

Institutional Accreditation Standards

Survey Visit Type	Choose an item.		
Institution:		City:	Date:
SCFHS Accredited Training Programs			
Total Number:	Full Programs:	Shared Programs:	Training Unit:

Accreditation Standards' Weighing Definitions:	
ETR0	If Not Fully Met, the New Institution Will Not Be Accredited, Accredited Training Center Will Be Warned, Frozen, or Withdrawn
ETR1	Mandatory for Full Accreditation
ETR2	Highly Recommended
Accreditation Standards' Compliance Scoring Definition:	
Fully Met	When the Compliance to the Accreditation Standard is at 90% or above (Comment <u>when</u> Required)
Partially Met	When the Compliance to the Accreditation Standard is at 51-89% (Comment <u>is</u> Required)
Not Met	When the Compliance to the Accreditation Standard is at 50% or less (Comment <u>is</u> Required)
Not Applicable (N/A)	When the Standard does not apply to the Training Center (Comment <u>is</u> Required)

A. DESIGNATED INSTITUTIONAL OFFICIAL (DIO)					
STANDARD	Met	P. Met	Not Met	NA	COMMENTS
A.1. The DIO is a consultant who has minimum of three years' experience in Training, Education and Administrative background. (ETR0) **					
A.2. The DIO does not assume any other Leadership Position (i.e. Head of Section/Department, Medical Director, CEO, or any other Clinical/Administrative Leadership Position). (ETR0) **					
A.3. The DIO has been delegated the full Authority, Responsibility and Supervision over all SCFHS-Accredited Training Programs at the Institution (Academic, Training and Financial). (ETR0) **					
A.4. The Institution establishes and implements a set of procedures to ensure the full Delegation of the DIO's Authority to his/her designee who has equal qualification, experience and authority of the DIO in case of his/her absence. (ETR0) **					
A.5. The Institution ensures that the DIO has adequate incentive and/or protected time to effectively carry out his/ her duties. (ETR0) **					

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**Must have Evidence of Document.



B. TRAINING FACULTY					
STANDARD	Met	P. Met	Not Met	NA	COMMENTS
B.1: Training Faculty (Trainers) Qualifications:					
B.1.1. Maintain a valid SCFHS Classification and Registration (or Equivalent if the Training Center is Outside the KSA) as a Consultant in the Training Program Speciality) as Consultants (or Specialists for certain Disciplines). (ETRO)**					
B.1.2. Training is included as an Integral component of the Job Description. (ETRO) **					
B.1.3. Credentialed and Privileged to practice at the Institution. (ETRO) **					
B.1.4. Maintain valid Malpractice Insurance for all applicable Healthcare Professional Disciplines as per the National Mandate. (ETRO) **					
B.1.5. Certified as Trainers at areas of Clinical Teaching, Formative Assessment and Mentorship (SCFHS-TOT or equivalent). (ETRO) **					
B.2: Training Faculty Requirements:					
B.2.1. The Institution is committed to maintain adequate number of qualified & competent clinical Staff for Training & Supervision of all Accredited Training Programs. (ETRO) **					
B.2.2. Appropriate Supervision of the Trainees by the Training Faculty at each Training Site. (ETRO)					
B.2.3. There is a process of Documentation and Monitoring of Trainees, Trainers and Program Director Files (ETRO) **					
B.2.4. The Training Center maintains appropriate competencies of the Healthcare Professionals in consistency with the scope of provided Healthcare Services. (ETRO) **					
B.2.5. The Institution provides adequate opportunities for Trainers' Professional Development in the field of their Speciality and Postgraduate Health Professional Training and Education. (ETRO) **					

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C. INSTITUTION TRAINING COMMITTEE (ITC)					
STANDARD	Met	P. Met	Not Met	NA	COMMENTS
C.1. The Organizational Chart shows the governance that oversees Training in the Institution. This chart provides a graphic representation of the DIO's direct link to the Institution's Governance (Dean, Executive President, Chief Executive Officer, Chairman of the Board of Directors, or Equivalent), shows the DIO chairing the Institution Training Committee (ITC), and the Program Director(s) chairing the Training Program Committee(s) (TPC). (ETRO) **					
C.2. A Statement of Commitment by the Institution's Governance (Dean, Executive President, Chief Executive Officer, Chairman of the Board of Directors, or Equivalent) that documents the Institution's commitment to provide the necessary Educational, Financial, and Human Resources Support for the SCFHS-Accredited Training Programs. (ETRO) **					
C.3. The ITC establishes, reviews and supervises the implementation of all Training Related Policies and Procedures. (ETRO)					
C.4. The Institution maintains a valid Committee Formation Order (or equivalent) of the ITC that shows the DIO chairing the Committee and the Members' list includes the following: <ul style="list-style-type: none"> - Program Directors of the SCFHS-Accredited Training Programs in the Institution. - Representative of Medical Affairs Administration. - At least one Elected Trainee (by his/her peers) from each training category. (Diploma, Residency and Fellowship). (ETRO) **					
C.5. Program Directors of the SCFHS Fully-Accredited Training Programs are formally appointed by the DIO. (ETRO) **					
C.6. Associate Program Directors of the SCFHS Shared Training Programs are formally appointed by the DIO. (ETRO) **					
C.7. The Trainee Member(s) of the ITC is/are elected by his/her peers and formally appointed by the DIO. (ETRO) **					
C.8. The Medical Affairs Administration's Representative is formally appointed by the Medical Director (or Equivalent). (ETRO) **					

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C.9. The Institution Training Committee (ITC) meet at least quarterly, and have their minutes approved and kept. (ETRO) **					
C.10. The Training Programs' Committees (TPC) meet at least quarterly, and have their minutes approved and kept. (ETRO) **					
C.11. The ITC and TPC Minutes shows the members' names and positions of the attendees and absentees, and clearly defines the quorum of each meeting exceeding 60%. (ETRO) **					
C.12. The ITC Minutes documents at least the items listed at SCFHS ITC minutes Templates and forwarded to the Institution's Governance within Maximum of 10 working days of meeting date. (ETRO) **					
C.13. The TPC Minutes documents at least the items listed at SCFHS TPC minutes Templates and forwarded to the DIO within Maximum of 10 working days of meeting date. (ETRO) **					
C.14. The ITC submits Training Programs Annual Report to the Governance of the Institution. The Report includes evaluation of the Training Programs' Supervision Requirements, and Performance as per the SCFHS ITC Annual Reports Template. (ETRO) **					
C.15. The ITC submits Training Programs Annual Report to the SCFHS. The Report includes evaluation of the Training Programs' Supervision Requirements, and Performance as per the SCFHS ITC Annual Reports Template. (ETRO) **					
C.16. The ITC maintains appropriate communication and collaboration with the Training Programs' Directors, Training Program Committees and the Medical Administration of all the affiliated sites. (ETRO)					
C.17. The ITC has an implemented Policy that oversees and monitors the Institutional Accreditation through regular Internal Review (IR) of the Training Center. (ETRO) **					
C.18. The IR occur at least once during the Accreditation Cycle utilizing the latest SCFHS Institutional Accreditation Standards Form as made available at the SCFHS Website. (ETRO) **					
C.19. The Institutional Accreditation IR Team includes one Training Staff Member and one Trainee (both are from the same Training					

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Center), and preferably one External Reviewer Training Staff Member from another Institutionally-Accredited Training Center. (ETRO) **					
C.20. The ITC reviews the Institutional Accreditation Internal Review Report, determine action plan, follow-up and document it at the ITC Minutes. (ETRO) **					
C.21. The ITC has an implemented Policy that oversees and monitors the Training Program(s) through regular Internal Review (IR) of each SCFHS-Accredited Training Program. (ETRO) **					
C.22. The IR for all Training Programs occur at least once during the Accreditation Cycle utilizing the latest SCFHS Training Program Accreditation Standards Form as made available at the SCFHS Website. (ETRO) **					
C.23. The IR Team includes at least one Training Staff Member, one Trainee of the same Specialty and one External Reviewer from a different Specialty and/or Institution. (ETRO) **					
C.24. The ITC reviews each Training Program Accreditation Internal Review Report, determine action plan, follow-up and document it at the ITC Minutes. (ETRO) **					
C.25. The Institutionally-Accredited Training Center maintains full Accreditation Status (4 years) and/or Conditional Accreditation Status for ≥ 90 % of its Accredited Training Programs. (ETRO) **					
C.26. The ITC ensures appropriate distribution of the Resources (Financial, Space, Technology and Supplies) Necessary for the Training Programs. (ETRO) **					
C.27. The ITC ensures Adequate Program Directors and Trainers Protected Time that is necessary to deliver the Training Programs. (ETRO) **					
C.28. The ITC ensures that Program Directors and Trainers are recognized, valued and incentivized to promote Excellence in Training. (ETRO) **					

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<p>C.29. The Institutionally-accredited Training Center has an implemented process to seek Patients' and their Caregivers' experience in regards to the care that they receive by Trainees under the supervision of Trainers (ETR1) **</p>					
<p>C.30. The ITC reviews the results of Patients' and their Caregivers' experience towards the care that they receive by Trainees under the supervision of Trainers, identifies areas of improvement, develops Corrective Action Plan (if Applicable), follows up and documents the progress of Corrective Action Plan until all issues are addressed. (ETR1) **</p>					
<p>C.31. The ITC reviews the Summative Assessment Results of the Training Center's Graduates, identifies areas of improvement, develops Corrective Action Plan (if Applicable), follows up and documents the progress of Corrective Action Plan until all issues are addressed. (ETR2) **</p>					
<p>C.32. The ITC anonymously reviews cases over the past Five Years of the Training Center's Graduates who have been subject to have their SCFHS Professional Practice Registration Revoked, identifies areas of improvement, develops Preventive Action Plan (if Applicable), follows up and documents the progress of Preventive Action Plan. (ETR2) **</p>					
<p>C.33. The ITC ensures that all Training Programs teach and assess the Trainees' Competencies based on the SCFHS approved competency framework (i.e. CanMEDS Competency Framework) as defined at the SCFHS Training Programs' Curricula. (ETRO) **</p>					
D. TRAINING POLICIES, PROCEDURES AND ORIENTATION PROGRAMS					
STANDARD	Met	P. Met	Not Met	NA	COMMENTS
<p>D.1. The Institution has an implemented policy for Selection, Assessment, Promotion, Appointment and Dismissal of the Trainees for all Training Programs. (ETRO) **</p>					
<p>D.2. The Institution has an Appeal Policy that is implemented whenever required for Trainees in regards to Training Related Decisions. (ETRO) **</p>					

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D.3. The Institution has an implemented policy to ensure a proper Training Environment free of Intimidation, Harassment and Abuse and deals with such issues as they arise. (ETRO) **					
D.4. The Institution has an implemented policy to ensure 24/7 Trainees' Safety related to Patients' encounter, transportation, and consultation (including Psychiatry Ward, Isolation Rooms, etc.). (ETRO) **					
D.5. The Institution has an implemented policy to address sustainability of Training in the event of Disaster, Pandemic Illnesses, or Interruption of Patient Care due to any reason. (ETRO) **					
D.6. The Institution has an implemented Supervision of Training Policy within that protects and preserves the best interests of Patients, Trainees and Trainers. (ETRO) **					
D.7. The Supervision of Training Policy regulates Trainers' Direct and In-Direct Supervision of Trainees during Patient Encounter, Diagnostic and Therapeutic Interventions, where all Trainees are Supervised by Credentialed and Privileged Trainers. (ETRO) **					
D.8. The Supervision of Training Policy regulates Assurance of Trainees' Progressive Competencies and Graduating Responsibilities. (ETRO) **					
D.9. The Institution has an implemented policy to ensure that Trainees receive their Formative Assessment in timely manner. (ETRO) **					
D.10. The Institution has an implemented Policy that addresses the situations for reduction of Training Capacity or closure of a Training Program. (ETRO) **					
D.11. The Institution has an implemented Policy that regulates the Training Center's position towards eligibility of new applicants with Physical Disability into the Training Program. (ETRO) **					
D.12. The Institution has an implemented Policy that accommodates Trainees when they newly develop Physical Disability during their Training Program. (ETRO) **					

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D.13. The Institution has an implemented Policy that addresses Trainees when they newly develop Mental Impairment during their Training Program. (ETRO) **					
D.14. The Institution provides Trainees with Contract, that describes all Benefits of Appointment including: Terms, Conditions, Financial Benefits, Professional Malpractice Liability Insurance, Health Insurance provided for Trainees and Families, Emergency Medical Care, Duty Hours and Vacations that are compliant with SCFHS Regulations). (ETRO) **					
D.15. The Institution complies with the SCFHS Duty Hours Regulations. (ETRO)					
D.16. The Institution should provide or facilitate Trainees' access to Well-Being Program, Confidential Counselling, and Psychological Support Services. (ETRO)					
D.17. The Institution has an implemented Policy that regulates the Interaction between Vendors'/Companies' Representatives with the Trainees, Trainers, Program Directors and Training Programs (ETRO) **					
D.18. The Institution has a General Orientation Program to all New Trainees Prior to the start of their Training:					
D.18.1. Principles of Modern Model of Care. (ETRO) **					
D.18.2. Principles of Healthcare Quality Improvement. (ETRO) **					
D.18.3. Principles of Patient Safety. (ETRO) **					
D.18.4. Principles of Medication Safety. (ETRO) **					
D.18.5. Principle of Fire Safety and Evacuation Plan. (ETRO) **					
D.18.6. Principles of Infection Control. (ETRO) **					
D.18.7. Principles of Bioethics. (ETRO) **					

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D.18.8. Principles of Patient Rights. (ETRO) **					
D.18.9. Principles and Ethics of Virtual Care. (ETRO) **					
D.18.10. Principles of CanMEDS Competencies Framework. (ETRO) **					
D.18.11. Principles of Clinical Coding. (ETRO) **					
D.18.12. Health Records System. (ETRO) **					
D.19. The Institution has Departmental, Program, and Rotation Specific Orientation Program for all New Trainees Prior to the start of their Training. (ETRO) **					
D.20. The Institution has an implemented System of Clinical Coding. (ETRO) **					
D.21. The Institution has an implemented Policy of Clinical Documentation. (ETRO) **					
D.22. Trainees Participate in establishing, revising and/or improving Integrated Care Pathways. (ETR1)					
D.23. The Institution ensures that Integrated Care Pathways are implemented as part of Training. (ETR2)					
D.24. The Institution has a Healthcare Professional Workforce Plan, that is approved by its Governance. (ETR2)					
D.25. The Institution has a Referral System that ensures the continuity of care through all levels (Virtual Care, Primary Care, General Hospital Care and Specialized Hospital Care). (ETRO)					
D.26. The Institution has an Eligibility System that enables Clinical Exposure of Trainees as per their Training Requirements. (ETRO)					
D.27. The Institution has an implemented policy that regulates Trainees' mobility between Training Sites during On-Calls, to ensure					

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adequate access to the Training Site within maximum of 30 minutes during On-Call duties, when applicable. (ETR1) **					
D.28. The Institution has an implemented policy that regulates Trainees' mobility between Training Sites (when located outside the City of the Training Rotation), to ensure adequate support for Transportation and Housing, when required to spend part of the Training Rotation at another Training Site exceeding 80 km outside the City of the Training Rotation. (ETR1) **					

E. TRAINING FACILITY, RESOURCES AND INFRASTRUCTURE

STANDARD	Met	P. Met	Not Met	NA	COMMENTS
E.1. The Institutionally-Accredited Training Center maintains an updated list of its Affiliated Training Sites (if Applicable). (ETRO) **					
E.2. Adequate Access to					
E.2.1. On-Call Rooms for Males and Females Trainees and Trainers who are mandated for in-house On-Calls, properly equipped, furnished, and maintained. (ETR1)					
E.2.2. Shower Area. (ETR1)					
E.2.3. Lounge, Office and Secure Lockers. (ETR1)					
E.2.4. Dining Facility. (ETR1)					
E.2.5. Vending Machine or equivalent. (ETR1)					
E.2.6. Parking. (ETR1)					
E.2.7. Wi-Fi. (ETR1)					
E.3. Adequate Number & Variety of Patients, Clinical and Technical Resources to support Training needs. (ETRO)					
E.4. Adequate access to Simulation Training. (ETR1)					

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E.5. Adequate access of Trainees, Trainers and Program Directors to Computers, On-Line Educational Resources and Guidelines. (ETR1)					
E.6. Adequate access 24/7 to Health Information System (or equivalent). (ETRO)					
E.7. Adequate access to Classrooms, Conference Rooms and Virtual Meeting tools. (ETR1)					
E.8. Adequate access to Private Office for All Program Directors. (ETR1)					
E.9. Adequate administrative Secretarial Support to Program Directors, Trainers and Trainees. (ETR1)					
E.10. Adequate access to Facilities for Direct Observation of Clinical and/or Procedural Skills equipped with Private Space for Confidential Discussions. (ETR1)					
E.11. The Institution utilizes Virtual Care tools as an integrated part of its Healthcare Delivery. (ETR2)					
E.12. Participating Training Sites ensure Trainees' Safety towards Environmental Toxins, Biohazards, Radiation Exposure, Verbal and Physical Violence. (ETRO)					
E.13. All Affiliated Training Sites ensure that Trainees have access to Medical Records, Progress Notes, Order Entry and Prescription while caring for Patients under direct and/or indirect supervision by their Credentialed and Privileged Trainers. (ETRO)					
E.14. All Affiliated Training Sites are Accredited by CBAHI (or equivalent) (ETR1)**					
F. ACADEMIC AND EDUCATIONAL ACTIVITIES					
STANDARD	Met	P. Met	Not Met	NA	COMMENTS
F.1. There is a Process to organize and monitor Academic Half-Days for all accredited Training Programs. (ETRO)**					
F.2. Educational Activities					

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F.2.1. Morning Report. (ETR1) **					
F.2.2. Grand Rounds. (ETR1) **					
F.2.3. Journal Clubs or equivalent. (ETR1) **					
F.2.4. Active Participation of Trainees at Mortality & Morbidity Meetings. (ETR1) **					
F.2.5. Active Participation of Trainees in at least one Healthcare Quality Improvement and/or Patient Safety Project. (ETR1) **					
F.2.6. Active Participation of Trainees in at least one Research Project. (ETR1) **					
F.2.7. Multi-Disciplinary Exposure is fostered to enhance Training for Collaborative Practice. (ETR1)					
F.3. Active Involvement of Nursing, Pharmacists and Allied Health Staff in Education & Training of Trainees. (ETR1)					
F.4. Active Involvement of Nursing, Pharmacists and Allied Health Staff in Trainees Evaluation. (ETR1)					
F.5. The Institution utilizes virtual tools as an integrated part of its Educational and Training Activities. (ETRO)					

G. INSTITUTION COMMITTEES

STANDARD	Met	P. Met	Not Met	NA	COMMENTS
G.1. Trainees are encouraged to actively participate in the following Healthcare Institution Committees:					
G.1.1. Ethics Committee (ETR1) **					
G.1.2. Patient Rights Committee (ETR1) **					
G.1.3. Patient Safety Committee. (ETR1) **					
G.1.4. Quality Committee. (ETR1) **					

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G.1.5. Infection Control Committee. (ETR1) **					
G.1.6. Mortality and Morbidity Committee. (ETR1) **					
G.1.7. Research Committee. (ETR1) **					
G.1.8. Disaster Committee. (ETR1) **					
G.1.9. Credentialing & Privileging Committee. (ETR2) **					

H. PATIENTS RIGHTS, SAFETY AND ENGAGEMENT

STANDARD	Met	P. Met	Not Met	NA	COMMENTS
H.1. The Institution has an implemented process for obtaining an informed consent that assures Patients' awareness of the fact that Trainees are involved in their care under direct and/or indirect supervision by their Credentialed and Privileged Trainers. (ETRO) **					
H.2. The Institution has an implemented process to ensue Trainees' Awareness towards disclosure of Medical Errors to Patients. (ETR1) **					
H.3. Trainees learn how to engage Patients to take a more Active Role in their own care. (ETR2)					

I. LIAISON BETWEEN THE INSTITUTION AND OTHER SCFHS-ACCREDITED TRAINING CENTERS

STANDARD	Met	P. Met	Not Met	NA	COMMENTS
I.1. The Institution has a Valid Inter-Institutional Collaboration Agreement with another SCFHS-Accredited Training Center, when Collaborating to execute a Full Training Program(s) at the Collaborating Training Center. (ETRO) **					
I.2. The Institution encourages Trainees to rotate at an accredited peripheral Affiliated Training Site and/or an accredited peripheral Training Center, aiming to enhance their Clinical Exposure. (ETRO)					

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J. MEDICAL SERVICES

The available Medical Staff should be Adequate, Qualified and Competent to provide Safe Patient Care and Participate actively in Education and Training. **(All Standards under this Section are meant to identify the Institution's Capacity, therefore, are not utilized for scoring Purposes).**

STANDARD	NUMBER (No.)	N/A	COMMENTS
J.1. Internal Medicine	No. of Beds		
	No. of SCFHS-Classified Consultants		
J.2. General Surgery	No. of Beds		
	No. of SCFHS-Classified Consultants		
J.3. Pediatrics	No. of Beds		
	No. of SCFHS-Classified Consultants		
J.4. Obstetrics and Gynecology	No. of Beds		
	No. of SCFHS-Classified Consultants		
J.5. Operating Rooms and Anesthesia	No. of Operating Rooms		
	No. of Post Anesthesia Care Unit		
	No. of Anesthetists		
J.6. Intensive Care Unit	No. of Beds		
	No. of Isolation Rooms		
	No. of SCFHS-Classified Consultants		
J.7. Pediatric Intensive Care Unit	No. of Beds		
	No. of Isolation Rooms		

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	No. of SCFHS-Classified Consultants			
J.8. Neonatal Intensive Care Unit	No. of Beds			
	No. of Isolation Rooms			
	No. of SCFHS-Classified Consultants			
J.9. Cardiac Care Unit	No. of Beds			
	No. of Isolation Rooms			
	No. of SCFHS-Classified Consultants			
J.10. Emergency Department	No. of Beds			
	No. of Isolation Rooms			
	No. of SCFHS-Classified Consultants			

K. ALLIED HEALTH SERVICES

The available Allied Health Staff should be Adequate, Qualified and Competent to provide Safe Patient Care and Participate actively in Education and Training. (All Standards under this Section are meant to identify the Institution's Capacity, therefore, are not utilized for scoring Purposes).

STANDARD		Availability	COMMENTS
K.1. Pharmacy	In-Patient Pharmacy	Choose an item.	
	Out-Patient Pharmacy	Choose an item.	
K.2. Laboratory and Blood Bank	Hematology	Choose an item.	
	Biochemistry	Choose an item.	
	Microbiology	Choose an item.	
	Histopathology	Choose an item.	

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	Blood Bank	Choose an item.	
K.3. Medical Imaging	General Radiology	Choose an item.	
	Ultrasound	Choose an item.	
	Fluoroscopy	Choose an item.	
	Computed Tomography	Choose an item.	
	Magnetic Resonance Imaging	Choose an item.	
	Nuclear Medicine	Choose an item.	
	Interventional Radiology	Choose an item.	
K.4. Clinical Nutrition		Choose an item.	
K.5. Physiotherapy		Choose an item.	
K.6. Respiratory Therapy		Choose an item.	

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List of Affiliated Training Sites that belongs to the Training Center Governance

Training Site		Training Site	
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List of the Participating Training Centers that are outside the Training Center Governance
(With Inter-Institutional Collaboration Agreement)

Training Center		Training Center	
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Institutional Accreditation Document List			
Please Choose (Yes) when it's Available, (No) when it's not Available and (N/A) when NotApplicable			
Item	Reference	Availability	Comment
- DIO Appointment Letter	A.1. (ETRO) A.3. (ETRO)		
- Evidence of Experience in Training, Education and Administrative Background e.g. CV, Certificate			
- SCFHS Classification and Registration			
- DIO Letter of Delegation with full Authority, Responsibility and Supervision over all SCFHS-Accredited Training Programs			
- Letter or Document that shows that DIO does not hold any leadership position	A.2. (ETRO)		
- Delegation of the DIO's Authority to his/her designee who has equal qualification	A.4. (ETRO)		
- Policy or Commitment Letter DIO incentive and/or protected time	A.5. (ETRO)		
- Valid Trainers Classification and Registration	B.1.1. (ETRO)		
- Trainers Job Description (including Full, part timers' trainers)	B.1.2. (ETRO)		
- Trainers credentials and privileges (including Full, part timers' trainers)	B.1.3. (ETRO)		
- Trainers Malpractice Insurance	B.1.4.. (ETRO)		
- Trainers SCFHS-TOT Certification or equivalent	B.1.5. (ETRO)		
- Institution Traineres lists per program. (Including Full, part timers' trainers)	B.2.1. (ETRO)		
- Healthcare Professionals competencies for Non-Physicians	B.2.4. (ETRO)		
- Institutional organizational chart	C.1. (ETRO)		
- A Statement of Commitment by the Institution's Governance to provide the necessary Resources Support for the SCFHS-Accredited Training Programs	C.2. (ETRO)		
- The ITC Committee Formation Order (or equivalent)	C.3, C.4. C.11.C.26 C.33. (ETRO) C.31. C.32 (ETR2)		
-Appointment Letters for all programs' Directors, including the protected Time	C.5. (ETRO) C.6. (ETRO)		
-PD Policy or Commitment Letter incentive and/or protected time	C.27. (ETRO)		
-Appointment letter of the elected trainee representative in the ITC	C.7. (ETRO)		
- Appointment letter of the medical administrator representative by the medical director or equivalent	C.8. (ETRO)		
- The ITC Meetings Minutes	C.9. (ETRO) C.30 (ETR1). C.31. C.32 (ETR2)		
-TPC Meetings Minutes	C.10. C.11. (ETRO)		
-The ITC minutes' letter of submission to the Governance within 10 business days	C.12. (ETRO)		
-TPC Meetings Minutes' letter of submission to the DIO within 10 business days	C.13.C.16, C.2 (ETRO)		
- Annual Report and letters of submission letters to the governance and SCFHS	C.14. (ETRO) C.15. (ETRO)		
- The Internal Review policy for the Institutional Accreditation	C.17. (ETRO)		
- Institutional Accreditation's IR reports and action plan	C.18. C.20 (ETRO)		

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- List of Members of the institutional accreditation's IR	C.19. (ETRO)		
-The Internal Review policy for the Program Accreditation	C21. (ETRO)		
- Programs Accreditation's IR reports and action plan	C22.C24 (ETRO)		
- List of Members of the Program accreditation's IR	C.23. (ETRO)		
The ITC reviews each Training Program Accreditation Internal Review Report, determine action plan, follow-up and document it at the ITC Minutes.	C.24. (ETRO)		
-SCFHS Letters for all accredited programs	C.25. (ETRO)		
-Trainers Recognition and/or incentives	C.28. (ETRO)		
-Patient Experience Policy	C.29. (ETR1)		
- Trainees Assessment Policy based on the SCFHS approved competency framework	C.33. (ETRO)		
- Policy includes Selection, Assessment, Promotion, Appointment, , Renewal , Suspension, Dismissal process and SCFHS matching system.	D.1. (ETRO)		
- Appeal Policy and Meeting minutes discussed an example of appeal, (evidence of implementation)	D.2. (ETRO)		
-Policy of Intimidation/Harassment and abuse (evidence of implementation)	D.3. (ETRO)		
- Policy of Trainees Safety	D.4. (ETRO)		
- Policy of sustainability of Training in the event of Disaster	D.5. (ETRO)		
-Policy pertaining to the reduction of size or closure of a Training Program	D.10. (ETRO)		
-Documented evidence of supervision such as logbook, MINICEX-DOPS ETC -Example of medical file (progress notes -discharge summary includes co-signature of credentialed faculty member(evidence of implementation)	D.7. (ETRO)		
-Training Supervision Policy direct and indirect 24 -7 including weekends -ER sifts	D.6 , D.7 D.8. (ETRO)		
- Training Assessment Policy includind (formative -summative) and TPC and ITC meeting minutes showing related examples if any.	D.8. (ETRO) D.9. (ETRO)		
- Policy for Trainees with disability (physical ,mental)	D.11. (ETRO) D.12.(ETRO) D.13. (ETRO)		
- Trainees Contracts	D.14. (ETRO)		
- Policy of Interaction between Vendors'/Companies' Representatives with Trainees, Trainers, Program Directors, and DIO	D.17. (ETRO)		
-General orientation program content (include sub standard elements from D.18.1 to D.18.12 -D.18.1. Principles of Modern Model of Care. (ETRO) ** D.18.2. Principles of Healthcare Quality Improvement. (ETRO) ** D.18.3. Principles of Patient Safety. (ETRO) ** D.18.4. Principles of Medication Safety. (ETRO) ** D.18.5. Principle of Fire Safety and Evacuation Plan. (ETRO) ** D.18.6. Principles of Infection Control. (ETRO) ** D.18.7. Principles of Bioethics. (ETRO) ** D.18.8. Principles of Patient Rights. (ETRO) ** D.18.9. Principles and Ethics of Virtual Care. (ETRO) ** D.18.10. Principles of CanMEDS Competencies Framework. (ETRO) ** D.18.11. Principles of Clinical Coding. (ETRO) ** D.18.12. Health Records System. (ETRO) **	D.18.1. (ETRO) To D.18.12. (ETRO)		
- Departmental, Program, and Rotation Specific Orientation content	D.19. (ETRO)		

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- Statement of Clinical Coding	D.20. (ETRO)		
- Policy of Clinical Documentation	D.21. (ETRO)		
- policy that regulates Trainees' mobility between Training Sites inside the City	D.27. (ETR1)		
- policy that regulates Trainees' mobility between Training Sites outside the City	D.28. (ETR1)		
- List of Accredited Affiliated Training Sites	E.1. (ETRO)		
Approved Policy(Participating Training Sites ensure Trainees' Safety towards Environmental Toxins, Biohazards, Radiation Exposure, Verbal and Physical Violence. (ETRO)	E.12. (ETRO)		
- Valid Certificate(. All Affiliated Training Sites are Accredited by CBAHI (or equivalent) (ETR1) **)	E.14. (ETR1)		
-Approved Policy/ Academic Calendar/ Attendance sheet/ KPI to monitor the implementation	F.1. (ETRO)		
- ITC / TPC Meeting minutes showing evidence of its approval			
- Approved Policy	F.2.1. (ETR1)		
- Showing related examples if any	F.2.2. (ETR1)		
- Time Table	F.2.3. (ETR1)		
	F.2.4. (ETR1)		
- Examples of Healthcare Quality Improvement and/or Patient Safety Project.	F.2.5. (ETR1)		
-Process of Active Participation of Trainees in Research Project, with Examples	F.2.6. (ETR1)		
- Process of Trainees Participation in Institutional Committees	G.1.		
- Evidence of Participation			
G.1. Trainees are encouraged to actively participate in the following Healthcare Institution Committees:	G.1.1. (ETR1)		
G.1.1. Ethics Committee (ETR1) **	G.1.2. (ETR1)		
G.1.2. Patient Rights Committee (ETR1) **	G.1.3. (ETR1)		
G.1.3. Patient Safety Committee. (ETR1) **	G.1.4. (ETR1)		
G.1.4. Quality Committee. (ETR1) **	G.1.5. (ETR1)		
G.1.5. Infection Control Committee. (ETR1) **	G.1.6. (ETR1)		
G.1.6. Mortality and Morbidity Committee. (ETR1) **	G.1.7. (ETR1)		
G.1.7. Research Committee. (ETR1) **	G.1.8. (ETR1)		
G.1.8. Disaster Committee. (ETR1) **	G.1.9. (ETR2)		
G.1.9. Credentialing & Privileging Committee. (ETR2) **			
- Approved Policy includes patient awareness of the involvement of trainees in providing healthcare	H.1. (ETRO)		
- Any related documents			
- Trainees Awareness Policy/ Statement of disclosure of medical errors	H.2. (ETR1)		
-Approved and Valid Inter-Institutional Collaboration Agreement	I.1. (ETRO)		

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Institutional Accreditation Survey Agenda

Time	Minutes	Agenda
8:00 – 08:30	30	Meeting with the Designated Institutional Official (DIO)
08:30 – 09:15	45	Documents Review (Part 1)
09:15 – 10:00	45	Meeting with the Program Directors (5-10 Program Directors)
10:00 – 10:45	45	Meeting with the Trainees (minimum of 10 Junior and minimum of 10 Senior)
10:45 – 11:30	45	Meeting with the Faculty Trainers (minimum of 5-10 Trainers)
11:30 – 12:15	45	Meeting with the Institution Medical Director and Department Heads (minimum of 5 Department Heads)
12:15 – 13:00	45	Break
13:00 – 13:45	45	Facility Tour (On-Call Rooms, Lounge, Training Classrooms, OPD, Wards, ER, OR, Lab, Radiology, Pharmacy)
13:45 – 15:15	90	Documents Review (Part 2)- Surveyors Closed Meeting –Preparation of the Survey Report
15:15 – 16:00	45	Exit De-Brief with the Designated Institutional Official (DIO)

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FOR SELF-ASSESSMENT USE/INTERNAL REVIEW

لإستخدامه في التقييم الذاتي / المراجعة الداخلية

Findings/Issues الملاحظات	

عدد معايير الاعتماد المؤسسي المستوفاه في كل قسم									
Section I ETR0:2 ETR1:0 ETR2:0	Section H ETR0:1 ETR1:1 ETR2:1	Section G ETR0:0 ETR1:8 ETR2:1	Section F ETR0:2 ETR1:9 ETR2:0	Section E ETR0:5 ETR1:14 ETR2:1	Section D ETR0:34 ETR1:2 ETR2:2	Section C ETR0:29 ETR1:2 ETR2:2	Section B ETR0:10 ETR1:0 ETR2:0	Section A ETR0:5 ETR1:0 ETR2:0	Standards' Weight
									(ETR0)
									(ETR1)
									(ETR2)

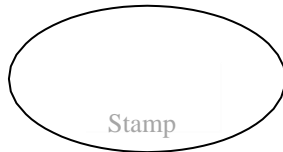
Designated Institutional Official (DIO)*

Name:

Signature:

Date :

/ / 20 - / / 14



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توصية فريق زيارة الاعتماد المؤسسي			
اسم المؤسسة التدريبية			
الدولة		المدينة	
٢٠ / / م	الموافق	١٤ / / هـ	التاريخ
التوصيات			
نوع قرار الاعتماد المؤسسي			
Choose an item.			
Choose an item. .١ Choose an item. .٢ Choose an item. .٣			حالات التحديث: (إن وجد)





عدد معايير الاعتماد المؤسسي المستوفاة في كل قسم									
Section I ETR0:2 ETR1:0 ETR2:0	Section H ETR0:1 ETR1:1 ETR2:1	Section G ETR0:0 ETR1:8 ETR2:1	Section F ETR0:2 ETR1:9 ETR2:0	Section E ETR0:5 ETR1:14 ETR2:1	Section D ETR0:34 ETR1:2 ETR2:2	Section C ETR0:29 ETR1:2 ETR2:2	Section B ETR0:10 ETR1:0 ETR2:0	Section A ETR0:5 ETR1:0 ETR2:0	Standards' Weight
									(ETR0)
									(ETR1)
									(ETR2)

مصادقة فريق الزيارة					
العضو المشارك الثاني		العضو المشارك الأول		المقرر	
	الاسم		الاسم		الاسم
	التوقيع		التوقيع		التوقيع

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