

Institutional Accreditation Self-Assessment

New Accreditation:	<input type="checkbox"/>
Re-Accreditation:	<input type="checkbox"/>

Institution:		City:		Date:	
SCFHS Accredited Training Programs					
Total Number:		Full Programs:		Shared Programs:	

A. INSTITUTIONAL STRUCTURE					
The Saudi Commission for Health Specialties (SCFHS) accredits Training Programs at Healthcare Institutions that have received and maintained the SCFHS Institutional Accreditation. There must be a suitable Institutional Structure in place for the conduct of Training Programs.					
STANDARD	Met	P. Met	Not Met	NA	Comments
1. Designated Institutional Official (DIO)*					
1.1 He/she is a consultant who has experience in Training & Education (with minimum three years of experience). (ETR1)					
1.2 He/she has a Health Professional background with Teaching and Administrative Experience. (ETR2)					
1.3 Has been delegated the full authority and responsibility over all SCFHS-Accredited Training Programs at the Institution (Academic, Training and Financial). (ETR1)					
1.4 Responsible for the overall conduct and supervision of training in the Institution. (ETR1)					
1.5 Establish and implement procedures to ensure that the full Delegation of Authority of the DIO to his/her designee for all DIO duties in case of his/her absence. (ETR1)**					
1.6 Institution ensures that the DIO has sufficient financial support and protected time to effectively carry out the administrative and training responsibilities of the Institution. (ETR1)					
1.7 Institution is accredited by CBAHI (or equivalent) and has it maintained during the full SCFHS Accreditation Cycle. (ETR1)**					
1.8 Training Faculty Qualifications	SCFHS Certification as Consultants (or Specialists for certain Disciplines). (ETR1)				
	Certified as Trainers. (ETR2)				
	Credentialing and Privileging Process is present at the Institution. (ETR1)				
	Valid SCFHS Registration and Classification. (ETR1)				
	Valid Malpractice Insurance. (ETR1)				
	Training is an Integral Part of their Job Description. (ETR2)				

*(DIO): The Individual who has the authority and responsibility for all the SCFHS-Accredited Training Programs at this Healthcare Institution.

**Must have Evidence of Document.

(ETR1): Essential Training Requirement 1 (Mandatory).

(ETR2): Essential Training Requirement 2 (Highly Recommended).

1.9 Institution Organizational Chart representing the system that oversees the Training Programs in the Institution. This chart should provide a graphic representation showing the DIO chairing the Institution Training Committee (ITC). (ETR1)**					
STANDARD	Met	P. Met	Not Met	NA	Comments
2. Institution Training Committee (ITC)					
2.1 Develops and reviews all aspects of Training carried out within the Institution. (ETR1)					
2.2 A Statement of Commitment written 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. (ETR1) **					
2.3 Chaired by the DIO. (ETR1)					
2.4 The Institution Training Committee (ITC) and the Training Programs' Committees (TPC) meets at least quarterly, and have their minutes kept. (ETR1)**					
2.5 The ITC submits Training Programs Annual Report to the Governance of the Institution. The Report include the evaluation of the Training Programs' Supervision Requirements and Performance. (ETR2)**					
2.6 The ITC Members should include:**					
2.6.1 All Appointed Program Directors of the SCFHS-Accredited Training Programs in the Institution. (ETR1)					
2.6.2 Representative of the Medical Affairs Administration. (ETR1)					
2.6.3 At least One Elected Trainee by his/her peers. (ETR1)					
STANDARD	Met	P. Met	Not Met	NA	Comments
3. The ITC oversee all aspects of Training					
3.1 The ITC establishes and supervises the implementation of all Training related Policies and Procedures. (ETR1)					
3.2 The ITC has and maintains appropriate cooperation with the Training Programs' Directors and Committees and the Medical Administration of all the affiliated sites. (ETR1)					
3.3 The ITC oversees and monitors the conduct of each Program through regular Internal Reviews (IR) of each SCFHS-Accredited Training Program. (ETR1)**					

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STANDARD	Met	P. Met	Not Met	NA	Comments
3.3.1 The IR for all Training Programs occur at least once during the Accreditation Cycle. (ETR2)					
3.3.2 The ITC reviews each Internal Review Report and determine action plan and follow-up as necessary. (ETR2)					
3.3.3 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. (ETR2)					
3.3.4 The IR team utilizes the latest SCFHS Training Program Accreditation Standards Form, as made available at the SCFHS Website. (ETR2)					
3.4 The ITC ensures the appropriate distribution of the resources necessary for the Training Programs: (ETR1)					
3.4.1 Sufficient Financial Support. (ETR1)					
3.4.2 Sufficient Resources (Staff, Protected Time, Space, Technology and Supplies). (ETR1)					
3.4.3 E-Library access for all Trainees and Trainers. (ETR1)					
3.5 The ITC has and implements Policies for the Selection, Assessment, Promotion, Appointment and Dismissal of the Trainees in all Programs. (ETR1)**					
3.6 The ITC has and maintains an Appeal Mechanism for Trainees for matters related to the Training Decisions. (ETR1)**					
3.7 The ITC ensures a proper Training Environment free of Intimidation, Harassment and Abuse with Mechanisms in place to deal with such issues as they arise. (ETR1)**					
3.8 The ITC has a Policy governing Trainees' Safety related to Travel, Patient Encounters, including On-Calls, after-hours Consultations in Isolated Departments and Patient Transfers. (ETR1)**					
3.9 The ITC has a Policy that addresses Administrative Support for Training Programs in the event of a Disaster or Interruption in Patient Care. This Policy should Include assistance for Continuation of Training. (ETR2)**					
3.10 The ITC has and Implements a Supervision of Training Policy in order to Protect and Preserve the best interests of the Patients, the Attending Clinicians and the Trainees. (ETR1)**					
3.11 The Supervision of Training Policy regulates the Direct and In-Direct Supervision of the Faculty Trainers during the Patient Encounters and Procedures performed by the Trainees, where all Trainees are Supervised by Credentialed and Privileged Trainers. (ETR1)**					
STANDARD	Met	P. Met	Not Met	NA	Comments

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(ETR2): Essential Training Requirement 2 (Highly Recommended).

3.12	The Supervision of Training Policy regulates the Assurance and Assessment of Progressive Competence of the Trainees for Graduating Responsibilities. (ETR1)**				
3.13	A Mechanism of Disclosure of the fact that the Trainees are involved in Patient Care and that Patient Consent for such participation is obtained. (ETR2)**				
3.14	The ITC ensures that all Training Programs teach and assess the Trainees' Competencies utilizing a Competency Framework (CanMEDS, ACGME, Others) as defined in the SCFHS Curricula. (ETR1)**				
3.15	The ITC ensures that there are adequate opportunities for Training Faculty Development including activities to assist staff in teaching, assessing and mentoring Trainees' Competencies. (ETR1)**				
3.16	The Institution has a Policy that addresses a reduction in size or closure of a Training Program. (ETR1)**				
3.17	The Institution has a policy regarding accommodation that would apply to Trainees with Disabilities. (ETR2)**				
3.18	The Institution provides Trainees Contract, which describes the Benefits of Appointment including: Terms, Conditions, Financial Benefits, Vacations, Professional Liability, Hospitalization, Health Insurance provided for Trainees and Families, On-Call Rooms, Meals, Laundry Services, etc). (ETR2)**				
3.19	The Institution Complies with the SCFHS Duty Hours Policy. (ETR1)**				
3.20	Institution should facilitate Trainee access to Well-Being Program, Confidential Counselling, Medical and Psychological Support Services. (ETR2)				
3.21	There is a Process of Documentation and Monitoring of Trainees, Trainers and PDs Files. (ETR2)				
3.22	There is a Process to organize and monitor Academic Half-Days. (ETR2)				
3.23	Available Access to:	Adequate On-Call Rooms for All Male and Female On-Call Trainees and Trainers who are mandated for in-house On-Calls, properly furnished, maintained and equipped (ETR1) Must Be Visited During the Survey			
		Shower Area. (ETR2)			
		Lounge, Office and Secure Lockers. (ETR2)			
		Dining Facility. (ETR2)			
		Vending Machine. (ETR2)			
		Parking. (ETR2)			
	Wi-Fi. (ETR2)				

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(ETR1): Essential Training Requirement 1 (Mandatory).

(ETR2): Essential Training Requirement 2 (Highly Recommended).



3.24 Institutional Statement or Policy that addresses the Interaction between Vendors'/Companies' Representatives with the Trainees, Trainers, Program Directors and Training Programs. (ETR2)**					
3.25 The ITC submits The Training Programs Annual Report to the SCFHS. (ETR2)**					

B. TRAINING SITES

Training Centers and Participating Sites, including Community-Based Clinical Practices, Participating in the Training Programs, must have a Documented Commitment to Training, Quality and Safety of Patient Care.

STANDARD		Met	P. Met	Not Met	NA	Comments
1. Clinical Services that are participating for Training must be organized to promote their Educational Function.	Sufficient Number of Qualified & Competent Clinical Staff for Training & Supervision. (ETR1)					
	Adequate Number & Variety of Patients, Clinical and Technical Resources to support Training needs. (ETR1)					
	Simulation Training. (ETR2)					
	Access to Computers, On-Line Guidelines and Health Information System Accessible 24/7. (ETR2)					
	Adequate Space for Daily Work. (ERT2)					
	Adequate & Suitable Classrooms & Conference Rooms. (ETR2)					
	Private Office for Program Directors (ETR1)					
	Adequate Program Directors, Trainers and Trainees Administrative Secretarial Support. (ETR1)					
	Access to Facilities for Direct Observation of Clinical and/or Procedural Skills and Private Space for Confidential Discussions. (ETR2)					
	Educational Activities. (ETR1)	Hospital Lectures. (ETR1)				
Morning Report. (ETR1)						
Grand Rounds. (ETR1)						
Journal Club. (ETR1)						
Mortality & Morbidity Meetings. (ETR1)						
2. Appropriate Supervision of the Trainees by the Training Faculty at each Training Site. (ETR1)						
3. The Training Programs must be supported by active Teaching in other Disciplines related to the Specialty or Sub-Specialty in order to foster appropriate Multi-Disciplinary Exposure. (ETR1)						

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4. All Teaching Sites should provide the Trainees with Opportunities to work with other Healthcare Professionals, and where possible to be involved at teaching Students and Junior Trainees, and learn the Competencies required for Collaborative Practice. (ETR1)						
5. Quality Department is available, where Trainees Participation in Quality Improvement and Patient Safety Projects is encouraged and monitored. (ETR1)						
STANDARD		Met	P. Met	Not Met	NA	Comments
6. Program and Rotation Specific Orientation for all Trainees Prior to the start of Training. (ETR1)						
7. Healthcare Institution Committees	Quality Management Committee. (ETR2)					
	Mortality and Morbidity Committee. (ETR2)					
	Research Committee. (ETR2)					
	Patient Safety Committee. (ETR2)					
	Credentialing & Privileging Committee. (ETR2)					
	Ethics & Patient Right Committee. (ETR2)					
8. General Orientation to the Trainees	Disaster Committee. (ETR2)					
	Quality and Patient Safety. (ETR1)					
	Infection Control. (ETR1)					
	Medication Safety. (ETR1)					
9. Participating Sites ensure the Trainees Safety	Ethics and Patient Rights. (ETR1)					
	Departmental & Unit Orientation (Medical Records, OR, ER). (ETR1)					
	Environmental Toxins. (ETR1)					
	Exposure to Infectious Agents. (ETR1)					
10. All Participating Training Sites Keep Accurate and Complete Medical Records on all Patients. Hospitals ensure that the Trainees Comply with Established Institutional Guidelines for Chart Completion. Trainees have access to Medical Records (Order Entry, Progress Notes) in Direct Care of Patients. (ETR1)	Radiation Safety. (ETR1)					
	Violence. (ETR1)					
11. All Participating Training Sites are Accredited for Patient Care. (ETR1)						

C. LIAISON BETWEEN THE INSTITUTION AND PARTICIPATING SITES

The Participating Site as defined by the SCFHS must have sufficient resources including Training Faculty, the Number and Variety of Patients, Physical and Technical Resources, as well as the supporting facilities and services necessary to provide the opportunity for all Trainees in the Program to achieve the Training Objectives and receive full Training as defined by the SCFHS Training Requirements.

STANDARD	Met	P. Met	Not Met	NA	Comments
1. The list of Training Sites of the Healthcare Institution must be updated whenever there is a change. (ETR1)					

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(ETR1): Essential Training Requirement 1 (Mandatory).

(ETR2): Essential Training Requirement 2 (Highly Recommended).

2. There must be Inter-Institutional Affiliation Contract or Agreement between the Institution and each Training Site that is outside the Governance of the Healthcare Institution, when offering a Mandatory Component of a Training Program, indicating the Formal Commitment between the parties, to support the Training Programs. (ETR1)**					
3. Training Faculty must hold an appointment acceptable by the SCFHS, the Healthcare Institution and the Training Site.	Consultants. (ETR1)				
	Senior Registrars, Senior Specialists. (ETR1)				
	Registrars or Specialists. (ETR1)				

D. Medical Services

The available Medical Staff should be Adequate, Qualified and Competent to provide Quality and Safe Patient Care and Participate actively in Education and Training.

STANDARD		No.	NA	Comments
1. Internal Medicine	No. of Beds			
	No. of Consultants			
2. General Surgery	No. of Beds			
	No. of Consultants			
3. Pediatrics	No. of Beds			
	No. of Consultants			
4. Obstetrics and Gynecology	No. of Beds			
	No. of Consultants			
5. Operating Rooms and Anesthesia	No. of Operating Rooms			
	No. of Post Anesthesia CU (PACU)			
	No. of Anesthetists			
6. ICU	No. of Beds			
	No. of Consultants			
	Occupancy Rate			
	Adequate Number of Isolation Rooms			
7. CCU	No. of Beds			
	No. of Consultants			
8. PICU	No. of Beds			
	No. of Consultants			
9. NICU	No. of Beds			
	No. of Consultants			
	Adequate Number of Isolation Rooms			
10. Emergency Department	24 Hours Service			

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	Available Triage System			
	Resuscitation Area			
	Observation Room			
	Isolation Rooms			
	Patient's file kept in Medical Records & available when needed.			
	No. of EM Consultants			
11. Active Involvement of all Staff in Education & Training				

E. Allied Health Services

The Institution should be Well-Staffed and have Basic Allied Medical Services. All Staff should be involved actively in Educational and Training Activities.

STANDARD		No.	NA	Comments
1. Pharmacy	Clinical Pharmacists			
	In-Patient Pharmacy			
	IV & TPN			
	Preparation Area			
	Narcotics & Controlled Medications			
	Drug Information System & Micromedex			
	Antibiotics Policy			
	Outpatient Pharmacy			
2. Laboratory and Blood Bank	Patent Counselling			
	24 Hours Service			
	Biochemistry			
	Hematology			
	Virology			
	Serology & Polymerase Chain Reaction (PCR)			
	Immunology			
	Toxicology			
3. Medical Imaging	Histopathology			
	Blood Bank Service			
	No. of Consultants			
	General Radiology			
	Fluoroscopy			
	Ultrasound			
	Magnetic Resonance Imaging (MRI)			
	Computed Tomography (CT) Scan			
4. Infection Control Department	Interventional Radiology			
	Nuclear Medicine			
5. Clinical Nutrition	Picture Archiving & Communication System (PACS)			
	Process available to assess all Patients			

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	Nutritional needs in a Multi-Disciplinary Approach			
6. Physiotherapy	6.1 Process available to support basic patient needs			
7. Respiratory Therapy	7.1 Well-staffed and clear process available to support patient needs			

F. Nursing Services					
The Number and Qualifications of the Nursing Staff have to be Consistent with the Mission of the Hospital in order to provide Quality Patient Care and Participate Actively in the Training Process					
STANDARD	Met	P. Met	Not Met	NA	Comments
1. Adequate Number of Nursing Staff to cover Patient Care.					
2. Competencies are Consistent with the Scope of Provided Services.					
3. Active Involvement of all Staff in Education & Training.					
4. Nursing Staff are involved in Trainees Evaluation.					

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(ETR2): Essential Training Requirement 2 (Highly Recommended).

Institutional Accreditation Survey Documents List

Please put (✓) if it is Available, (✖) if it is Not Available, (NA) if it is Not Applicable:

No.	Item	Reference Standard	Marked
1	Copy of the Hospital Accreditation Certificate for Patient Care (CBAHI, JCIA, etc.)	A-1.7	
2	Organizational Chart, showing: a) The Designated Institutional Official (DIO), with the Appointment Letter b) The Institution Training Committee, Chaired by the DIO	A-1.9	
3	Institution Training Committee Membership List	A-2.6	
4	Statement of Commitment to Postgraduate Health Training	A-2.2	
5	Record of Minutes of the Institution Training Committee and Training Programs' Committees Quarterly Meetings	A-2.4	
6	Training Programs Annual Report Submission to the Institution's Governance	A-2.5	
7	Training Programs Annual Report Submission to the SCFHS	A-3.25	
8	Internal Reviews	A-3.3	
	Institutional Policies and Procedures		
9	Trainees Eligibility and Selection Policy	A-3.5	
10	Trainee's Policy relating to Actions of Suspension, Non-Renewal, Non-Promotion, or Dismissal	A-3.5	
11	Trainee's Grievances/Appeal Mechanism Policy	A-3.6	
12	Intimidation/Harassment Policy	A-3.7	
13	Trainees' Safety Policy	A-3.8	
14	Support in the Event of a Disaster or Interruption in Patient Care Policy	A-3.9	
15	Supervision of Training Policy	A-3.10 A-3.11 A-3.12	
16	Promotion Criteria and/or Renewal of Trainees' Appointment Policy	A-3.10	
17	A Mechanism of Disclosure of the fact that the Trainees are involved in Patient Care and that Patient Consent for such participation is obtained.	A-3.13	
18	Training and Assessment of Trainees is based on a Competency Framework, as defined by the SCFHS Curricula	A-3.14	
19	Policy or Statement related to the Institution's Commitment for the Training Faculty Development	A-3.15	
20	Policy pertaining to the reduction of size or closure of a Training Program	A-3.16	
21	Accommodations for Disabilities Policy	A-3.17	
22	Physician Impairment Policy	A-3.17	
23	Trainees Appointment/Contract	A-3.18	
24	Trainees Vacation and Other Leaves of Absence Policy	A-3.18	
25	Trainees Policy for Professional Liability Coverage	A-3.18	
26	Compliance with SCFHS Duty Hours Policy	A-3.19	
27	Statement or Policy for Interaction with Vendors'/Companies' Representatives	A-3.24	
28	Inter-Institutional Affiliation Contract or Agreement (If Applicable)	C-2.0	

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List of Affiliated Training Sites that belong to the Training Center Governance	
Name of the Site and City	Comments
1.
2.
3.
4.
5.
6.

List of Participating Training Sites that are outside the Training Center Governance (with Existing Inter-Institutional Collaboration Agreement)	
Name of the Site	Comments
1.
2.
3.
4.

Designated Institutional Official (DIO)*	
Name:
Signature:
Date :	/ / 20 - / / 14

Stamp

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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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