NATIONAL EXCELLENCE IN HEALTH TRAINING
التميز الوطني في التدريب الصحي

الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

Programs Accreditation

New Accreditation	☐
Re-Accreditation	☐
Maintenance of Accreditation	☐

Program Name:	Pediatrics		Program Type:	☑ Residency	☐ Fellowship	☐ Diploma
Training Center:			City:		Date:	
Program Duration:	4 Year(s)	No. of Junior Years(s)	2 Year(s)	No. of Senior Years(s		2 Years(s)
Fellows currently in training	R1	R2	R3	R4		

A. ADMINISTRATIVE STRUCTURE					
There must be an appropriate administrative structure for each training program.					
STANDARD	**Met**	**P. Met**	**Not Met**	**NA**	**Comments**
1. Program Director					
1.1 Should be SCFHS certified consultant paediatrician					
1.2 Sufficient time & support (less calls, incentives, etc)					
1.3 Coordinating with department head, academic affairs or equivalent, & Local supervisory committee.					
1.4 The existence of an independent office for the program director					
1.5 Have an assistant or deputy					
2. Residency Program Committee					
2.1. Headed by the program director					
2.2. Representation from most units sites & major components of program if possible					
2.3. At least one resident elected					
2.4. At least meets quarterly; minutes kept					
2.5. Communicate to department staff & residents					
3. Program Director & Committee responsible					
3.1. Opportunities to attain competencies outlined in the SCFHS OTR*					
3.2. Selection of candidates					
3.3. Promotion of residents					
3.3.1. Organize remediation for residents not meeting required level of competence					
3.4. Appeal mechanism					

3.5. Career planning & counselling						
3.6. Stress counselling						
3.6.1. Residents aware of services available & how to access them						
3.7. Ongoing review of program with documentation						
3.7.1. Opinions of residents used in review						
3.7.2. Appropriate faculty/resident interaction, open & collegial discussion and respects confidentiality						
3.7.3. Evaluate teachers						
3.7.4. Provide teachers with honest/timely feedback						
3.7.5. Evaluate learning environment of each component						
3.8. Policy governing trainees and patient safety	Includes educational activities					
	Mechanisms to manage and implement resident safety					
	Residents/faculty aware of mechanisms in place					
4. Program Coordinator (secretary)						
4.1. Independent office						
4.2. Not shared computer						
5. Training consultants to facilitate & supervise resident , research & scholarly work						

*OTR: Objectives of Training for the Specialty or Subspecialty

B. GOALS & OBJECTIVES

There must be a clearly worded statement (provided by the scientific council) outlining the goals of the residency program and the educational objectives of the residents and implemented by the institution/center.

STANDARD	Met	P. Met	Not Met	NA	Comments
1. Statement of overall goals of training					
2. Defined G&O for each CanMED competencies (if applicable)					
2.1. Functional & reflected in planning/organization of program					
2.2. Reflected in assessment of residents					
3. Rotation specific G&O (knowledge, skills & attitudes) using the CanMEDS framework or others.					
4. Residents/Consultants receive copy of G&O					
4.1. Objectives used in teaching, learning & assessment					
5. G&O reviewed every 4 years					

C. STRUCTURE & ORGANIZATION OF THE PROGRAM

There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed (provided by the scientific council) to provide each resident with the opportunity to fulfil the educational objectives and achieve required competence in the specialty or subspecialty.

STANDARD		Met	P. Met	Not Met	NA	Comments
1. Provides all components in the SCFHS specialty documents						
2. Residents appropriately supervised	During on call					
	During daily rounds					
	In outpatient clinics					
3. Each resident assumes senior role						
4. Service demands do not interfere with academic program						
5. Residents has equal opportunity to meet educational needs						
6. Opportunity for electives and rotations in other accredited centers as needed						
7. Teaching and learning in environments free of intimidation, harassment, abuse and promotes resident safety						
8. Collaboration with other programs for residents who need expertise in the specialty						
9. The center should be committed to what is stated in the duties and rights of the resident's documents that is issued by SCFHS						

D. RESOURCES

There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the SCFHS specialty training requirements.

STANDARD		Met	P. Met	Not Met	NA	Comments
1. Sufficient number of qualified staff for training & supervision	≥ 7 SCFHS certified consultant					No of total consultants:
	≥ 4 certified consultants who provide general pediatric care					No:
2. General Pediatrics Inpatients	Number of beds ≥ 30					No of beds:
	Occupancy rate ≥ 80%					
	Nurse / patient ratio 1:5 – 1:6					
3. Pediatric Intensive Care Unit (PICU)						

Item	Criterion	Value					
3.1 Number of beds ≥ 5 (without chronic patients)							
3.2 Occupancy rate ≥80%							
3.3 Nurse / patient ratio	Level 1	1:1					
	Step down	1:2 - 1:3					
3.4 Consultants	Number ≥ 1						
	SCFHS certified intensivist or pediatrician						
	Cover the unit whole year						
4. Neonatal Intensive Care Unit (NICU)							
4.1 Number of beds ≥15							
4.2 Number of ventilators ≥ 7							
4.3 Occupancy rate ≥80%							
4.4 Nurse / patient ratio	Level 1	1:1					
	Level 2	1:2 - 1:3					
4.5 Consultants	Number ≥ 2						
	SCFHS certified neonatologist						
5. Pediatric Emergency							
5.1 Separated unit							
5.2 Number of beds ≥ 4							
5.3 Number of SCFHS certified consultants ≥ one							
5.4 Number of consultants / specialist each shift ≥ one							
5.5 Rotating resident do initial assessment under supervision							
5.6 Rotating senior resident can take decision for patients management and discharge under supervision							
6. Subspecialties ≥ 1 consultant each		**No.**					
Cardiology							
Neurology							
Endocrinology							
Pulmonology							
Allergy / immunology							
Rheumatology							
Nephrology							
Infectious disease							
Gastroenterology							
Genetic / metabolic							

Standard	Requirement	Met	P. Met	Not Met	NA	Comments
Developmental paediatrics						
Hematology/Oncology						
Others						
7. Ambulatory / community Clinics						
7.1 General pediatrics / subspecialties	≥ 5 clinics / week					
7.2 Primary Care Clinics	≥ 5 clinics / week					
7.3 Well baby clinic	≥ 5 clinics / week					
8. Surgical support service						
8.1. Pediatric surgery						
8.2. Neurosurgery						
8.3. Orthopedic surgery						
8.4. Urology						
9. Access to computers/on-line references/ information management available nights & weekends and within close proximity						
10. Physical & Technical resources meet SCFHS standards of accreditation	Adequate space for daily work					
	Access to technical resources for patient care duties					
	Facilities for direct observation of clinical skills and privacy for confidential discussions					
11. Supporting facilities & services	Diagnostic imaging					
	Lab services					
	Respiratory therapy					
	Physiotherapy					
	Medical nutrition					

E. CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

The clinical, academic and scholarly content of the program must be appropriate for a postgraduate education and adequately prepare residents to fulfil all needed competencies. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and, and in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

STANDARD	Met	P. Met	Not Met	NA	Comments
1. Medical Expert					
1.1. Training programs for medical expertise & decision-making skills					
1.2. Teaching consultation to other professionals					

1.3. Structured academic curriculum< Teaching of basic and clinical sciences					
1.3.1 Academic half-day					
1.4. Issues of age, gender, culture, ethnicity					
2. Communicator					
2.1. Demonstrate adequate teaching and understanding of communication skills					
2.2. Reporting adverse events, write patient records & utilize electronic medical record					
2.3. Write letters of consultation or referral					
3. Collaborator					
3.1. Ensure effective teaching & development of collaborative skills with inter-professional healthcare team including physicians & other health professionals					
3.2. Manage conflict					
4. Leader					
4.1. Skills in management & administration					
4.2. Allocation of healthcare resources					
4.3. Teaching of management of practice & career					
4.4. Serve in administration & leadership roles					
4.5. Learn principles and practice of quality assurance					
5. Health Advocate					
5.1. Understand, respond, promote health needs of patients, communities & populations					
6. Scholar					
6.1. Teaching skills					
6.1.1 Feedback to resident on their teaching					
6.2. Critical appraisal of medical literature using knowledge of research methodology & biostatistics					
6.3. Promote self-assessment & self-directed learning					
6.4. Conduct a scholarly project					
6.5. Participation in research					
6.6. Opportunities to attend outside conferences					
7. Professional					
7.1 Teaching in professional conduct & ethical behaviours					
7.1.1Deliver high quality care with integrity, honesty, compassion					

7.1.2Exhibit professional, intra-professional, inter-professional & interpersonal behaviours					
7.1.3Practice medicine in an ethically responsible manner					
7.1.4Analyse/reflect adverse events & strategize to prevent recurrence					
7.2 Bioethics					
7.3 Relevant legal and regulatory framework					
7.4 Physician health & well-being					

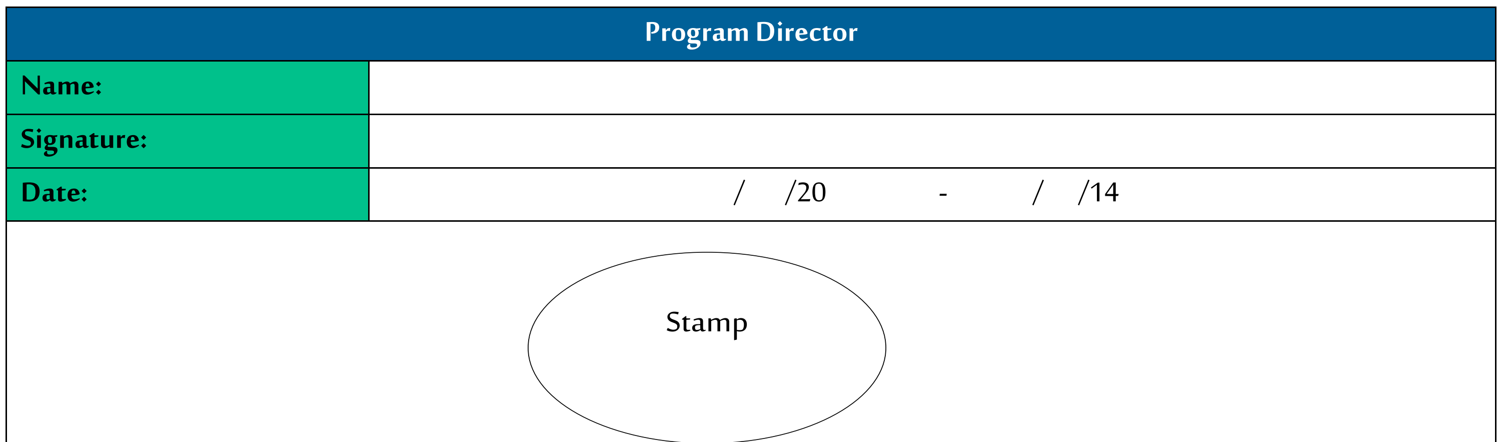
F. EVALUATION OF RESIDENT PERFORMANCE (one 45)

There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

STANDARD	Met	P. Met	Not Met	NA	Comments
1. Based on goals & objectives					
1.1 Clearly defined methods of evaluation					
2. Evaluation compatible with characteristic being assessed					
2.1 Knowledge					
2.2 Clinical skills by direct observation					
2.3 Attitudes and professionalism					
2.4 Communication abilities with patients & families, colleagues					
2.5 Written communications					
2.6 Collaborating abilities					
2.7 Teaching abilities					
2.8 Age, gender, culture & ethnicity issues					
3. Honest, helpful, timely, documented feedback sessions					
3.1 Ongoing informal feedback					
3.2 Face-to-face meetings					
4. Residents informed of serious concerns					
5. Provides document for successful completion of program					
6. FITER Provided**					

****FITER**: **F**inal **I**n **T**raining **E**valuation **R**eport

Programs Accreditation Survey Agenda			
Time	**Minutes**	**Agenda**	**Remarks**
08:00 – 09:00	60	Meeting the program Director	
09:00 – 10:00	60	Documents Review (Part 1)	
10:00 – 11:00	60	Meeting with the Trainees (10 Junior and 10 Senior)	
11:00 – 11:40	40	Meeting with the faculty Trainers (5-10 Trainers)	
11:40 – 12:00	20	Meeting with the Head of Department	
12:00 – 12:45	45	Break	
12:45 – 13:30	45	Facility Tour	On-Call Rooms, Lounge, Training Classrooms, OPD, Wards, ER, OR, Lab, Radiology, pharmacy
13:30 – 15:00	90	Documents Review (Part 2) Surveyors Closed Meeting Preparing the Survey Report	
15:00 – 15:30	15	Exit De-Brief with the Program Director	



Program Director	
Name:	
Signature:	
Date:	/ /20 - / /14
Stamp	