NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

NIHS Protected Teaching Time Guidelines for Postgraduate Training Programs

Issue Date: 24/06/2026

Draft Version 1

Table of Contents

1. Purpose and Educational Principles 3

2. Scope 3

3. Definition of Protected Teaching Time 3

4. Core Accreditation Expectations 4

5. Minimum Protected Teaching Time Requirements 4

5.1 Minimum Weekly Expectations 4

5.2 Academic Half-Day Model 4

6. Educational Activities Included Within Protected Teaching Time 5

Core Educational Activities 5

Competency-Based Education Activities 5

Scholarly and Academic Activities 5

Patient Safety and Clinical Governance Activities 6

Simulation and Skills Training 6

Assessment and Examination Preparation 6

Wellness and Professional Development 6

7. Clinical Coverage and Protection from Service Obligations 7

8. Faculty Responsibilities 7

9. Attendance and Participation 8

10. Documentation and Quality Assurance 8

11. Non-Compliance 9

12. Effective Date 9

1. Purpose and Educational Principles

The National Institute for Health Specialties (NIHS) recognizes Protected Teaching Time (PTT) as a fundamental component of high-quality postgraduate medical education and competency-based training.

This guideline establishes the minimum expectations for Protected Teaching Time across all NIHS-accredited postgraduate training programs to ensure that trainees receive structured, faculty-supported educational experiences that are protected from unnecessary service interruptions.

Protected Teaching Time is intended to support:

- Achievement of program competencies, milestones, and Entrustable Professional Activities (EPAs)
- Development of clinical reasoning, professionalism, communication, and patient safety competencies
- Longitudinal educational progression within competency-based medical education frameworks
- High-quality learning environments aligned with international standards, including those of the Accreditation Council for Graduate Medical Education and the Royal College of Physicians and Surgeons of Canada

Although this document is presented as a guideline, implementation of Protected Teaching Time is considered an essential expectation within accreditation and re-accreditation processes.

2. Scope

This guideline applies to:

- All NIHS-accredited postgraduate (internship, residency, fellowship) and specialty training programs
- All sponsoring institutions and participating in training sites

3. Definition of Protected Teaching Time

Protected Teaching Time refers to formally scheduled educational activities during which trainees are relieved, to the greatest extent possible, from routine clinical service obligations to participate in structured learning.

Protected Teaching Time should:

- Be prospectively scheduled
- Be incorporated into the official academic calendar
- Include active faculty engagement
- Align with curriculum objectives and competency requirements
- Be monitored for attendance, participation, and educational effectiveness

Protected Teaching Time should support continuity of learning while promoting patient safety, educational quality, and trainee well-being.

4. Core Accreditation Expectations

All NIHS-accredited programs are expected to demonstrate the existence of:

- A structured educational curriculum
- Scheduled and protected educational activities
- Faculty-led teaching engagement
- Monitoring of attendance and participation
- Ongoing evaluation and improvement of educational quality

Programs that fail to provide adequate Protected Teaching Time may receive accreditation citations, enhanced monitoring, or accreditation conditions during accreditation or re-accreditation review.

5. Minimum Protected Teaching Time Requirements

5.1 Minimum Weekly Expectations

Programs shall provide a minimum of four hours of Protected Teaching Time per week.

Program Type	Minimum Requirement
Residency Programs	4 hours/week
Fellowship Programs	4 hours/week
Internship/Foundation Programs	4 hours/week
Procedural/Surgical Programs	Minimum 4 hours/week, including simulation activities

Programs are encouraged to exceed these minimum standards whenever feasible.

5.2 Academic Half-Day Model

Programs are strongly encouraged to organize Protected Teaching Time using an Academic Half-Day model where operationally possible.

This model typically consists of:

- One protected half-day per week
- Approximately 3–5 consecutive hours
- Minimal interruption from clinical activities

Programs adopting this structure may benefit from:

- Improved educational continuity
- Greater faculty participation
- Reduced fragmentation of teaching
- Better integration with competency-based education frameworks

6. Educational Activities Included Within Protected Teaching Time

Protected Teaching Time may include a wide range of structured educational activities relevant to program learning outcomes and competencies.

These activities may include:

Core Educational Activities

- Curriculum lectures
- Topic reviews
- Board review sessions
- Interactive seminars
- Case-based discussions

Competency-Based Education Activities

- EPA-focused teaching sessions
- Milestone-guided learning activities
- Clinical reasoning workshops
- Interprofessional education activities

Scholarly and Academic Activities

- Journal clubs
- Research methodology teaching
- Evidence-based medicine discussions
- Quality improvement sessions

Patient Safety and Clinical Governance Activities

- Morbidity and mortality conferences
- Root cause analysis discussions
- Clinical audit reviews
- Patient safety meetings

Simulation and Skills Training

- Simulation-based education
- Procedural skills laboratories
- OSCE preparation
- Communication skills workshops

Assessment and Examination Preparation

- Mock examinations
- Viva preparation
- Case presentations
- Formative assessment activities

Wellness and Professional Development

- Professionalism workshops
- Leadership development
- Physician wellness sessions
- Career planning and mentorship activities

Programs are encouraged to incorporate modern and flexible educational approaches that enhance accessibility, engagement, and competency-based learning. Recommended best practices include the use of hybrid and digital learning platforms, recorded educational sessions where appropriate, simulation-enhanced education, multidisciplinary academic activities, and regional or national shared educational initiatives. Programs are also encouraged to support protected faculty teaching time to strengthen educational quality and sustainability. The appropriate use of AI-enhanced educational tools may also be incorporated where aligned with educational objectives, ethical standards, patient confidentiality requirements, and institutional policies.

7. Clinical Coverage and Protection from Service Obligations

Training institutions are responsible for ensuring that trainees can participate meaningfully in Protected Teaching Time.

Institutions shall therefore ensure:

- Appropriate clinical coverage arrangements
- Minimization of non-urgent interruptions
- Avoidance of routine scheduling conflicts during educational activities

Trainees should not routinely:

- Cover outpatient clinics
- Perform elective service duties
- Respond to non-urgent pages
- Be removed from teaching activities because of routine workload pressures

Exceptions may occur only in circumstances such as:

- Medical emergencies
- Significant patient safety concerns
- Disaster or critical operational situations

8. Faculty Responsibilities

Faculty participating in Protected Teaching Time are expected to contribute actively to the educational environment. Program Directors are responsible for organizing, implementing, and overseeing the delivery of Protected Teaching Time activities within the program, including ensuring appropriate faculty participation, curriculum alignment, scheduling, and educational quality.

Faculty responsibilities include:

- Preparing structured educational sessions
- Aligning teaching with curriculum competencies, milestones, and Entrustable Professional Activities (EPAs)
- Encouraging active learner participation and engagement
- Providing constructive feedback to trainees
- Participating in educational quality improvement activities
- Supporting competency-based learning and progression within the program curriculum

Institutions and programs are encouraged to formally recognize educational contributions within faculty appraisal, promotion, and academic advancement systems.

9. Attendance and Participation

Programs shall maintain attendance records for all mandatory educational activities.

Expected attendance should generally be:

- At least 70–80% annually for mandatory sessions

Programs may establish higher attendance thresholds depending on specialty-specific requirements.

Repeated unjustified absences should prompt:

- Counseling
- Educational review
- Remediation planning where necessary

Programs are encouraged to monitor learner engagement and educational effectiveness in addition to attendance alone.

10. Documentation and Quality Assurance

Programs must maintain appropriate educational documentation, including:

- Annual academic calendars
- Session schedules
- Learning objectives
- Attendance records
- Faculty participation records
- Educational evaluations
- Evidence of curriculum review and quality improvement

These materials may be reviewed during:

- Accreditation site visits
- Annual program evaluations
- Focused accreditation reviews
- Ongoing quality assurance processes

Programs are also encouraged to monitor educational quality indicators such as:

- Attendance rates
- Trainee satisfaction
- Faculty engagement
- Examination and board pass rates
- EPA and competency progression
- Educational climate indicators

11. Non-Compliance

Failure to implement adequate Protected Teaching Time may result in:

- Program citations
- Requests for corrective action plans
- Enhanced accreditation monitoring
- Accreditation conditions
- Accreditation freeze in cases of persistent or severe non-compliance

12. Effective Date

This guideline shall become effective following formal approval by COSA and publication on the NIHS official website. Following approval and publication, sponsoring institutions, Program Directors, faculty members, trainees, and relevant educational administrators shall be formally informed of the guideline and its implementation expectations through appropriate institutional and NIHS communication channels.


المعهد الوطني للتخصصات الصحية
NATIONAL INSTITUE FOR HEALTH SPECIALITIES