Executive Administration of Accreditation

Institutional Accreditation Standards Guideline

V2.0

November 2021

(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.

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2. DEFINITIONS & ABBREVIATIONS

CanMEDS Competency Framework: It is a set of seven key competencies that define the roles and responsibilities of physicians in SCHS.

CEO (chief executive officer): The main person responsible for managing the institute of the medical care.

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

DOPS (direct observation of procedural skills): It is a workplace-based assessment tool used in medical education to evaluate the procedural skills of medical trainees, such as residents and fellows.

CBAHI (Saudi Central Board for Accreditation of Healthcare Institutions): It is a nonprofit organization responsible for the accreditation of healthcare institutions in Saudi Arabia.

Institution: a facility or establishment in which sick people receive care typically as in hospital, primary health care unit, polyclinic, etc.

ITC (Institution Training Committee): It is a committee responsible for developing, implementing, and overseeing training of overall programs within an organization or institution.

ITR (Internal Training Review): Accreditation Standards' Weighing scale. It is a system where each standard in the institution accreditation guidelines has a scale. This scale varies from one standard to another s system. Weighing is based on the performance and application of specific parameters such as curriculum qualifications, facilities etc.

IR (Internal Review): it is a team responsible to generate a report after reviewing the training process. It includes one Training Staff Member and one Trainee (both are from the same Training Center), and preferably one External Reviewer Training Staff Member from another Institutionally-Accredited Training Center.

Key Performance Indicators (KPIs): they are metrics used to evaluate the success of a particular activity or process within the training process. They are commonly used to measure progress towards achieving specific goals or objectives.

Malpractice Liability Insurance: It is a type of insurance that provides coverage for healthcare providers, such as physicians, nurses, and other medical professionals, against claims of negligence or malpractice

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MINICEX (mini-clinical evaluation exercise): It is a form of workplace-based assessment used in medical education to evaluate the clinical skills and competencies of medical trainees, such as residents and fellows.

PD (Program Director): A professional person who chair the program and oversees the planning, implementation, and evaluation within an organization.

Privileged trainers: It refer to experienced and knowledgeable physicians who are appointed to teach and mentor medical students, residents, and fellows.

Trainee: is a person who is learning and practising the skills of a particular job or profession

Trainer: is a person who teaches skills or profession to a trainee

TPC (Training Program Committee): It is a committee responsible for developing, implementing, and overseeing training program within an organization or institution.

TOT (Training of Trainers): It is a program designed to develop the skills and competencies of individuals who are responsible for training others. The objective of TOT is to equip trainers with the knowledge, skills, and tools necessary to deliver effective training sessions that meet the needs of their target audience.

SCHS (Saudi Commission for Health Specialties): It is the regulatory body responsible for overseeing and regulating healthcare professions in Saudi Arabia. It was established in 1992 and is under the supervision of the Ministry of Health.

Summative Assessment Results: Summative assessment is an evaluation method used in education to measure a student's knowledge and skills at the end of a learning period. It is a formal assessment that is often used to determine a student's grade or level of achievement in a particular subject.

Well-being program: It is a comprehensive approach to promoting physical, emotional, and mental health and wellness among individuals in a particular organization or community.

Simulation Training: It is a training method used in healthcare to simulate real-world scenarios and situations in a safe and controlled environment.

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3. INTRODUCTION

Institutional accreditation standards guidelines are a set of guidelines and criteria used by the SCHS to evaluate and assess the quality and effectiveness of educational health institutions. These guidelines typically cover various aspects of an health institution, including its governance, administration, academic programs, faculty qualifications and development, student services, facilities, resources, and overall mission and goals.

Goal

The goal of institutional accreditation is to ensure that educational institutions are providing high-quality education and meeting the needs of their students and stakeholders. SCHS as an accreditation body use these standards to evaluate institutions based on a set of predetermined criteria and to determine if the institution meets the minimum standards for accreditation.

Aim

This Institutional Accreditation Standards Guidline is an educational materials which contain an explanation for each standard and what evidence needs to be provided by the institution.

Purpose

It is to provide a framework for evaluating and assessing the overall quality and effectiveness of the institutions of health. These guidelines are typically developed by the SCHS and are designed to ensure that institutions of health meet established standards for academic quality, student support services, faculty qualifications, and other important factors that contribute to the success of the training process.

The purpose of these guidelines is to provide a comprehensive framework for evaluating and improving the quality and effectiveness of health institutions for the purpose of effective and successful training process. By adhering to these standards and guidelines, institutions can ensure that they are providing residence or fellow with a high-quality skills, education, preparing them for success in their chosen careers.

In addition, institutional accreditation can help institutions demonstrate their commitment to quality and accountability to a variety of stakeholders, including trainees and trainers of the each program. It can also help institutions identify areas for improvement and guide ongoing efforts to enhance the quality and effectiveness of their programs outcomes.

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4. ACCREDITATION STANDARDSs DEFINITIONS

Weighing scale

Accreditation Standards' Weighing Definitions refer to the process of assigning relative values or weights to different accreditation standards or criteria based on their importance or impact on the overall quality of the program being evaluated. This process helps to ensure that each standard or criterion is given appropriate consideration and that the evaluation is conducted in a fair and comprehensive manner.

Weighing scale are classified as follow:

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

Compliance scoring

The scoring definition refers to the process of evaluating and scoring a program's compliance with each accreditation standard. This process is often used by the SCHS to assess the overall quality and effectiveness of each standard being evaluated. During the accreditation process, the institution is assessed against a set of established accreditation standards. Each standard is evaluated based on whether the institution meets the required level of compliance, and a score is assigned accordingly. The scores may be based on a variety of factors, including the level of compliance, the degree of implementation, the quality of the institutions policies and procedures, and the effectiveness of the training outcomes.

Compliance scoring can be classified as follow:

Fully Met   When the Compliance to the Accreditation Standard is at 90% or above (Comment when Required)

Partially Met   When the Compliance to the Accreditation Standard is at 51-89% (Comment is Required)

Not Met When the Compliance to the Accreditation Standard is at 50% or less (Comment is Required)

Not Applicable (N/A)   When the Standard does not apply to the Training Center (Comment is Required)

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A. DESIGNATED INSTITUTIONAL OFFICIAL (DIO)

STANDARD	Remarks	Evidence of Compliance		
		Document Review	Interview	Observation
A.1 The DIO is a consultant who has minimum of three years' experience in Training, Education and Administrative background. **(ETR0)** **	To coordinate the functions of all SCFHS programs and ensure their proper function and operation. DIO must hold a wide set of skills and knowledge with a valid registration, classification and certified by the SCHS as a consultant with a minimum of 3 years' experience in Training and Education.	- Previous Experience - SCHS Registeration - SCHS Classification	DIO	
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)** **	Letter of appointment must show the name of the assigned DIO, appointment period and tailed with the CEO or equivalent signature. The letter should clearly specify that the DIO does not hold any other leadership position.	Appointment Letter DIO		
A.3. The DIO has been delegated with full Authority, Responsibility and Supervision over all SCFHS-Accredited Training Programs at the Institution (Academic, Training and Financial). **(ETR0)** **	Delegation Letter from the Top Management in the Institute, CEO or equivalent, to grant full authorities and responsibilities.	Appointment Letter	DIO or the delegated person	
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 formal delegation letter (published in the institute) for the delegated individual with full authorities and responsibilities must be documented and presented. In addition, all DIO requirements in terms of qualification, registration, classification and experience are applied to the diligent.	- Letter of Delegation - Previous Experience - SCHS Registeration - SCHS Classification	DIO or the delegated person	
A.5. The Institution ensures that the DIO has adequate incentive and\or protected time to effectively carry out his/ her duties. **(ETR0)** **	The appointment letter should clearly show that the institution insures that the DIO has adequate incentive and\or protected time to effectively carry out his/ her duties	Valid Document	DIO or the delegated person	

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B.TRAINING FACULTY

STANDARD	Remarks	Evidence of Compliance		
		Document Review	Interview	Observation
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). **(ETR0)** **	Valid Classification & Registration for faculty trainers	- SCHS Classification - SCHS Registration	DIO	
B.1.2. Training is included as an Integral component of the Job Description. **(ETR0)** **	Training is clearly defined and stated in Job descriptions of Faculty Members.	- Job Description - Trainers (including Full, part timers' trainers)		
B.1.3. Credentialed and Privileged to practice at the Institution. **(ETR0)** **	Presence of implemented Credentialing and Privileging Policy within the institutions	Approved policy		
B.1.4. Maintain valid Malpractice Insurance for all applicable Healthcare Professional Disciplines as per the National Mandate. **(ETR0)** **	Presence of valid Malpractice insurance for faculty trainers (including Full, part timers' trainers)	Valid Malpractice Insurance		
B.1.5. Certified as Trainers at areas of Clinical Teaching, Formative Assessment and Mentorship (SCFHS-TOT or equivalent). **(ETR0)** **	All Faculty Members must have a Training of Trainers (TOT) or equivalent qualifications. Such (qualification) Training must be recognized by SCFHS. The content of such workshops must include Assessment, Mentorship, Training and Teaching skills for both Undergraduate and Postgraduate Training	Valid TOT certificate & CV		
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. **(ETR0)** **	Each program must have a certain number of qualified Training Faculty. (To be confirmed with Program accreditation departments, a list is recommended) training faculty lists per program.	Institution Trainers ~~faculty~~ lists per program. (Including Full, part timers' trainers)	-Trainees -Trainers -PDs	Number of Staff

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STANDARD	Remarks	Document Review	Interview	Observation
B.2.2. Appropriate Supervision of the Trainees by the Trainers ~~Faculty~~ at each Training Site. **(ETR0)**	"Trainees must be supervised by qualified and credentialed medical trainers in each training site to ensure full protection and Preservation the best interests of the Patients, the Attending Clinicians, and the Trainees"		Trainees	
B.2.3. There is a process of Documentation and Monitoring of Trainees, Trainers, and Program Director Files **(ETR0)** **	The Institution should have a sytem of documentation which include personnel files for Trainees, Trainers and PDs. These files may include but not limited to Qualifications, SCFHS classification and registration, Job Descriptions, Malpractice Insurance, Trainees contract, Appointment Letter, Credentialing and Privileging (trainers & trainees), and TOT Certificate.	Available Implemented policy/ process and KPI to track personal files completion	-Trainees, -Trainers -PDs	
B.2.4. The Training Center maintains appropriate competencies of the Healthcare Professionals in consistency with the scope of provided Healthcare Services. **(ETR0)** **	Presence of Healthcare Professionals competencies (interprofessional, specific) aligned with institution scope of services.	Healthcare Professionals competencies		
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. **(ETR0)** **	Presence of implemented faculty development program with documented evidence of trainers' involvement	Program package and trainers' participation	Trainers & PDs	

C. INSTITUTION TRAINING COMMITTEE (ITC)

STANDARD	Remarks	Evidence of Compliance		
		Document Review	Interview	Observation
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	Approved Organizational Chart showing the DIO is the chairperson of ITC and all programs and PDs reporting to him\her in all training activities. In addition, the DIO must directly report the top management of the institution.	Organizational Chart		

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Institution Training Committee (ITC), and the Program Director(s) chairing the Training Program Committee(s) (TPC). **(ETR0)** **				
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. **(ETR0)** **	Official Letter from the top management in the institution, CEO or equivalent, to support all SCFHS-Accredited training programs	Letter from CEO		
C.3. The ITC establishes, reviews and supervises the implementation of all Training Related Policies and Procedures. **(ETR0)**	The Institution Training Committee (ITC) is the group that is above all responsible for making sure that the training's mission continues to be carried out, and that the institute creates a balance between training and service, and never compromise the quality of training with the required services. Policy or clear, informative statements to confirm that ITC has developed and reviewed all training aspects.	Policy OR Statement ITC CFO tasks	DIO PDs,	
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: - 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). **(ETR0)** **	Review a mechanism or policy of elections. If more training degrees are available (Diploma, Boards, Fellowship), each degree must have an elected representative	-List of Members -Election Procedure	Trainees **PDs**	
C.5. Program Directors of the SCFHS Fully -Accredited Training Programs are formally appointed by the DIO. **(ETR0)** **		Appointment Letter		

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C.6. Associate Program Directors of the SCFHS Shared Training Programs are formally appointed by the DIO. **(ETR0)** **		Appointment Letter		
C.7. The Trainee Member(s) of the ITC is/are elected by his/her peers and formally appointed by the DIO. **(ETR0)** **		Appointment Letter		
C.8. The Medical Affairs Administration's Representative is formally appointed by the Medical Director (or Equivalent). **(ETR0)** **		Appointment Letter	The Representative of the Medical Affairs	
C.9. The Institution Training Committee (ITC) meet at least quarterly, and have their minutes approved and kept. **(ETR0)** **		Meeting Minutes		
C.10. The Training Programs' Committees (TPC) meet at least quarterly, and have their minutes approved and kept. **(ETR0)** **	ITC for the Institution and TPC for each program must meet quarterly or as per institutional policy if its mandated lower frequency. The minimum ITC and TPC meetings minutes to be documented and presented are 4 annually distributed all over the year.	Meeting Minutes	PD DIO Trainees	
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%. **(ETR0)** **		**ITC,TPC minitues CFO indicates corum**	**DIO**	
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. **(ETR0)** **	**Approved, comprehensive ITC minutes with evidence of submission to the Institution's Governance within working 10 days after the TPC**	Letter or email of miutes submission to the Institution's Governance	DIO	

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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. **(ETR0)** **	Approved, comprehensive TPC minutes with evidence of submission to the DIO within 10 working days after the TPC	Letter or email of miutes submission to the DIO	DIO
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. **(ETR0)** **	Approved, comprehensive and informative annual reports with evidence of submission to governance. Its recommended to include details on the number of trainees and training faculties, ITC and TPC meetings, promotions, passing rates, graduates, strength points, areas for improvements, challenges and any proposed potentials for new programs. - number of trainees and training faculties, ITC and TPC meetings, promotions, passing rates, graduates, strength points, areas for improvements, challenges and any proposed potentials for new programs.	Annual Reports	
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. **(ETR0)** **	Approved, comprehensive and informative annual reports with evidence of submission to Executive Training Administration at SCFHS. Its recommended to include the number of trainees and training faculties, ITC and TPC meetings, promotions, passing rates, graduates, strength points, areas for improvements, challenges and any proposed potentials for new programs	Annual Reports	
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. **(ETR0)**		Meeting Minutes	PDs Head of Department

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Standard	Description	Evidence	Responsible	
C.17. The ITC has an implemented Policy that oversees and monitors the Institutional Accreditation through regular Internal Review (IR) of the Training Center. **(ETR0)** **	A Policy mandating that ITC oversees and monitors the Institutional Accreditation through regular Internal Review (IR) of the Training Center.	Policey	DIO	
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. **(ETR0)** **	Review IR completed forms that are developed and approved by SCFHS. This form is available from SCFHS website	SCFHS IR Forms		
C.19. The Institutional Accreditation IR Team includes one Training Staff Member and one Trainee (both are from the same Training Center), and preferably one External Reviewer Training Staff Member from another Institutionally-Accredited Training Center. **(ETR0)** **		The IR team members' list	DIO	
C.20. The ITC reviews the Institutional Accreditation Internal Review Report, determine action plan, follow-up and document it at the ITC Minutes. **(ETR0)** **	The IR report including an action plan should be discussed in the ITC meeting	ITC meeting meniutes	DIO	
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. **(ETR0)** **	Policy mandating that ITC oversees and monitors the conduct of each Program through regular Internal Reviews (IR).	Policey	DIO -PDs -Trainees	
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. **(ETR0)** **	Review the availability of a completed IR. The institute must conduct IR for all accredited programs prior to the Institutional Accreditation visit. The only exemption is the approved programs which have not started where is recommended to have a clear plan and schedule for conducting IR	IR Reports		
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. **(ETR0)** **	Review the IR reports with a clear listing of participated members and their roles. The external reviewer can be from the same or another institute	-List of Members -IR Reports		

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C.24. The ITC reviews each Training Program Accreditation Internal Review Report, determine action plan, follow-up and document it at the ITC Minutes. **(ETR0)** **	Documented evidence that IR reports were reviewed and discussed by the ITC and action plan were taken in case if it's needed	-Policy, OR Reports, -Action plan, ITC meeting -Minutes	
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. **(ETR0)** **	>90% of the training programs status in the institution shold be fully accreted or conditional accreditation. This standered canoot be Partially Met, either Met or Not Met	Accreditation letters of all programs	DIO
C.26. The ITC ensures appropriate distribution of the Resources (Financial, Space, Technology and Supplies) Necessary for the Training Programs. **(ETR0)** **	This standard should be assessed according to the next three sub-standards.		
C.27. The ITC ensures Adequate Program Directors and Trainers Protected Time that is necessary to deliver the Training Programs. **(ETR0)** **			PDs	Visit
C.28. The ITC ensures that Program Directors and Trainers are recognized, valued and incentivized to promote Excellence in Training. **(ETR0)** **	Any form of recognition or appreciation,e.g certificates, announcments, retreates ... etc	Related document	PDs Trainers
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)** **	For example, Patient staticfaction or end of service survey/ quistionare that includes a question on having trainees as part of the healthcare providing team,	Document of the implemented process	Medical director DIO Department Heads
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),		ITC minutes Corrective plan if applicable	DIO Trainees

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follows up and documents the progress of Corrective Action Plan until all issues are addressed. **(ETR1)****			
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)****	The institution presents there process of analysing the graduates assessment results and show that it was discussed in the ITC, along with an corrective action plan when applicable.	ITC minutes ITC CFO tasks Action plan	DIO
C.32. The ITC anonymously reviews cases over the past Five Years where the Training Center's Graduates 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)****	The institution presents the process they follow to check on their graduates SCFHS staus. In case their professional practice registration is revoked, how its handeled: identified areas of improvement and preventive action plan when applicable	-ITC CFO tasks -ITC minutes -Action plan -Document of process	DIO
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. **(ETR0)** **		- Policy	Faculty Members

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D. TRAINING POLICIES, PROCEDURES AND ORIENTATION PROGRAMS

STANDARD	Remarks	Evidence of Compliance		
		Document Review	Interview	Observation
D.1. The Institution has an implemented policy for Selection, Assessment, Promotion, Appointment and Dismissal of the Trainees for all Training Programs. **(ETR0)** **	Approved, detailed, comprehensive, and distributed Policy related to Selection, Assessment, Promotion, Appointment ,Renewal , Suspension and Dismissal of the Trainees in all Programs. The policy must ensure fairness and equal opportunities for all trainees. Interview trainees to confirm full awareness and implementation" In addition, the policy must include SCFHS matching system as essential requirement for acceptance candidates.	- Approved Policy includes Selection, Assessment, Promotion, Appointment, Renewal , Suspension Dismissal process and SCFHS matching system.	Trainees PDS DIO	
D.2. The Institution has an Appeal Policy that is implemented whenever required for Trainees in regards to Training Related Decisions. **(ETR0)** **	Approved appeal Policy for trainees in related to training decisions. Interview trainees to confirm full awareness and implementation" In addition, the policy must give the trainee the right to escalate their appeal to SCFHS if He\She does not satisfy of the outcomes of the appeal (after implementation of appeal policy)	Approved Policy . TPC /ITC Meeting minutes discussed an example of appeal if any And the total number of appeals in case of any in the institution annual report .	Trainees PDS (Check implementation)	
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. **(ETR0)** **	Approved Policy for proper Training Environment free of Intimidation, Harassment and Abuse. Interview trainees and trainers to confirm full awareness and implementation	Approved Policy	Trainees Trainers PDs	

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		TPC/ITC Meeting Mentiutes discussing related examples if any	(Check implementation)	
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.). **(ETR0)** **	Approved Policy showing the 24/7 Trainees' Safety process during patient encounter, transportation, and consultation (including Psychiatry Ward, Isolation Rooms, etc.). Interview trainees and Trainer to confirm full awareness and implementation	Approved Policy TPC Meeting Mentiutes discussing related examples if any	Trainees Trainers PDs (Check implementation)	Observe the physical distance between the trainees on call rooms and the point of patient care (ER, ISOLATED WARS ,psychiatry)
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. **(ETR0)** **	Approved Policy showing the process of training sustainability in case of Disaster, Pandemic Illnesses, or Interruption of Patient Care due to any reason. Interview trainees and Trainers to confirm full awareness and implementation	-Approved Policy TPC, ITC meeting minutes showing an example of disaster management	Trainees Trainers PDs (Check implementation)	
D.6. The Institution has an implemented Supervision of Training Policy in that protects and preserves the best interests of Patients, Trainees and Trainers. **(ETR0)** **	Approved Policy that includes the direct and indirect supervision of the trainees in all patient care areas. (Inpatient, outpatient, ER, OR, ICU, CCU ETC...) Interview trainees and trainers to confirm full awareness and implementation.	- 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 - Departemtal Supervision Clincal schedule	Trainees, PDs, Trainers (Check implementation)	*

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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. **(ETR0)** **	-Policy States Mechanisms of Training Supervision that includes the direct and indirect supervision of the trainees in all patient care areas. (Inpatient, outpatient, ER, OR, ICU, CCU ETC...) - Supervision of trainees conducted by qualified and credentialed medical staff that appropriately matches its mission, resources, and patient needs. -Interview trainees and trainers to confirm full awareness and implementation.	-Documented evidence of supervision such as logbook - MINICEX-DOPS .... ETC that approved by Credentialed and Privileged Trainers -Example of medical file (progress notes -discharge summary includes co-signature of credentialed faculty member	Trainees, PDs, Trainers (Check implementation)	
D.8. The Supervision of Training Policy regulates Assurance of Trainees' Progressive Competencies and Graduating Responsibilities. **(ETR0)** **	The ITC is responsible to develop and implement the Supervision mechanism to ensure Trainees' Progressive Competencies and Graduating Responsibilities -Presence of ITC meeting minutes discussing the trainee's assessment results and the approval of their promotion based on the program promotion criteria.	-Approved Policy -meeting minutes example of promoted residents approved in ITC meetings	Trainees, Trainers PDs, DIO. (Check implementation)	
D.9. The Institution has an implemented policy to ensure that Trainees receive their Formative Assessment in timely manner. **(ETR0)** **	-Availability of implemented policy that include the timeline of trainee's formative assessment and what are the processes in case of noncompliance. Interview trainees and trainers to confirm full awareness and implementation.	-Approved Policy -ITC Meeting minutes showing approved Example of formative assessment done in timely manner	Trainees, Trainers PDs (check implementation)	
D.10. The Institution has an implemented Policy that addresses the situations for reduction of Training Capacity or closure of a Training Program. **(ETR0)** **	-Availability of implemented policy that include the institution process in case of closure and capacity reduction of training.	-Approved Policy -TPC /ITC Meeting minutes showing related examples if any.	Trainees, PDs, DIO (check implementation)	

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		-Approved Implemented policy	Trainees,Trainers DIO, PDs (check implementation)	IF applicable - the institution physical structure support trainee's disability (ramps – shower areas -toilets...)
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. **(ETR0)** **	The ITC and the TPC must develop and implement policy to guarantee equal opportunity for trainees and not to discriminate trainees with disability. The policy should also clearly describe on how the Institution deal with any disabled trainee prior or during the training program			
D.12. The Institution has an implemented Policy that accommodates Trainees when they newly develop Physical Disability during their Training Program. **(ETR0)** **	-Availability of Implemented policy that include the process of handling Trainees when they newly develop Physical Disability during their Training Program and the resources in place that support the implementation	Approved Policy ITC AND TPC meeting minutes showing related examples if any	Trainees, PDs, DIO	IF applicable - the institution physical structure support trainee's disability (ramps – shower areas -toilets...)
D.13. The Institution has an implemented Policy that addresses Trainees when they newly develop Mental Impairment during their Training Program. **(ETR0)** **	Availability of implemented policy that include the process of handling Trainees when they newly develop mental Disability during their Training Program and the resources in place that support the implementation	Approved Policy ITC AND TPC meeting minutes	PDs, DIO	
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). **(ETR0)** **	-Availability of implemented contract policy/ form and the presence of contract doesn't mandate training post and financial benefits -Available examples of trainee's contracts of different training category that include Professional Malpractice Liability Insurance, Health Insurance(trainees and families), Duty Hours, and Vacations	-Contract form -Examples of trainee's contracts	**Trainees** **DIO**	

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D.15. The Institution complies with the SCFHS Duty Hours Regulations. **(ETR0)**	Availability of implemented Duty hours policy based on SCFHS regulations.	Implemented Policy and its related reference from SCHS regulations	Trainees, PDs.	
D.16. The Institution should provide or facilitate Trainees' access to Well-Being Program, Confidential Counselling, and Psychological Support Services. **(ETR0)**	The Institution should provide trainees with access to Well-Being program. These services can be provided by Employee clinic or Equivalent as long as the confidentiality is guaranteed. In addition, SCFHS has developed "Daem" program where the trainees can utilize. The Institution should increase awareness of such program	Approved Policy Evidence of implementation	Trainees, PDs, DIO. Check awareness and implantation	Presence of wellbeing clinic for trainees
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 **(ETR0)** **	Availability of implemented policy that include the process of communication between the Companies' Representatives with all training stakeholders within the institution in way that does not compromise the training objectives.	Approved Policy, with clear communication process with Trainees, Trainers, Program Directors	Trainees, Trainers, Program Directors, check implementation	
D.18. The Institution has a General Orientation Program to all New Trainees Prior to the start of their Training:	-Availability of institution general orientation program that include all substandard elements from 1-12 -Presence of documented evidence of its conduction to trainees' institution To ensure accessibility to trainees' institution including external rotators.	-General orientation program content -Document evidence of its conduction to trainees' institution E.g. Trainees Attendance sheet	Trainees, Program Directors, check implantation External rotators	
D.18.1. Principles of Modern Model of Care. **(ETR0)** **			Trainees	
D.18.2. Principles of Healthcare Quality Improvement. **(ETR0)** **				
D.18.3. Principles of Patient Safety. **(ETR0)** **				

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D.18.4. Principles of Medication Safety. **(ETR0)** **			
D.18.5. Principle of Fire Safety and Evacuation Plan. **(ETR0)** **			
D.18.6. Principles of Infection Control. **(ETR0)** **			
D.18.7. Principles of Bioethics. **(ETR0)** **			
D.18.8. Principles of Patient Rights. **(ETR0)** **			
D.18.9. Principles and Ethics of Virtual Care. **(ETR0)** **			
D.18.10. Principles of CanMEDS Competencies Framework. **(ETR0)** **			
D.18.11. Principles of Clinical Coding. **(ETR0)** **			
D.18.12. Health Records System. **(ETR0)** **			
D.19. The Institution has Departmental, Program, and Rotation Specific Orientation Program for all New Trainees Prior to the start of their Training. **(ETR0)** **	-Availability of institution Departmental, Program, and Rotation Specific Orientation Program -Presence of documented evidence of its conduction to new trainees - To ensure accessibility to trainees' institution including external rotators.	-Program content -Document evidence of implementation e.g. Attendance sheets	Trainees. Full, part timers' trainers External rotators
D.20. The Institution has an implemented System of Clinical Coding. **(ETR0)** **	Availability of implemented policy / Process that identify the institution clinical coding system and the process of trainee awareness.	Implemented Policy/ Process	Trainees / Medical Director (check awareness)

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D.21. The Institution has an implemented Policy of Clinical Documentation. **(ETR0) ****	Availability of implemented policy that identify the institution clinical documentation process. That include clear documentation of trainee progress note showing the supervision through co-signature from credentialed faculty and to ensure quality and patient safety.	Approved Policy Medical file review (supervision by credentialed and privileged staff) co signature	Trainees Full, part timers' trainers
D.22. Trainees Participate in establishing, revising and/or improving Integrated Care Pathways. **(ETR1)**	Availability of implemented policy / Process of Integrated Care Pathways. And the evidence of trainee's involvement	-Documented evidence of trainee's involvement In Pathway establishment and implementation presence of contributor's names (trainees)	Trainees. MOC leads and champions
D.23. The Institution ensures that Integrated Care Pathways are implemented as part of Training. **(ETR2)**	-Interviewing the Trainees about their awareness about the integrated MOC pathways implementation		Trainees. MOC leads and champions
D.24. The Institution has a Healthcare Professional Workforce Plan, that is approved by its Governance. **(ETR2)**	-Presence of Approved documented work force plan	Approved Workforce plan	
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). **(ETR0)**	-Presence of Implemented Referral system policy/ Process that identify the referral process across all levels of care and check trainee's roles and their involvement.	- Implemented Policy/ Process Examples from medical files referral forms	Trainees
D.26. The Institution has an Eligibility System that enables Clinical Exposure of Trainees as per their Training Requirements. **(ETR0)**	-Presence of Implemented Eligibility System that ensure the adequate trainee exposure required to fulfill their training needs and objectives.	Implemented policy/ Process	Trainees, PD check the compliance with standards and the

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				system enable the wide range of exposure
D.27. The Institution has an implemented policy that regulates Trainees' mobility between Training Sites during On-Calls, to ensure adequate access to the Training Site with maximum of 30 minutes during On-Call duties, when applicable. **(ETR1)** **	Presence of Approved implemented policy that include the Trainees' mobility process during on call and the adequate access of the training sites within 30 minutes	-Approved policy showed interval of trainees transfer between the training sites -ITC / TPC Meeting minutes showing related examples if any.	Trainees, PD	**Location of trainees on call rooms**
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)** **	Presence of Approved implemented policy that include Trainees' mobility process between Training Sites (when located outside the City of the Training Rotation) and the related support resources	-Approved policy showed interval of trainees transfer between the training sites and the related support resources (Housing and Transportation) -ITC / TPC Meeting minutes showing related examples if any.	Trainees, Trainers DIO, PDs	-

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E. TRAINING FACILITY, RESOURCES AND INFRASTRUCTURE

STANDARD	Remarks	Evidence of Compliance		
		Document Review	Interview	Observation
E.1. The Institutionally-Accredited Training Center maintains an updated list of its Affiliated Training Sites (if Applicable). **(ETR0)** **				
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)**	Presence of adequate number of on-call rooms for the Training Programs that requiring hospital on-calls. Such rooms must be supplied with sleeping facility (Bed) , Connected computer with access to Medical Record and electric resources, Telephone.		-Trainees -Trainers	-Rooms
E.2.2. Shower Area. **(ETR1)**	Adequate of Shower Areas preferable to be within on call rooms.		Trainees	Rooms
E.2.3. Lounge, Office and Secure Lockers. **(ETR1)**			Trainees	Rooms Common area
E.2.4. Dining Facility. **(ETR1)**	Availability of 24/7 of dining facilitites		Trainees	Rooms Common area
E.2.5. Vending Machine or equivalent. **(ETR1)**			Trainees	Training Center

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E.2.6. Parking. **(ETR1)**	Availability of parking within walkable distance from the Training Center.		Trainees	Parking
E.2.7. (Wi-Fi.) **(ETR1)**			Trainees and Trainers	Training Center
E.3. Adequate Number & Variety of Patients, Clinical and Technical Resources to support Training needs. **(ETR0)**	Training activity must not be compromised by the number of patients and\or cases. Scope of services, bed capacity, occupancy rate, patients' statistics, number of trainees can assess exposure and the quality of training.	Scope of Service -Bed Capacity -Occupancy Rate -Patient Statistics Log Book	Trainees Traineres	Training Center
E.4. Adequate access to Simulation Training facilities. **(ETR1)**	Simulation training facilities must be provided by the institute or outsourced throughout a valid agreement with another reachable institute, with the presence of documented evidence of conduction ot simulation training.	Agreements Evidence of conduction Training Trainees Attendance.	Trainees	Simulation
E.5. Easy access to Computers, On-Line Educational Resources and Guidelines for trainees, trainers and program directors. **(ETR1)**			Trainees Trainer PD	Training Center/Site
E.6. Adequate access 24/7 to Health Information System (or equivalent). **(ETR0)**			-Trainees - Traineres	Training Center/Site
E.7. Adequate access to Classrooms, Conference Rooms and Virtual Meeting tools. **(ETR1)**			Trainees Trainers	Training Center/Site

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E.8. Adequate access to Private Office for All Program Directors. **(ETR1)**	Private offices or allocated private access where trainees can freely and confidentially discuss any issue related to training activities		PDs Trainees	Training Center/Site
E.9. Adequate administrative Secretarial Support to Program Directors, Trainers and Trainees. **(ETR1)**	Not necessarily each program has one secretary, the adequacy can be assessed upon the the review		PDs Trainees Trainers	Training Center/Site
E.10. Adequate access to Facilities for Direct Observation of Clinical and/or Procedural Skills equipped with Private Space for Confidential Discussions. **(ETR1)**			Trainees	Consultation Room
E.11. The Institution utilizes Virtual Care tools as an integrated part of its Healthcare Delivery. **(ETR2)**		Documented Evidence	Traineres Trainees	Training Center/Site
E.12. All Training Sites must ensure Trainees' Safety towards Environmental Toxins, Biohazards, Radiation Exposure, Verbal and Physical Violence. **(ETR0)**	-	**Policy**	**-Trainees**	-Training Center/Site
E.13. All Affiliated Training Sites must 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. **(ETR0)**	-	Medical Records HIS	-Trainees Trainers	-Training Center/Site

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| E.14. All Affiliated Training Sites are Accredited by CBAHI (or equivalent) (ETR1) ** | Valid and full accreditation letter or certificate for Patient Care Accreditation for all affailited training sites. Academic and training accreditation such as NCAAA or equivalent is not considered as Patient Care Accreditation | Valid Certificate | - | - |

F. ACADEMIC AND EDUCATIONAL ACTIVITIES

STANDARD	Remarks	Evidence of Compliance		
		Document Review	Interview	Observation
F.1. There is a Process to organize and monitor Academic Half-Days for all accredited Training Programs. (ETR0) **	The Institution should present evidence of an Approved Academic Half Day including the academic calendar and monitoring process.	-Mechanisem of Monitoring -Academic Calendar -Attendance ITC / TPC Meeting minutes showing evidence of its approval .	-Trainees, PDs, Trainers	-Training Center/Site
F.2. Educational Activities:	'Training activities must be conducted on organized scheduling and enrolling all trainees -Availability of samples of conducted substandard educational activities with evidence of trainee's attendance and participation.	-Educational activity calendar -Educational activity content. -Attendance	-Trainees, PDs, Trainers	-Training Center/Site

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F.2.1. Morning Report. **(ETR1)** **		Documented Evidence	Trainees	-Training Center/Site
F.2.2. Ground Rounds. **(ETR1)** **		Documented Evidence	Trainees	-Training Center/Site
F.2.3. Journal Clubs or equivalent. **(ETR1)** **		Documented Evidence	Trainees	-Training Center/Site
F.2.4. Active Participation of Trainees at Mortality & Morbidity Meetings. **(ETR1)** **		Documented Evidence	Trainees	-Training Center/Site
F.2.5. Active Participation of Trainees in at least one Healthcare Quality Improvement and/or Patient Safety Project. **(ETR1)** **	Availability of documented evidence of trainees involvement in Healthcare Quality Improvement and/or Patient Safety Project.	Examples of Healthcare Quality Improvement and/or Patient Safety Project.	Trainees	-Training Center/Site
F.2.6. Active Participation of Trainees in at least one Research Project. **(ETR1)** **	Availability of documented evidence of trainees involvement in Research Project	Documented evidence	Trainees	
F.2.7. Multi-Disciplinary Exposure policy to fostered and enhance Training for Collaborative Practice. **(ETR1)**	Availability of implemented policy showing the institution is fostering the multidisciplinary exposure	-Evidence of Multidisciplinary Team participation in Trainees (Teaching-Training). Example but not limited: Academic Activity or. .	Trainees, health care team	-Training Center/Site

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STANDARD	Remarks	Evidence	Staff	Location
F.3. Active Involvement of Nursing, Pharmacists and Allied Health Staff in Education & Training of Trainees. (ETR1)	-Interviewing the Nursing, Pharmacists and Allied Health Staff to ensure their involvement in training and teaching	Example but not limited: Assessment Tool	Nursing, Pharmacists and Allied Health Staff	-Training Center/Site
F.4. Active Involvement of Nursing, Pharmacists and Allied Health Staff in Trainees Evaluation. (ETR1)	Interviewing the Nursing, Pharmacists and Allied Health Staff to ensure their involvement in Trainees Evaluation	Example but not limited: Assessment Tool	Nursing, Pharmacists and Allied Health Staff	-Training Center/Site
F.5. The Institution utilizes virtual tools as an integrated part of its Educational and Training Activities. (ETR0)	-presence of policy or process of different educational tools including the virtual tools	Examples of evidence -lectures. academic plans and schedules	Trainers , PDs , Trainees	

G. INSTITUTION COMMITTEES

STANDARD	Remarks	Evidence of Compliance		
		Document Review	Interview	Observation
G.1. Trainees are encouraged to actively participate in the following Healthcare Institution Committees:	As an essential part of the training, trainees must be encouraged and participated in the institutional committees to increase their exposure and build up their leadership skills. All Healthcare Institution such as Dental Centers, PHCs and similar are required to have such committees			
G.1.1. Ethics Committee (ETR1) **		Evidence	Trainees, DIO PD, Head of Dept.	

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**Must have Evidence of Document.

STANDARD	Remarks	Evidence	Interview	
G.1.2. Patient Rights Committee (ETR1) **		Evidence	Trainees, DIO PD, Head of Dept.	
G.1.3. Patient Safety Committee. (ETR1) **		Evidence	Trainees, DIO PD, Head of Dept.	
G.1.4. Quality Committee. (ETR1) **		Evidence	Trainees, DIO PD, Head of Dept.	
G.1.5. Infection Control Committee. (ETR1) **		Evidence	Trainees, DIO PD, Head of Dept.	
G.1.6. Mortality and Morbidity Committee. (ETR1) **	The only exemption from this committee is the Programs where Patients are not attending such as Clinical Laboratories and Toxicology Centers.	Evidence	Trainees, DIO PD, Head of Dept.	
G.1.7. Research Committee. (ETR1) **		Evidence	Trainees, DIO PD, Head of Dept.	
G.1.8. Disaster Committee. (ETR1) **		Evidence	Trainees, DIO PD, Head of Dept.	
G.1.9. Credentialing & Privileging Committee. (ETR2) **			Trainees, DIO PD, Head of Dept.	

H. PATIENTS RIGHTS, SAFETY AND ENGAGEMENT

STANDARD	Remarks	Evidence of Compliance		
		Document Review	Interview	Observation
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. (ETR0) **		-Evidence -Patint Medical Files	Trainees , DIO	

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H.2. The Institution has an implemented process to ensue Trainees' Awareness towards disclosure of Medical Errors to Patients. (ETR1) **	**Any documents that shows process of disclosing medical errors**	Documented Evidence	Trainees, DIO	
H.3. Trainees learn how to engage Patients to take a more Active Role in their own care. (ETR2)			Trainees , Trainers, PD	

I.LIAISON BETWEEN THE INSTITUTION AND OTHER SCFHS-ACCREDITED TRAINING CENTERS				
STANDARD	**Remarks**	**Evidence of Compliance**		
		Document Review	Interview	Observation
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. **(ETR0) **	"A valid institutional agreement must be documented and presented for each training site which is outside the governance of the institute. SCFHS has developed a recommended template of Inter-Institutional Affiliation Contract or Agreement. This standard is applicable for all Full Programs where the Institution don't not have all required rotation and therefore trainees have to be rotated outside. The only exemption for this standard is the Program that the SCFHS accredited as Shared Programs within the same training Sector."	Approved and Valid - Agreement	DIO, PD and Trainees	
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. **(ETR0)**	The Institution presented evidence of Trainees encouragement to rotate at an accredited peripheral Affiliated Training Site and/or an accredited peripheral Training Center.	Statement or Policy	DIO, PD and Trainees	

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Institutional Accreditation Document List Please Mark (✓) when it's Available, (×) when it's not Available and (■) when Not Applicable		
Item	**Reference**	**Availability**
- DIO Appointment Letter - Evidence of Experience in Training, Education and Administrative Background e.g. CV, Certificate	A.1. **(ETR0)**	
- SCFHS Classification and Registration - DIO Letter of Delegation with full Authority, Responsibility and Supervision over all SCFHS-Accredited Training Programs	A.3. **(ETR0)**	
- Letter or Document that shows that DIO does not hold any leadership position	A.2. **(ETR0)**	
- Delegation of the DIO's Authority to his/her designee who has equal qualification	A.4. **(ETR0)**	
- Policy or Commitment Letter DIO incentive and\or protected time	A.5. **(ETR0)**	
- Valid Trainers Classification and Registration	B.1.1. **(ETR0)**	
- Trainers Job Description (including Full, part timers' trainers)	B.1.2. **(ETR0)**	
- Trainers credentials and privileges (including Full, part timers' trainers)	B.1.3. **(ETR0)**	
- Trainers Malpractice Insurance	B.1.4.. **(ETR0)**	
- Trainers SCFHS-TOT Certification or equivalent	B.1.5. **(ETR0)**	
- Institution Traineres lists per program. (Including Full, part timers' trainers)	B.2.1. **(ETR0)**	
- Healthcare Professionals competencies for Non-Physicians	B.2.4. **(ETR0)**	
- Institutional organizational chart	C.1. **(ETR0)**	
- A Statement of Commitment by the Institution's Governance to provide the necessary Resources Support for the SCFHS-Accredited Training Programs	C.2. **(ETR0)**	
- The ITC Committee Formation Order (or equivalent)	C.3. **(ETR0)**	
	C.4. **(ETR0)**	
	C.11. **(ETR0)**	
	C.26. **(ETR0)**	
	C.33. **(ETR0)**	
	C.31. **(ETR2)**	
	C.32 **(ETR2)**	
-Appointment Letters for all programs' Directors, including the protected Time	C.5. **(ETR0)**	
	C.6. **(ETR0)**	
-PD Policy or Commitment Letter incentive and\or protected time	C.27. **(ETR0)**	
-Appointment letter of the elected trainee representative in the ITC	C.7. **(ETR0)**	
- Appointment letter of the medical administrator representative by the medical director or equivalent	C.8. **(ETR0)**	
- The ITC Meetings Minutes	C.9. **(ETR0)**	
	C.30 **(ETR1)**	
	C.31. **(ETR2)**	
	C.32 **(ETR2)**	
-TPC Meetings Minutes	C.10. **(ETR0)**	
	C.11. **(ETR0)**	
-The ITC minutes' letter of submission to the Governance within 10 business days	C.12. **(ETR0)**	
-TPC Meetings Minutes' letter of submission to the DIO within 10 business days	C.13. **(ETR0)**	
	C.16. **(ETR0)**	
	C.2 **(ETR0)**	

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- Annual Report and letters of submission letters to the governance and SCFHS	C.14. **(ETR0)**
	C.15. **(ETR0)**
- The Internal Review policy for the Institutional Accreditation	C.17. **(ETR0)**
- Institutional Accreditation's IR reports and action plan	C.18. **(ETR0)**
	C.20. **(ETR0)**
- List of Members of the institutional accreditation's IR	C.19. **(ETR0)**
-The Internal Review policy for the Program Accreditation	C21. **(ETR0)**
- Programs Accreditation's IR reports and action plan	C22. **(ETR0)**
	C24 **(ETR0)**
- List of Members of the Program accreditation's IR	C.23. **(ETR0)**
The ITC reviews each Training Program Accreditation Internal Review Report, determine action plan, follow-up and document it at the ITC Minutes.	C.24. **(ETR0)**
-SCFHS Letters for all accredited programs	C.25. **(ETR0)**
-Trainers Recognition and/or incentives	C.28. **(ETR0)**
-Patient Experience Policy	C.29. **(ETR1)**
- Trainees Assessment Policy based on the SCFHS approved competency framework	C.33. **(ETR0)**
- Policy includes Selection, Assessment, Promotion, Appointment, , Renewal , Suspension, Dismissal process and SCFHS matching system.	D.1. **(ETR0)**
- Appeal Policy and Meeting minutes discussed an example of appeal, (evidence of implementation)	D.2. **(ETR0)**
-Policy of Intimidation/Harassment and abuse (evidence of implementation)	D.3. **(ETR0)**
- Policy of Trainees Safety	D.4. **(ETR0)**
- Policy of sustainability of Training in the event of Disaster	D.5. **(ETR0)**
-Policy pertaining to the reduction of size or closure of a Training Program	D.10. **(ETR0)**
-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. **(ETR0)**
-Training Supervision Policy direct and indirect 24 -7 including weekends -ER sifts	D.6. **(ETR0)**
	D.7. **(ETR0)**
	D.8. **(ETR0)**
- Training Assessment Policy includind (formative -summative) and TPC and ITC meeting minutes showing related examples if any.	D.8. **(ETR0)**
	D.9. **(ETR0)**
- Policy for Trainees with disability (physical ,mental)	D.11. **(ETR0)**
	D.12.**(ETR0)**
	D.13. **(ETR0)**
- Trainees Contracts	D.14. **(ETR0)**
- Policy of Interaction between Vendors'/Companies' Representatives with Trainees, Trainers, Program Directors, and DIO	D.17. **(ETR0)**
-General orientation program content (include sub standard elements from D.18.1 to D.18.12	D.18.1 **(ETR0)**
-D.18.1. Principles of Modern Model of Care. **(ETR0)** **	D.18.2 **(ETR0)**
D.18.2. Principles of Healthcare Quality Improvement. **(ETR0)** **	D.18.3 **(ETR0)**
D.18.3. Principles of Patient Safety. **(ETR0)** **	D.18.4 **(ETR0)**
D.18.4. Principles of Medication Safety. **(ETR0)** **	D.18.5 **(ETR0)**
D.18.5. Principle of Fire Safety and Evacuation Plan. **(ETR0)** **	D.18.6 **(ETR0)**
D.18.6. Principles of Infection Control. **(ETR0)** **	D.18.7 **(ETR0)**
D.18.7. Principles of Bioethics. **(ETR0)** **	D.18.8 **(ETR0)**
D.18.8. Principles of Patient Rights. **(ETR0)** **	D.18.9 **(ETR0)**

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**Must have Evidence of Document.

Content	Reference	
D.18.9. Principles and Ethics of Virtual Care. **(ETR0)** ** D.18.10. Principles of CanMEDS Competencies Framework. **(ETR0)** ** D.18.11. Principles of Clinical Coding. **(ETR0)** ** D.18.12. Health Records System. **(ETR0)** **	D.18.10 **(ETR0)** D.18.11. **(ETR0)** D.18.12 **(ETR0)**	
- Departmental, Program, and Rotation Specific Orientation content	D.19. **(ETR0)**	
- Statement of Clinical Coding	D.20. **(ETR0)**	
- Policy of Clinical Documentation	D.21. **(ETR0)**	
- 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. **(ETR0)**	
Approved Policy(Participating Training Sites ensure Trainees' Safety towards Environmental Toxins, Biohazards, Radiation Exposure, Verbal and Physical Violence. **(ETR0)**	E.12. **(ETR0)**	
- 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 - ITC / TPC Meeting minutes showing evidence of its approval	F.1. **(ETR0)**	
- Approved Policy	F.2.1. **(ETR1)**	
- Showing related examples if any	F.2.2. **(ETR1)**	
- Time Tables	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 Trainess Participation in Institutional Committees - Evidence of Participation	G.1.	
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. Credentialing & Privileging Committee. **(ETR2)** **	G.1.9. **(ETR2)**	
- Approved Policy includes patient awareness of the involovement of trainees in providing healthcare - Any related documents	H.1. **(ETR0)**	
- Trainees Awareness Policy/ Statement of disclosure of medical errors	H.2. **(ETR1)**	
-Approved and Valid Inter-Institutional Collaboration Agreement	I.1. **(ETR0)**	

(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.