

<ul style="list-style-type: none"><li>• Electronic copy is controlled under document control procedure. Hard copy is uncontrolled &amp; under responsibility of beholder.</li><li>• It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable.</li><li>• Information security code: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Shared -Confidential <input type="checkbox"/> Shared-Sensitive <input type="checkbox"/> Shared-Secret</li></ul>	<ul style="list-style-type: none"><li>• النسخة الإلكترونية هي النسخة المضبوطة وفق إجراء ضبط الوثائق. النسخ الورقية غير مضبوطة وتقع على مسؤولية حاملها.</li><li>• يسمح بالوصول والاحتفاظ بهذه الوثيقة مع مصدرها أو مع المسؤول عن تطبيقها أو مع المطبق عليهم.</li><li>• تصنيف امن المعلومات: <input checked="" type="checkbox"/> بيانات مفتوحة <input type="checkbox"/> شارك -سري <input type="checkbox"/> مشارك -حساس <input type="checkbox"/> مشارك -سري</li></ul>
--	--

# Standards for Registration of Clinical Training in Health Facilities (Approved Practice Setting) Version 1

Issue Date: 10/03/2022

Effective Date: 10/03/2022

Health Policies and Standards Department

Health Regulation Sector (2022)

## INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated by DHA Law No. (6) of 2018 to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector.
- Licensure and inspection of health facilities as well as healthcare professionals.
- Ensuring compliance to best practice.
- Managing patient complaints and assuring patient and physician rights are upheld.
- Managing health advertisement and marketing of healthcare products.
- Governing the use of narcotics, controlled and semi-controlled medications.
- Strengthening health tourism and assuring ongoing growth.
- Assuring management of health informatics, e-health and promoting innovation.

## ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this Standard in collaboration with Medical Education and Research Department (MERD) and other Subject Matter Experts. HPSD would like to acknowledge and thank these health professionals for their dedication toward improving quality and safety of healthcare services in the Emirate of Dubai.

**Health Regulation Sector**

**Dubai Health Authority**

## TABLE OF CONTENTS

INTRODUCTION .....	2
ACKNOWLEDGMENT .....	2
EXECUTIVE SUMMARY .....	4
DEFINITIONS.....	5
ABBREVIATIONS .....	9
1. BACKGROUND.....	10
2. SCOPE.....	11
3. PURPOSE.....	11
4. APPLICABILITY.....	11
5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES .....	11
6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS .....	13
7. STANDARD THREE: BASIC TRAINING PROGRAM.....	15
8. STANDARD FOUR: INTERMEDIATE TRAINING PROGRAM .....	17
9. STANDARD FIVE: ADVANCED TRAINING PROGRAM .....	19
10. STANDARD SIX: MANAGEMENT OF TRAINING PROGRAMS .....	20
11. STANDARD SEVEN: COMPLIANCE REVIEW .....	23
REFERENCES .....	25
APPENDICES.....	26
APPENDIX 1: LICENSURE APPLICATION PROCESS.....	26
APPENDIX 2: BASIC TRAINING PROGRAM APPLICATION FORM .....	27
APPENDIX 3: INTERMEDIATE TRAINING PROGRAM APPLICATION .....	31
APPENDIX 4: ADVANCED TRAINING PROGRAM APPLICATION FORM.....	35

## EXECUTIVE SUMMARY

Medical education and training is essential to achieve and maintain a stable and qualified professional medical workforce in the Emirate of Dubai. DHA has developed a standard for Approved Practice Setting to assure the provision of the highest levels of safety and are maintained within DHA licensed facilities. The standards aligns with the evolving healthcare needs and international best practice and defines the criteria that a healthcare facility must satisfy in order to be eligible as an Approved Practice Setting. The standards includes:

- Registration and licensure procedure requirements
- The types of Approved Practice Setting.
- The licensure process for each type of Approved Practice Setting.
- The general requirements for each type of Approved Practice Setting.
- The policies, procedures, protocols and clinical governance that should be in place for the provision of Approved Practice Setting.

The standard regulates the process of both undergraduates and postgraduates' placement according to graduates' interests; strategic needs and health facility operational capacity. The ambition is to protect, promote and improve healthcare services in the Emirate of Dubai and become the number one destination for medical education and research. Facilities seeking to deliver training are encourage to review the Standard. Eligibility for Approved Practice Setting will consider existing resources, experience, and academic achievements of the healthcare facility.

## DEFINITIONS

**Accreditation:** is a formal system to evaluate the quality of services in competency of organizations, systems, training programs or health facilities.

**Advanced Clinical Training:** is a structured clinical training program in a particular field or speciality. This may include residency programs, fellowship programs, PhD programs, Master programs and other post graduate certificates/diplomas.

**Approved Practice Setting (Clinical Training in Health Facilities):** is 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.

**Back to Practice Training:** is for healthcare professionals who have discontinued their practice for less than ten (10) years for UAE nationals or between two (2) years to five (5) years for non-UAE nationals; the training is available in Approved Practice Setting.

**Basic Training Program:** is a training programs aimed to provide undergraduate Training and Observership Training.

**Clinical Supervisor:** is a trainer who is selected and appropriately trained to be responsible for overseeing a specific trainee's clinical work and providing constructive feedback during a training placement.

**Clinical Pharmacy Residency Training:** is a training program for graduates in the pharmacy field who are interested in enhancing their professional expertise by enrolling in structured postgraduate pharmaceutical professional training.

**Dental Fellowship Training:** is a training program for graduates in the dental field who are interested in enhancing their professional expertise by enrolling in structured sub-specialty postgraduate dental professional training.

**Dental Residency Training:** is a training program for graduates in the dental field who are interested in enhancing their professional expertise by enrolling in structured postgraduate dental speciality professional training.

**Discontinuity of Practice:** is an extended period of clinical inactivity in the discipline in which one has been trained or certified. The period of the discontinuity of practice considered in this document is as per the requirements set out in the UAE Pre-Qualification Requirements (PQR).

**Experience Equivalency Training:** is a hands on clinical work experience gained by a newly graduate healthcare professional for a period of time and it excludes volunteer jobs or observership.

**Grievance:** is 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 Professional:** is a person who by education, training, certification and licensure is qualified to provide healthcare services.

**Intermediate Training Program:** is a training program aimed to provide Internship Training Program, Experience Equivalence Program, Practical Training Courses and Return Back to Practice Program.

**Internship Training Program:** is a period of supervised clinical practice pursued by graduates of healthcare programs to consolidate the knowledge gained during their study in Approved Practice Setting.

**Medical Fellowship Training:** is a training program for graduates in the medical field who are interested in enhancing their professional expertise by enrolling in structured sub-specialty postgraduate medical professional training.

**Medical Residency Training:** is a training for graduates in the medical field who are interested in enhancing their professional expertise by enrolling in structured postgraduate medical-specialty professional training.

**Observership Program:** is healthcare training for national or international healthcare professionals seeking to observe clinical care in a DHA-licensed health facility. During the clinical observership, participants will have the opportunity to interact with clinical teams with regard to care, observing all aspects of clinical care delivery in an Approved Practice Setting.

**Postgraduate Training Program:** is healthcare training programs for postgraduates enrolled in residency program, fellowship programs, PhD or doctorate program, Master program or postgraduate certificate/diplomas in an Approved Practice Setting, in order to fulfil the degree requirements.

**Practical Training Course:** is the provision of a hands on courses, within a licensed health facility only. This includes but not limited to laser courses, beauty courses or Implantology.

**Primary Source Verification (PSV):** is the process of validating documents required for licensure for the issuing organization.

**Program Director:** is a senior manager, responsible for the developing and maintaining the overall APS program(s).

**Tier:** Is a term used to indicate a category of postgraduate qualifications for physicians and dentists as per the Unified Healthcare Professional Qualification Requirements (PQR).

**Training supervisor(s):** is responsible for the development and coordination of training program within APS. This includes and not limited to, identification of training needs, evaluate training initiatives and processes as well as maintaining training records.

**Undergraduate Training:** is healthcare training programs for undergraduate university/college students registered in an Approved Practice Setting, in order to fulfil the degree requirements.



## ABBREVIATIONS

<b>APS</b>	:	Approved Practice Setting
<b>DHA</b>	:	Dubai Health Authority
<b>HRS</b>	:	Health Regulation Sector
<b>KHDA</b>	:	Knowledge and Human Development Authority
<b>MD</b>	:	Medical Director
<b>MERD</b>	:	Medical Education and Research Department
<b>MOE</b>	:	Ministry of Education
<b>PQR</b>	:	Professional Qualification Requirements
<b>PSV</b>	:	Primary Source Verification
<b>TCAM</b>	:	Traditional, Complementary and Alternative Medicine
<b>UAE</b>	:	United Arab Emirates

## 1. BACKGROUND

Medical practice continues to evolve due to epidemiological and innovative change. Physicians are therefore required to undergo continual medical education and training to ensure acquired skillsets in medical school are kept up to date in line with the latest evidence base. Thus, medical training plays an important role in demonstrating continual professional competence, minimizing risk and addressing patient concerns. Emerging evidence suggests that health professionals actively seek continuous medical training for several reasons namely; the pursuit of new careers due to new medical career pathways, increase in income and the enhancement competencies and confidence. In addition, there has been a shift away from individualised training toward team based and system based training. This means institutions seeking to provide medical training are required to deliver training in facilities that are appropriately designed and equipped to accommodate a range of health professional groups and needs.

DHA has developed a standard for Approved Practice Setting to ensure medical training in the Emirate of Dubai is continuously delivered to high standard. The standard sets out the criteria and requirements that a healthcare facility must satisfy in order to be eligible as an Approved Practice Setting for medical training. Health facilities are encouraged to offer medical training programs that are evidence based, innovative and dynamic to the needs of the Dubai health system.

## 2. SCOPE

- 2.1. The minimum requirements for Approved Practice Setting in DHA licensed health facilities.

## 3. PURPOSE

- 3.1. To assure provision of the highest levels of safety and competency in providing Approved Practice Setting program(s) for healthcare professionals that meet the licensing requirements of an Approved Practice Setting.
- 3.2. To assure provision of the highest levels of safety and competency in providing basic, intermediate and programs.
- 3.3. To ensure that appropriate policies, systems and processes are standardized and in place for delivery of professional medical education and training.
- 3.4. To standardize and provide a framework for clinical trainings within health facilities in the emirate of Dubai.

## 4. APPLICABILITY

- 4.1. DHA licensed healthcare professionals and health facilities involved in the delivery of an Approved Practice Setting program(s).

## 5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

- 5.1. All health facilities providing Approved Practice Setting (APS) shall adhere to federal and local laws and regulations.
- 5.2. All Health facilities are eligible for licensing an APS.

- 5.3. Health facilities opting to provide APS service shall comply with the DHA licensure and administrative procedures available on the DHA website <https://www.dha.gov.ae>.
- 5.4. Health facilities may provide APS in the entire facility or a selected department or speciality within the facility.
- 5.5. Licensed health facilities opting to add APS shall apply by submitting a request to the Medical Education & Research Department e-mail [trainingfacility@dha.gov.ae](mailto:trainingfacility@dha.gov.ae).
- 5.6. Application forms for the training programs can be found on the Medical Education & Research Department DHA website:  
<https://www.dha.gov.ae/en/MedicalEducation/Pages/HFETAccreditation.aspx>
- 5.7. APS shall provide one or more of the following programs:
- 5.7.1. Basic Training Program.
  - 5.7.2. Intermediate Training Program.
  - 5.7.3. Advanced Training Program.
- 5.8. Health facilities shall seek validity approval to conduct more than one type of program.
- 5.8.1. Each program must receive a separate approval.
- 5.9. Health facilities shall seek permission renewal to continue conducting the training program(s).
- 5.10. The APS request application will be reviewed and assessed by DHA.

- 5.11. If deemed necessary, DHA may conduct an onsite inspection to ensure the health facility complies with the required criteria. The site visiting team may interview the Program Director and/or other key personnel in the health facility for a better understanding of the APS program.
- 5.12. DHA may issue an approval which will detail professional medical education services approved and will include details of any restrictions and conditions, where applicable.
- 5.13. The validity of each APS program is as follows:
  - 5.13.1. Basic training program – two (2) years;
  - 5.13.2. Intermediate training program – two (2) years;
  - 5.13.3. Advanced training program – four (4) years.
- 5.14. Applications may be approved, returned for correction or rejected.
- 5.15. Where the application contains major changes DHA may request submission of a new application.
- 5.16. Graduates from an APS program, except Basic Training Program, shall meet all PQR requirements in order to obtain license to practice.
- 5.17. For the licensing process, see **Appendix 1**.

## 6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS

- 6.1. The health facility management shall ensure the following:
  - 6.1.1. The health facility shall have a scientific committee/organization to oversee the training.

- 6.1.2. At least one (1) healthcare professional is appointed as Program Director and/or Training Supervisor coordinating the training program.
  - 6.1.3. Programs are aligned with the scope of services and specialities of the health facility.
  - 6.1.4. Sufficient resources are available to accommodate the intended number of trainees and programs.
  - 6.1.5. Demonstrate adequate volume and variety of cases.
  - 6.1.6. All trainees, except trainees in Basic Training Programs, should receive malpractice medical insurance by the health facility.
- 6.2. The health facility shall provide evidence of written policies and procedures for the different APS programs which may include but not limited to:
- a. Incident Reporting
  - b. Patient confidentiality
  - c. Consent
  - d. Training assessment
  - e. Training acceptance
  - f. Grievance Procedures
- 6.3. The health facility must be aware of local laws and guidelines regarding patient consent and confidentiality and provides training, when necessary.
- 6.4. Healthcare professionals including trainees, undertaking any form training shall enroll in a program aligned with the scope of service for the licensed category.

- 6.5. The health facility shall retain information and documents in connection with the application to all participating institutions Permitted Services.
- 6.6. Health facilities with APS shall ensure provision of adequate and appropriate resources to support the goals and objectives of the training program, which could include, but not limited to:
- 6.6.1. A room equipped with audio-visual aids to accommodate enrolled trainees, if required for the training.
  - 6.6.2. Access to internet services, computer and/or tablets.
  - 6.6.3. Easy access to educational and research material, which could be in the form of a valid contract with an online medical library.
  - 6.6.4. Lecture or meeting room(s).

## 7. STANDARD THREE: BASIC TRAINING PROGRAM

- 7.1. Application form for the basic training program can be found in **appendix 2**.
- 7.2. Basic training program includes the following :
- 7.2.1. Undergraduate Program
    - a. Domestic Students
    - b. International students
  - 7.2.2. Observership Program.
- 7.3. Basic training program shall be made available to the following undergraduate categories:
- 7.3.1. Physicians

- 7.3.2. Dentists
  - 7.3.3. Nurses and midwives
  - 7.3.4. Allied health
  - 7.3.5. TCAM
- 7.4. The applicant's experience must be relevant to the title applied for and must have been accomplished in an appropriate setting licensed by the health regulatory authority in the country of practice.
- 7.5. The applicant's experience must be hands on clinical experience gained by a licensed healthcare professional during a salaried employment/contractual period and it excludes volunteer jobs, Observership, or clinical attachment.
- 7.6. All health facilities applying for the Basic Training Program- undergraduate training shall ensure the following:
- 7.6.1. A formal agreement with an accredited academic institution and should specify the type of Basic Training Program.
    - a. The academic institution should be accredited by a UAE governmental body such as MOE or KHDA.
    - b. International academic institutions should be accredited by an equivalent government body.
  - 7.6.2. The training must take place only in the licensed APS health facility.
  - 7.6.3. All trainees have an active registration with an accredited academic institution.



7.6.4. All trainees shall have a training letter from their affiliated academic institution.

7.6.5. All Basic Training Program(s) may undergo inspection for evaluation.

## 8. STANDARD FOUR: INTERMEDIATE TRAINING PROGRAM

8.1. Application form for the intermediate training program can be found in **appendix 3**.

8.2. Intermediate Training Program includes the following:

8.2.1. Internship Program

a. Eligibility:

i. Physicians

ii. Dentists

b. Internship program shall be provided only in:

i. Hospitals

ii. Standalone Day surgical centres

iii. Outpatient clinics

iv. Other categories may be considered in accordance to the program

c. The duration of the internship program will be in accordance to the PQR and speciality, not less than one year.

8.2.2. Experience Equivalency Program

a. Eligibility Categories are:

i. Physicians

- ii. Dentists
  - iii. Nurses and Midwives
  - iv. Allied Health
  - v. TCAM
- b. This program may be provided in eligible DHA licensed APS.
- 8.2.3. Practical Training Courses, this includes but not limited to:
- a. Laser and cosmetic courses
  - b. Endoscopy
  - c. Implantology.
- 8.2.4. Back to Practice Program
- a. Eligibility:
    - i. Physicians
    - ii. Dentists
    - iii. Nurses and midwives
    - iv. Allied health
    - v. TCAM
  - b. This program may be provided in all eligible DHA licensed APS.
  - c. The experience gained through this program can be considered for licensing purposes as per the PQR.
- 8.3. All health facilities applying for the Internship training program shall ensure the following:

- 8.3.1. The formal agreement with an accredited academic institution should specify Internship Training Program.
- 8.3.2. Clearly define any relevant specialities and state the names and specialities of professionals assigned as clinical supervisors/trainers.
- 8.3.3. Clearly define the volume of patients per year for each mentioned speciality.

## 9. STANDARD FIVE: ADVANCED TRAINING PROGRAM

- 9.1. Application form for the advanced training program can be found in **appendix 4**.
- 9.2. Advanced Training Program includes the following:
  - 9.2.1. Residency Programs:
    - a. Medical Residency Program;
    - b. Dental Residency Program;
    - c. Clinical Pharmacy Program.
  - 9.2.2. Fellowship Program:
    - a. Medical Fellowship Program;
    - b. Dental Fellowship Program.
  - 9.2.3. Postgraduate certificate programs:
    - a. Clinical PhD/Doctorate;
    - b. Master Degree;
    - c. Post graduate certificate/Diploma.

9.3. All health facilities applying for the Advanced Training Program shall ensure the following:

9.3.1. An accredited residency program(s) and/or fellowship program(s) by an accrediting body such as, but not limited to the Emirati Board and Arab Board of Health Specialities.

9.3.2. Clearly defined scope and curriculum for the residency programs and fellowship program, where applicable.

9.3.3. Appoint a Program Director and clinical supervisor(s) for each training program.

9.3.4. Ensure that there is a clear evaluation and assessment process for each program.

## 10. STANDARD SIX: MANAGEMENT OF TRAINING PROGRAMS

10.1. The health Management team shall ensure the following:

10.1.1. The training program must be adequately funded in order to plan, deliver and sustain the APS program(s).

10.1.2. All Training program(s) should follow evidence based practices.

10.1.3. There is a description of the process, which ensures proper follow up of the trainee's duty fulfilments.

10.1.4. The availability of a training committee that follows up all training related matters.

- 10.1.5. The provision of appropriate training duration for the trainees.
- 10.1.6. The provision of adequate volume of patients and variety of cases within the relevant specialities.
- 10.1.7. There should be job descriptions available for trainers and training supervisors.
- 10.1.8. There is a mechanism in place for appointing and reviewing teaching staff.
- 10.1.9. Each clinical trainee should have an assigned clinical supervisor.
- 10.2. The trainee supervisors or trainers of an APS should:
  - 10.2.1. Be a DHA licensed healthcare professional for the related speciality.
  - 10.2.2. Be privileged by the MD of the health facility as per certification, training, experience and competency.
  - 10.2.3. Ensure a minimum experience in clinical practice as follows:
    - a. Basic training program – Two (2) years
    - b. Intermediate training program – Three (3) years
    - c. Advanced training program – Five (5) years
  - 10.2.4. At least one (1) year experience in medical education and are aware of training essentials.
  - 10.2.5. Be present in the clinical training facility at all times during the duration of the training provided.
  - 10.2.6. Provides orientation and supervision for trainees, with a focus on patient safety, privacy, confidentiality and infection control procedures.

- 10.2.7. Be responsible for the outcomes of the treatments and procedures performed by the trainees on patients.
  - 10.2.8. Provides trainee feedback and evaluation.
  - 10.2.9. Ensure trainees maintain a logbook of clinical work and experience to ensure satisfactory case diversity and monitoring for the clinical training provided.
  - 10.2.10. Discuss with clinical trainees regarding patient evaluation, treatment planning, patient management, complications and outcomes of various cases.
- 10.3. The ratio of the clinical supervisors to the trainees should be indicated clearly by the healthcare facility as per the program.
  - 10.4. In the event of a temporary absence of the assigned clinical supervisor or assigned trainer, the management responsible for APS should assign another clinical supervisor or trainer in the same specialty to take over the supervisory and training responsibility.
  - 10.5. The management of APS program(s) shall ensure full disclosure to patient(s) and family members regarding clinical trainees/residents and their involvement in the patient care.
  - 10.6. Patient consent form in both Arabic and English shall be available and must cover acceptance of treatment and access to patient health records by the clinical trainee, students and clinical residents.

10.7. Trainees in the Intermediate and Advanced training program shall require to hold a valid DHA licensed title to participate in the program(s) as; Trainee, Intern, Resident or Full professional license.

10.7.1. Certain Practice Training Program may not require license as per DHA evaluation.

10.8. All Trainees shall:

10.8.1. Follow instructions of the assigned clinical supervisor.

10.8.2. Wear clinical trainee badge during all working hours.

10.8.3. Sign a confidentiality agreement prior to commencement of the training program.

10.8.4. Maintain a training logbook.

10.9. Medical liability is solely the responsibility of the trainees and the Clinical Supervisor/trainer at the health facility offering APS.

10.10. Health facility shall ensure that all healthcare professionals and trainees adhere to the DHA Standards for medical advertisement content on social media.

## **11. STANDARD SEVEN: COMPLIANCE REVIEW**

11.1. At any time and upon reasonable cause, DHA inspectors and/or any duly authorized representatives may conduct inspections to audit the health facility providing clinical training to determine compliance. These onsite inspections may be scheduled or un-announced.

- 11.2. The management of the health facility providing clinical training should cooperate with DHA representatives and/or any authorized representatives to provide requested documentation/files if required.
- 11.3. After any inspection in which non-compliance has been identified, the authorized inspectors may notify the facility followed by an inspection report.
- 11.4. The management of health facility providing APS should submit to DHA a written plan of correction within fifteen (15) working days after receiving the noncompliance report, if applicable.
- 11.5. A follow up visit maybe conducted by DHA to confirm the corrective action.
- 11.6. If the deficiencies are not fulfilled, APS services of the health facility shall be subject to sanctions as deemed necessary by DHA.
- 11.7. In the event of possible suspension of APS services, the health facility is not allowed to accept any new trainees.
- 11.8. Any Grievance procedures shall be directed to DHA.

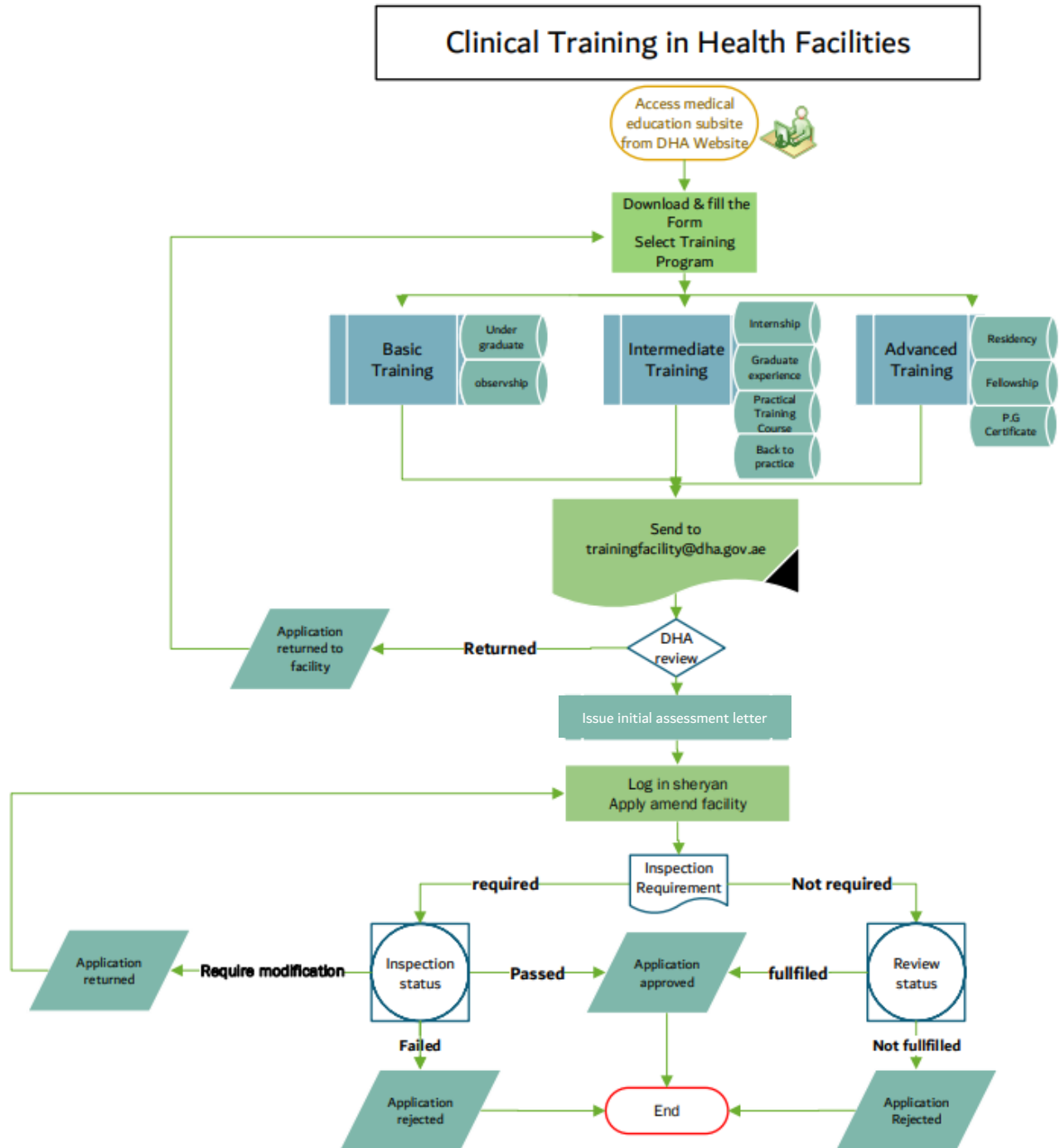


## REFERENCES

1. Department of Health- Medical Education (2022). Medical Education. Available on:  
<https://www.doh.gov.ae/en/programs-initiatives/meed> [Accessed 10 January 2022].
2. Dubai Health care City Authority Regulatory (2016). Approved Practice Setting Standards.  
Available on  
<https://www.dhcr.gov.ae/Documents/DHCR%20Approved%20Practice%20Setting%20Standards.pdf> [Accessed 10 January 2022].
3. British Medical Association (2017). Approved practice settings restrictions. Available on:  
<https://www.bma.org.uk/advice/career/applying-for-training/approved-practice-settings-restrictions> [Accessed 10 January 2022].
4. Commission for Academic Accreditation (2019). Licensure and Accreditation. Available on:  
<https://www.caa.ae/caa/DesktopDefault.aspx?tabid=58> [Accessed 10 January 2022].
5. Health Authority Abu Dhabi. (2017). Continuing Medical Education Continuing Professional Development. Available on: <https://www.haad.ae/cme/FAQ.aspx> [Accessed 10 January 2022].
6. Medical Council of New Zealand (2013). Policy on accreditation of an approved practice setting.  
Available on: <https://www.mcnz.org.nz/assets/Policies/Policy-on-accreditation-of-an-approved-practice-setting.pdf> [Accessed 10 January 2022].
7. Quintero, G.A (2014). Medical education and the healthcare system - why does the curriculum need to be reformed?. *BMC Med* 12, 213 (2014). <https://doi.org/10.1186/s12916-014-0213-3>
8. The Accreditation Council for Graduate Medical Education International (2019). Accreditation Process. Available on: <http://www.acgme-i.org/Requirements-and-Process-Overview/What-is-Accreditation> [Accessed 10 January 2022].

APPENDICES

APPENDIX 1: LICENSURE APPLICATION PROCESS



APPENDIX 2: BASIC TRAINING PROGRAM APPLICATION FORM

Medical Education and Research Department

إدارة التعليم الطبي والأبحاث

طلب تسجيل التدريب الصحي في منشأة صحية -أساسي

Registration of Clinical Training in Health Facility Application-Basic

Reference Number:	DHA USE		الرقم المرجعي :
Requested Training Program		البرنامج التدريبي المطلوب	
Only one program shall be selected		يتم اختيار برنامج واحد فقط	
<input type="checkbox"/> Undergraduate Program <input type="checkbox"/> Observership Program <input type="checkbox"/> Physician Please specify: Click or tap here to enter text. <input type="checkbox"/> Dentist Please specify: Click or tap here to enter text. <input type="checkbox"/> Nurses and Midwives Please specify: Click or tap here to enter text. <input type="checkbox"/> Allied health Please specify: Click or tap here to enter text. <input type="checkbox"/> TCAM Please specify: Click or tap here to enter text. <input type="checkbox"/> Others Please specify: Click or tap here to enter text.		<input type="checkbox"/> برنامج التعليم الطبي (قبل التخرج) <input type="checkbox"/> برنامج الملاحظة المهنية <input type="checkbox"/> الأطباء الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> أطباء الأسنان الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> التمريض والقبالة الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> المهن الطبية المساعدة الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> الطب التقليدي الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> أخرى الرجاء تحديد: Click or tap here to enter text.	
Training Program		البرنامج التدريبي	
Full Program <input type="checkbox"/>	برنامج مكتمل	Shared Program <input type="checkbox"/>	برنامج مشترك
Duration of Theoretical Training	Click or tap here to enter text.	Duration of Practical Training	Click or tap here to enter text.
Duration of Practical Training	Click or tap here to enter text.	Academic Affiliation	Click or tap here to enter text.
Academic Affiliation	Click or tap here to enter text.	Number of Expected Trainees	Click or tap here to enter text.
Number of Expected Trainees	Click or tap here to enter text.	Facility Capacity for Trainees	Click or tap here to enter text.
Facility Capacity for Trainees	Click or tap here to enter text.	Type of Trainees	<input type="checkbox"/> من داخل الدولة <input type="checkbox"/> من خارج الدولة
Type of Trainees	<input type="checkbox"/> Domestic <input type="checkbox"/> International	Number of Training Rooms	Click or tap here to enter text.
Number of Training Rooms	Click or tap here to enter text.	Training Methodology	<input type="checkbox"/> محاضرة <input type="checkbox"/> فيديو <input type="checkbox"/> التواصل الافتراضي <input type="checkbox"/> مؤتمر <input type="checkbox"/> تدريب عملي <input type="checkbox"/>
Training Methodology	<input type="checkbox"/> Lecture <input type="checkbox"/> Video <input type="checkbox"/> Virtual <input type="checkbox"/> Conference <input type="checkbox"/> Practical Training <input type="checkbox"/> Online Training	Total training hours per week	Click or tap here to enter text.
Total training hours per week	Click or tap here to enter text.		Click or tap here to enter text.

Outcome degree awarded	Click or tap here to enter text.	Click or tap here to enter text.	الدرجة العلمية المحصلة
<b>Clinical faculty &amp; coordinators</b>		<b>أعضاء هيئة التدريب والمنسقين</b>	
<b>Program Director / Training Supervisor Information</b>		<b>معلومات مدير البرنامج / المشرف التدريبي</b>	
Full Name	Click or tap here to enter text	Click or tap here to enter text.	الاسم الكامل
DHA license No:	Click or tap here to enter text.	رقم الترخيص المهني: Specialty	التخصص: Click or tap here to enter text.
Mobile No:	Click or tap here to enter text.	الهاتف المتحرك: Email	البريد الالكتروني: Click or tap here to enter text.
<b>Program Coordinator</b>		<b>معلومات منسق البرنامج</b>	
Full Name	Click or tap here to enter text.	Click or tap here to enter text.	الاسم الكامل
DHA license No. (if available)	Click or tap here to enter text.	رقم الترخيص المهني (ان وجد) Specialty	التخصص: Click or tap here to enter text.
Mobile No:	Click or tap here to enter text.	الهاتف المتحرك: E-mail	البريد الالكتروني: Click or tap here to enter text.
<b>Health Facility details</b>		<b>تفاصيل المنشأة الصحية :</b>	
Name of the Health Facility:	Click or tap here to enter text.		اسم المنشأة الصحية:
DHA Facility License Number:	Click or tap here to enter text.		رقم رخصة المنشأة:
DHA license expiry date:	Click or tap to enter a date.		تاريخ انتهاء الرخصة:
Address:	Click or tap here to enter text.		العنوان:
Landline Number:	Click or tap here to enter text.		رقم الهاتف الأرضي:
Facility Website:	Click or tap here to enter text.		الموقع الالكتروني:
Branches offering the program(if applicable):	Click or tap here to enter text.		الفروع الأخرى التي تقدم البرنامج(إن وجد):
Sector	Private خاص <input type="checkbox"/>	government حكومي <input type="checkbox"/>	القطاع:
<b>Healthcare Institution Category (Select One)</b>		<b>فئة المؤسسة الصحية (اختر واحد)</b>	
General Hospital <input type="checkbox"/>	مستشفى عام	Specialized Hospital <input type="checkbox"/>	مستشفى تخصصي
Specialized Clinic <input type="checkbox"/>	مركز متخصص	Primary Healthcare Center <input type="checkbox"/>	مركز رعاية صحية أولية
Day Surgery Center <input type="checkbox"/>	مركز جراحة اليوم الواحد	Clinical support Facility <input type="checkbox"/>	منشأة صحية مساندة
Pharmacy <input type="checkbox"/>	صيدلية	Outpatient facility <input type="checkbox"/>	منشأة صحية خارجية
TCAM <input type="checkbox"/>	الطب التقليدي		
Other (Specify)	Click or tap here to enter text.	Click or tap here to enter text.	أخرى (حدد)
Please specify training program objective		الرجاء ذكر أهداف البرنامج التدريبي	
Click or tap here to enter text.		Click or tap here to enter text.	
<b>Terms and Conditions:</b>		<b>الشروط والأحكام:</b>	
<ul style="list-style-type: none"> <li>Each Application Form is designed for one program only</li> <li>Applicant should submit all required supporting documents</li> <li>This is not an approval for Academic certificate nor a privilege of practicing the trained skills (if any) without appropriate License issued by health regulation bodies</li> </ul> <p>Payment is to be processed prior to the facility inspection</p> <p>I/solemnly declare I/we have reviewed the Standards for Health Facilities Providing Medical Training and agree to comply with all requirements and other related DHA Policies and Federal Laws.</p> <p>The information provided to DHA on the subject is accurate and complete to the best of my knowledge and belief. I understand and agree that, if I make a false or misleading statement or representation in respect to my application, I shall be deemed not to have satisfied the requirements for adding training service. I further acknowledge that DHA has the right to cancel the application and approval for training if any aspects noted within this undertaking are not being met.</p>		<ul style="list-style-type: none"> <li>يتم تقديم طلب منفصل لكل برنامج تدريبي</li> <li>تلتزم المنشأة بتقديم الوثائق الداعمة للطلب</li> <li>لا يعتبر هذا الطلب موافقة لإصدار شهادات أكاديمية ولا دخول المتدربين صلاحيات ممارسة أي من المهارات المكتسبة إن وجدت بدون الحصول على رخصة من الجهات المعنية</li> </ul> <p>الالتزام بإجراءات الدفع قبل الزيارة الميدانية للمنشأة</p> <p>أصرح رسمياً أنني قد راجعت معايير المرافق الصحية التي تقدم التدريب الصحي وأوافق على الامتثال لجميع المتطلبات وغيرها من سياسات هيئة الصحة بدبي والقوانين الاتحادية ذات الصلة. المعلومات المقدمة إلى هيئة الصحة بدبي حول هذا الموضوع صحيحة وكاملة. وفي حال انني قدمت بيانات غير صحيحة أو مظللة في ما يتعلق بطلبي فسيعتبر الطلب المقدم من طرفي غير مستوفي للشروط ولهيئة الصحة بدبي الحق في إلغاء الطلب على التدريب أو سحب أية موافقة تصدر لاحقاً بهذا الخصوص أو اتخاذ التدابير والإجراءات اللازمة حيال ذلك.</p>	

Kindly, submit completed signed application form through the Medical Education & Research Dept E-mail <a href="mailto:trainingfacility@dha.gov.ae">trainingfacility@dha.gov.ae</a>		يرجى ارسال نموذج الطلب بعد تعبئته وتوقيعه للبريد الالكتروني لإدارة التعليم الطبي والأبحاث <a href="mailto:trainingfacility@dha.gov.ae">trainingfacility@dha.gov.ae</a>	
Name of the applicant	Click or tap here to enter text.	Click or tap here to enter text.	اسم مقدم الطلب:
Designation	Click or tap here to enter text.	Click or tap here to enter text.	الصفة الوظيفية
Signature	Click or tap here to enter text.	Click or tap here to enter text.	التوقيع
Name of the Medical Director	Click or tap here to enter text.	Click or tap here to enter text.	اسم المدير الطبي
Signature of Medical Director	Click or tap here to enter text.	Click or tap here to enter text.	توقيع المدير الطبي
Date	Click or tap to enter a date.	Click or tap to enter a date.	التاريخ
Facility seal	Click or tap here to enter text.		ختم المنشأة الصحية:
<b>DHA Initial assessment Check list</b>			
<b>Remarks</b>	<b>Status</b>		<b>Remarks</b>
1. Organizational Chart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
2. Accredited Training Objectives/Curriculum	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
3. Training Materials & Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
4. Target Group for Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
5. Eligibility criteria to accept trainees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
6. Number of Continuing Professional Development (CPD) Hrs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
7. Name of training Program lead with DHA license	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
8. Training Rooms Layout	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
9. Tool for tracking trainees attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
10. Logbook for trainee experience	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
11. Valid Trade License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
12. KHDA/MOE Accreditation on the Program/Institute	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
13. International/Local Academic Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
14. Trainers DHA License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
15. Trainers Profile (with Credentials/Qualification/ Experience)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
16. Malpractice Insurance in case of any hands-on trainings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
17. Training Program Rotation/Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.
18. Trainee's Evaluation/competencies Criteria or Method	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Click or tap here to enter text.

19. The facility has sterilization unit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
20. The facility sufficient number of patients flow to ensure a proper training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
21. Health and Safety Manual that includes all health and safety policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
22. Coordinator/Supervisor' experience has the basic principles of teaching, learning and assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
Comments and remarks: Click or tap here to enter text.		

### APPENDIX 3: INTERMEDIATE TRAINING PROGRAM APPLICATION

Medical Education and Research Department

إدارة التعليم الطبي والأبحاث

طلب تسجيل التدريب الصحي في منشأة صحية-متوسط

Registration of Clinical Training in Health Facilities Application -Intermediate

Reference Number:	DHA USE	الرقم المرجعي:
Requested Training Program Only one program shall be selected		البرنامج التدريبي المطلوب يتم اختيار برنامج واحد فقط
<input type="checkbox"/> <b>Internship Program</b> <input type="checkbox"/> Physician <input type="checkbox"/> Dentist  <input type="checkbox"/> <b>Experience Equivalency Program</b> <input type="checkbox"/> Physician Please specify Click or tap here to enter text. <input type="checkbox"/> Dentist Please specify Click or tap here to enter text. <input type="checkbox"/> Nurses & Midwives Please specify Click or tap here to enter text. <input type="checkbox"/> Allied health Please specify Click or tap here to enter text. <input type="checkbox"/> TCAM Please specify Click or tap here to enter text.  <input type="checkbox"/> <b>Practical - Hands On - Training Courses</b> <input type="checkbox"/> Laser Please specify Click or tap here to enter text. <input type="checkbox"/> Cosmetic Courses Please specify Click or tap here to enter text. <input type="checkbox"/> Endoscopy Please specify Click or tap here to enter text. <input type="checkbox"/> Implantology Please specify Click or tap here to enter text. <input type="checkbox"/> Others Please specify Click or tap here to enter text.  <input type="checkbox"/> <b>Back to Practice Program</b> <input type="checkbox"/> Physician Please specify Click or tap here to enter text. <input type="checkbox"/> Dentist Please specify Click or tap here to enter text. <input type="checkbox"/> Nurses Please specify Click or tap here to enter text. <input type="checkbox"/> Allied health		<input type="checkbox"/> <b>برنامج الامتياز</b> <input type="checkbox"/> الأطباء <input type="checkbox"/> أطباء الأسنان  <input type="checkbox"/> <b>برنامج اكتساب الخبرة</b> <input type="checkbox"/> الأطباء الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> أطباء الأسنان الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> التمريض والقبالة الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> المهن الطبية المساعدة الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> الطب التقليدي الرجاء تحديد: Click or tap here to enter text.  <input type="checkbox"/> <b>الدورات التدريبية العملية</b> <input type="checkbox"/> الليزر الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> برامج التجميل الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> المناظير الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> زراعة الأسنان الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> دورات أخرى الرجاء تحديد: Click or tap here to enter text.  <input type="checkbox"/> <b>برنامج العودة الى الممارسة المهنية</b> <input type="checkbox"/> الأطباء الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> أطباء الأسنان الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> التمريض الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> المهن الطبية المساعدة

Please specify Click or tap here to enter text. <input type="checkbox"/> TCAM Please specify Click or tap here to enter text.		الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> الطب التقليدي الرجاء تحديد: Click or tap here to enter text.	
<b>Training Program</b>		<b>البرنامج التدريبي</b>	
Full Program <input type="checkbox"/>	برنامج مكتمل	Shared Program <input type="checkbox"/>	برنامج مشترك
Duration of Theoretical Training:	Click or tap here to enter text.		مدة التدريب النظري: Click or tap here to enter text.
Duration of Practical Training:	Click or tap here to enter text.		مدة التدريب العملي: Click or tap here to enter text.
Academic Affiliation	Click or tap here to enter text.		الالتساب الأكاديمي Click or tap here to enter text.
Number of Expected Trainees	Click or tap here to enter text.		عدد المتدربين المتوقع انضمامهم Click or tap here to enter text.
Facility Capacity for Trainees	Click or tap here to enter text.		الطاقة الاستيعابية للمنشأة: Click or tap here to enter text.
Type of Trainees	<input type="checkbox"/> Domestic <input type="checkbox"/> International	<input type="checkbox"/> من داخل الدولة <input type="checkbox"/> من خارج الدولة	تصنيف المتدربين
Number of Training Rooms	Click or tap here to enter text.		عدد غرف التدريب Click or tap here to enter text.
Training Methodology	<input type="checkbox"/> Lecture	<input type="checkbox"/> Video	<input type="checkbox"/> virtual
	<input type="checkbox"/> Conference	<input type="checkbox"/> practical training	<input type="checkbox"/> Online Training
Total training hours per week	Click or tap here to enter text.		مجموع ساعات التدريب الاسبوعية Click or tap here to enter text.
Certificate/Outcome Awarded			شهادة/ مخرجات الممنوحة Click or tap here to enter text.
Is the Educational Program Approved by MOE/ KHDA	Choose an item.		هل البرنامج / الشهادة معتمده اكاديمياً من وزارة التربية والتعليم / هيئة المعرفة Choose an item.
Is the Educational Program Approved by International Institution	Choose an item.		هل البرنامج / الشهادة معتمده اكاديميا دوليا Choose an item.
<b>Clinical faculty &amp; coordinator</b>		<b>أعضاء هيئة التدريب والمنسقين</b>	
<b>Program Director / Training Supervisor Information</b>		<b>معلومات مدير البرنامج / المشرف التدريبي</b>	
Full Name:	Click or tap here to enter text.		الاسم الكامل: Click or tap here to enter text.
DHA license No:	Click or tap here to enter text.	رقم الترخيص المهني:	Specialty: Click or tap here to enter text.
Mobile No:	Click or tap here to enter text.	الهاتف المتحرك:	E-mail: Click or tap here to enter text.
<b>Program Coordinator</b>		<b>معلومات منسق البرنامج</b>	
Name Full:	Click or tap here to enter text.		الاسم الكامل: Click or tap here to enter text.
DHA license No. (if available)	Click or tap here to enter text.	رقم الترخيص المهني (أُن وجد)	Specialty: Click or tap here to enter text.
Mobile No:	Click or tap here to enter text.	الهاتف المتحرك:	E-mail: Click or tap here to enter text.
<b>Health Facility Details</b>		<b>تفاصيل المنشأة الصحية</b>	
Name of the Health Facility:	Click or tap here to enter text.		اسم المنشأة الصحية: Click or tap here to enter text.
DHA Facility License Number:	Click or tap here to enter text.		رقم رخصة المنشأة: Click or tap here to enter text.



DHA license expiry date	Click or tap to enter a date.	تاريخ انتهاء الرخصة:
Address:	Click or tap here to enter text.	العنوان:
Landline Number:	Click or tap here to enter text.	رقم الهاتف الأرضي:
Facility Website:	Click or tap here to enter text.	الموقع الإلكتروني للمنشأة الصحية:
Branches offering the program (if applicable)	Click or tap here to enter text.	الفروع الأخرى التي تقدم البرنامج (أن وجد)
Sector:	private خاص <input type="checkbox"/> Government حكومي <input checked="" type="checkbox"/>	القطاع:
<b>Healthcare Institution Category (Select One)</b>		<b>فئة المؤسسة الصحية (اختر واحد)</b>
General Hospital <input type="checkbox"/>	مستشفى عام	Specialized Hospital <input type="checkbox"/>
Specialized Clinic <input type="checkbox"/>	مركز متخصص	Primary Healthcare Center <input checked="" type="checkbox"/>
Day Surgery Center <input type="checkbox"/>	مركز جراحة اليوم الواحد	Clinical support Facility <input type="checkbox"/>
Other (Specify)	Click or tap here to enter text.	Click or tap here to enter text.
Please specify the training program objective	Click or tap here to enter text.	الرجاء ذكر أهداف البرنامج التدريبي
<b>Terms and Conditions:</b>		<b>الشروط والأحكام:</b>
<ul style="list-style-type: none"> <li>Each Application Form is designed for one program only</li> <li>Applicant should submit all required supporting documents</li> <li>This is not an approval for Academic certificate nor a privilege of practicing the trained skills (if any) without appropriate License issued by health regulation bodies</li> </ul>		<ul style="list-style-type: none"> <li>يتم تقديم طلب منفصل لكل برنامج تدريبي</li> <li>تلتزم المنشأة بتقديم الوثائق الداعمة للطلب</li> <li>لا يعتبر هذا الطلب موافقة لإصدار شهادات أكاديمية ولا يخول المتدربين صلاحيات ممارسة أي من المهارات المكتسبة إن وجدت بدون الحصول على رخصة من الجهات المعنية</li> </ul>
Payment is to be processed prior to the facility inspection		الالتزام بإجراءات الدفع قبل الزيارة الميدانية للمنشأة
I/solemnly declare I/we have reviewed the Standards for Health Facilities Providing Clinical Training and agree to comply with all requirements and other related DHA Policies and Federal Laws.		أصرح رسمياً أنني قد راجعت معايير المرافق الصحية التي تقدم التدريب الصحي وأوافق على الامتثال لجميع المتطلبات وغيرها من سياسات هيئة الصحة بدبي والقوانين الاتحادية ذات الصلة.
The information provided to DHA on the subject is accurate and complete to the best of my knowledge and belief. I understand and agree that, if I make a false or misleading statement or representation in respect to my application, I shall be deemed not to have satisfied the requirements for adding training service. I further acknowledge that DHA has the right to cancel the application and approval for training if any aspects noted within this undertaking are not being met.		المعلومات المقدمة إلى هيئة الصحة بدبي حول هذا الموضوع صحيحة وكاملة. وفي حال انني قدمت بيانات غير صحيحة أو مظللة فيما يتعلق بطلبي فسيعتبر الطلب المقدم من طرفي غير مستوفي للشروط ولهيئة الصحة بدبي الحق في إلغاء الطلب على التدريب أو سحب أية موافقة تصدر لاحقاً بهذا الخصوص أو اتخاذ التدابير والإجراءات اللازمة حيال ذلك.
Kindly, submit completed signed application form through the Medical Education & Research Dept Email <a href="mailto:trainingfacility@dha.gov.ae">trainingfacility@dha.gov.ae</a>		يرجى ارسال نموذج الطلب بعد تعبئته وتوقيعه للبريد الإلكتروني لإدارة التعليم الطبي والأبحاث <a href="mailto:trainingfacility@dha.gov.ae">trainingfacility@dha.gov.ae</a>
Name of the applicant	Click or tap here to enter text.	اسم مقدم الطلب:
Designation	Click or tap here to enter text.	الصفة الوظيفية
Signature	Click or tap here to enter text.	التوقيع
Name of the Medical Director	Click or tap here to enter text.	اسم المدير الطبي
Signature of Medical Director	Click or tap here to enter text.	توقيع المدير الطبي
Date	Click or tap to enter a date.	التاريخ
Facility seal	Click or tap here to enter text.	ختم المنشأة الصحية:
<b>DHA initial assessment checklist</b>		
<b>Remarks</b>	<b>Status</b>	<b>Remarks</b>
1. Organizational chart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
2. Accredited Training Objectives/Curriculum	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
3. Training Materials & Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
4. Target Group for Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.

5. Eligibility criteria to accept trainees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
6. Number of Continuing Professional Development (CPD) Hrs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
7. Name of training Program lead with DHA license	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
8. Training Rooms Layout	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
9. Tool for tracking trainees attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
10. Logbook for trainee experience	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
11. Valid Trade License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
12. KHDA/MOE Accreditation on the Program/Institute	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
13. International/Local Academic Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
14. Trainers DHA License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
15. Trainers Profile (with Credentials/Qualification/Experience)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
16. Malpractice Insurance in case of any hands-on trainings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
17. Training Program Rotation/Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
18. Trainee's Evaluation/Competencies Criteria or Method	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
19. The facility has sterilization unit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
20. The facility sufficient number of patients flow to ensure a proper training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
21. Health and Safety Manual that includes all health and safety policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
22. Coordinator/Supervisor' experience has the basic principles of teaching, learning and assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
Comments and remarks: Click or tap here to enter text.		

APPENDIX 4: ADVANCED TRAINING PROGRAM APPLICATION FORM

Medical Education and Research Department

إدارة التعليم الطبي والأبحاث

طلب تسجيل التدريب الصحي في منشأة صحية -متقدم

Registration of Clinical Training in Health Facilities Application -Advanced

Reference Number:	DHA USE		الرقم المرجعي :
Requested Training Program <b>SELECT ONLY ONE PROGRAM</b>			البرنامج التدريبي المطلوب الرجاء اختيار برنامج واحد فقط
<input type="checkbox"/> <b>Residency Program</b> <input type="checkbox"/> Medical Please specify: Click or tap here to enter text. <input type="checkbox"/> Dental Please specify: Click or tap here to enter text. <input type="checkbox"/> Clinical Pharmacy Please specify: Click or tap here to enter text.  <input type="checkbox"/> <b>Fellowship Program</b> <input type="checkbox"/> Medical Please specify: Click or tap here to enter text. <input type="checkbox"/> Dental Please specify: Click or tap here to enter text.  <input type="checkbox"/> <b>Postgraduate certificate programs</b> <input type="checkbox"/> Clinical PHD/Doctorate Please specify: Click or tap here to enter text. <input type="checkbox"/> Master Degree; Please specify: Click or tap here to enter text. <input type="checkbox"/> Post graduate certificate/Diploma Please specify: Click or tap here to enter text. <input type="checkbox"/> Other Please specify: Click or tap here to enter text.			<input type="checkbox"/> <b>برنامج الإقامة</b> <input type="checkbox"/> طبي الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> طب الأسنان الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> الصيدلة السريرية الرجاء تحديد: Click or tap here to enter text.  <input type="checkbox"/> <b>برنامج الزمالة</b> <input type="checkbox"/> طبي الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> طب الأسنان الرجاء تحديد: Click or tap here to enter text.  <input type="checkbox"/> <b>برامج شهادات الدراسات العليا:</b> <input type="checkbox"/> دكتوراه إكلينيكية / دكتوراه الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> الماجستير الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> شهادة الدراسات العليا / دبلوم الرجاء تحديد: Click or tap here to enter text. <input type="checkbox"/> أخرى الرجاء تحديد: Click or tap here to enter text.
<b>Training Program</b>			<b>البرنامج التدريبي</b>
Full Program <input type="checkbox"/>	برنامج مكتمل	Shared Program <input type="checkbox"/>	برنامج مشترك <input type="checkbox"/>
Duration of Theoretical Training	Click or tap here to enter text.		Click or tap here to enter text.
Duration of Practical Training	Click or tap here to enter text.		Click or tap here to enter text.
Academic Affiliation	Click or tap here to enter text.		Click or tap here to enter text.
Number of Expected Trainees	Click or tap here to enter text.		Click or tap here to enter text.
Facility Capacity for Trainees	Click or tap here to enter text.		Click or tap here to enter text.
			وحدة تدريبية <input type="checkbox"/>
			مدة التدريب النظري
			مدة التدريب العملي
			الانتساب الأكاديمي
			عدد المتدربين المتوقع انضمامهم
			الطاقة الاستيعابية للمنشأة:

Type of Trainees	<input type="checkbox"/> Domestic <input type="checkbox"/> International		<input type="checkbox"/> من داخل الدولة <input type="checkbox"/> من خارج الدولة		تصنيف المتدربين
Number of Training Rooms	Click or tap here to enter text.		Click or tap here to enter text.		عدد غرف التدريب
Training Methodology	<input type="checkbox"/> Lecture	<input type="checkbox"/> Video	<input type="checkbox"/> virtual	<input type="checkbox"/> التواصل الافتراضي	الوسائل التدريبية المستخدمة
	<input type="checkbox"/> Conference	<input type="checkbox"/> Practical Training	<input type="checkbox"/> Online Training	<input type="checkbox"/> التعليم عن بعد	
Total training hours per week	Click or tap here to enter text.		Click or tap here to enter text.		مجموع ساعات التدريب الاسبوعية
Certificate/Outcome Training	Click or tap here to enter text.		Click or tap here to enter text.		شهادة/ مخرجات التدريب
Is the Educational Program Approved by MOE/KHDA	Choose an item.		Choose an item.		هل البرنامج / الشهادة معتمده اكاديمياً من وزارة التربية والتعليم / هيئة المعرفة
Is the Educational Program Approved by International Institution	Choose an item.		Choose an item.		هل البرنامج / الشهادة معتمده اكاديمياً دولياً
<b>Clinical faculty &amp; coordinators</b> أعضاء هيئة التدريب والمنسقين					
<b>Program Director / Training Supervisor Information</b> معلومات مدير البرنامج / المشرف التدريبي					
Full Name:	.Click or tap here to enter text		Click or tap here to enter text.		الاسم الكامل:
DHA license No:	Click or tap here to enter text.	رقم الترخيص المهني:	Specialty	Click or tap here to enter text.	التخصص:
Mobile No:	Click or tap here to enter text.	الهاتف المتحرك:	E-mail	Click or tap here to enter text.	البريد الالكتروني:
<b>Program Coordinator</b> معلومات منسق البرنامج					
Full Name:	Click or tap here to enter text.		Click or tap here to enter text.		الاسم الكامل:
DHA license No. (if available)	Click or tap here to enter text.	رقم الترخيص المهني (ان وجد)	Specialty:	Click or tap here to enter text.	التخصص:
Mobile No:	Click or tap here to enter text.	الهاتف المتحرك:	E-mail:	Click or tap here to enter text.	البريد الالكتروني:
<b>Physical Facility</b> المنشأة الصحية					
<b>Health Facility information</b> معلومات المنشأة الصحية					
Name of the Health Facility:	Click or tap here to enter text.		Click or tap here to enter text.		اسم المنشأة الصحية :
DHA Facility License Number:	Click or tap here to enter text.		Click or tap here to enter text.		رقم رخصة المنشأة:
DHA license expiry date:	Click or tap to enter a date.		Click or tap here to enter text.		تاريخ انتهاء الرخصة:
Address:	Click or tap here to enter text.		Click or tap here to enter text.		العنوان:
Landline Number:	Click or tap here to enter text.		Click or tap here to enter text.		رقم الهاتف الأرضي:
Facility Website:	Click or tap here to enter text.		Click or tap here to enter text.		الموقع الالكتروني للمنشأة الصحية:
Branches offering the program:	Click or tap here to enter text.		Click or tap here to enter text.		الفروع الأخرى التي تقدم البرنامج
Sector:	<input type="checkbox"/> Private خاص <input type="checkbox"/> government حكومي		Click or tap here to enter text.		القطاع:
<b>Healthcare Institution Category (Select One)</b> فئة المؤسسة الصحية (اختر واحد)					
General Hospital <input type="checkbox"/>	مستشفى عام	Specialized Hospital <input type="checkbox"/>	مستشفى تخصصي	Pharmacy <input type="checkbox"/>	صيدلية
Specialized Clinic <input type="checkbox"/>	مركز متخصص	Primary Healthcare Center <input type="checkbox"/>	مركز رعاية صحية أولية	Outpatient facility <input type="checkbox"/>	منشأة صحية خارجية
Day Surgery Center <input type="checkbox"/>	مركز جراحة اليوم الواحد	Clinical support Facility <input type="checkbox"/>	منشأة صحية مساندة	TCAM <input type="checkbox"/>	الطب التقليدي
Other (Specify)	Click or tap here to enter text.		Click or tap here to enter text.		أخرى (حدد)
Please specify the Training Program objective			Click or tap here to enter text.		الرجاء ذكر أهداف البرنامج التدريبي

Terms and Conditions:		الشروط والأحكام:		
<ul style="list-style-type: none"> <li>Each Application Form is designed for one program only</li> <li>Applicant should submit all required supporting documents</li> <li>This is not an approval for Academic certificate nor a privilege of practicing the trained skills (if any) without appropriate License issued by health regulation bodies</li> </ul> <p>Payment is to be processed prior to the facility inspection</p>		<ul style="list-style-type: none"> <li>يتم تقديم طلب منفصل لكل برنامج تدريبي</li> <li>تلتزم المنشأة بتقديم الوثائق الداعمة للطلب</li> <li>لا يعتبر هذا الاعتماد موافقة لإصدار شهادات أكاديمية ولا يخول المتدربين صلاحيات ممارسة أي من المهارات المكتسبة إن وجدت بدون الحصول على رخصة من الجهات المعنية</li> </ul> <p>الالتزام بإجراءات الدفع قبل الزيارة الميدانية للمنشأة</p>		
<p>I/solemnly declare I/we have reviewed the Standards for Health Facilities Providing Clinical Training and agree to comply with all requirements and other related DHA Policies and Federal Laws.</p> <p>The information provided to DHA on the subject is accurate and complete to the best of my knowledge and belief. I understand and agree that, if I make a false or misleading statement or representation in respect to my application, I shall be deemed not to have satisfied the requirements for adding training service. I further acknowledge that DHA has the right to cancel the application and approval for training if any aspects noted within this undertaking are not being met.</p>		<p>أصرح رسمياً أنني قد راجعت معايير المرافق الصحية التي تقدم التدريب الصحي وأوافق على الامتثال لجميع المتطلبات وغيرها من سياسات هيئة الصحة بدبي والقوانين الفيدرالية ذات الصلة.</p> <p>المعلومات المقدمة إلى هيئة الصحة بدبي حول هذا الموضوع صحيحة وكاملة. وفي حال انني قدمت بيانات غير صحيحة أو مظللة فيما يتعلق بطلبي فسيعتبر الطلب المقدم من طرفي غير مستوفي للشروط ولهيئة الصحة بدبي الحق في إلغاء الطلب على التدريب أو سحب أية موافقة تصدر لاحقاً بهذا الخصوص أو اتخاذ التدابير والإجراءات اللازمة حيال ذلك.</p>		
<p>Kindly, submit completed signed application form through the Medical Education &amp; Research Dept E-mail <a href="mailto:trainingfacility@dha.gov.ae">trainingfacility@dha.gov.ae</a></p>		<p>يرجى ارسال نموذج الطلب بعد تعبئته وتوقيعه للبريد الالكتروني لإدارة التعليم الطبي والأبحاث <a href="mailto:trainingfacility@dha.gov.ae">trainingfacility@dha.gov.ae</a></p>		
Name of the applicant	Click or tap here to enter text.	Click or tap here to enter text.	اسم مقدم الطلب	
Designation	Click or tap here to enter text.	Click or tap here to enter text.	الصفة الوظيفية	
Signature	Click or tap here to enter text.	Click or tap here to enter text.	التوقيع	
Name of the Medical Director	Click or tap here to enter text.	Click or tap here to enter text.	اسم المدير الطبي	
Signature of Medical Director	Click or tap here to enter text.	Click or tap here to enter text.	توقيع المدير الطبي	
Date	Click or tap to enter a date.	Click or tap to enter a date.	التاريخ	
Facility Seal	Click or tap here to enter text.		ختم المنشأة الصحية:	
DHA initial assessment Checklist				
Remarks	Remarks			Remarks
1. Organizational Chart	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
2. Accredited Training Objectives/Curriculum	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
3. Training materials & tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
4. Target group for training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
5. Eligibility criteria to accept trainees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
6. Number of Continuing Professional Development (CPD) Hrs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
7. Name of Training Program lead with DHA license	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
8. Training Rooms Layout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
9. Tool for tracking trainees attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
10. Logbook for trainee experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.
11. Valid Trade License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Click or tap here to enter text.

12. KHDA/MOE Accreditation on the Program /Institute	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
13. International/Local Academic Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
14. Trainers DHA License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
15. Trainers Profile (with Credentials/Qualification/Experience)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
16. Malpractice Insurance in case of any hands-on trainings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
17. Training Program Rotation/Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
18. Trainee's Evaluation/Competencies Criteria or Method	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
19. The facility has sterilization unit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
20. The facility sufficient number of patients flow to ensure a proper training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
21. Health and Safety Manual that includes all health and safety policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
22. Coordinator/Supervisor' experience has the basic principles of teaching, learning and assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Click or tap here to enter text.
Comments and remarks: Click or tap here to enter text.		