences, such that all residents/fellows have opportunities to meet their training needs according to the competencies included in the curriculum.

Requirement 3.2.3.

PD to ensure implementation of guidelines and procedures on identifying and coaching “residents/fellows with difficulties in progress” including identification of reasons and provision of remedial actions in line with institutional requirements.

Component 3.3. Training Procedures

Requirement 3.3.1.

PD to ensure provision for a clear, objective, and well-communicated criteria and procedures for resident/fellow promotion in line with institutional requirements and the NIHS training bylaw and directives.

Requirement 3.3.2.

PD to ensure implementation of procedures for compliance and duty hours for residents/fellows as follows:

- Prioritization of patient safety and welfare together with the wellbeing of residents/ fellows.
- Balancing educational and service duties for residents/fellows so as not to compromise learning objectives.
- Duty hours must be limited to 80 hours per week, averaged over four weeks, inclusive of all in-house call activities.
- Residents/fellows must be allowed one day in seven free from all training, and clinical responsibilities averaged over a four-week period inclusive of in-house

- calls.
- Residents/fellows must be allowed adequate time for rest and personal activities. This should be a 10-hour time period provided between all daily duty periods and after in-house call.
 - Clinical education and didactics should take priority in the allotment of residents'/ fellow's time.

Requirement 3.3.3.

PD to ensure implementation of procedures for on-call arrangements as follows:

- An in-house call must occur no more frequently than every third night, averaged over four weeks.
- Continuous on-site duty, inclusive of in-house calls, must not exceed 24 consecutive hours. Residents/fellows may remain on duty for up to six additional hours to take part in didactic activities, patient care transfer, outpatient clinics, and continuity of medical and surgical care.
- A resident/fellow may accept no new patients after 24 hours of continuous duty.
- At home calls should be arranged suitably not precluding rest and reasonable personal time for each resident/fellow.
- Residents/fellows taking at home calls must be provided with one day in seven completely free from training and clinical responsibilities, averaged over four weeks.
- When residents/fellows are called into hospital/training site from home, the hours that residents/fellows spend in-house are counted toward the 80-hour limit.

Requirement 3.3.4.

PD to ensure implementation of procedures for transfer, freezing, and withdrawal from training in line with the institutional policy and the NIHS training bylaw and directives.

Requirement 3.3.5.

PD to ensure implementation of procedures for vacations and leaves of absence including emergency leaves in line with institutional policy and NIHS training bylaw and directives.

Requirement 3.3.6.

PD to ensure compliance with procedures for complaints and grievances by residents/fellows including raising ethical concerns and awareness of appeal processes in line with the institutional policy and NIHS bylaws and directives.

Component 3.4. Support and Growth

Requirement 3.4.1.

PD to ensure the existence of a positive learning culture with fairness, respect for diversity, and non-discrimination in addition to adoption of safety and risk management measures such as when continuity of training is threatened.

Requirement 3.4.2.

PD to ensure resident/fellow access to learning resources and support, including participation in conferences, information and electronic databases and effective communication means.

Requirement 3.4.3.

PD to ensure empowerment and participation of residents/fellows including representation in suitable committees and mechanisms, reflections, and voice such as through resident/fellow forums, and confidential feedback channels.

Requirement 3.4.4.

There must be 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 3.4.5.

PD to ensure implementation of procedures for counselling and support, including occupational health services, confidential mental health counselling, fatigue measures, and disability policies.

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 optimum training environment that enables residents/fellows to realize all competencies required by their curricula.

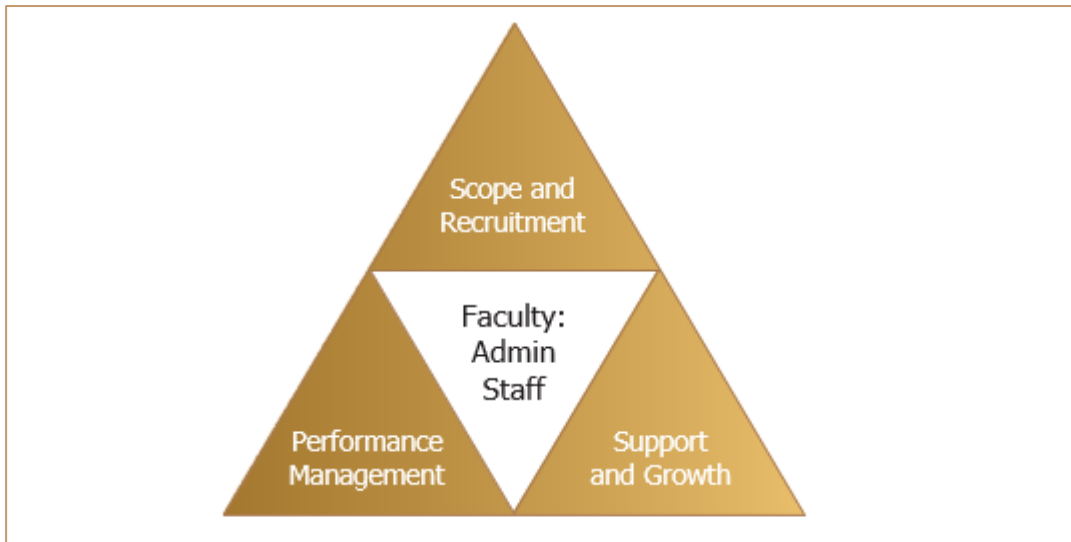


Figure 6. The three components pertaining to the residency/fellowship training team.

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

Component 4.1. Scope and Recruitment of the Training Team

Requirement 4.1.1.

PD to ensure compliance with institutional requirements in providing for the sufficient number and right mix of the training team for the program, including:

- Core faculty.
- Teaching faculty including the range of skills and expertise required.
- Administrative staff including management support, clerical, and secretarial personnel.

Requirement 4.1.2.

PD to ensure implementation of the criteria for eligibility and selection of faculty as stipulated in the institutional requirements, including:

- All discipline-specific (specialty/subspecialty) faculty must have licensed specialist or consultant registration.
- All faculty from other disciplines must have appropriate qualifications in their respective fields and hold appropriate licensure.
- Administrative and support staff possess the qualifications, experience, and job

stability suitable for their roles.

Requirement 4.1.3.

PD to ensure induction and role assignment for the training team, including a description of mandate and duties, expectations, entitlements, time allocation, and accountability and reporting. The following must be ensured:

- All faculty must demonstrate a keen interest in residency/fellowship training, devote sufficient time to fulfil their training and supervisory duties, and administer a training environment conducive to the resident/fellow achievement of competencies required by the curriculum.
- PD to designate a number of core faculty from among experts in assessment and evaluation to support him/her in a management role and in implementing evaluation systems besides their training and supervision duties. Core faculty must devote a minimum of 0.2 FTE to training and program administration.
- Teaching faculty must devote sufficient time to training and residents'/fellows' support.
- At least 1 member of faculty should support resident/fellow scholarly activity.
- A program coordinator(s), provided with adequate time and support, should be appointed from among the administrative staff based on the number of residents/ fellows under training. The program coordinator is to perform day to day administrative operations in addition to liaison and communication duties in context of the program.

Requirement 4.1.4.

PD to ensure adequate numbers of faculty for robust training experience and effective supervision of residents/fellows according to the following:

- The ratio of core faculty (including PD and APD) to residents/fellows must be a minimum of 1:6.
- The ratio of all faculty (including PD and APD) to residents/fellows should be a minimum of 1:1.

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 expected role of members of the training team including faculty and administrative staff as evidenced by implemented protocols

and resources available.

Requirement 4.2.2.

Implementation of the procedures for training team safety and wellness as stipulated in the institutional requirements, in addition to effective channels for raising concerns and obtaining feedback and remedial action.

Requirement 4.2.3.

Implementation of faculty/staff development program as stipulated in the institutional requirements including:

- Covering all members of the training team including faculty and administrative personnel
- Provision of leadership and educational development training for the PD, APD, and core faculty especially in areas related to assessment and evaluation.
- Exposure of all faculty to relevant staff development experiences including events within and outside the training site.
- Establishing and maintaining an environment of scholarship and inquiry with active research component leading into publication records for faculty. Scholarly activities for faculty may include research, peer reviewed grants, quality improvement initiatives, publications such as journal articles and chapters in books, membership in educational entities, and innovations such creation of electronic educational materials.
- Promoting lifelong learning culture supported by suitable access to library and learning resources, e.g., through subscription to relevant databases.

Requirement 4.2.4.

Provision for career progression or promotion, including recognition for outstanding performance.

Component 4.3. Performance Management of the Training Team

Requirement 4.3.1.

PD to ensure implementation of procedures as stipulated in the institutional requirements for training team including:

- Systematic faculty evaluation and feedback (at least once a year) covering teaching abilities and commitment, clinical knowledge, professionalism, and scholarly activities as suitable. PD should take appropriate decisions based on

- evaluation including discontinuation of training service
- Periodic evaluation of administrative staff based on expected roles and relevant rules and regulations.
 - Seeking multiple sources of feedback including from other faculty, residents/fellows (confidential annual evaluations), administrative staff in addition to other health professionals where relevant.
 - Addressing concerns with training team performance or behavior in a fair and timely manner.

Requirement 4.3.2.

PD to ensure suitable balance among training duties, service duties, and research activities for faculty, including mechanisms for feedback and corrective actions.

Requirement 4.3.3.

PD to ensure implementation of fair treatment of faculty and administrative staff supported by an appeal process allowing for obtaining 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 programs in view of the dynamic nature of educational developments and health care needs. The domain addresses continuous improvement across the other four domains of governance, training program, residents/fellows, and faculty and administrative staff. It also entails introducing change and embracing innovations to enrich the training program.

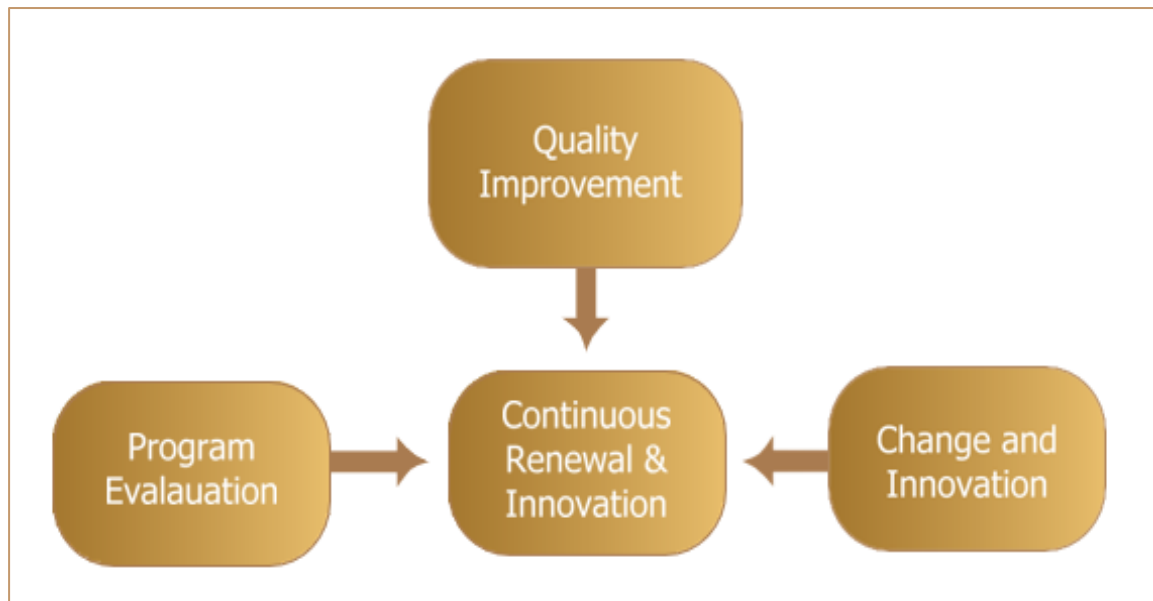


Figure 7. Components of the domain of continuous improvement and innovation for the residency/fellowship program

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

Component 5.1. Program Evaluation

Requirement 5.1.1.

PD to ensure implementation by the PEC of a comprehensive annual program evaluation exercise of the residency/fellowship program including:

- Annual evaluation of the curriculum based on mission and objectives.
- Resident/fellow performance including progress evaluation and subsequent graduate performance.
- Faculty performance and development including scholarly activities.
- Graduate performance including performance of graduates taking the certifying exams.
- Program quality.
- Engagement of residents/fellows in patient safety measures and quality improvement.
- Measures of residents/fellows and faculty members wellbeing.

Requirement 5.1.2.

There must be a process in place for consolidating strengths and addressing weaknesses/areas for improvement identified by the program evaluation process. PD to ensure production of a plan of action with initiatives to address weaknesses, and presentation of the report to the GMEC.

Requirement 5.1.3.

There must be a process in place for incorporating stakeholder perspectives and feedback from multiple sources including faculty, residents/fellows, health services, academics, employers, and patients as appropriate. Confidentiality must be observed where relevant.

Requirement 5.1.4.

PD to ensure production of an annual program evaluation and improvement report documenting the state of the program, identifying challenges and stipulating actions and recommendations to the sponsoring institution.

Requirement 5.1.5.

PD to ensure preparation of a self-study prior to the accreditation visit with a summary presented to the DIO. The self-study must include a longitudinal evaluation of the program using data from the annual program evaluation and improvement report.

Component 5.2. Quality Improvement**Requirement 5.2.1.**

There must be a system in place for internal quality improvement including suitable structures such as nominating a focal person, awareness and training, and communication processes.

Requirement 5.2.2.

PD to ensure a documentation and reporting system in place including the production of guidelines, manuals, and reports in addition to any other discipline-specific material.

Requirement 5.2.3.

PD to ensure the involvement of residents/fellows and faculty in quality improvement processes preferably as part of inter-professional teams. The program must use the results of residents'/fellows' and faculty members'

assessments of the program together with other program evaluation results to improve the program.

Component 5.3. Change and Innovation

Requirement 5.3.1.

PD, supported by the institution, to ensure 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, research, and innovation.
- Fostering research and studies and embracing evidence-based practice in promoting training in the specialty/subspecialty program.
- Projects for graduate performance evaluation to ascertain the impact of the specialty/subspecialty program on health care

Requirement 5.3.2.

The residency/fellowship training program should be socially accountable, responsive, and adaptable in consideration of changes and developments, including initiatives for curricular reform to adapt with the following:

- Demographic profile.
- Epidemiological and diseases pattern, including emerging health challenges.
- Socioeconomic 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 program such as inter-professional training, technology- enhanced learning, socially accountable practices, etc.

GLOSSARY OF TERMS

TERM	DEFINITION
Associate Program Director	The APD is the qualified person appointed when residents/ fellows number exceeds 15 and designated with authority, responsibility, and resources to assist the PD.
Clinical Competency Committee	The specific committee appointed by the PD to assess and evaluate the performance of residents/fellows within the specialty/subspecialty program.
Continuous improvement	A systematic approach to continuously review, update, and improve residency/fellowship training experience to enhance quality and ensure effective outcomes.
Designated Institutional Official	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 and fellowship training.
Faculty	The entire teaching workforce responsible for educating residents/fellows.
Fellows	Individual candidates enrolled for training in a subspecialty program leading to fellowship qualification.
Formative evaluation	Monitoring resident/fellow training and providing ongoing feedback to improve learning.

Full Time Equivalent	The FTE refers to calculation of the time dedicated for residency/fellowship training management or delivery as part of the full time allotted to work (ideally 40 hours per week).
Graduate Medical Education Committee	The committee appointed by the sponsoring institution to support the role of the DIO in overseeing all aspects pertaining to residency training.
Internal review	The internal evaluation conducted within the training program to identify and act on strengths and weaknesses/ areas for improvement of residency/ fellowship training.
Participating site	An organization (hospital, health center, health facility, etc.) providing educational experiences or educational assignments/rotations for residents/ fellows through arrangement with the sponsoring institution. A participating site can be within the sponsoring institution's country or international.
Program coordinator	The program coordinator is a qualified administrative staff member designated with authority to assist the program director in managerial and logistical coordination.
Program director	The program director (PD) is the qualified person designated with authority, responsibility, and accountability of managing and coordinating a specific (particular specialty) residency/fellowship program.
Program Evaluation Committee	The specific committee appointed by the PD to assess and evaluate the whole business of the

	specialty program.
Residents	Individual candidates enrolled for training in a residency.
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/fellowship training experience. The sponsoring institution has the primary responsibility of applying for accreditation and committing resources and support to comply with accreditation requirements.
Summative evaluation	Evaluating resident/fellow's learning by comparing performance against the goals and objectives of the program with the intent to make decisions about promotion or program completion.
Training center	The hospital or group of health facilities accredited to host residency/fellowship training programs.
Training environment	The diverse context for trainee development, including physical locations, learning resources, clinical experiences, and institutional culture.
The training team	The totality of faculty and administrative personnel involved in the delivery and coordination of actual residency/fellowship training activities. Faculty represent the mainstay discipline-specific personnel entrusted with the supervision of trainees. Other faculty are personnel from other disciplines taking part in training activities. Administrative personnel include administrators, logistic staff, and secretaries.

THE ACGME CORE COMPETENCIES:

The following is a description and definition of the ACGME six core competencies²:

- **Professionalism:** Residents/fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Patient care and procedural skills:** Residents/fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical knowledge:** Residents/fellows must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
- **Practice-based learning and improvement:** Residents/fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
- **Interpersonal and communication skills:** Residents/fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Systems-based practice:** Residents/fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal patient care.

² Source: <https://www.acgme-i.org/Portals/0/FoundInternationalresidency.pdf?ver=2020-02-14-141811-92332>

BIBLIOGRAPHY

1. Accreditation Council for Graduate Medical Education (2020) ACGME international foundational program requirements.

Available from: <https://www.acgme-i.org/Portals/0/FoundInternationalresidency.pdf?ver=923-141811-14-02-2020>

2. Accreditation Council for Graduate Medical Education (2019) ACGME Common program requirements (Fellowship).

Available from:

<https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRFellowship2019.pdf>

3. Canadian Residency Accreditation Consortium (2018) General Standards of accreditation for residency programs.

Available from: <http://www.canera.ca/canrac/general-standards-e>

4. General Medical Council (2016) Promoting excellence: standards for medical education and training.

Available from:

https://www.gmc-uk.org/-/media/documents/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf

5. World federation for medical education (2015) Postgraduate medical education: global standards for quality improvement.

Available from:

<https://wfme.org/download/wfme-global-standards-for-quality-improvement-pgme-2015/?wpdmdl=884&refresh=5e65db9122c211583733649>



National Institute for Health Specialities



NIHS@uaeu.ac.ae



03-7137666

المعهد الوطني للتخصصات الصحية



www.nihs.uaeu.ac.ae