Registration of Clinical Training Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection:_____/_____/_____

Ref.	Description	Yes	No	N/A	Remarks
6	**STANDARD TWO**: HEALTH FACILITY REQUIREMENTS				
6.2	The health facility shall provide evidence of written policies and procedures for the different APS programs which may include but not limited to:				
a	Incident Reporting				
b	Patient confidentiality				
c	Consent				
d	Training assessment				
e	Training acceptance				
f	Grievance Procedures				
6.6	Health facilities with APS shall ensure provision of adequate and appropriate resources to support the goals and objectives of the training program, which could include, but not limited to:				
6.6.1	A room equipped with audio-visual aids to accommodate enrolled trainees, if required for the training.				
6.6.2	Access to internet services, computer and/or tablets.				
6.6.3	Easy access to educational and research material, which could be in the form of a valid contract with an online medical library.				
6.6.4	Lecture or meeting room(s).				
9	**STANDARD FIVE:** ADVANCED TRAINING PROGRAM				
9.3	All health facilities applying for the Advanced Training Program shall ensure the following:				
9.3.2	Clearly defined scope and curriculum for the residency programs and fellowship program, where applicable.				

10	**STANDARD SIX:** MANAGEMENT OF TRAINING PROGRAMS				
10.6	Patient consent form in both Arabic and English shall be available and must cover acceptance of treatment and access to patient health records by the clinical trainee, students and clinical residents.				