



Accreditation Surveyors Guideline



1- Code of Conduct

This section summarizes the principles, policies, and regulations governing the activities performed by accreditation surveyors, and which they are required to adhere to.

- 1) Surveyors must comply with the commission's approved Code of Conduct.
- 2) Failure to comply with the Code of Conduct may subject the surveyor to disciplinary actions, which may include immediate contract termination and referral to competent authorities if violations or criminal offenses are involved.

The Code of Conduct provides a clear framework for professional behavior and ethics during institutional and program accreditation visits. It includes guidance on the following:

- Maintaining professional confidentiality.
- Respecting obligations toward stakeholders.
- Strictly refraining from offering or accepting bribes or gifts
- Upholding the principles of fairness and equality.
- Complying with dress code and professional appearance requirements.
- Complying with high professional standards of conduct and appearance that reflect institutional values and promote a professional work environment.
- These rules apply to all institutional and program accreditation surveyors affiliated with the Saudi Commission for Health Specialties (SCFHS).



2- Professional Appearance



3- Requirements and Conditions for Obtaining Accreditation Surveyor Membership

1. Complying with all approved regulations, executive rules, policies, and procedures related to institutional and program accreditation, as well as the roles and responsibilities of accreditation surveyors.
2. Holding a "Consultant" classification or its equivalent in the applicant's specialty, issued by the Saudi Commission for Health Specialties (SCFHS).
3. Actively participating in the training process and possessing practical experience in the applicant's specialty as a consultant (or its equivalent) for no less than five years. The Accreditation Surveyors Committee may recommend waving this requirement for certain applicants when needed.
4. Holding a valid professional registration issued by the SCFHS.
5. Submitting a curriculum vitae (CV) and academic certificates along with the application.
6. Submitting an official employment verification letter from the applicant's workplace.
7. Submitting the membership application by completing the designated electronic form for accreditation surveyors available through the following link: ([click here](#)).



4- Workshops

❖ Definition of Accreditation Surveyors' Workshop:

- The number and schedule of workshops for the new year are announced in December through the Accreditation Surveyors' page on the official SCFHS website.
- Workshops for institutional and program accreditation surveyors are held separately. They may be conducted using a virtual reality simulation approach or through interactive sessions, as needed.

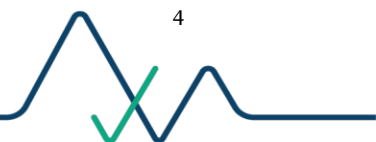
These workshops aim to enhance surveyors' competencies, identify their training and development needs, and support the implementation of the training and development plan prepared for each type of surveyor.

❖ Before the workshop

- 1- Registration for the Accreditation Surveyors' Workshop through the link sent one month prior to the scheduled date.
- 2- Avoiding the use of multiple email addresses and ensure that only the email addresses to which the invitation was sent is used.
- 3- After Registration, the access link to the virtual platform will be sent automatically
- 4- It is recommended to add the workshop date to your personal calendar using the option that appears after completing the registration.
- 5- In case of any issues during the registration in the workshop please contact the Accreditation Surveyors Affairs Department through the communication channels provided at the end of this guide ([click here](#)).
- 6- Surveyors are advised to review the following documents, available on the official SCFHS website, prior to attending the workshop:
 - Institutional and Program Accreditation Bylaws.
 - Institutional or Program Accreditation Standards Guide.
 - Accreditation Surveyors' Guide.
- 7- In the event of an emergency preventing attendance, an email must be sent to the Accreditation Surveyors Affairs Department, contact information provided at the end of this guide ([click here](#)) including the reason for the excuse.

❖ During the Workshop

- 1- Accessing the workshop through the link sent after registration, at least 5–10 minutes before the scheduled time to ensure technical readiness.
- 2- Attending the entire workshop and avoiding leaving except during designated breaks.





- 3- Actively participating by asking questions and raising inquiries related to the workshop topic.
- 4- In case of any technical issues that prevent access, participants must contact the Accreditation Surveyors Affairs Department directly through the designated communication channels ([click here](#)).

❖ After the Workshop

- 1- Completing the workshop evaluation form through the link that will be shared after the workshop ends. Surveyors may also submit improvement or development suggestions for future workshops through the same form.
- 2- Receiving a recording of the workshop for future reference and learning purposes.
- 3- The recording is considered confidential and non-shareable, as it contains information related to training centers; any sharing or distribution of the file will subject the surveyor to accountability.
- 4- Completing all post-workshop requirements within the specified time frame, if assigned.

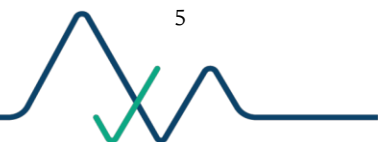
Note:

- Attendance at Institutional Accreditation Surveyors' Workshops is a mandatory requirement for maintaining membership as an Institutional Accreditation Surveyor.
- Attendance at Program Accreditation Surveyors' Workshops is a mandatory requirement for maintaining membership as a Program Accreditation Surveyor.

5- Participation in the Accreditation Visit

❖ Types of Institutional Accreditation Visits:

- 1) New Institutional Accreditation Application.
- 2) Institutional Re-Accreditation.
- 3) Pilot Testing of the Updated Institutional Accreditation Standards.
- 4) Institutional Accreditation Freezing Warning Follow-up
- 5) Institutional Accreditation Freezing Follow-up
- 6) Conditional Institutional Accreditation Follow-up
- 7) Follow-up on the suspension of the institutional accreditation freezing warning decision.
- 8) Follow-up on the suspension of the institutional accreditation freezing decision.
- 9) Addition of a Training Site to an Accredited training Center

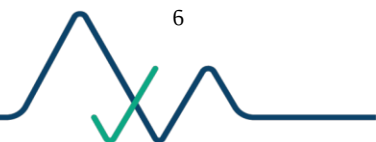




- 10) Institutional Accreditation withdrawal Request for the accredited training center, Based on the Center's Request.
- 11) Follow-up visit to verify compliance with institutional accreditation standards based on a complaint/observations.
- 12) Follow-up visit to verify compliance with institutional accreditation standards based on the recommendation of the Institutional Accreditation Committee.
- 13) Follow-up visit to verify compliance with institutional accreditation standards based on the recommendation of the Program Accreditation Committee.
- 14) Random follow-up visit to verify compliance with institutional accreditation standards.
- 15) Follow-up visit to verify compliance with institutional accreditation standards related to lifting the freezing warning and renewing institutional accreditation.
- 16) Follow-up visit to verify compliance with institutional accreditation standards related to lifting the freezing and renewing institutional accreditation.

❖ Types of Institutional Accreditation Visits:

- 1) New Program Accreditation Application.
- 2) Program Re-Accreditation.
- 3) Pilot Testing of the Updated Program Accreditation Standards.
- 4) Follow-up visit for the first-level warning (program re-accreditation requiring preparation and implementation of a corrective action plan based on observations noted in the accreditation decision).
- 5) Follow-up visit for the second-level warning (program re-accreditation requiring continued preparation and implementation of a corrective action plan based on observations noted in the accreditation decision).
- 6) Follow-up visit for the program accreditation freezing warning.
- 7) Follow-up visit for the program accreditation freezing.
- 8) Follow-up visit for conditional program accreditation.
- 9) Conversion of a Shared Training Program to a Full Training Program.
- 10) Conversion of a Shared Training Program to a Training Unit.
- 11) Conversion of a Full Training Program to a Shared Training Program.
- 12) Conversion of a Full Training Program to a Training Unit.
- 13) Conversion of a Training Unit Accreditation to a Full Training Program.
- 14) Conversion of a Training Unit Accreditation to a Shared Training Program
- 15) Request to add a new training site to an accredited training program.
- 16) Program accreditation withdrawal request for the accredited training program, based on the training center's request.





- 17) Follow-up visit to verify compliance with program accreditation standards based on a complaint/observations.
- 18) Follow-up visit to verify compliance with program accreditation standards based on the recommendation of the Program Accreditation Committee.
- 19) Follow-up visit to verify compliance with program accreditation standards based on the recommendation of the Institutional Accreditation Committee.
- 20) Random follow-up visit to verify compliance with program accreditation standards.
- 21) Follow-up visit to verify compliance with program accreditation standards related to lifting the freezing warning and renewing program accreditation.
- 22) Follow-up visit to verify compliance with program accreditation standards based on the recommendation of the Accreditation Surveyors Committee.
- 23) Follow-up visit to verify compliance with program accreditation standards based on the recommendation of the Training Violations Committee.
- 24) Follow-up visit to verify compliance with program accreditation standards related to lifting the freezing and renewing program accreditation

❖ Minimum Participation Requirement in Accreditation Visits

- 1) Accreditation surveyors are required to participate in a minimum of three accreditation evaluation visits annually whenever they are invited to conduct such visits.
- 2) The visit coordinator (institutional or program) must have previously participated as a team member in no fewer than three accreditation visits.

❖ Before the Visit Date

- 1) The visit is coordinated two months in advance by the Accreditation Specialist based on the date agreed upon with the training center.
- 2) The surveyor must respond to the participation invitation within 3 working days of receiving it.
- 3) If the surveyor is unable to conduct the visit, the visit coordinator must be notified 30 working days prior to the scheduled date.
- 4) Surveyors must review the relevant (institutional or program) accreditation standards in advance and contact the Accreditation Specialist if they have any inquiries.
- 5) It is recommended that the visit coordinator create a dedicated communication group for the team to divide responsibilities and ensure follow-up during the visit until recommendations are issued, after which it should be closed.

❖ During the Visit



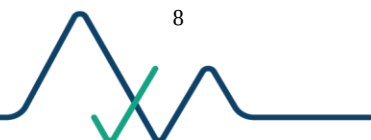


- 1) Adhering to the official dress code to represent the Commission and wearing the Accreditation Surveyor's ID badge and insignia (as stated in the appearance section).
- 2) Coordination between the Accreditation Specialist and the Visit Coordinator to ensure that the team is complete before starting the accreditation process.
- 3) The accreditation visit may extend from one to five days, depending on the number of training sites affiliated with the center.
- 4) The visit may be conducted on-site or virtually, as arranged by the Accreditation Specialist.
- 5) Using only the officially approved templates and refraining from working with any external files.
- 6) Ensuring effective and professional communication with the training center while verifying compliance with the standards.
- 7) Reviewing all requirements related to each standard and adhering to the visit agenda as per the approved schedule.
- 8) Focusing on the scope of accreditation standards and avoiding topics outside the training center's scope.
- 9) During accreditation visits, the most recent documents required for meeting the standards must be requested.
- 10) In the case of multiple training sites, a single visit report must be submitted, with the compliance status of each site clearly stated in the comments section.
- 11) For institutional or program accreditation to remain valid, there must be at least one accredited training program with enrolled trainees (either a full or shared program). The absence of such a program is considered a deficiency that must be corrected immediately.

➤ **Methodology for Assessing the Fulfillment of Institutional or Program Accreditation Standards During a New Accreditation Visit**

Information is collected through:

- Interviews: Conducted with the Designated Institutional Official (DIO), department head, program director, trainers, and administrative assistants.
- Document Review: Reviewing the required documents in accordance with the (institutional or program) accreditation standards.





- Facility Tours: To verify the availability of required resources and the presence of a supportive training environment.

➤ **Methodology for Assessing the Fulfillment of Institutional or Program Accreditation Standards During a Follow-Up Accreditation Visit**

Information is collected through:

- Interviews: Conducted with the Designated Institutional Official (DIO), department head, program director, trainers, trainees, and administrative assistants to measure knowledge and adherence to the application of the standards.
- Document Review: Reviewing the required documents in accordance with the accreditation standards.
- Facility Tours: To verify the continued implementation of requirements within the training facilities.
- Facility Walkthroughs: To verify the continued implementation of requirements within the training facilities.
- Samples of Actual Practice: To ensure that the training center remains committed to what was previously approved within the (institutional or program) accreditation standards.

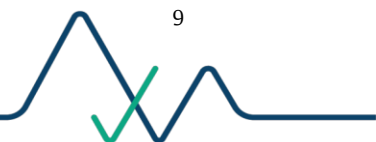
❖ **In the Case of a Virtual Visit**

First: Technical Requirements

1. All visit team members and participants must ensure stable internet connectivity throughout the visit and remain seated in a quiet, well-lit place that allows clear audio and video.
2. Participants must join the virtual platform 30 minutes before the scheduled time, and the visit coordinator shall manage the opening to ensure adherence to the timeline.
3. Participants must use their full names in Arabic when joining the platform, and the visit coordinator may request name adjustments when needed.

Second: Visit Management

1. The visit coordinator (or their delegate) leads the virtual visit proceedings, including:
 - Distributing tasks among team members.
 - Managing participant admission using the “Admit” feature.
 - Supervising adherence to the approved agenda.
2. All visit team members and participants must enable their video when introducing themselves, and the visit coordinator shall request that each group comply.





3. Participants must refrain from engaging in other tasks during the visit and must focus solely on accreditation-related discussions.

Third: Virtual Tours and Interviews

1. The visit coordinator must inform participants that the visit is being recorded and emphasize the confidentiality and privacy of the information discussed.
 - For institutional accreditation visits:
 - The visit coordinator shall request the Designated Institutional Official (DIO) to enable their video during the virtual tour to verify fulfillment of institutional accreditation standards.
 - For program accreditation visits:
 - The visit coordinator shall request the program director to enable their video during the virtual tour of the program's training facilities.
 - The video must be enabled before personal interviews begin, and the presence of only the designated individuals (program directors, trainers, trainees) must be confirmed in accordance with the agenda.

Fourth: After the Visit

- The accreditation surveyor must submit the visit report to the Accreditation Specialist (visit coordinator) within a maximum of 48 working hours from the end of the visit.

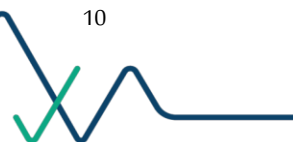
❖ In Case of Connection Interruption During a Virtual Accreditation Visit

- 1- Re-join the virtual platform using the same link designated for the visit.
- 2- If you are unable to re-join using the link, you must contact the Accreditation Specialist responsible for coordinating the visit by phone to inform them of the issue.
- 3- You must remain reachable through communication channels (phone, WhatsApp, or email) to confirm your return to the virtual platform once the technical issue is resolved, in coordination with the Accreditation Specialist.

❖ Successfully Managing the Virtual Accreditation Visit

To ensure the effective conduct of the institutional or program virtual accreditation visit, all participants must adhere to the following:

1. Ensure stable and reliable internet connection throughout the visit to avoid technical issues.

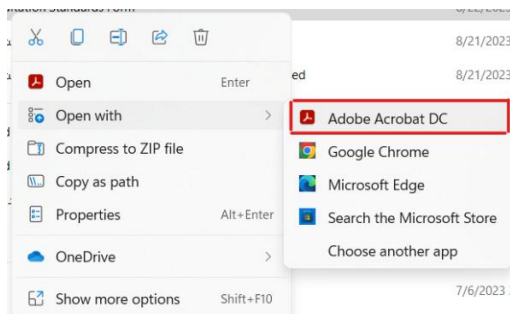




2. Ensure that the device used to access the platform is ready, with sufficient battery charge or a power source for the full duration of the visit.
3. Use the **mute** feature for all non-speakers to avoid audio interference.
4. Verify audio settings using high-quality headphones to ensure clear listening.
5. When wishing to comment or ask a question, you must use the **Raise Hand** feature before speaking.

❖ **Procedure for Completing the Accreditation Visit Report using a Fillable PDF (on a computer)**

- 1- Download the institutional or program accreditation standards form to your computer, then open it using the PDF reader "[Adobe Acrobat Reader](#)".



- 2- Select the type of accreditation visit from the drop-down list and fill in the specified training center data (Center Name – City – Date) **in English only** by clicking the text box. (Do not write the training site name in this field, as all standards are assessed at the training-center level, not the site level.)

Survey Visit Type:	Choose an Item				
TRAINING PROGRAM DETAILS					
Training Program Name	Internal Medicine	Program Type	Main Specialty		
Training Center Name		City		Date	
Training Program Duration	4 Year(s)	No. of Junior Years(s)	2 Year(s)	No. of Senior Year(s)	2 Year(s)

- 3- (In the Program Accreditation visit report) enter the approved intake capacity at the training center per the current program accreditation decision in "Accredited Total Capacity," and enter the actual number of trainees at the center during the visit in "Current Total Capacity." Ensure the number of trainees at each training level is entered correctly according to the program levels and matches the overall total.





Training Capacity Calculation Formula			
Annual Acceptance:	Trainer to Trainee Ratio (1:2)	Number of Full-Time Equivalent Trainers X A / Number of Training Program Years (No. of Trainers X 2/ 4)	
Total Training Capacity:	Annual Acceptance x4		
Trainers:	Internal Medicine trainers		
Junior Year(s)		Senior Year(s)	
Level 1	Level 2	Level 3	Level 4
25%	25%	25%	25%
Accredited Total Training Capacity (If Applicable)	Trainees	Current Number of Trainees (If Applicable)	Trainees
Accredited Training Capacity in the Program (Not Applicable if it is a Newly Applying Training Program)			
Level 1	Level 2	Level 3	Level 4
Current Number of Trainees as identified by the Survey Team (Not Applicable if it is a Newly Applying Training Program)			

- 4- Select the standards fulfillment status (Met, P. Met, Not Met, NA) for each criterion as per the “Methodology for Assessing the Fulfillment Status of Institutional or Program Accreditation Standards,” by clicking the appropriate checkbox (shading will appear based on the selection). Add notes, if any, by clicking the text box. Notes must be written next to every criterion, regardless of weight (ETR0, ETR1, ETR2)—whenever its status is Partially Met, Not Met, or Not Applicable, across all standards sections.

I. INSTITUTION					
The Institutionally-Accredited Training Center Assumes the ultimate responsibility for Supervision of the Training Program at the Affiliated Training Site(s), and Collaborates with other Training Centers (When Applicable) to share responsibility for Supervision of the Training Program at the Participating Training Site(s).					
Standard	Fully Met	Partially Met	Not Met	N/A	Comment
I.1. The Training Center is Responsible for Supervision of Trainees (Sponsored and Non-Sponsored Rotating Trainees) at All Affiliated Training Sites (i.e. Training Sites that are linked to the Governance of the same Training Center). (ETR1)	☒	☐	☐	☐	
I.2. The Training Center has a Valid Inter-Institutional Collaboration Agreement with other Training Center(s), when Collaborating to execute the Training Program at Participating Training Sites (i.e. Training Sites that are linked to the Governance of another Training Center). (ETR1)	☐	☒	☐	☐	Comment in English

- Use NA only when the criterion does not apply at all to the training center or training program; a note explaining the reason for non-applicability is required.
- Criteria evaluated as NA do not affect the total count of Met or Not Met criteria and do not affect the decision type or accreditation category.
- It is not permitted to evaluate any training resources criterion for the training program as NA “R.1”
- Notes must be written next to all (ETR0) criteria even if the criterion status is Met.
- Notes entered next to each criterion must be fully clear, sufficiently detailed when needed, linked to the specific criterion, and written in correct, clear language.
- Improvement notes may be added next to Met criterion if the surveyor has enhancement suggestions, provided they do not affect the criterion’s fulfillment status.





- Notes must be written next to all criteria under “R.1” in the Basic Resources section, including criteria that require stating specific figures (e.g., number of cases, number of beds) or the presence of a particular service at the center.
- When visiting an accredited center or program and it is found that no training program or no trainees exist at the center, the related criteria shall be considered **Not Met** or **Partially Met** (as applicable per the criterion). This is deemed a deficiency that must be corrected.
- The number of trainers is counted based on fulfillment of the trainer descriptor stated on the first page of the Program Accreditation Standards.
- The Program Director is counted within the number of trainers in the Training Resources section.

5- (In the Program Accreditation visit report) determine the status of course accreditation by selecting “Yes” if the course is accredited and “No” otherwise based on fulfillment of the program accreditation standards for the course.

Training Rotations				
معتمد Accredited	لا نعم	ETR Type	المدة Duration	Rotations
		ETR0	10 months	General Internal Medicine (GIM)
		ETR1	4 months	Adult Cardiology
		ETR1	3 months	Adult Nephrology
		ETR1	4 months	Adult Gastroenterology
		ETR1	3 months	Adult Neurology
		ETR1	3 months	Adult Endocrinology
		ETR1	3 months	Adult Respiratory
		ETR1	3 months	Adult Rheumatology
		ETR1	3 months	Adult Infectious Disease
		ETR1	2 months	Adult Hematology
		ETR1	1 month	Adult Oncology
		ETR1	3 months	Adult Intensive Care
		ETR1	2 months	Emergency Medicine

6- In the table of training sites affiliated with the training center, write the full name of all sites that deliver the training program and state their abbreviations. Indicate each site’s status beside it if the site was added during the follow-up visit (New) or removed (Remove).



List of Affiliated Training Sites			
(Training Sites that are linked to the Governance of the same Training Center and accredited for the Training Program)			
Training Site		Training Site	
	11	Azizia Maternity and Pediatric Hospital in Jeddah (New)	1
	12	Al Salihiya Health Center in Jeddah (Remove)	2
	13		3
	14		4

- 7- In the table of training centers participating in training, list all institutionally accredited training centers that participate in training and state their abbreviations.

List of Participating Training Sites			
(List of Training Sites that are linked to the Governance of another Training Center that collaborate with the Training Program to bridge a certain gap or to expand the Clinical Training Exposure)			
Training Site		Training Center	
		Security Forces Hospital in Dammam	1
		Medical Center at King Fahd Security College in Riyadh	2
			3

- 8- On the Accreditation Visit Team Recommendation page, write a clear and complete recommendation for all notes added next to each **ETR0** or **ETR1** criterion, in Arabic, in the designated recommendations field of the visit report.

توصية فريق زيارة الاعتماد	
اسم البرنامج التدريبي	
اسم المركز التدريبي	
الدولة	
20 / م	14 / هـ
الموافق	التاريخ

التوصيات

- 9- Select the type of accreditation decision from the drop-down list according to the visit team's recommendation.



نوع قرار الاعتماد
Choose an item
Choose an item
رفض طلب الاعتماد البرامجي
الاعتماد البرامجي الجديد لمدة 4 سنوات
تجديد الاعتماد البرامجي لمدة 4 سنوات
الاعتماد البرامجي المشروط لمدة 12 شهر
الاعتماد البرامجي المشروط لمدة 24 شهر
الإقرار بتجديد الاعتماد البرامجي لمدة 6 أشهر
تجديد الاعتماد البرامجي لمدة 6 أشهر
رفع الإقرار بالتجديد وتجديد الاعتماد البرامجي لمدة 4 سنوات

10-Add any updates (if any) according to the updates drop-down list.

Choose an item	حالات التحديث: (إن وجد)
Choose an item	
زيادة الطاقة الاستيعابية	
تقليص الطاقة الاستيعابية	
إضافة اعتماد مقر تدريبي للبرنامج التدريبي	
إضافة اعتماد دورة تدريبية للبرنامج التدريبي	
إزالة اعتماد مقر تدريبي للبرنامج التدريبي	
إزالة اعتماد دورة تدريبية للبرنامج التدريبي	
تحويل اعتماد البرنامج التدريبي المشترك إلى برنامج	
تحويل اعتماد البرنامج التدريبي المكتمل إلى برنامج	
تحويل اعتماد البرنامج التدريبي المكتمل إلى وحدة تد	
	فئة معايير الاعتماد

11-The accreditation category is determined based on the Committee's recommendation.

فئة اعتماد البرنامج التدريبي
Choose an item
Choose an item
برنامج تدريبي مكتمل
برنامج تدريبي مشترك
وحدة تدريبية

12-Tally the number of **ETR0**, **ETR1**, and **ETR2** criteria, as well as the counts of **Met** and **Not Met** criteria, ensuring that the recommendation type matches the matrix for the methodology of assessing fulfillment status and its linkage to the accreditation decision in the designated table.

فئة معايير الاعتماد			
عدد المعايير غير المستوفاة	عدد المعايير المستوفاة	الإجمالي	فئة معايير الاعتماد
			الفئة الصفية (ETR0)
			الفئة الأولى (ETR1)
			الفئة الثانية (ETR2)

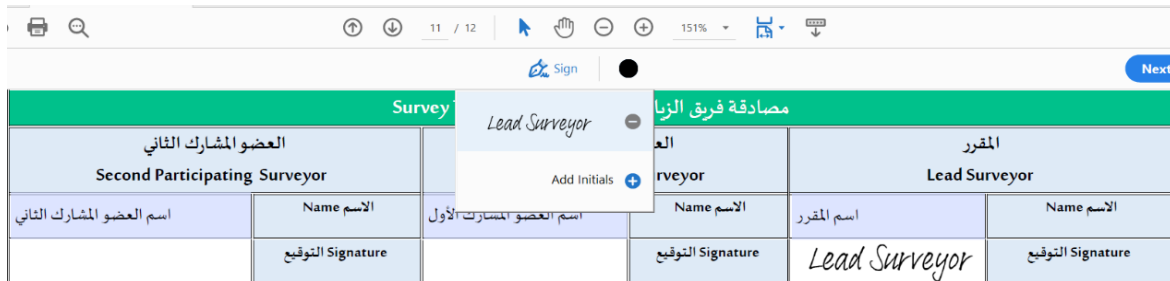
13-Enter the proposed capacity at each level, based on the program capacity formula, in the designated fields.

الطاقة الاستيعابية المقترحة في كل مستوى (لا ينطبق على رفض الاعتماد البرامجي أو تجديد الاعتماد البرامجي)					
المستوى 1	المستوى 2	المستوى 3	المستوى 4	المستوى 5	المستوى 6

14-After completing the form, enter the visit coordinator's name and the participating members' names by clicking the text box.

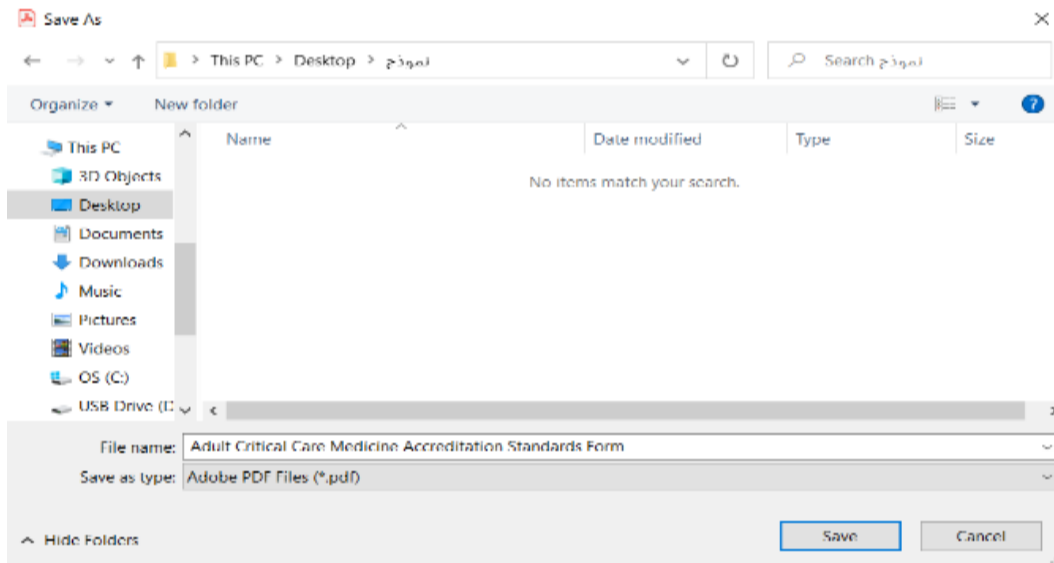
مصادقة فريق الزيارة					
المقرر		العضو المشارك الأول		العضو المشارك الثاني	
الاسم		الاسم		الاسم	
التوقيع		التوقيع		التوقيع	

15-After completing all edits, add the signature in the signature field by selecting the “Sign” tool from the toolbar.



The screenshot shows a PDF form titled 'Survey' with a green header. The form has two main sections: 'Second Participating Surveyor' and 'Lead Surveyor'. Each section has fields for 'Name' and 'Signature'. The 'Lead Surveyor' section is currently active, and a 'Sign' tool from the toolbar is being used to add a signature in the 'Signature' field. The signature 'Lead Surveyor' is visible in the field.

16-After adding the signature, save the file.



The screenshot shows a 'Save As' dialog box. The file name is 'Adult Critical Care Medicine Accreditation Standards Form'. The save location is 'This PC > Desktop > نموذج'. The file type is 'Adobe PDF Files (*.pdf)'. The 'Save' button is highlighted.

17-Send the form to the Accreditation Specialist in two versions: (1) a version before final locking, and (2) a completed, locked version electronically signed by the visit coordinator and participating members, to the Accreditation Specialist's official SCFHS email only.

Note: The screenshots used above are examples from the Program Accreditation Standards form; the same applies to the Institutional Accreditation form. The file may also be locked by using Print to PDF.



6- How to prepare the report and record observations

❖ If the visit is conducted for a training center or program that includes more than one training site:

- 1- Only one visit report must be completed for the training center or training program, capturing the fulfillment status of standards across all training sites. A separate report must not be completed for each site visited to assess the fulfillment of institutional or program accreditation standards.
- 2- If a criterion is fulfilled at one site and not fulfilled at another (from the Institutional Accreditation Standards, or the General Framework of the Program Accreditation Standards), the criterion is considered **Partially Met** at the training-center level if fulfillment is < 50%–89%, or **Not Met** if fulfillment is ≤ 50%.
- 3- If a criterion is fulfilled at one site and not fulfilled at another (from the Training Resources Standards), the criterion is considered **Met** at the training-center level.
- 4- If the criterion is not fulfilled across all training sites, the criterion is considered **Not Met** at the training-center level.
- 5- The accredited training sites within the training center are considered complementary to each other in providing the core resources required for each accredited training program.
- 6- After completing the visit report, it must be sent to the official SCFHS email of the Accreditation Specialist responsible for the visit, and no other communication channels may be used.

❖ If the visit is conducted to add a new training site to a training center or training program under valid accreditation

- 1- Only the new training site is visited.
- 2- A single visit report must be completed, capturing the fulfillment status of the standards across all training sites affiliated with the training center or training program, by relying on the previous visit report and adding the new updates to the new report, without the need to re-visit previously accredited sites.
- 3- If a criterion is fulfilled at one site and not fulfilled at another (from the Institutional Accreditation Standards, or the General Framework of the Program Accreditation Standards), the criterion is considered **Partially Met** at the training-center level if fulfillment is < 50%–89%, or **Not Met** if fulfillment is ≤ 50%.
- 4- If a criterion is fulfilled at one site and not fulfilled at another (from the Training Resources Standards), the criterion is considered **Met** at the training-center level.
- 5- If a criterion is not fulfilled across all training sites, the criterion is considered **Not Met** at the training-center level.





- 6- The accredited training sites within the training center are considered complementary to one another in providing the core training resources required for each accredited training program.
- 7- In Program Accreditation visits, the intake capacity is calculated based on the number of training resources available across all training sites, including the new site being visited.

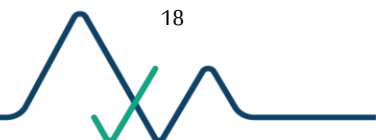
The procedures outlined above do not apply if the visit is conducted to add accreditation for a training site to an accredited training center or training program under valid accreditation, where the standards used in the accreditation decision are based on the previous general framework.

❖ **If the visit is conducted to add a training site for a training center or training program that has entered the accreditation renewal period (within 12 months of the accreditation expiry date)**

- 1- All accredited training sites of the training center or training program, including the new site, must be visited for the purpose of accreditation renewal.
- 2- A single visit report must be completed, capturing the fulfillment status of the accreditation standards across all training sites.
- 3- If a criterion is fulfilled at one site and not fulfilled at another (from the Institutional Accreditation Standards, or the General Framework of the Program Accreditation Standards), the criterion is considered **Partially Met** at the training-center level if fulfillment is < 50%–89%, or **Not Met** if fulfillment is ≤ 50%.
- 4- If a criterion is fulfilled at one site and not fulfilled at another (from the Training Resources Standards), the criterion is considered **Met** at the training-center level.
- 5- If a criterion is not fulfilled across all training sites, the criterion is considered **Not Met** at the training-center level.
- 6- The accredited training sites within the training center are considered complementary to one another in providing the core training resources required for each accredited training program.
- 7- In Program Accreditation visits, the intake capacity is calculated based on the number of training resources available across all training sites, including the new site.

❖ **After the Accreditation Visit**

- 1- After completing the report, it must be signed by all relevant parties and sent to the Accreditation Specialist responsible for the visit within 48 working hours.
- 2- It must be ensured that the type of accreditation decision, the accreditation category, and the intake capacity of the training center are not shared prior to the issuance of the accreditation decision.
- 3- The visit report is reviewed by the Accreditation Team to verify its completeness. The Accreditation Specialist may return the report if further clarification is needed.





- 4- The visit team must not communicate with the Program Director, trainers, or trainees after the visit has concluded.

7- Violations:

❖ First-Degree Violations

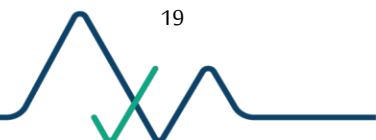
These are serious violations that directly impact the integrity and reliability of the accreditation process. A formal warning of membership revocation may be issued to the surveyor. These violations include the following:

1. Unprofessional communication with the Accreditation Team, members of the Accreditation Committees, or personnel of the training centers.
2. Favoritism in dealing with the Designated Institutional Official (DIO) or the Program Director due to shared interests.
3. Disclosing the accreditation decision prior to its official issuance by the Commission, by any means, or discussing the decision type in the presence of the training center representatives, whether intentional or due to negligence.
4. Failure to adhere to the items listed in the accreditation visit agenda without a valid excuse, in a manner that may negatively affect the accreditation decision.
5. Proven misleading or lack of credibility in the accreditation visit report.
6. Failure to disclose a conflict of interest.
7. Absence or failure to attend a confirmed accreditation visit without prior notice at least five (5) working days before the scheduled date, and without a compelling excuse.
8. Refusal to submit the accreditation visit report.
9. Lack of cooperation with the Accreditation Specialist and refusal to amend the report without a justified reason.
10. Failure to inform the Accreditation Surveyors Affairs Department or the Accreditation Specialist of an expired professional registration prior to or during the visit.
11. Failure to inform the Accreditation Specialist of any circumstance that may affect the progress or continuity of the visit.

❖ Second-Degree Violations

These violations impact the organizational and administrative efficiency of accreditation visits. In the event of occurrence, the Executive Administration of Training Operations issues an official notification to the surveyor. These violations include the following:

1. Retaining documents belonging to the training center after the visit has concluded.
2. Sending visit-related documents through channels other than the official SCFHS email without prior permission or instruction from the Accreditation Specialist.
3. Withdrawing from a confirmed accreditation visit one month or less before the scheduled date, without a valid excuse.





4. Failure to adhere to the professional appearance or approved dress code during the visit in a manner that misrepresents the Commission.
5. Failing to attend accreditation surveyors' workshops without a valid excuse.
6. Delay or failure to complete the e-learning program after receiving the instructions and access credentials.
7. Receiving a score of below **7** from the Institutional or Program Accreditation Committee.
8. Receiving a score of below **7** from the Accreditation Team.
9. Failure to submit the visit report within two working days of the visit's conclusion, without a justified reason.
10. Repeatedly withdrawing from scheduled visits after initial acceptance, totaling five separate occasions or three consecutive occasions within one year, despite prior coordination.

8- Membership Renewal and Annual Performance Evaluation

1. **Renewal Notification:** At the beginning of each year, accreditation surveyors are notified regarding the renewal status of their membership for the upcoming year.
2. **Performance Monitoring:** The performance of the accreditation surveyor is continuously monitored throughout the year to ensure a high level of professionalism and to prepare the final annual evaluation.
3. **Evaluation Criteria:** The performance of the accreditation surveyor is evaluated based on a set of indicators, including:
 - Attendance at all workshops held throughout the year.
 - Effective participation in accreditation visits.
 - Quality and accuracy of accreditation visit reports.
 - Results of customer satisfaction surveys.
 - The number and type of violations committed.
4. **Procedures for Violations:**
 - A consultation meeting may be held with a member of the Accreditation Surveyors Committee, when necessary, to clarify the nature of the violation, verify its occurrence, or provide guidance on how to avoid recurrence.
 - The accreditation surveyor is notified when a second-degree violation is committed.
 - A formal warning is issued when a first-degree violation is committed.
 - Repetition of any first-degree violation leads to the revocation of accreditation surveyor membership.
 - The accreditation surveyor has the right to contact the Accreditation Surveyors Affairs Department to inquire about any violation, request clarification, or discuss opportunities for improvement and performance development.



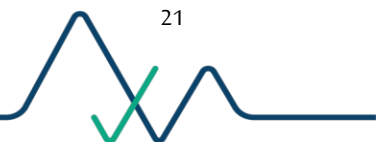


❖ Annual Evaluation Score:

Score	low	Medium	High
Description	Below 5	More than or equal 5 and less than 7	More than or equal 7
Membership Impact	affects the continuity of accreditation surveyor membership	Performance recommendations will be provided, and the renewal of accreditation surveyor membership will be determined based on the Committee's recommendation	Accreditation surveyor membership is renewed

❖ Membership Upgrade (Bronze – Silver – Gold):

Level	Upgrade Criteria for Accreditation Surveyor
Bronze	The accreditation surveyor is classified at the Bronze level upon joining the accreditation surveyors' team.
Silver	The accreditation surveyor holding the Bronze level is upgraded to the Silver level based on his/her annual performance according to the following conditions: • Achieving a score of 10 points in the annual evaluation. • Participation in five accreditation visits during the year, either as a member or as the visit coordinator. • Receiving a score not less than 9 from both the Accreditation Surveyors Committee and the Accreditation Specialist in all accreditation visits • Approval of the Accreditation Surveyors Committee for the upgrade.
Gold	The accreditation surveyor holding the Silver level is upgraded to the Gold level based on his/her annual performance according to the following conditions: • Achieving a score of 10 points in the annual evaluation. • Participation in five accreditation visits during the year (three of which as the visit coordinator). • Receiving a score not less than 9 from both the Accreditation Surveyors Committee and the Accreditation Specialist in all accreditation visits as the coordinator.





	• Receiving a score not less than 9 from the Accreditation Specialist regarding flexibility in communication and conduct during all accreditation visits as a participating member. • Based on the above, the surveyor maintains Gold-level membership as long as these standards are continuously met each year, ensuring continued excellence in performance. • Approval of the Accreditation Surveyors Committee for the upgrade.
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❖ Privileges of the Gold Membership

Accreditation surveyors who hold the Gold membership are entitled to the following privileges:

1. Participation in delivering accreditation surveyors' workshops.
2. Priority in representing the Commission in accreditation visits outside the Kingdom, and in attending related conferences.
3. Benefiting from colleagues' expertise and exchanging professional knowledge.
4. Receiving the gold medal, membership certificate, and a time-limited certificate of appreciation.
5. Announcement of Gold-membership holders and highlighting their distinguished performance.
6. Priority in nomination to join the Institutional Accreditation Surveyors Team.
7. Priority in nomination for committee membership within the Commission.

❖ Membership Renewal

1. To be eligible for membership renewal, the accreditation surveyor must achieve a score of 7 or higher in the annual evaluation.
2. Accreditation surveyors who achieve a score from 5 to less than 7 may be granted the opportunity for renewal based on a consultation meeting and the recommendation of the Accreditation Surveyors Committee.

❖ Notification and Warning

- 1- Notification: The accreditation surveyor is notified upon the confirmation of committing any second-degree violation (as outlined in the Violations section).
- 2- Official Warning Leading to Membership Revocation is issued in the following cases:
 - Confirmation of committing any first-degree violation.
 - Committing any second-degree violation for the second time.

❖ Membership Revocation

Membership of the accreditation surveyor shall be revoked in the following cases:





1. If the annual evaluation score is below 5.
2. Repetition of any reason that leads to an official warning for membership revocation.
3. Lack of a valid professional registration issued by the Commission, whether due to withdrawal, suspension, or any other reason related to violations of professional practice regulations and policies, constitutes a direct cause for revoking accreditation surveyor membership, following review by the Accreditation Surveyors Committee and approval of the decision.

❖ Membership Freezing

Membership of the accreditation surveyor may be frozen in the following cases:

- 1- The Committee has the right to freeze the membership of accreditation surveyors whenever deemed necessary, based on lack of responsiveness, lack of availability, or any other relevant reasons.

❖ Appeal Process for Decisions Related to Accreditation Surveyor Membership

- 1- The accreditation surveyor has the right to submit a written appeal against any decision issued by the Accreditation Surveyors Committee within a maximum period of 30 days from the date of issuance.
- 2- The appeal must be submitted through the official email of the Accreditation Surveyors Affairs Department.
- 3- The Accreditation Surveyors Committee shall review the appeal and respond to the surveyor within an appropriate timeframe, in accordance with the approved procedures.

We are pleased to receive your inquiries through the following communication channels:

- Email: surveyors@scfhs.org
- Phone: 0112905596
- Phone: 0112905687
- Phone: 0112909789

