



**Guide to Executive Rules and Procedures for
Accreditation
(Accreditation Guide)**



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Introduction

The objectives of The Arab Board of Health Specializations, as stated in its statute, focus on enhancing healthcare services in the Arab world and elevating the professional and scientific level of healthcare providers through training and qualifying specialists with high professional and scientific competence. This effort aims to achieve better healthcare across various major and sub-specialty health professions, in collaboration with relevant educational and health institutions locally, regionally, and globally, to ensure a sustained commitment to a high standard of quality in healthcare services.

To achieve these goals, it has always been a top priority for The Arab Board to establish accreditation standards and define and develop training specifications according to international standards for preparing specialists in various health science branches. It also involves monitoring competent authorities to apply and sustain their level, with efforts made to periodically review, develop, and update these standards in line with scientific progress and global advancements in different healthcare delivery systems.

Health institutions in Arab countries are the main pillar for training with The Arab Board, where the specialized training policy relies on Arab Board-accredited training centers in Arab countries to undertake training and qualification tasks that fulfill The Arab Board's mission. This mission has been reinforced through consecutive decisions by the Arab Health Ministers Council since its establishment. These decisions have urged Arab countries to provide full support to training centers in each country to ensure training through organized and systematic programs according to the regulations of The Arab Board of Health Specializations. Through its General Secretariat and Scientific Councils, The Arab Board supervises these health institutions professionally and scientifically, coordinating with local bodies in Arab countries. This ensures the development of curricula and setting regulatory rules and quality assurance and accreditation for health institutions and their training programs. It also includes organizing examinations and evaluations, monitoring registration, maintaining databases of trainees and trainers at health institutions across various specializations, and overseeing the training process to achieve the desired training objectives and development.

This guide supports the same purpose and anticipates the quality of training and its outcomes by qualifying specialists with high professional competence. It includes the system for the administrative structure of accreditation, standards, requirements, and accreditation procedures for health institutions (institutional accreditation), and training programs (program accreditation) as a system for accreditation and quality assurance in accordance with the Academic Regulations.

Chapter One

Definitions and Accreditation Guide

Chapter One: Definitions and Accreditation Guide

Section One: Terms and Definitions

The names and terms used in this guide are defined as follows:

1	Arab Board	The Arab Board of Health Specializations
2	General Secretariat	The General Secretariat of the Arab Board of Health Specializations
3	Secretary-General	The Secretary-General of the Arab Board of Health Specializations
4	Guide	The Accreditation Guide, a regulatory guide that includes accreditation criteria, requirements, and procedures
5	Major Specialty	A specialty for which registration is accepted after obtaining a Bachelor's degree or equivalent and successfully completing an internship
6	Sub-Specialty	A specialty derived from a major specialty, with registration accepted after successfully completing training requirements in the major specialty
7	Sponsoring Institution	An institution with full authority to manage and supervise health specialty training programs and provide all requirements for their execution according to the Arab Board's accreditation system; it can be a hospital, university, or structure managing an educational health system
8	Institutional Accreditation	A decision granted to the sponsoring institution that meets the criteria and requirements for institutional accreditation by the Arab Board
9	Program Accreditation	A decision granted to a training program that meets the criteria and requirements for program accreditation by the Arab Board
10	Accreditation Assessment Teams	Teams of specialists formed to assess health institutions or their training programs
11	Training Center	A health institution that implements one or more training programs under the umbrella of the Arab Board as a sponsoring institution or within an accredited sponsoring institution
12	Training Program	A comprehensive program of scientific and training activities graduated over the accredited years of training for each specialty, implemented in training centers accredited by the Arab Board
13	Standard	The measure used as a basis for institutional and program accreditation to issue an accreditation decision, with basic and advanced indicators: 1. Basic Indicators: Indicators that must be met to achieve and maintain accreditation 2. Advanced Indicator: Indicators that are preferred to achieve a high level of quality

Section Two: Principles and Methodologies of Guide Preparation

First - General Principles in Guide Preparation:

- 1- Research and analysis of standards in international and regional accreditation systems.
- 2- Adherence to globally practiced standards in medical education while considering the specific context of the Arab Board.
- 3- Formulating standards and their indicators to be understandable, measurable, and applicable.
- 4- Participation of stakeholders involved in accreditation and training.

Second - References:

- 1- The Statute, Internal Regulation, and Academic Affairs Regulatory Regulation.
- 2- Previous decisions of the Executive Office and the Supreme Commission related to accreditation procedures.
- 3- Current program accreditation forms.
- 4- The Arab Board of Health Specializations' Five-Year Strategic Plan (2021-2025).
- 5- Arab and global institutional and program accreditation systems like the Accreditation Council for Graduate Medical Education (ACGME) and the Royal College of Canada.
- 6- Guidelines of the International Society for Quality in Healthcare (ISQua).
- 7- Guidelines of the World Federation for Medical Education (WFME) Global Standards for Quality Improvement in Postgraduate Medical Education (2015 Revision).

Third - Steps and Methodology for Guide Preparation:

- 1- Study and analysis of the above references.
- 2- Analysis of the current situation and development requirements.
- 3- Determination of accreditation standards and indicators.
- 4- Discussion of the initial draft with the Secretary-General.
- 5- Presentation of the initial draft to the Scientific Councils and academic units.
- 6- Display of the draft on the Arab Board's website and dissemination to local bodies in Arab countries.
- 7- Review of suggestions and comments by a team led by the Secretary-General.
- 8- Agreement on the final draft in an extended meeting of the Accreditation and Quality Assurance Committee with the General Secretariat team.
- 9- Presentation of the final draft to the Academic Accreditation Strategic Committee.
- 10- The Secretary-General's decision to adopt the guide.
- 11- Implementation of a program to introduce the accreditation system and train accreditation assessment teams.
- 12- Continuous development based on feedback from the implementation of this guide.

Section Three: Structure and Objectives of the Guide

First - Structure of the Guide:

1. Institutional and program accreditation is based on standards, requirements, and procedures.
2. Accreditation standards are designed to cover structural frameworks, training activities, and quality outcomes, including:
 - a. Six standards for institutional accreditation containing (25) basic indicators and (13) advanced indicators.
 - b. Eight general standards for program accreditation containing (35) basic indicators and (13) advanced indicators.
3. To the general standards for program accreditation mentioned in this guide, specific standards for each specialty program are added, which are an essential part of program accreditation.
4. The structure of requirements and procedures for institutional and program accreditation is determined by the forms included in the appendices of this guide, serving as data collection tools for verifying compliance quantitatively and qualitatively according to each standard and its indicators.
5. **Levels of accreditation standard indicators:**
During field surveys, the evaluation team determines the level of compliance with the accreditation standard indicators within four categories as follows:

Symbol	Level	Description
A	Compliant	Indicator elements are available at a level that achieves the training objectives and the quality of its outputs.
B	Partially met	Indicator elements are available with significant deficiencies that can be corrected to achieve the training objectives and the quality of its outputs.
C	Not met	Indicator elements are not available or are available at a level that does not achieve the training objectives and the quality of its outputs.
D	Not applicable	Not required due to its inapplicability to the nature of the institution or program, and it is not counted within the evaluation indicators of the standard.

Second - Objectives of the Guide:

1. To define the standards, requirements, and procedures necessary for the accreditation of health institutions (institutional accreditation), and the general standards, requirements, and procedures for the accreditation of training programs within these institutions (program accreditation) based on the Academic Affairs Regulatory Regulation.
2. To disseminate the culture of accreditation and quality assurance, enabling all health institutions and training centers seeking accreditation by the Arab Board to conduct a self-assessment using the self-assessment form for accreditation.
3. To organize accreditation procedures; aiming to enhance the efficiency and quality of training outputs and healthcare.

Third - Use of the Guide:

1. This guide is intended to be used as a reference for accreditation requirements, standards, and procedures in the Arab Board and benefits health institutions wishing to be accredited by the Arab Board as training centers and for their training programs.
2. The accreditation system, standards, and requirements in this guide should be read in conjunction with the Academic Affairs Regulatory Regulation and the additional standards specified for each specialty.

Chapter 2

Administrative and Organizational Structure for Accreditation

Chapter 2: Administrative and Organizational Structure for Accreditation

Section 1: General Secretariat

Accreditation and Quality Assurance Office:

A department within the General Secretariat responsible for overseeing accreditation affairs at the Arab Board, undertaking the following tasks:

1. Coordinating the development of accreditation standards for health institutions and training programs and introducing them.
2. Receiving and reviewing accreditation applications from health institutions and following up on their various stages with relevant parties.
3. Receiving and studying reports on the evaluation of training centers and their programs and requests for increasing capacity, taking necessary actions accordingly.
4. Following up on annual reports from the Designated Institutional Official in training centers and taking necessary actions.
5. Organizing and preserving data and documents related to training centers, including providing trainers' CVs and regularly updating the database.
6. Preparing a plan for training accreditation evaluators and implementing it.
7. Studying and elevating accreditation reports and recommendations directly to the Secretary-General or after presentation to the Accreditation and Quality Assurance Committee, as appropriate.
8. Preparing an annual report on the academic accreditation status within the council and submitting it to the Strategic Committee for Academic Accreditation through the Secretary-General.

Accreditation and Quality Assurance Committee:

A committee formed by the Secretary-General from specialists in accreditation and quality assurance to perform the following tasks:

1. Following up on the implementation of the council's strategic plan concerning accreditation and quality assurance.
2. Proposing initiatives and activities that contribute to achieving the council's vision and mission in the field of accreditation and quality assurance.
3. Preparing and reviewing the operational rules and procedures for institutional and program accreditation and elevating them to the Secretary-General.
4. Reviewing accreditation reports received from the Accreditation and Quality Assurance Office and elevating recommendations to the Secretary-General.
5. Recommending to the Secretary-General the suspension or withdrawal of institutional accreditation.
6. Periodically reviewing the accreditation guide.

Scientific Councils:

Scientific councils monitor the training process in training centers to ensure the training performance level of the center and work towards improving it in alignment with achieving the desired objectives from the training program and ensuring the qualification of specialists in health fields with high professional and scientific competence according to international standards. Their responsibilities include:

1. Preparing and updating the specific accreditation standards for the programs they oversee, in coordination with the Accreditation and Quality Assurance Office in the General Secretariat, including rules for calculating the number of trainees allowed to register annually for training and the total capacity during the entire training period as per the Academic Affairs Regulatory Bylaws.
2. Nominating members of the program accreditation evaluation team.
3. Reviewing training centers' requests for adjusting their capacity.
4. Approving the Program Director and trainers in training centers and reviewing and approving changes in their membership during the accreditation period.
5. Recommending to the Secretary-General through the Executive Committee the accreditation, renewal, suspension, or withdrawal of program accreditation.
6. Monitoring trainees in training centers by:
 - a. Reviewing and evaluating the annual report from training centers and elevating recommendations to the Secretary-General.
 - b. Reviewing the Log Book of trainees after approval by the Program Director and ensuring its compliance with the approved training program.
 - c. Communicating with Program Directors to serve training purposes in centers in coordination with the Assistant Secretary-General.
7. Following up on the implementation of the approved training curriculum in coordination with the Medical Education and Training Department and the Accreditation and Quality Assurance Office in the General Secretariat.
8. Monitoring the performance of training centers and approved programs therein to correct and improve the quality of training in coordination with relevant units in the General Secretariat through the Assistant Secretary-General, by:
 - a. Reviewing the performance of trainees in evaluations and exams.
 - b. Surveying opinions and feedback from trainees and trainers.
 - c. Proposing inspection visits to training programs based on indicators that warrant such action.

Institutional or Program Accreditation Assessment Teams:

Evaluation teams are formed from current and former Scientific Council members and experts specialized in institutional and program evaluation, based on the following requirements:

1. Experience in institutional and program accreditation evaluation in health specialties.
2. Associate professor rank or consultant degree in medical specialties or equivalent for health specialties.
3. Knowledge of the accreditation system as mentioned in the bylaws and guide, and commitment to its application.
4. No conflict of interest with the institution applying for accreditation.

Tasks of the Evaluation Team:

1. Field verification of the information provided in the self-assessment form for institutional or program accreditation and its attachments by inspecting the medical departments and support units of the applying institution, holding meetings with relevant management personnel, the Designated Institutional Official, program directors, trainers, and interviewing trainees if present in the programs.
2. Filling the accreditation evaluation form for institutional or program accreditation electronically during the visit by the team leader, endorsed by the members.

Formation of Accreditation Evaluation Teams:

The evaluation teams are formed by the Secretary-General from the accredited evaluators for accreditation from the Scientific Councils or outside them, depending on the type and nature of accreditation.

1. Institutional Accreditation:

A. Multi-program Health Institutions:

The evaluation team is formed by nomination from the Accreditation and Quality Assurance Office after consulting with the Assistant Secretary-General, as follows:

- The president from outside the institution's country.
- A member from outside the institution's country.
- A member from the institution's country, provided they are not from the same institution.
- An observer member for training purposes (Observer) or for Quality Assurance may be added.

B. Single-program Health Institutions:

1. Institutional and program accreditation evaluation occurs during the same visit.
2. The evaluation team is formed from the same specialty by recommendation of the Assistant Secretary-General based on the nomination from the Scientific Council President in agreement with the chair of the relevant committee in the Scientific Council, as follows:
 - The president from outside the institution's country.
 - A member from outside the institution's country.
 - A member from the institution's country, provided they are not from the same institution.

C. In cases where institutional accreditation is requested concurrently with program accreditation for one or more programs, the evaluation team is formed by nomination from the Assistant Secretary-General after coordination with the concerned Scientific Council(s) and the Accreditation and Quality Assurance Office, with a number of members not less than three and not exceeding the number of programs requiring accreditation plus the team leader, according to the following guidelines:

- The president from outside the institution's country.
- Members from both outside and inside the institution's country, provided that members from within the country do not exceed 50% and are from outside the institution.

D. In exceptional circumstances that prevent participation of members from outside the institution's country as assessed by the Secretary-General with a recommendation from the Assistant Secretary-General, the evaluation team can be formed from representatives outside the institution within the country. Priority is given to the concerned specialties to complete the institutional accreditation or renewal procedures. In such cases, accreditation is considered temporary, with a maximum of two years, renewable.

2. Program Accreditation:

- A.** The evaluation team is formed from the same specialty, recommended by the Assistant Secretary-General based on the nomination from the Scientific Council President in agreement with the committee chair of the Scientific Council, as follows:
- The president is a member of the Scientific Council from outside the training center's country.
 - A member from outside the training center's country.

- A member from the training center's country, provided they are not from the same center.
 - An observer member may be added for training purposes (Observer) or for quality assurance (Quality Assurance).
- B. If the training center requests accreditation for more than one program, the evaluation team is formed by nomination from the Assistant Secretary-General after coordination with the concerned Scientific Councils, with a number of members not less than three and not exceeding the number of programs requiring accreditation plus the team leader, according to the following guidelines:
- The president from outside the institution's country.
 - Members from both outside and inside the institution's country, provided that members from within the country do not exceed 50% and are from outside the institution.
- C. In special cases assessed by the Secretary-General based on a recommendation from the Assistant Secretary-General in coordination with the concerned Scientific Council President, a team may be formed from professors participating in exams held in the center's country, according to the membership outlined in section A above.
- D. In exceptional circumstances that prevent participation of members from outside the training center's country as assessed by the Secretary-General with a recommendation from the Assistant Secretary-General, the evaluation team can be formed from representatives within the country. In such cases, accreditation is considered temporary, with a maximum of two years, renewable.

Section 2: Training Centers

Sponsoring Institution:

The sponsoring institution, health assembly, or supervising and supporting establishment for education and training in health specialties, manages a program or a set of training programs under the Arab Board of Health Specializations. It can be a university, hospital, primary healthcare center, or an entity managing a health or educational system. The organizational structure of the sponsoring institution includes a senior management with full authority and responsibility over its training programs, illustrating the relationship between the Designated Institutional Official (DIO) and the General Training Affairs Committee, including program directors and training centers, working with the General Training Affairs Committee to ensure their solid commitment and all programs' adherence to Institutional and Program Accreditation standards.

Designated Institutional Official (DIO):

1. Each institution applying for accreditation as a training center must have a DIO appointed by it, responsible for overseeing the continuity of institutional and program accreditation for all programs accredited by the Arab Board in the sponsoring institution. The institution provides support, adequate time, and the authority and responsibilities enabling him to manage its training programs according to the Arab Board's accreditation requirements, including a qualified deputy.
2. The DIO should be a health practitioner with a consultant level or equivalent, with no less than five years of experience post-specialty certification or equivalent and experience or qualifications in education and training in health specialties.
3. The DIO performs duties specified in Article (4-15) of the Academic Regulations, including:
 - a. Ensuring the implementation of the Arab Board's systems and regulations for institutional and program accreditation.
 - b. Chairing the General Training Affairs Committee within the training center.
 - c. Coordinating among specialty program directors.
 - d. Providing a supportive training environment and ensuring its quality within the training center.

- e. Organizing joint scientific activities for specialty programs within the training center.
- f. Ensuring the availability of scientific research services within the training center.
- g. Updating the training center's accreditation-related data.
- h. Organizing courses on training and evaluation methodologies.
- i. Submitting the annual training report to the Accreditation and Quality Assurance Office of the Arab Board.
- j. Communicating with the Arab Board's Accreditation and Quality Assurance Office to enhance training quality.

General Training Affairs Committee:

1. Each training center has a General Training Affairs Committee responsible for managing and supervising the training process, formed by the institution's director or his delegate as follows:
 - The DIO (Chair of the Committee).
 - Directors of accredited training programs in the training center.
 - Up to three representatives from trainees in the programs, nominated by the trainees, considering diversity in major and sub-specialties.
 - A representative for health quality management and patient safety. The committee chair may invite anyone deemed appropriate to attend its meetings according to the formation decree.
2. The committee meets at least four times a year or as necessary upon the chair's invitation, with documented minutes.
3. The committee's tasks include:
 - A. Develop and implement clear policies and procedures regarding the quality of training and the work environment for trainees in all accredited training programs, in accordance with the requirements and standards of accreditation by the Arab Board. This includes:
 - A mechanism for collecting information and feedback from trainees regarding their financial and administrative rights and presenting recommendations to the sponsoring institution's administration.
 - Mechanisms for communication with training program directors at the sponsoring institution.

- B. Supervise the training programs to ensure they provide the necessary healthcare and meet the educational needs of trainees, ensuring a progressive increase in their responsibilities.
- C. Ensure that each training program contains a curriculum and educational environment that enables trainees to acquire the competencies set by the Arab Board.
- D. Design and implement a clear action plan to review the requirements for institutional and program accreditation for all training programs, offering opportunities for their improvement and development.
- E. Monitor the status of trainees, including the process of selecting trainees, evaluation, annual promotion, transitions between training programs, and compliance with institutional and program accreditation requirements.
- F. Review applications submitted by program directors for accreditation renewal and increase in trainee capacity, and submit them to the Accreditation and Quality Assurance Office.
- G. Prepare an annual report for the training center's administration and the Arab Board, including academic and training activities, evaluation methods, contributions to patient safety, medical education quality, and healthcare quality, and includes the status of accredited training programs at the center.
- H. Form subcommittees, whether permanent or temporary, to carry out its tasks as deemed appropriate.

Training Program Director:

1. Each major or sub-specialty training program within an accredited training center will have a Program Director appointed from among the trainers in the specialty by the training center. The sponsoring institution provides the necessary support, time, authority, and responsibilities enabling them to manage the program according to the program accreditation requirements by the Arab Board, with a qualified deputy to act in their absence.
2. The selection criteria include:
 - A. Full-time employment at the institution.
 - B. Knowledge of the principles of evaluation and development of the training program for the specialty.
 - C. Familiarity with the Arab Board's accreditation, quality assurance, and training systems.

- D. Ability to continue in their role for a duration sufficient to maintain the stability of the training program, not less than one complete training cycle, renewable.
3. Responsibilities as outlined in Article (4-14) of the Academic Affairs Regulations include:
- A. Forming and chairing the Training and Program Development Committee and the Clinical Competency Evaluation Committee for trainees.
 - B. Ensuring quality in training and enhancing the accreditation credentials of the training program by:
 - Ensuring the implementation of the Arab Board's systems and procedures in the specialty.
 - Distributing policies and procedures to trainers and trainees, monitoring, and adjusting work hours in education and training to meet training requirements without causing trainee fatigue.
 - Auditing and approving trainees' documents, including the admission form upon joining the program.
 - Monitoring trainees' training records and updating them in the Arab Board's electronic database.
 - Developing the practical training plan, distributing trainees among trainers while ensuring a balance between training opportunities and healthcare delivery obligations.
 - Supervising adherence to clinical work schedules for trainees in training sites, including wards, emergency departments, surgeries, and outpatient clinics within and affiliated with the training center.
 - Supervising adherence to daily work hours schedules and planning annual leave for trainees.
 - Adjusting shift schedules and monitoring trainee needs when patient care responsibilities exceed normal efforts and capacity.
 - Overseeing supervision of trainees and approving their scientific and practical logs to identify knowledge gaps and practical training deficiencies and finding appropriate solutions.
 - Approving trainee research projects, appointing supervisors, overseeing their implementation, and submission to the relevant Scientific Council's Secretary.
 - Involving trainers in organizational, educational, and training activities and evaluating trainees.

- Conducting regular meetings with trainees to create an educational and practical environment that encourages them to express suggestions and observations about the training process, addressing challenges professionally to improve trainees and the training program.
 - Submitting semi-annual and annual performance reports of trainees, including evaluation forms, and a cumulative report before applying for the final written exam to the relevant Scientific Council's Secretary.
 - Submitting an annual report on the program and training in the specialty to the General Training Affairs Committee.
- C. Cooperating with the Scientific Council for the specialty at the Arab Board regarding the academic affairs of the training program.
- D. Recommending the accreditation of trainers in the specialty through the Designated Institutional Official (DIO) and updating their data.
- E. Supporting and guiding the trainee representative in the specialty.
- F. Preparing the program accreditation renewal request, adjusting the training capacity, updating the status of trainers and trainees, and submitting it to the General Training Affairs Committee.

Trainers:

1. Each training program includes a number of qualified trainers appointed and accredited by the Arab Board, according to the following:
 - Holding the Arab Board certificate or its equivalent in the major specialty, plus a minimum of three years of experience post-specialty certification for training, with the possibility of equating years of experience for those with a recognized qualification in medical education.
 - Holding the Arab Board certificate or its equivalent in a sub-specialty or a minimum of ten years of experience in the sub-specialty for those without a sub-specialty certification for training.
2. The Arab Board reserves the right to suspend or revoke a trainer's membership in case of proven violation or deficiency in performing their duties.
3. Trainers' responsibilities as outlined in Article (4-13) of the Academic Affairs Regulations include:
 - Developing trainees' knowledge, skills, and professional experience through available and required mechanisms according to the specialty training program, such as rotations in inpatient departments, outpatient clinics, operation rooms, emergency departments, etc., as per the specialty.
 - Monitoring and supervising trainees, guiding them during assigned tasks to ensure they acquire required experiences and patient safety.

- Organizing and attending scientific activities and allocating roles to trainees.
- Reviewing and signing off on training activities documented in the scientific and practical log promptly.
- Encouraging trainees to engage in research activities within the training center during their training years.
- Elevating the trainee's technical and professional responsibility level based on competency evaluation and training level.
- Conducting periodic evaluations of trainees according to the approved training schedule for the specialty and submitting them to the Specialty Program Director along with providing feedback guidance to trainees.

Trainee Representative:

Each training program will have a trainee representative, appointed by the Program Director following a selection by the trainees in the program based on a predefined and announced selection mechanism.

Training and Program Development Committee:

1. Formed by a decision from the Program Director in coordination with the Designated Institutional Official (DIO) as follows:
 - The Training Program Director.
 - At least two trainers from the program.
 - The trainee representative in the program. The committee chair has the discretion to invite others to attend the meetings as determined by the committee formation decision.
2. The committee is chaired by the Training Program Director or a designated trainer, with one of the trainers serving as an alternate.
3. The committee meets at least twice a year or as necessary upon the chair's invitation, with documented minutes.
4. Assists the Program Director in the following tasks:
 - A. Meeting the program accreditation requirements of the Arab Board by preparing and implementing clear policies and procedures related to the quality of training for the program and the work environment for trainees, including:
 - Monitoring the implementation of the training program according to its curriculum and competencies.

- Supervising training to align with necessary healthcare and educational needs of trainees and ensuring a progressive increase in their responsibilities.
 - A mechanism for collecting information and feedback from trainees regarding their financial and administrative rights, with recommendations submitted through the DIO to the administration of the sponsoring institution.
 - Work hours in education and training that comply with the institutional and program accreditation requirements.
- B. Supervising adherence to the clinical work schedules for trainees at training sites, including inpatient wards, emergency departments, surgeries, and outpatient clinics within the training center and affiliated training centers.
- C. Monitoring trainee statuses, including the selection process and performance in examinations.
- D. Surveying trainees' opinions on the training process for necessary actions.
- E. Preparing the annual program report submitted by the Program Director to the DIO.
- F. Developing a clear action plan to review program accreditation requirements and offering opportunities for improvement and development.
- G. Preparing applications for program accreditation renewal or adjustment of training capacity.

Clinical Competency Evaluation Committee:

1. Formed by a decision from the Program Director, chaired by him with at least three trainers as members.
2. Assists the Program Director in the following tasks:
 - Systematic evaluation of trainees' performance aligned with the competencies for the training stages as set by the Arab Board, conducted at least twice in the academic year.
 - Reviewing the trainee evaluation record from multiple assessment sources.
3. Prepares recommendations for the Program Director regarding the trainee's progression during training stages, including criteria for annual promotion, evaluation procedures and corrective actions for improvement areas, and administrative penalties (if any).

Chapter Three

Institutional Accreditation

Chapter Three: Institutional Accreditation

Section One: Institutional Accreditation Standards

Standard One: Governance

Key Indicators:

Must have:

- 1-1. A publicly announced vision and mission for trainers and trainees, reflecting its commitment to education and training and providing its requirements.
- 1-2. Policies and procedures that specify technical, administrative, and financial support for training programs in all situations, especially in case of disasters, disruption of medical services to patients, or cessation of training programs for any reason.
- 1-3. A Designated Institutional Official (DIO) and their deputy, as per the conditions and duties specified in Section Two of Chapter Two of this guide.
- 1-4. A General Training Affairs Committee chaired by the DIO, performing its duties as specified in Section Two of Chapter Two of this guide.
- 1-5. An agreement or document clarifying training responsibilities in health specialties between the sponsoring institution and the training center for the program, if the training center is not the sponsoring institution or under its administrative authority.

Advanced Indicators:

- 1-6. Adoption of scientific research methodology in identifying priorities for education and training and its development requirements.
- 1-7. Membership of the General Training Affairs Committee includes individuals with academic degrees in academic management or education and training in health specialties.

Standard Two: Health Specialties

Key Indicators:

Must have:

- 2-1. Major Specialties
 - a. The four major specialties (Surgery, Internal Medicine, Pediatrics, Obstetrics and Gynecology) in multi-specialty institutions.
 - b. The main specialty in single-specialty institutions.
- 2-2. An effective referral or transfer system with cooperating health institutions to ensure the integration of the training and healthcare system in the institution.

Advanced Indicators:

- 2-3. Partnership agreements with local, regional, or international institutions.

Standard Three: Diagnostic Therapeutic, and Support Services

The indicators depend on the nature of the institution:

A. Multi-Specialty Hospitals:

Key Indicators:

Must have:

3-1. Supportive diagnostic and therapeutic services, such as:

- Emergency and accident services.
- Anesthesia and intensive care.
- Surgical operations and basic endoscopy devices.
- Outpatient clinics.
- Basic radiology and medical imaging.
- Basic medical laboratories.
- Blood bank.
- Pharmacy.
- Medical records.
- Advanced Indicators.

3-2. Advanced and integrated medical laboratories and diagnostic services like interventional radiology and nuclear medicine.

B. Single-specialty Health Centers (including Primary Health Care Centers):

Provides diagnostic, therapeutic, and support services according to the specific program accreditation standards.

C. Health System:

Provides the diagnostic, therapeutic, and support services mentioned in (A) above in hospitals and health centers in an integrated manner.

Standard Four: Health Quality and Patient Safety

Key Indicators:

Must have:

- 4-1. A system for quality management and patient safety.
- 4-2. Permanent committees in the institution concerned with discussing mortality, morbidity, infection control, medical record review, and performance of the cardiopulmonary resuscitation team.
- 4-3. A mechanism for involving trainees in health quality and patient safety committees.

- 4-4. A system and procedures for feedback from employees and beneficiaries of the institution's services.

Advanced Indicators:

- 4-5. Accreditation of the training centers affiliated with the sponsoring institution in health quality by local or international bodies.
- 4-6. An electronic system for reporting medical errors and side effects of therapeutic procedures, including drugs and unsafe conditions for patients and workers, in a way that encourages trainees to contribute to analyzing and deriving root causes or other similar risk processes.

Standard Five: Human Resources System for Trainees

Key Indicators:

Must have:

- 5-1. A mechanism for applying the trainee acceptance conditions specified by the Arab Board in Articles /3-1/ and /3-2/ of the Academic Affairs Regulations.
- 5-2. Publicly announced policies and procedures for selecting trainees that respect the principles of fairness, transparency, and equality, including a publicly announced mechanism for personal interviews for selection according to documented procedures and criteria.
- 5-3. A contract with trainees specifying the duration of the contract, their responsibilities, and their administrative, financial, and legal rights.
- 5-4. A system for technical, administrative, and legal support for trainees, including:
 - a. A mechanism for necessary financial, administrative, and legal support for trainees to fulfill their responsibilities in training programs.
 - b. Medical malpractice insurance for trainees (depending on the specialty's nature and the effective regulations in the training country).
 - c. Health care for trainees.
 - d. Adequate infrastructure for the dormitories and rest areas for on-call trainees.
 - e. Catering and welfare services available 24 hours for on-call health practitioners.
- 5-5. A publicly announced and activated policy for continuing professional development according to an accredited system of hours, points, or credits.

Advanced Indicators:

- 5-6. A system and procedures for feedback from trainees.
- 5-7. Procedures and initiatives to encourage quality and excellence.

Standard Six: Educational and Working Environment

Key Indicators:

Must have:

- 6-1.** An educational and working environment that supports trainees to express the challenges they face, provide feedback on the educational and working environment, training programs, and other needs, encourages initiative, and proposes solutions through mechanisms that ensure their utilization and delivery to relevant parties within the institution.
- 6-2.** A healthy and safe environment for trainees, including appropriate personal security and safety measures, and mechanisms for protection from violence by patients or their companions.
- 6-3.** Academic activities that enable trainees to acquire the accredited competencies for the specialty.
- 6-4.** Health care services and systems that alleviate the burden on trainees, ensuring their educational experience is not affected by tasks outside the educational goals and their scope as health practitioners, providing high-quality and safe service to patients, their companions, and service providers. This includes:
 - a. Patient support services such as blood drawing and IV catheter placement.
 - b. Patient and patient sample transport services that align with educational objectives and support the provision of high-quality and safe service to patients and service providers.
 - c. Laboratory, pathology, and radiology services provided in a way that aligns with educational objectives and supports the provision of high-quality and safe service to patients and healthcare providers.
 - d. A medical record system (paper or electronic) that ensures documentation of patient care stages and is accessible 24/7.
- 6-5.** Support services and resources for scientific activities and continuous professional development, including:
 - a. Medical meeting rooms equipped with necessary presentation tools for meetings and lectures.
 - b. B. Easy and convenient access to medical sources and references.
 - c. C. A database accessible to trainees for use and participation in initiatives to improve the educational environment and healthcare systems.
- 6-6.** Mechanisms and systems that enhance the professional culture among trainers and trainees, including:

- a. Educating trainers and trainees about the professional responsibilities of health practitioners, including their commitment to taking appropriate rest and maintaining sufficient fitness to provide safe healthcare.
 - b. Systems for monitoring the performance of trainers and trainees, including scientific activities and the accurate completion of required documentation by trainees.
 - c. Educating trainees and healthcare providers about optimal professional behaviors.
 - d. Providing a mechanism for reporting unprofessional behaviors, investigating, and addressing them.
- 6-7.** Mechanisms that enable trainees to report inadequate supervision without hesitation.
- 6-8.** Periodic analysis of data and issuance of regular bulletins on efficiency and quality indicators.

Advanced Indicators:

- 6-9.** Mechanisms for developing the educational environment based on relevant research and studies.
- 6-10.** Subscription to electronic information databases and scientific journals related to the field.
- 6-11.** An electronic health information system in training centers.
- 6-12.** Use of computerized health information databases to manage the operations of training centers.
- 6-13.** Advanced communication technology infrastructure in training centers, such as Wi-Fi network available for trainers and trainees, direct communication between trainees and trainers and between patients and healthcare providers, and an electronic network for health governance.

Section Two: Requirements and Procedures for Institutional Accreditation

Requirements:

1. Submit an institutional accreditation application form, signed by the institution's director and the Designated Institutional Official (DIO), with the institution's seal, according to the specified template. The template should include the institution's data, the DIO and their deputy, names of the programs expected to request accreditation, and acknowledgment of the following:
 - a. Reviewing the Academic Affairs Regulations and Accreditation Guide and adhering to their contents.
 - b. Committing to the rules, regulations, decisions, instructions, and procedures related to accreditation, training, and evaluation issued by the Arab Board.
 - c. Delegating the DIO to represent the sponsoring institution with the Arab Board regarding training affairs and all responsibilities and duties arising from accreditation.
 - d. The right of the Arab Board to evaluate the sponsoring institution during the accreditation period if necessary.
2. Complete the self-assessment form for institutional accreditation and attach the CVs of the DIO and their deputy.
3. Pay the institutional accreditation fee and bear the costs of the evaluation team's visit as specified by the Arab Board's system.
4. Meet the institutional accreditation standards specified in Section One of this chapter.

Procedures:

New Accreditation:

1. Application for Institutional Accreditation:

The sponsoring institution expresses its desire for accreditation as a training center with the Arab Board by filling out the institutional accreditation application form.

2. Verification of Institution's Eligibility for Accreditation:

The Accreditation and Quality Assurance Office reviews the institution's eligibility and notifies it to:

- a. Proceed with the accreditation steps and procedures.
- b. Apologize with reasons provided.

3. Filling Out the Self-Assessment Form for Institutional Accreditation:

- a. The sponsoring institution fills out the self-assessment form for institutional accreditation, attaching the CVs of the DIO and their deputy,

as well as the application forms for the programs seeking accreditation and their attachments as outlined in the Program Accreditation section of this guide.

- b. The Accreditation and Quality Assurance Office verifies the completion of the required data and submits it to the Secretary-General to form the institutional accreditation evaluation team.
- c. Program accreditation procedures commence after obtaining institutional accreditation according to the steps and procedures for program accreditation.

4. Formation of the Institutional Accreditation Evaluation Team and Scheduling the Visit:

- a. The Secretary-General forms the team to visit the institution according to the mechanism described in Section One of Chapter Two of this guide.
- b. The Accreditation and Quality Assurance Office contacts the institution to inform it of the team members' names, the visit schedule, and coordinates the visit date.
- c. The institution makes the necessary logistical arrangements and prepares for the visit and the supporting documents mentioned in the self-assessment form for institutional accreditation and all that enables the team to objectively evaluate the health institution, coordinating with the Accreditation and Quality Assurance Office.

5. Field Visit and Team Report Preparation:

Team members conduct the evaluation and fill out the institutional accreditation evaluation form according to the designated template.

6. Review of Team Report and Issuance of Accreditation Decision:

- a. The Accreditation and Quality Assurance Office submits the team's report to the Accreditation and Quality Assurance Committee for discussion and to forward its recommendation to the Secretary-General.
- b. If the recommendation is favorable, the Secretary-General issues a decision for institutional accreditation that includes:
 - Specification of the accreditation type as either: - Full Accreditation for six years.
 - Provisional Accreditation for one or two years maximum, with re-evaluation scheduled by the Accreditation and Quality Assurance Office to verify the fulfillment of required improvements.

- Confirmation of the Designated Institutional Official (DIO) and their deputy's names and contact information.
 - Observations, areas for improvement, or specific additional requirements within defined time frames, if any.
- c. If the recommendation is against approval, the local authority or sponsoring institution, as agreed with the country, is informed of the decision and its reasons.

7. Post-Accreditation Follow-up:

The Arab Board follows up on the accreditation through the annual report from the DIO, summarizing the center's activities, the educational process, the number of trainees enrolled in the Council's programs, and activities conducted to enhance and develop the training process. The Board may conduct inspection visits if necessary.

8. Accreditation Renewal:

The Accreditation and Quality Assurance Office notifies the training center at least six months before the accreditation expiration and requests the completion of the self-assessment form for institutional accreditation at least three months before the accreditation expiry date.

9. Accreditation Suspension:

Accreditation can be suspended for one year by a decision from the Secretary-General based on a report from the Accreditation and Quality Assurance Office and the recommendation of the Accreditation and Quality Assurance Committee in the following cases:

1. Failure to accredit any program within two years from the date of institutional accreditation.
2. Halting the acceptance of trainees for two consecutive years in all accredited programs.
3. Failure to apply for accreditation renewal within the specified period.
4. Non-compliance with accreditation standard indicators or a decline in their level affecting the training goals and quality outcomes, with the possibility of rectification during the suspension period.

Consequences of Accreditation Suspension:

1. Freezing pending program accreditation applications and ineligibility to apply for new program accreditations.
2. Freezing requests for increasing the annual and total capacity for any of its accredited programs during the suspension period.

3. The Arab Board has the right to re-evaluate using the mechanism it deems appropriate, and the report is submitted to the Accreditation and Quality Assurance Committee through the Accreditation and Quality Assurance Office.
4. The Accreditation and Quality Assurance Committee reviews the report and recommends to the Secretary-General one of the following actions:
 - a. Lifting the suspension.
 - b. Extending the suspension for a specified period, up to one more year, with a warning of accreditation withdrawal if the reasons for suspension are not rectified before its expiration.
 - c. Withdrawing accreditation.

Accreditation Withdrawal:

Accreditation is withdrawn by a decision from the Secretary-General based on a report from the Accreditation and Quality Assurance Office and the recommendation of the Accreditation and Quality Assurance Committee in cases where:

1. Reasons for suspension are not rectified or resolved before the end of its term.
2. Violation of key accreditation standard indicators that cannot be corrected by suspending accreditation.
3. The training center's eligibility ceases due to closure or change in its nature.

Consequences of Accreditation Withdrawal:

All programs accredited in the sponsoring institution are withdrawn, and the institution is responsible for facilitating the transfer of trainees to another training center accredited by the Arab Board in the same specialty.

Re-Accreditation:

A sponsoring institution whose institutional accreditation has been withdrawn may apply anew according to the provisions stipulated in the Academic Affairs Regulations and the institutional accreditation standards, requirements, and procedures outlined in this guide.

Chapter Four

Program Accreditation

Chapter Four: Program Accreditation

Program accreditation consists of general standards detailed in this chapter, along with specific standards for each training program attached to this guide according to each specialty.

Section One: General Standards for Program Accreditation

Standard One: Governance

Key Indicators:

Must have:

- 1-1. Institutional accreditation for the sponsoring institution to which the program belongs.
- 1-2. The program must be standalone within the training center or in partnership with a training center within a sponsoring institution accredited by the Arab Board. If the cooperating training center is within a non-accredited institution, the training duration there must not exceed a quarter of the accredited program's total duration.
- 1-3. An agreement or document clarifying training responsibilities between the training program and any other site required by the program as a cooperating training center if it's outside the administrative authority of the sponsoring institution.
- 1-4. A program director and their deputy, as specified in Section Two of Chapter Two of this guide.
- 1-5. A "Training and Program Development Committee" with the formation and tasks specified in Section Two of Chapter Two of this guide.
- 1-6. A "Clinical Competency Evaluation Committee" with the formation and tasks specified in Section Two of Chapter Two of this guide.
- 1-7. Policies and mechanisms that enable the program director to perform their duties.

Advanced Indicators:

- 1-8. Program committees membership includes individuals with academic degrees in academic management or in education and training in health specialties.

Standard Two: Human Resources

Key Indicators:

Must have:

- 2-1. The required number of qualified trainers for the program, as specified in Section Two of Chapter Two of this guide.

- 2-2. A- The required number and diversity of health and technical support staff as specified for the program.
B- The required number and diversity of clinics and support services as specified for the program.
- 2-3. The required number and diversity of other supporting professional and human resources to ensure an effective educational environment for the program.
- 2-4. An administrative coordinator for the program with sufficient and appropriate availability to provide administrative support for the program.

Advanced Indicators:

- 2-5. A motivational environment for trainers to deliver educational activities.
- 2-6. Mechanisms for supporting and developing trainers and other human resources to improve the quality and effectiveness of the program's scientific and research activities.

Standard Three: Trainees

Key Indicators:

Must have:

- 3-1. Adherence to the acceptance conditions specified in the Academic Affairs Regulations.
- 3-2. Compliance with the annual and total capacity specified for the program, including trainees under the umbrella of other specialty bodies in the same program.
- 3-3. Adherence to the minimum number of trainees in each training year as specified for the program.
- 3-4. Procedures for feedback from trainees.

Advanced Indicators:

- 3-5.
 - a. A publicly announced mechanism for accepting training applicants.
 - b. Opportunity for applicants to apply to more than one training center according to preference.

Standard Four: Infrastructure

Key Indicators:

Must have:

4-1.

- a. The required number and diversity of beds as specified for the program.
- b. The required number and diversity of diagnostic and therapeutic facilities as specified for the program.

4-2. Necessary resources for regularly implementing the required training activities.

4-3. Adequate resources for medical education, including lecture halls, meeting rooms, and scientific and practical references for the program.

4-4. A sufficient number of patients and diversity of cases to achieve the program's objectives.

4-5. Adequate infrastructure for dormitories and rest areas for on-call trainees and catering and welfare services as per the fourth standard of institutional accreditation standards.

4-6. Sufficient resources to facilitate trainees' engagement in educational and research activities.

Advanced Indicators:

4-7. Procedures for feedback on the quality of the program's infrastructure.

4-8. Procedures and initiatives for evaluating and developing the program's infrastructure.

4-9. Provision of electronic systems to support trainees in producing their lectures and scientific research.

Standard Five: The Training Program

Key Indicators:

Must have:

5-1. The training curriculum should be based on the general framework of the program in the Arab Board in terms of duration, content, and level progression, enabling the trainee to acquire the following scientific, skill-based, and behavioral competencies:

- a. **Professional Competencies:** Commitment to professional responsibilities and ethical standards of the profession.
- b. **Healthcare and Practical Skills:** Ability to provide appropriate and effective healthcare for health problems and to support health.

- c. **Medical Knowledge:** Knowledge of biomedical, clinical, environmental, and behavioral sciences, and the application of this knowledge in healthcare.
- d. **Professional and Scientific Practice Development:** Ability to analyze and evaluate patient care in line with evidence-based medicine principles and to improve healthcare based on self-evaluation and ongoing scientific development.
- e. **Communication Skills:** Acquisition of communication skills that contribute to information exchange and communication with patients, their families, and healthcare practitioners.
- f. **System-Based Practice:** Sufficient awareness of healthcare systems, including public health determinants, responsiveness to them, and the ability to utilize available resources in the health system to provide exemplary healthcare.

5-2. Scheduled Educational Activities:

- a. Allocating sufficient and protected time for trainees to participate in scheduled educational activities.
- b. The training curriculum includes the cognitive content of training outcomes in the specialty.
- c. Diversity in educational activities, such as:
 - Inter-specialty seminars.
 - Scientific journals.
 - Discussion of distinguished case studies.
 - Lectures.
 - Medical journal clubs.
 - Training workshops.

5-3. Clinical and Practical Experiences: Implementation of a progression in responsibility for the trainee in healthcare, leadership skills, supervision, and management.

5-4. Scientific Research Activity:

- a. **Trainee's Research Activity:** Including basics of medical research knowledge, steps of conducting scientific research and its evaluation, and how to apply it to healthcare.
- b. **Trainer's Research Activities:** Trainers' contributions to research activities include:
 - Research in basic, applied, clinical sciences, and medical education, and the translation of health sciences.
 - Research grants from scientific institutions.

- Research based on evaluation and analysis, reviewing scientific articles, writing chapters in medical books, or publishing case reports.
- Authoring curricula, evaluation methods, and educational activities in print and electronic formats.
- Active membership in local and international scientific committees and associations and holding leadership positions in educational institutions.
- Innovations in medical education.

Advanced Indicators:

- 5-5.** Utilization of information technology and simulation in education and training.
- 5-6.** Publication of scientific research results and outputs by trainees in peer-reviewed journals and scientific conferences.
- 5-7.** Feedback mechanisms to utilize in the continuous development of the program.

Standard Six: Trainee Evaluation

Key Indicators:

Must have:

- 6-1.** Policies and mechanisms that enable the Clinical Competency Evaluation Committee to perform its tasks as specified in Section Two of Chapter Two.
- 6-2.** Clear procedures and mechanisms for achieving the objectives of the continuous and cumulative evaluation system, including:
 - a.** Implementing a diverse evaluation system for the trainee that includes peers, trainers, healthcare practitioners, and patients, in addition to self-evaluation.
 - b.** Providing feedback on trainees' performance immediately after training courses or similar academic duties and documenting it upon completion.
 - c.** Monitoring the trainee's scientific and practical record, whether paper-based or electronic (E-portfolio), which includes:
 - Systematic evaluations of competencies in patient care, medical knowledge aspects, practice-based learning and improvement, communication skills, professionalism, and system-based practice.
 - Documentation of progressive performance development in accordance with the trainee's scientific level at each training stage.

- Providing each trainee with their evaluation result and feedback every six months to develop their educational plans, support strengths, and identify areas for improvement and development.
- d. Applying quality requirements in the continuous evaluation of trainees' performance to:
 - Be available for review by the trainee in accordance with the institution's policies.
 - Include a review of the volume and diversity of cases and their complexity, for both inpatients and outpatient clinic patients.
 - Include the cognitive aspect of the trainee through structured oral examinations.
 - Reflect the trainee's performance throughout the training period, including acquiring the necessary competencies for unsupervised practice.
- e. Periodic review and analysis of evaluation methodologies and examination techniques by a specialized committee within the program.

Advanced Indicators:

- 6-3. An electronic system for continuous and cumulative evaluation and feedback for trainees, with the capability to generate evaluation reports.

Standard Seven: Program Evaluation

Key Indicators:

Must have:

- 7-1. Policies and mechanisms that enable the Training and Program Development Committee to perform its duties as specified in Section Two of Chapter Two of this guide.
- 7-2. A system for evaluating and developing trainers' performance in relation to the training program at least once a year, including:
- Documented evaluation by trainees, maintaining anonymity.
 - Evaluation of the trainer's clinical teaching abilities, commitment to the educational program, and contribution to the program's development.
 - Development of trainees' cognitive, skill-based, research, and professional capabilities, through various methods such as lectures, workshops, and virtual conferences aimed at improving their performance.
 - Regular documentation of evaluation and development activities.

- 7-3.** Policies and procedures based on the training program's objectives for evaluating the quality and performance of the program at least once a year, identifying strengths and opportunities for improvement. This includes the performance of trainees at all stages of training, trainers, and graduates, with evaluations conducted by trainers, trainees, and graduates in a protected manner.

Advanced Indicators:

- 7-4.** Use of the results from the training program's evaluation for its development.

Standard Eight: Quality of the Educational and Work Environment

Key Indicators:

Must have:

- 8-1.** Policies and procedures that affirm commitment to the trainees' professional development and well-being, considering the balance between educational and training requirements and healthcare service tasks.
- 8-2.** Policies and procedures supporting patient safety-oriented healthcare and team spirit among healthcare practitioners, including:
- a.** Effective contribution of trainers and trainees to patient safety systems to foster this culture.
 - b.** Education in patient safety through:
 - Providing structured educational and awareness activities supporting objectives, mechanisms, and techniques that enhance patient safety.
 - Informing trainees and healthcare providers about their responsibilities in documenting patient safety-related cases, preventive and corrective actions taken, and documentation procedures.
 - c.** A system for reporting adverse outcomes and medical errors and the investigation and management of these.
 - d.** A patient referral system ensuring their safety and continuity of healthcare, including schedules with the names of healthcare providers responsible for patient care, including trainees.
- 8-3.** Supervision and Responsibility:
- a.** Trainees receive adequate supervision from their trainers appropriate to their training level.

b. A policy that outlines the levels of supervision for trainees during healthcare provision as follows:

- **Direct supervision:** The supervising healthcare practitioner is physically present with the trainee and the patient.
- **Indirect supervision with immediate availability:** The supervising healthcare practitioner is present within the patient care vicinity to provide direct emergency supervision when needed.
- **Indirect supervision with availability and communication when needed:** The supervising healthcare practitioner is not present in the patient care vicinity but can be contacted and provide direct supervision when needed.
- **Remote supervision (oversight):** The supervising healthcare practitioner is available for feedback on all patient care processes provided by trainees.

8-4. Professional Development of Trainees:

a. Educating healthcare providers, including trainees, about professional responsibilities and ethics, such as:

- Providing patient-centered healthcare. - Patient safety and welfare, and delivering optimal healthcare.
- Documenting medical errors and side effects resulting from the treatment plan.
- Interacting with patients' special needs and respecting their treatment wishes within the ethical charter, including patient care transfer under certain conditions to another qualified and more prepared healthcare practitioner.

b. Providing a professional environment that is respectful and free from personal insults to patients, their families, and healthcare providers, including trainees.

8-5. Trainee Well-being:

a. Supporting trainees' well-being and healthcare, avoiding burnout, stress, psychological disorders, detecting and treating them, such as:

- Being mindful of training schedules, on-call rotations, work intensity, and providing necessary administrative support to ensure trainees' well-being.
- Assessing workplace safety.
- Facilitating attendance at personal medical appointments and healthcare.

- Educating on recognizing symptoms of burnout, stress, psychological disorders, and a system to assist those suffering in a privacy-ensuring manner.
- Providing adequate leave within regulatory limits when trainees are unable to work due to medical or family circumstances.
- Ensuring sufficient accommodation and safe transportation means in case of fatigue affecting their safety returning home.
- b. system for working hours and shifts including adherence to:**
 - Not exceeding 80 working hours per week, including all educational activities, healthcare provision, remote work follow-ups, and commute times during on-call shifts from home.
 - Providing at least one day off per week without healthcare duties.
 - Ensuring at least 8 hours of rest post-shifts and case handovers, and 14 hours of rest after continuous 24-hour shifts.
 - Not exceeding on-call shifts more than once every three nights or continuous 24-hour shifts, excluding home on-call shifts not affecting trainee performance and rest time.
 - Not assigning new patient admissions after a continuous 24-hour shift.

Advanced Indicators:

- 8-6.** Adoption by the center and the training program of pathways and initiatives for excellence and quality in the educational and work environment, such as:
- a. Encouraging trainee participation in events and plans to improve the quality of the educational and work environment and teamwork towards quality.
 - b. Trainee participation in committees concerned with their well-being, complaints, and patient safety.
 - c. Mechanisms for developing the educational environment based on systematic studies.

Section Two: Requirements and Procedures for Program Accreditation

Requirements:

1. Prior or simultaneous acquisition of institutional accreditation before applying for program accreditation.

2. Submission of the program accreditation application form, signed by the program director, the general supervisor of academic affairs, and the director of the healthcare institution, as per the designated template. The form must include an acknowledgment of the following:
 - a. Familiarity with the general standards for program accreditation, in addition to the specific standards for the program seeking accreditation, and commitment to adhere to them.
 - b. Compliance with regulations, decisions, instructions, and procedures related to accreditation, training, and evaluation issued by the Arab Board.
 - c. The Arab Board's right to assess the program during the accreditation period if needed.
3. Completion of the self-assessment form for program accreditation, including CVs for the program director, deputy, and trainers. If there's a collaborating training center, its details should be documented in an annex to the accreditation application, outlining the coordination mechanism between centers for program implementation.
4. Payment of program accreditation fees and covering the costs of the evaluation team visit, as specified by the Arab Board's regulations.
5. Fulfillment of the general standards for program accreditation outlined in the first chapter of this section, in addition to the specific accreditation standards for each program seeking accreditation.

The Procedures:

New Accreditation:

1. **Application for Program Accreditation:** The training center expresses its desire to accredit one or more training programs by filling out the designated application and self-assessment form for program accreditation, attaching CVs for the program director, deputy, and trainers. The application is submitted directly to the Accreditation and Quality Assurance Office or through the local authority, as agreed with the country.
2. **Verification of Completion of Required Information for Accreditation:** The Accreditation and Quality Assurance Office reviews the form and attachments to ensure all required information is provided.
3. **Formation of the Evaluation Team and Scheduling the Visit:**
 - a. The Secretary-General forms the team to evaluate the program as per the mechanism described in the first chapter of the second section of this guide.

- b. The Accreditation and Quality Assurance Office contacts the institution to announce the team members' names, the visit schedule, and coordinate the visit date.
 - c. The training center takes the necessary logistical arrangements and prepares for the visit and supporting documents as stated in the self-assessment form for program accreditation. This enables the team to objectively evaluate the program and follow up with the Accreditation and Quality Assurance Office.
4. **Field Visit and Team Report Preparation:** Team members conduct the evaluation and fill out the program accreditation evaluation team form according to the prepared template.
5. **Review of the Team Report and Issuance of Accreditation Decision:**
 - a. The Accreditation and Quality Assurance Office, after ensuring the procedures comply with the Arab Board's system, presents the team's report to the relevant committee within the scientific council (Programs and Training Committee / Specialty Committee) for review and recommendation.
 - b. If the recommendation is approval, the Secretary-General issues a decision that includes:
 - The type of accreditation:
 - **Full Accreditation** for six years.
 - **Provisional Accreditation** for one or two years maximum, with a re-evaluation scheduled by the Accreditation and Quality Assurance Office to verify the required improvements have been made.
 - The date of acceptance of the first batch of trainees.
 - The annual and total trainee capacity for the program.
 - Names of the program director, deputy, and accredited trainers.
 - Observations, areas for improvement, or additional requirements with specified timelines, if any.
 - c. The local authority or training center director is informed of the accreditation decision, along with a copy to the president of the concerned scientific council.
 - d. If the recommendation is for disapproval, the local authority or training center is notified of the decision and its reasons.
6. **Post-Accreditation Follow-Up:** The Arab Board monitors program accreditation through the annual institutional report submitted by the general supervisor of academic affairs. The Board may conduct inspection visits if necessary.

Inspection Visits: The Secretary-General may form a team to conduct an inspection visit to the training center during the program accreditation period in the following cases:

1. Complaints from trainees or trainers.
2. A recommendation from the scientific council due to a decline in training level or pass rates in exams.
3. Failure to register new trainees for two consecutive years.
4. Any other reasons that may necessitate such a visit.

Accreditation Renewal: The training center is notified by the Accreditation and Quality Assurance Office about the impending end of the accreditation period at least six months in advance. The center is requested to fill out the renewal form no less than three months before the accreditation expiration date.

Accreditation Suspension: Accreditation can be suspended for one year by a decision from the Secretary-General based on a report from the Accreditation and Quality Assurance Office and a recommendation from the relevant scientific council committee (Programs and Training Committee / Specialty Committee) in the following cases:

1. Suspension of institutional accreditation.
2. Failure to apply for program accreditation renewal within the specified period.
3. Violation of accreditation standards or deterioration in quality affecting training objectives and outcomes, with the possibility of correction during the suspension period.

Consequences of Accreditation Suspension:

1. The program must notify trainees and applicants about its accreditation suspension status.
2. Requests for increasing the annual and total capacity of the program are frozen during the suspension period.
3. The Arab Board may reassess the program using the methodology it deems appropriate. The report is submitted to the relevant scientific council committee through the Accreditation and Quality Assurance Office.
4. The committee reviews the report and recommends to the Secretary-General one of the following actions:
 - a. Lifting the suspension.
 - b. Extending the suspension for a specific period, up to a maximum of one year, with a warning of accreditation withdrawal if the reasons for suspension are not corrected before its expiration.
 - c. Withdrawing accreditation.

Accreditation Withdrawal: Program accreditation may be withdrawn by a decision from the Secretary-General based on a report from the Accreditation and Quality Assurance Office and a recommendation from the relevant scientific council committee in the following cases:

1. Withdrawal of the institutional accreditation of the center to which the program belongs.
2. Failure to correct or eliminate the reasons for program accreditation suspension before its expiration.
3. Violation of fundamental program accreditation standards that cannot be corrected by suspension.

Consequences of Accreditation Withdrawal: Upon program accreditation withdrawal, the training center is responsible for facilitating the transfer of trainees to another training center accredited by the Arab Board in the same specialty.

Accreditation Reapplication: A training center whose program accreditation has been withdrawn may reapply for accreditation according to the provisions of the regulatory statutes for academic affairs and the program accreditation standards and procedures outlined in this guide.

The Arab Board of Health Specializations

Guide to Executive Rules and Procedures for Accreditation (Accreditation Guide)

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