APPROVED PRACTICE SETTING

AND

BACK TO PRACTICE REGULATION

HEALTH REGULATION DEPARTMENT

DUBAI HEALTH AUTHORITY

2013

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Acknowledgment

Dubai Health Authority (DHA) is pleased to present the Approved Practice Setting (APS) and Back to Practice (BTP) Regulation which represents a milestone towards fulfilling the following DHA strategic objectives "To ensure quality, stability and availability of health professionals" and "To assure quality and supply of undergraduate, postgraduate and continuing medical education in Dubai"

This Regulation focuses on facility design and training criteria with an emphasis on the quality of training and safety of public and healthcare professionals. It also fulfills the training requirements for professionals to obtain professional license and provides regulation for delivering AMT (AMT) programs in private healthcare settings.

The Approved Practice Setting and Back to practice Regulation was developed by the Health Regulation Department (HRD) in collaboration with Subject Matter Experts whose contributions have been invaluable. The Health Regulation Department would like to gratefully acknowledge those professionals and thank them for their expertise.

The Health Regulation Department

Dubai Health Authority

I. Scope

These Regulatory standards are applicable to all licensed Private health facilities operating under the Dubai Health Authority establishment law, intending to provide clinical training services for Health Professionals including those Back to Practice (BTP) after a gap in service in the Emirate of Dubai. The scope does not cover training program in Medical Universities or Colleges.

This Regulation may be amended from time to time, and will be referred to as the Approved Practice Setting and Back to practice Regulatory Criteria. The latest edition of the document shall be accessed through the DHA website www.dha.gov.ae

II. Purpose

Dubai Health Authority through the development, establishment, and enforcement of minimum requirements for registration of a private health facility as training facility shall ensure ensuring the provision of the highest level of safety and quality of patient care at all times.

III. Definitions

Advanced Medical Training (AMT): shall mean programs aimed at providing high quality educational activities and hands on training involving patients or simulation scenarios. It provides opportunity for healthcare professional trainees to enhance their proficiency which leads to better provision of healthcare services

Approved Practice Setting (APS): shall mean a health facility that has an effective system for the management of healthcare professionals, systems for identifying and acting upon concerns about healthcare professional's fitness to practice, systems to support the provision of relevant training or continuing professional development, and systems for providing regulatory assurance

Allied healthcare professional: shall mean healthcare personnel working in health facilities and who are required to be licensed as per the applicable laws in the Emirate of Dubai.

Back to Practice (BTP): shall mean the reentry to practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment." The period out of practice considered in this regulation is 2-5 years.

Clinical Laboratory: shall mean a medical institution, building or place in which procedures for the examination of materials taken from or originating from the human body performed through testing by: chemistry, hematology microbiology, serology, cytology, pathology, immunohematology or other forms of examinations to obtain information for diagnosis, prophylaxis or treatment of humans.

Clinical Training: shall mean the provision of practical clinical teaching (hands on) services within functioning health facility set up.

Credentialing: shall mean the process of reviewing the credentials of health professional meeting a set of educational or occupational criteria and therefore being licensed in their field.

General Practitioners: shall mean a graduate from a Medical school /college listed in the Directory of medical schools published by the WHO or graduate from a medical school /college listed in the IMED of the FAIMER.

Grievance: shall mean a claim made by a person or an organization highlighting that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation.

Healthcare Professionals (HP): shall mean a person who by education, training, certification, or licensure is qualified to and is engaged in providing health care. In this document Health Professionals refers to all categories of staff like Doctors (Residents/New Graduates and General Practitioners) Dentists (General Dentists and New Graduates/ Residents), Nurses and Allied healthcare professionals

Hospital: shall mean a healthcare facility licensed by the Dubai Health Authority for providing diagnosis, treatment and inpatient medical care for patient.

Outpatient Care: shall mean any health care that is delivered on an outpatient basis

Patient: shall mean people who directly or indirectly make use of health services

Primary Source Verification (PSV): shall refer to the act of obtaining the Healthcare applicant's credentials (verification of the documents) directly from the original or primary source.

IV.   Acronyms

APS   : Approved Practice Setting

BTP   : Back to Practice

DHA   : Dubai Health Authority

HAAD   : Health Authority Abu Dhabi

HRD   : Health Regulation Department

KHDA   : Knowledge and Human Development Authority

MED   : Medical Education Department

MOH   : Ministry of Health

MOHESR : Ministry of Higher Education and Scientific Research

CHAPTER ONE: CRITERIA FOR APPROVED PRACTICE SETTING

1. **Introduction:**

1.1. An Approved Practice Settings (APS) in the emirate of Dubai may provide hands on clinical training services for the following healthcare professionals categories:

1.1.1. Newly graduated healthcare professionals from an accredited program recognized by Ministry of Higher Education and Scientific Research (MOHESR) in the United Arab Emirates (UAE) who require extra experience to complete the DHA licensure requirements

1.1.2. Back to Practice: These are the healthcare professionals who have been practicing their medical profession but went out of practice for a period that exceeds 2 years and less than 5 years.

1.1.3. Healthcare professionals licensed by any regulatory body in UAE (DHA, HAAD, MOH and DHCC) who wish to train for short term Advanced Medical Training (AMT) programs. (Please refer to section 3 of this chapter).

1.2. The scope of services of an APS does not cover the following:

1.2.1. Healthcare professionals who have been out of practice for a period exceeding 5 years as they are <u>not eligible</u> to return to medical practice

1.2.2. Healthcare professionals who have been out of practice from 2 to 5 years resulting from disciplinary action taken against them or are unfit to practice due to a medical condition. Such cases will be dealt with on individual case basis by a professional committee by DHA. For further information refer to the policy "Licensure of Health Professionals": Insert Link

1.2.3. Healthcare professionals in Internship program or Dubai Residency Training Program (DRP) residents or any other Residency program in UAE.

> Note: Any healthcare professional or new graduate wishing to register in an APS must have no disciplinary action taken against him/her.

2. **APS general licensure criteria:**

DHA licensed healthcare facilities opting to provide clinical training as an APS must fulfill the following criteria: (special requirements for AMT are outlined in section 3 of this document)

2.1 Facility Categories eligible to apply as APS:

    2.1.1. All health facilities applying as an APS must have a valid DHA license. The following facility licensure categories can apply to register as an APS:

        2.1.1.1.Hospitals

        2.1.1.2.Specialty Clinics

        2.1.1.3.Dental Clinics

        2.1.1.4.Community Pharmacies

    2.1.2. The table below shows the training programs that maybe offered in each facility category and the corresponding trainee categories:

Table 1 : APS Facility Training Categories			
Facility Category	**Training program offered**	**Eligible Trainee category**	**Trainee specialties accepted**
Hospitals	Clinical Trainee	Newly graduated requiring experience for licensure	Medical,Dental,Nursing and Midwifery, Allied Health, pharmacists
	Back to practice	Back to practice professionals	Medical,Dental,Nursing and Midwifery, Allied Health
	AMT	DHA Licensed professionals	Medical,Dental,Nursing and Midwifery, Allied Health
Dental Clinics	Clinical Trainee (Dental)	Newly graduated dental students requiring experience for licensure post internship	Dental
	Back to practice	Back to practice Dentists	Dental
	AMT	DHA Licensed: dentists, dental hygienists dental assistants, dental technicians	Dental and Allied Dental sub specialties
Specialty Clinics	AMT	DHA Licensed professionals	Medical,Dental,Nursing and Midwifery, Allied Health

Pharmacies	Clinical Trainee (Pharmacy)	Newly graduated pharmacists requiring experience for licensure	Pharmacy

3. Physical Facility Criteria

   3.1.1. <u>General facility requirements:</u>

      3.1.1.1. The health facility must have at least one lecture hall equipped with audiovisual aids to accommodate the number of clinical trainees

      3.1.1.2. There should be adequate numbers of on-call rooms for clinical trainees, where applicable.

      3.1.1.3. The facility must ensure easy accessibility to educational and research materials, this includes but is not limited to:

         3.1.1.3.1. A Medical Library with sufficient information and resources to support the clinical education program including, the latest editions of the essential textbooks, medical journals and periodicals

         3.1.1.3.2. If an online medical library is provided, then a signed copy of the contract for the online medical library must be provided.

         3.1.1.3.3. An access to internet and on-line references, journals and medical libraries

         3.1.1.3.4. The availability of adequate number of modern instructional aids

      3.1.1.4. A health record system based on DHA adopted standard coding must be in place that documents the course of each patient's illness and care that is available at all times and adequately supports quality patient care, quality assurance activities and adequate resources for scholarly activity.

3.1.2. For <u>Back to practice professionals</u> the healthcare facility granted the APS status their management shall provide:

    3.1.2.1. A complete reentry package which includes:

        3.1.2.1.1. The initial assessment of the applicant prior to his/her enrollment to determine the gaps in the skills,

        3.1.2.1.2. A structured program that must address the gaps in the skills bssed on the initial assessment.

        3.1.2.1.3. The Final evaluation of the applicant after he/she is enrolled in the back to practice structured training program.

    3.1.2.2. The trainee shall be assessed by the APS and to be enrolled within a structured training program, with clear objectives, and expected learning outcomes that addresses his/her specific needs.

3.1.3. <u>Criteria for Hospitals opting to become APS are as follows:</u>

    3.1.3.1. Any hospital opting to register as APS must be accredited by an international accreditation agency in line with DHA strategic plan 2015.

    3.1.3.2. General Hospital must not be less than 50 multispecialty beds capacity offering the following services:

        3.1.3.2.1. General Medicine, General Surgery, Obstetrics & Gynecology and Pediatrics.

        3.1.3.2.2. Emergency with Critical Care Services

        3.1.3.2.3. Basic laboratory and radiology services (including CT scanning)

        3.1.3.2.4. Dental services (if the Hospital wishes to include dental training services)

    3.1.3.3. Specialty Hospitals must not be less than 25 beds capacity can register only:

3.1.3.3.1. General practitioners requiring training in that specific specialty as part of their general training,

3.1.3.3.2. Specialist physicians returning back to practice in the same specialty

3.1.3.3.3. Specialist physicians requiring AMT.

3.1.3.4. The hospital must demonstrate an adequate volume and variety of cases in a mixture of the hospital specialties with low risk and high-risk patients. Number of patients registered with the health facility shall not be less than 5000 patient/year.

3.1.4. Special Criteria for Dentistry clinics Opting to become APS are as follows:

3.1.4.1. The programs should only be conducted by large dental centres with full range of specialties and facilities.

3.1.4.2. The facilities should be large enough and ensure adequate volume of patients and case mix.

3.1.4.3. All the different seven dental specialties (including general dentistry and emergency services) should be available for the training. Additional specialties are also recommended.

3.1.4.4. The dental trainers must hold advanced certification in the different specialties, and if general dentists they should be highly experienced.

3.1.4.5. The trainers must have a proof of teaching experience

3.1.4.6. A case log book of clinical work and experience is recommended to ensure satisfactory case mix and monitoring

3.1.4.7. In Appendix 2: Section 4: Trainee supervision policy should meet the above recommendations

3.1.5. Special Criteria for Community Pharmacies opting to become APS are as follows:

3.1.5.1. It must be part of a chain of pharmacies licensed by DHA.

3.1.5.2. The pharmacy must have at least two DHA licensed pharmacists. The Pharmacy management must ensure that one DHA licensed pharmacist is available per shift to accompany the trainees.

3.1.5.3. The pharmacy must provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program

3.1.5.4. The training pharmacy should have mechanism in place to monitor Trainer/Instructor performance such as program evaluation forms.

3.1.5.5. The pharmacists responsible for training must fulfil the following criteria:

   3.1.5.5.1. Must have valid DHA license for minimum of 2 years with no history of malpractice

   3.1.5.5.2. Must provide direct supervision of the pharmacy trainees at all times.

   3.1.5.5.3. Must complete the trainee progress report at every 500 hours of training.

   3.1.5.5.4. The pharmacist shall submit the final trainee progress report to the HRD

3.1.5.6. The pharmacy trainees shall NOT dispense any controlled medications.

3.1.5.7. The pharmacy trainees may dispense other medications under direct supervision of the pharmacist available.

3.1.5.8. The training will be for 1500 hours within a span of 12 months

3.1.5.9. The pharmacy management shall maintain an attendance register for the pharmacy trainees

3.1.5.10. Training liability is solely with the pharmacist on duty.

3.1.5.11. Results and outcomes of the program monitoring must be used to improve training provision.

3.1.5.12. Upon completion of the pharmacy training duration the pharmacy management shall issue a training completion certificate to the trainee.

3.1.5.13. For trainee responsibilities please refer to section 2.5 of this document.

3.2. **Program management criteria**

3.2.1. There must be a training program coordinator who should have the authority and responsibility for the oversight and administration of the training program.

3.2.2. The administration of the APS must have written policies and procedures in place for clinical teaching of clinical trainees to guide their role and responsibility.

3.2.3. In order for clinical trainees to prepare for future independent practice they must have the opportunity to participate actively in the provision of healthcare; that is, they must have hands-on experience in a system of delegated and graded responsibility, while always under supervision.

3.2.4. Trainees should maintain a log book.

3.2.5. The healthcare facility must have a clinical training policy which clearly states the responsibility of the APS in delivery of training and that of the trainee which includes ;

3.2.5.1. Vacation and sick leave;

3.2.5.2. Practice privileges;

3.2.5.3. Grievance procedures;

3.2.5.4. Malpractice insurance;

3.3. **Supervisors Criteria:**

3.3.1. The Hospital management shall ensure that each clinical trainee should have an assigned clinical supervisor he/she reports to. The supervisors of clinical training should:

3.3.1.1. The supervisor has the responsibility for the outcomes of the treatments and procedures performed by the trainees on patients.

3.3.1.2. Provide necessary departmental orientation and supervision for trainees, with a focus on patient safety, confidentiality and infection control procedures

3.3.1.3. Provide feedback and evaluations to the clinical trainees;

3.3.1.4. Discuss with clinical trainees regarding patient evaluation, treatment planning, patient management, and complications and outcomes of all cases.

3.3.2. The ratio of the supervisors to the clinical trainees must be 1 Consultant: 10 clinical trainees or 1 Specialist: 5 clinical trainees.

3.3.3. For other allied health professional categories it should be 1 supervisor : 10 clinical trainees. The management shall ensure that all allied health supervisors are senior and well qualified to provide supervision to trainees.

3.3.4. The facility management shall define and provide the trainees with names of their supervisors.

3.3.5. In the absence of the supervisor, the facility management must provide another supervisor in the same specialty to take over the supervision responsibility; HRD shall be informed in writing regarding this change within seven days.

3.3.6. Should the supervisor cease employment at the facility and an alternate supervisor is not identified within seven days, the health facility shall stop clinical training services until rectifying the supervisory issue.

3.3.7. The training duration is determined according to the applicant's needs to fulfill the licensing requirements. The minimum duration of the training program is 6 months (26 weeks).

3.3.8. The health facility providing the training services shall define in accordance with the local and federal labor laws and regulations and submit accordingly

to HRD the following: Hours of duty, Days of duty per week, on call rota and leaves.

3.4. **Trainee responsibilities**

3.4.1. Follow closely Supervisor instructions.

3.4.2. Abiding by DHA relevant professional policies and regulations published on www.dha.gov.ae .

3.4.3. Wearing and maintaining the Clinical Trainee License badge at all times during working hours.

3.4.4. Maintaining the confidentiality of patients and employees at all times.

3.4.5. Maintaining the Training Logbook, and submitting it to HRD at the end of the training.

3.4.6. Submit to HRD an evaluation form for the: clinical training program as well as for the instructor (provided by the training facility and approved by HRD).

3.5. **Clinical Governance Criteria**

3.5.1. A system of clinical governance or quality assurance system must be in place for the clinical trainees. It must include clear lines of responsibility and accountability for the overall quality of medical practice

3.5.2. Clear policies aimed at managing risks must be in place and evidenced by a risk framework in the service or organisation

3.5.3. Evidence of support for clinical trainees involved in any incidents or near misses that provide a learning opportunity.

3.5.4. There must be evidence of acting on and learning from complaints and a formal consumer complaints policy, and process, with evidence of feedback to clinical trainees

3.5.5. Evidence of full disclosure to patient(s) and family members as appropriate.

3.5.6. Concerns about clinical trainees' fitness to practise must be identified and acted upon.

3.5.7. Support for doctors in their duty to report any concerns about colleagues' fitness to practice (including conduct, health, or performance)

3.5.8. Clear procedures for reporting concerns so that early action can be taken to avoid harm to patients and to remedy problems.

3.6. **Program Monitoring Criteria**

3.6.1. APS are required to facilitate regular assessments of clinical trainees. A range of individuals should contribute to the assessment and feedback process including consultants, registrars, nursing staff and other health professionals.

3.6.2. Each APS should have a mechanism in place that clearly explains the criteria, process and timing of assessment and feedback to clinical trainees, which must be known to the trainee in advance.

3.6.3. The health facility management should have mechanism in place to monitor the supervisors performance.

3.6.4. Results and outcomes of monitoring must be used to improve training. The environment should be conducive for the acceptance of results of monitoring/feedback in a constructive manner.

3.6.5. All clinical trainees shall sign a confidentiality agreement with APS prior to commencement of the training program

3.6.6. Patient consent form in both Arabic and English shall be available and must cover acceptance of patient treatment by clinical trainee.

4. Advanced Medical Training (AMT):

4.1. **Registration Procedure:**

4.1.1. AMT programs aim at providing high quality educational activities and hands on training involving patients or simulation scenarios. It provides opportunity for healthcare professional trainees to enhance their proficiency which leads to better provision of healthcare services

4.1.2. AMT does not include any Diplomas or Degree programs.

4.1.3. AMT programs may be offered in DHA licensed health facilities including hospitals (General and specialty) , dental clinics and specialty clinics as per Table 1 in section 1 above.

4.1.4. Any DHA licensed health facility intending to provide an AMT program shall apply to HRD to obtain the approval as an APS as mentioned in Chapter 2 of this document. .

4.1.5. The application for approval shall include:

4.1.5.1. Program titles, Goals and Outcomes of the training program.

4.1.5.2. Trainee selection criteria should be available

4.1.5.3. The instructional plan, including curriculum content and length should be available and be included in the prospectus.

4.1.5.4. Continuous Professional Development (CPD) points, if granted by the Department of Medical Education must be included in the prospectus.

4.1.5.5. Trainer(s)/Instructor(s) qualification and experience

4.1.5.6. Training program location with the physical facility layout

4.1.5.7. Program evaluation and documentation of trainee progress should be designed to enable achievement of program goals and outcomes.

4.1.5.8. Details of any assessment modality that is undertaken should be clear and impartial.

4.1.6. Facility wishing to host an AMT program shall apply for the DHA approval not less than 4 weeks before the program starting date.

4.2. AMT Program Requirements

4.2.1. Health facility category must be relevant to the proposed AMT programs.

4.2.2. Training program should have accreditation or affiliation with an University, College or Faculty or other accrediting bodies. A sample list of accreditation bodies accepted to DHA is provided in Appendix 3.

4.2.3. Trainer/Instructor must have valid DHA license with no current history of malpractice.

4.2.4. Trainer/Instructor must present evidence of involvement in academic activities relevant to the specialty within past five (5) years.

4.2.5. The sponsoring health facility must provide adequate and appropriately maintained facilities and learning resources to support the goals and objectives of the program

4.2.6. For hospitals opting to provide AMT:

4.2.6.1. The hospital management must assign a multi-disciplinary clinical faculty with a training director/coordinator; who shall be responsible for the quality of the clinical training programs provided in the hospital. An assistant to the training director/coordinator may also be appointed.

4.2.6.2. The training director/coordinator together with members of the clinical faculty shall be responsible for general administration of the clinical training program and providing a suitable academic environment for the clinical trainees.

4.2.6.3. The training director/coordinator and his/her assistant must be holders of a specialty certificate as per the DHA recognized specialty certificates tier 2 or 1 only. The program director must have sufficient

academic and clinical experience with broad knowledge in the specialty in addition to administrative abilities.

4.2.7. For dental centers opting to provide AMT:

4.2.7.1. AMTs cannot be considered a subspecialty and cannot provide additional privileges without appropriate certification in the specialty procedure. E.g. A general dentist cannot be privileged to take AMT for specialized dental procedures which falls under the privilege of another specialty e.g. maxillofacial Surgery

4.2.7.2. AMTs must be conducted at recognized dental /specialty schools or in collaboration with higher training institutions.

4.2.8. There must be mechanisms for the appointment, review and reappointment of teaching staff

4.2.9. There must be a clear line of responsibility and authority for budgeting of training resources. The training program must be adequately funded in order to plan and deliver the program.

4.2.10. All trainees undergoing AMT must hold an active healthcare professional license by any regulatory body in UAE.

4.2.11. Patient consent form shall be modified to ensure that it covers acceptance of patient treatment by a licensed trainee, modification shall be at least bilingual (Arabic and English), and translation to other language shall be provided if required.

4.2.12. All trainees shall sign a confidentiality agreement with the health facility prior to commencement of the AMT program to safeguard the confidentiality of the patients' information.

4.2.13. Training liability is solely with the health facility offering the AMT.

4.2.14. Malpractice insurance is required for all licensed trainees.

4.2.15. Program monitoring is needed for trainees.

4.2.16. The health facility management should have mechanism in place to monitor Trainer/Instructor performance such as program evaluation forms.

4.2.17. Results and outcomes of the program monitoring must be used to improve training provision.

CHAPTER TWO: APS REGISTRATION PROCEDURE

5. Approved Practice Setting (APS) Registration Process

5.1. The health facility management intending to become an APS shall follow the online application via Sheryan the online licensing system. The online application template is shown in **Appendix 1**.

5.2. Upon receipt of a completed application file, the HRD will conduct a detailed review of the submitted material to determine compliance with the criteria pertaining to the APS and suitability of the clinical training program for further processing. (The document to be uploaded along with the application is stated in **Appendix 2**)

5.3. After the initial review of the application and if found satisfactory, an onsite assessment will be conducted by the APS team to ensure that the facility complies with the criteria. The site-visiting team on occasions might interview the Hospital Director, Medical Director, and other key personnel, in order to prepare a report on the various aspects of the teaching program.

5.4. The HRD shall issue an Approval Letter for the health facility with defined clinical training service to be delivered including restrictions (if any).

5.5. The APS approval letter registration is valid for One year.

5.6. In case of Application Rejection a detailed list of non-compliance to the APS regulatory criteria will be provided for corrective action after which, the applicant will be required to re-submit a new application to be processed according to procedure.

5.7. In case of Application Rejection, the health facility management may submit an appeal to the Director of HRD within 30 days from the date of receiving the HRD application rejection letter.

5.8. For further details regarding the application and procedures, please visit the Health Regulation Department on the DHA website insert link.

6. Registration Renewal

6.1. An application for renewal can be submitted to HRD at least 60 calendar days prior to the onset of a clinical training program.

6.2. The applicant's failure to file an application for renewal within the given time frame of 60 calendar days shall result in expiration of the current approval on its last effective date. Hence the health facility must cease the clinical training services.

7. **Voluntary Cessation of APS Services:**

7.1.1. In case the APS wishes to cease the clinical training services, the APS management shall submit an official letter to HRD stating the reason of cessation of training program.

7.1.2. This letter should be submitted at least two months prior to the end of the validity of the APS approval letter.

7.1.3. Existing clinical trainees should not be affected and should continue their clinical training program as per plan. However, new clinical trainees will not be accepted

7.1.4. In case the APS cannot continue the clinical training for the existing trainees for the following term, the APS is held responsible for finding appropriate placements for the existing trainees at other APS and must coordinate their smooth transition.

7.1.5. Refund of the fee paid by the newly registered trainees (if any) for the following term shall be the responsibility of the APS management.

7.1.6. HRD will not be responsible for unforeseen events leading to sudden cessation or closure of facilities leading to discontinuation of training.

8. **Compliance Review**

8.1. At any time and upon reasonable cause, HRD may audit the APS to determine compliance to the APS regulatory criteria.

8.2. The HRD and/or inspectors and/or any duly authorized representative have the right to enter the premises of any registered APS in order to determine the facility's compliance with the APS regulatory criteria. These visits may be scheduled or un-announced.

8.3. The APS must cooperate with HRD inspectors and/or any duly authorized representative and provide requested documentation/files if any.

9. Non-compliant Statements/Revocation of Registration

9.1. Following an audit/inspection in which non-compliance to the APS regulatory criteria has been identified; the authorized personnel shall issue an onsite copy of the field inspection report followed by a letter stating the identified violations.

9.2. The APS inspection team shall submit to the HRD a written plan of correction of the violations cited within fifteen calendar days after receiving the noncompliant letter stating the identified violations.

9.3. In some cases an onsite freeze of services may be implemented depending on the severity of the violation. Violation fines shall be settled by the APS within this period. Violation fines, if any, will be in accordance with the Executive Council Resolution No. (32) of 2012 Regulating the Practice of Medical Professions in the Emirate of Dubai. Insert Link

9.4. A follow up visit maybe conducted by the HRD to confirm the correction.

9.5. In case, the deficiencies were not addressed by the APS, a freeze of registration will be issued for 30 calendar days during which the APS must address the deficiencies.

9.6. If at the end of the freeze, the deficiencies are not fulfilled, registration of the APS shall be revoked by the HRD.

9.7. In the event of possible registration revocation, the health facility is not allowed to accept any new clinical trainees.

9.8. In such circumstance the facility is responsible for identifying suitable training places for the clinical trainees.

10. Clinical Trainee Application:

10.1. An application for clinical training must be submitted through the online application via Sheryan the online licensing system along with copy of the following documents:

10.1.1. All trainees must have a valid UAE residency visa prior to processing the application.

10.1.2. Qualifications or degrees

10.1.3. Passport and National ID (if available)

10.1.4. Professional License issued by health registration body or council (if available).

10.1.5. Good Standing Certificate issued by health registration body or council in the home country or judicial body (if available).

10.1.6. Experience certificates/letters

10.1.7. Medical fitness certificate confirming the trainee clearance from communicable diseases as per the DHA healthcare professional screening and immunization policy

10.1.8. Malpractice Insurance

10.1.9. Placement/ offer letter issued by the approved hospital

10.2. HRD will review the trainee application to verify accuracy of the submitted data/ documents and request Primary Source Verification (PSV).

10.3. After meeting the above requirements, the HRD will issue a Clinical Trainee license for the trainee valid for the period of training with a maximum validity of one year.

Appendix 1 - Online Application Form for Facility Registration as an APS

Registration Form for Approved Practice Setting (APS)

Application Submission Date …./…./……

Please make sure to complete all sections and submit the form with the required documents and processing fees to Health Regulation Department. Incomplete applications will be rejected.

Facility General Details:	
Facility Name	
Address of facility	
Facility license Expiry Date	
Name of Coordinator/Contact Person	
Tel No.	
Email Address	
Sort of Facility	Hospital ☐ Specialty Clinics ☐ Dental Clinics/Centre ☐ Pharmacy ☐ Others, Please specify: ☐
Briefly describe your Facility and its structure	

Physical Facility:	
No. of rooms for training with details	
Do you have a medical Library?	Yes ☐ No, ☐ if No: do you have contract for online library services? Yes ☐

	No ☐
Details about Library Resources	
Do you have Health Record system?	Yes, please provide details: ☐ No, Why? ☐

Program Management:	
Name of Training Program Director /coordinator and his/her designation in the facility	Name: Designation: License #:
Academic Background of the director	
Name of Training Program Co-Director and his/her designation in the facility	Name: Designation: License #:
Academic Background of Co- director	
Brief description about Training facility management structure	

Teaching Faculty: (For Advanced Medical Training (AMT))				
Name	Designation	License #	Responsibility	Teaching Qualification and Experiences

Training Criteria				

Target Group:	Physicians, Please specify: ☐ Nurses, Please specify: ☐ Pharmacist, Please specify: ☐ Allied Professionals, Please specify: ☐ Others, Please specify: ☐			

Name of program offered	**Duration**	**Accreditation/affiliation of the program (AMT)**	**Expected No. of trainees/yr**	**Goals and outcomes of the program**

Trainee Selection Criteria	1. 2. 3. 5. 6.
The range of educational formats you intend to use for your activities:	Lecture ☐ Video stations ☐ Online activities ☐ Practical stations ☐ Conference ☐ Teleconference ☐

	Workshops ☐
	Others, Please Specify: ☐
Do you have a system for tracking trainees attendance?	Yes ☐ No ☐
Do you have a logbook for training? (Please provide a sample)	Yes ☐ No ☐
Do you have a malpractice insurance to cover all trainees and trainers?	Yes ☐ No ☐ Explain:
Describe trainee's evaluation process	

Declaration:

On behalf of this organization, I confirm that the information provided in and with this form is complete, correct and up to date in every particular. We agree also to :

- advice the HRD of material changes to the details contained in this form
- abide by the statements made in this form;
- Comply with all DHA rules and regulation

_____   _____
_____

Title / Position   Name Signature

Official Stamp of the Facility:

Date

Appendix 2 - List of Documents to be Uploaded with APS Online

Application Form

What to include with your application:

☐ Completed application form.

☐ Application fee

☐ Training Proposal and curriculum

☐ Facility Layout with rooms names and size in SQM

☐ Last 6 months Statistics about facility including patients turnover, cases reviewed, numbers,..etc

☐ Biography of the trainers

☐ Copy of trainers' licenses

☐ Copy of Trainees evaluation form

☐ Copy of Trainees Log Book

☐ Copy of disclosure to patients form

☐ Copy of Malpractice insurance coverage for the trainees and trainers

☐ Terms of reference from accreditation bodies oversees training program, if available

Appendix 3 – Sample list of accreditation bodies accepted by HRD

Local Accrediting Bodies/Affiliating Institutions

APS facilities to have direct accreditation by local bodies like MOHESR or be affiliated to University/College/institution already accredited by MOHESR.

More details can be found at http://www.mohesr.gov.ae/en/Pages/default.aspx

List of accredited institutions which the facilities could affiliate with can be found at https://www.caa.ae/caaweb/DesktopModules/Institutions.aspx

International Accrediting Bodies

Medical Specialities

The Accreditation Council for Graduate Medical Education International LLC (ACGME-I)

World Federation Of Medical Education

Dental Specialities

Commisssion on Dental Accreditation (CODA)

Pharmacy

Accreditation Council for Pharmacy Education (ACPE)

Allied Health

Commission on Accreditation of Allied Health Education Programs, (CAAHEP)