1. BACKGROUND

Dubai Healthcare City Authority - Regulatory (DHCR) is responsible for protecting the health and safety of patients by ensuring Healthcare Professionals are competent and fit to practice within Dubai Healthcare City (DHCC).

The Education Regulation No. (5) 2013 issued in accordance with the Law, Federal Rules and Regulations sets out the framework under which education programs and services may be carried out within DHCC.

Professional medical education is central to the delivery of safe and effective patient care. Approved Practice Setting (APS) has been introduced as part of DHCR's new Education Framework which will provide recognition of practice setting and will require at minimum that the setting must have arrangements in place for appropriate governance, quality assurance systems, significant commitment, and appropriate resources.

To ensure compliance and consistency, DHCR has developed the Standards for Approved Practice Setting (APS) to ensure set standards are met.

2. PURPOSE

These standards define the minimum regulatory standards applicable to all licensed Healthcare Operators (HCO) intending to provide those professional medical education programs for healthcare professionals that meet the registration requirements as an APS.

It ensures that appropriate policies, systems and processes are in place for delivery of professional medical education that meet the agreed standards of compliance, rigor, and consistency it sets out.

3. APPLICABILITY

These standards and processes described in this document shall apply to any HCO intending to offer professional medical education programs which shall require registration as an APS.

They also apply to all Healthcare Professionals involved in the delivery of an APS program and those participating in a registered APS program.

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4. DEFINITIONS/ABBREVIATIONS

Dubai Healthcare City Authority (DHCA) established under Article (4) of the Law, and comprises the Chairperson, the DHCC Board of Directors and the Executive Body.

Dubai Healthcare City Authority – Regulatory (DHCR) is the regulatory arm of Dubai Healthcare City Authority. An independent licensing and regulatory authority for all healthcare providers, medical, educational and other business operating within DHCC.

Dubai Healthcare City (DHCC) is the Dubai Healthcare City established in the Emirate of Dubai under Resolution No. (9) of 2003.

Education Permit is the authorization issued by the Registry of Companies to an Entity under the Education Regulation and the applicable Rules, Standards and Policies allowing it to conduct one or more Education Programs in DHCC;

Licensed Healthcare Operator (HCO): a hospital, clinic, laboratory, pharmacy or other entity providing Healthcare Services in DHCC, holding a Clinical Operating Permit duly issued by the Registry of Companies in accordance with the Healthcare Operators Regulation and the applicable Rules, Standards and Policies;

Licensed Healthcare Professional (HCP): a natural person engaged in a Healthcare Profession holding a License duly issued by the Licensing Board in accordance with the Healthcare Professionals Regulation and the applicable Rules, Standards and Policies;

Acronyms:
ARD: Academic and Research Department
APS: Approved Practice Setting

SECTION ONE: CRITERIA TO BE MET TO BE REGISTERED AS APPROVED PRACTICE SETTING

This Section describes the minimum criteria and conditions that apply to be registered as an APS.

a. General Requirements

All programs offered under an APS should be appropriate to the HCO scope of services, scope and credentials of the persons delivering the training and to the candidate's profession, they may only include those healthcare professional's titles recognized and licensed by DHCR.

b. Programs

The scope of the professional medical education program (s) conducted shall be in accordance with the appropriate Cluster, Segment, and Activity as categorized in the document entitled Decision One (2016) (or its current regulation) as issued by DHCR.

Such programs may be recognized under individual names/titles as:
- DHCR approved Internship or other Education programs and training that are recognized by the KHDA and/or Ministry of Education – Higher Education Affairs
- Advanced medical professional medical education intended for certification or recertification of an appropriately qualified Healthcare Professional to ensure competence
- Clinical attachments for qualified healthcare professionals to gain relevant professional experience or to fill gap of professional practice
- Observership programs

HCO may seek approval to conduct more than one type of program, however, each individual program must receive written approval by DHCR.

DHCR cannot give assurance that any program completed in their jurisdiction will be accepted by other regulatory bodies.

Education operators must ensure that they are in compliance with all DCHR Policies and Regulations.

c. Appropriate Licensure

The healthcare professional should be in possession of an existing DHCC professional license for any of the existing license categories (including trainee) in order to undertake training in the same professional field.

If training is to be undertaken in another field, then a trainee license must be sought and issued for the new field and from that time they can only operate as a trainee.

All trainers must hold a DHCC Professional license and demonstrate the credentials to conduct the program.

d. Programs excluded

Professional medical education program (s) not eligible for registration under an APS include:

- Internships that are not recognized/affiliated or accredited by a Recognized Body
- Medical Residency Programs
- Volunteer programs that are not classified as professional learning experience.

e. Recognized healthcare professional categories eligible for professional medical education under an APS

A HCO may only deliver medical education program (s) under an APS for only those healthcare professionals' categories as recognized by the Healthcare Professionals Regulation No. 2 (2013).

Eligibility includes:

- Newly graduated healthcare professionals from an accredited program recognized by the Ministry of Higher Education and Scientific Research (MOHESR) in the United Arab Emirates (UAE) who require additional experience to complete the DHCR licensure requirements
- Trainees licensed by DHCR under the 'trainee license category' in accordance with DHCR standards relevant to the healthcare professional
- The approved programme is aligned with the scope of practice for the license category
- Must demonstrate appropriate Malpractice Insurance is in place for all those who hold professional or trainee licensure

f. Rules related to healthcare professionals

An APS provider is prohibited from the following:

- Delivering education associated with any profession not listed in Schedule One of the Healthcare Professionals Regulation No. 2 (2013)
- Delivering to individuals with disciplinary actions taken against him/her or where disciplinary action is pending
- Delivering education to unlicensed trainees

- Delivering to a professional with:
  - A gap in practice which exceeds a period of 5 years
  - A gap in practice from 2 to 5 years which resulted from disciplinary action against them
  - A gap in practice from 2 to 5 years <u>and</u> deemed unfit to practice due to a medical condition.

g. Audit and inspection by DHCR

Duly authorized representatives of DHCR may at any time visit the HCO to monitor compliance with the APS regulatory standards. Such visits may be scheduled or unannounced. The HCO must cooperate at all times and provide documentations if requested.

SECTION TWO: STANDARD REQUIREMENTS FOR REGISTRATION AS AN APS

The APS standards applicable to HCOs are shown below:

GENERAL REQUIREMENTS

- APS registration decision shall be made at the highest level of governance and leadership and shall be consistent with the mission of the HCO

- Programs must be appropriate to the scope of services of the HCO and must be appropriate to the candidate's profession, including only those healthcare professional's titles recognized and licensed by DHCR

- HCO must provide evidence that its patient population is adequate in number and clinical needs to support the proposed program

- Clinical staff, patient population, technology, and the HCO should be consistent with the goals and objectives of the proposed professional medical education program

- HCO will be expected to:

  ○ clearly define any specialties and state the number of patients per year registered for each of the mentioned specialty; and
  ○ provide evidence of an adequate volume of patients and variety of cases within the clearly defined specialties

PREMISES AND EQUIPMENT STANDARDS

PE1: Physical Setting is fit for purpose

- Appropriately licensed in accordance to HCO Licensing Standards as defined in the Healthcare Operators Regulation No. 4 (2013)
- Appropriately licensed and holding a valid Education Permit in compliance with Education Regulation No. 5 (2013)

PE2: Type of HCO

- Eligibility for registration includes hospitals, specialized outpatient clinics, dental clinics or community pharmacies

- APS recognition may be granted to a HCO in its entirety or in part, for example to a department within the hospital

- Applications may be considered for any type of HCO provided it is able to demonstrate that APS regulatory requirements are fulfilled

PE3: Size of the HCO and service availability

- Size of HCO should be proportionate to delivery of the intended program.

PE4: Availability of learning resources

- Appropriate learning resources to support the goals and objectives of the program

- Sufficient resources to accommodate the intended number of candidates and programs

- Evidence of suitable teaching environment including:
  - Teaching facilitates equipped with audiovisual aids
  - Practical stations (where applicable)

CLINICAL GOVERNANCE OR QUALITY ASSURANCE STANDARDS

CG1: All aspects of the HCO are supported by and ratified documented policies and procedures as part of the overall governance practice. Clear evidence exists that a system of clinical governance or quality assurance is in place with clear lines of responsibility and accountability for the overall quality of its defined practice.

- A formal organizational structure that supports clinical governance and is used in decision-making process

- Demonstrated evidence supporting quality and patient safety management as a priority for the organization

- Clear policies aimed at managing risks evidenced by a risk framework which shall be implemented in the organization

CG2: There is documented system of quality management and audit

- A documented control system, covering all polices and standard operating procedures which must include:
- ➢ Details of formal incident management system and that include methods of improving processes and systems that have contributed to the incident.
- ➢ Evidence of support for candidates involved in any incidents or near misses that provide a learning opportunity.
- ➢ Process of acting on and learning from complaints, including:
  - o Formal consumer complaints policy, and process, with evidence of process of feedback to candidates
  - o Evidence of full disclosure to patient (s) and family members as appropriate
  - o Procedures for identifying and acting on concerns about the candidates' fitness to practice to include
  - o Procedures in place to support the individual to improve their performance wherever possible
  - o Support for candidates in their duty to report any concerns about a colleagues'/ fitness to practice (including conduct, health or performance)

- Clear procedures for reporting concerns which ensure early action can be taken to avoid harm to patients and remedy problems.

CG3: There is a systematic and planned approach to program management
Professional medical education must be delivered effectively under coordinated and well-defined management structures

- Evidence of an effective program management system in place, where

  - o There must be available commitment of staff time for their contribution and daily operations.

  - o Individual staff involved in the delivery of professional medical education programs should be identified and each staff member's role defined.

  - o A professional medical education program coordinator responsible for the oversight and administration of professional medical education programs should be appointed.

  - o Detailed records for each candidate must be maintained which will include a complete and current list of all candidates enrolled under and APS medical education program.

Program Management Standards
All aspects of the HCO are supported by and ratified documented policies and procedures as part of the overall program management plans

PM1: Induction and orientation procedures for the candidate

- Familiarization with the physical setting and layout of the organization briefings so that the candidate understands the rules and procedures specific to that program

- Clear information on the candidates' responsibilities during the program

- Introduction of the candidate to the relevant staff members, including levels of supervision and lines of accountability

- Access to records and IT systems as appropriate

- Appropriate conduct and behaviors such as dress codes, good time keeping and treating patients and visitors with respect.

PM2: Professional medical education policy for the candidate

Evidence of policy and procedures for:
- Vacation and sick leave
- Clinical Practice privileges
- Grievance procedures
- Malpractice insurance
- Infection control procedures, confidential and patient safety policies whilst under supervision.

PM3: Portfolio for candidates

Demonstrated evidence that the program will include:
- A logbook of procedures, documentation of professional medical education and all educational activities
- Supervisor reports
- Information about any complaints or incidents relevant to fitness to practice, including any concerns raised by colleagues

- Where applicable, documented evidence that provision has been made for candidates to have access to and participate in activities such as continued professional development to update the knowledge and skills relevant to their professional work following a needs assessment.

PM4: Program-specific guidance

- Full details of the intended method of delivery of professional medical education.

SUPERVISION
Supervision is required at all times for programs offered under an APS to safeguard patient care and ensure that the professional medical education program is a learning experience for a candidate.

S1: Evidence of clear framework for supervision of programs

- The required levels of supervision should be consistent with the level of professional medical education and level of competence of the candidate.

- The program management should establish uniform expectations for all staff providing supervision to ensure the process results in uniform candidate experiences.

- The program management shall provide names of candidates and their allocated supervisors. Clear indication for each candidate assigned to a supervisor to whom he/she reports to.

- Evidence to demonstrate that due care has been taken to ensure that the candidate is fully aware of the clinical supervision process.

- The supervisor to whom the candidate is assigned should demonstrate evidence of determining the degree of supervision required and should provide such provision personally or should arrange for its provision.

S2: Supervisor qualifications and licensing

- Allocation of supervisors should ensure that all supervisors are appropriately qualified and trained to manage supervision.

- Supervisors licensed as 'faculty' must check the conditions of their license before undertaking supervision. A faculty license holder is not authorized for patient contact unless documented approval is received by DHCR.

S3: Documented responsibilities of Supervisor responsibilities

- Process for providing supervisor reports, formal feedback on performance and progress.

- Agreement to responsibility for the necessary departmental orientation and supervision for candidates with a focus on patient safety, confidentiality and infection control procedures

- Agreed contribution to the general learning of a candidate whilst on the clinical professional medical education program

- Where applicable, list responsibilities in relation to the outcomes of the treatments and procedures performed by the candidates on patients

S4: Evidence of balanced Ratio of Supervisors and Candidates to HCP Categories

- Appropriate ratio of supervisors to the candidates in professional medical education must be maintained in accordance with international best practice standards

S5: Evidence of documented supervisor absent management

- Where a supervisor is absent, another supervisor in the same specialty and experience may take over the supervision responsibilities, this must be fully documented.

- Where a supervisor ceases his/her employment at the HCO an alternative supervisor should be identified and notified in writing to the DHCR Education Department within ten workings days.

- Where an alternative supervisor cannot be identified, the HCO must stop the clinical professional medical education program until suitably qualified and experienced alternative supervisor is found.

- The HCO program management is required to notify DHCR in writing of any such changes within 5 working days of the change.

PROGRAM MONITORING
All programs offered under APS are subject to monitoring to ensure the program has been set up, conducted and concluded in accordance with the standards and requirements as stated in this document.

PrM1: Evidence of program monitoring plan

- Must be defined before the commencement of a program and both supervisor and candidate should be aware of the proposed plan

- Must include details of:
  - Named persons responsible for monitoring, this will likely include multidisciplinary teams
  - How candidates enrolled in a program will be assessed, describing frequency of assessments, criteria to be assessed and how feedback will be delivered
  - Proposed assessment criteria for supervisors, describing frequency of assessment, how the performance of the supervisor will be assessed, who will carry out this assessment and how feedback will be given to supervisors

PrM2: Evidence of management of monitoring results

- Providing evidence of how results of monitoring will be handled in a constructive way, e.g. stating whether such feedback will be used to identify gaps and needs to improve professional medical education

- Confirm understanding that regulatory inspections to confirm compliance to set standards

SECTION THREE: PROCESS OF REGISTERING AS AN APS

This section describes the requirements and procedures to become registered and obtain APS status.

a. Prerequisites

HCOs wishing to submit an application for registration as an APS must hold, or be in the process of applying for a valid Education Permit.

b. Existing Education Permit holders
- The request to be registered as an APS must be submitted as an Amendment Education Permit request.
- The relevant form(s) and checklist shall be prepared and submitted in accordance with the procedures described for Amendment Education Permit request in addition to the APS registration requirements.
- **New Education Permit** Where a HCO has not yet obtained an Education Permit, the APS application may be submitted as part of the request for a New Education Permit. The relevant form (s) and checklist shall be prepared and submitted in accordance with the procedures described for New Education Permit requests in addition to the APS registration requirements.

c. Preparing submission for APS registration

The HCO will prepare the APS registration form and supporting documents in accordance with the requirements as described in this document.

d. The application package for APS registration consists of a minimum of:
- Relevant Education Permit application documents
- Approved Practice Setting Registration Form
- Approved Practice Setting Checklist

e. Supporting documents are mandatory required to include evidence of:

- Clinical governance framework
- Program management system
- Supervision criteria
- Program monitoring plans
- Trainee licenses issued by DHCR

f. Specific details for each professional medical education program

Must include details of:

- Program title, type, and duration
- Accreditation or affiliation status
- Program goals, objectives, targeted outcomes
- Method of delivery
- Candidate details such as target group, admission requirements, selection criteria, number of candidates anticipated taking part
- Supervisor details, including a full description of the roles and, responsibilities.
- Number of candidates that will be under supervision of the named supervisor

g. Submission

All documents must be submitted to the Academic and Research Department at DHCR, (One hard copy and a soft copy.), a generic email address education@dhcr.gov.ae can be used for this process.

SECTION FOUR: PROCESSING AND REVIEW

a. DHCR review

- Upon receipt of the completed application package, the Academic and Research Department will review and determine the suitability of the HCO to be registered as an APS.
- If deemed necessary, an onsite assessment and/or meeting with HCO team may be requested to further assess the suitability prior to registration.
- The review and processing time shall not exceed 30 working days.
- Where the information received is found to be incomplete or deficient further information will be requested and the above time frame may not apply.
- Any requests from DHCR for further information will be within the above time frame.

b. Outcomes

Approval

- The Academic and Research Department shall issue an approval notification which will detail professional medical education services approved and will include details of any restrictions and conditions, where applicable
- The approval notification will indicate the validity period of registration
- The approval is valid only until the end date of the program unless otherwise indicated in writing by DHCR Education Department

Rejection

- The Academic and Research Department shall issue the non-acceptance notification which will detail grounds for non-acceptance; it may include required corrective action if considered suitable for resubmission.
- In such cases, the applicant may be required to resubmit the amended application within a reasonable time, which shall not exceed 60 days from the date of receiving the non-acceptance notification.
- Any information received after the 60 days will need to be submitted as a new application, application fees may apply.
- Where the application contains major changes DHCR may request submission of a new application.

SECTION FIVE APS REGISTRATION RENEWAL AND PROGRAM TERMINATION

a. **Registration Renewal**
   - An application for renewal of APS registration shall be submitted 60 days prior to the expiry of the date as stipulated in the approval notification letter

   - Renewal requests are only valid for a clinical professional medical education program previously approved. Any new programs requests must be made following the process of a new application

   - The HCO must have a valid education permit at the time of renewal of APS registration

   - Failure to renew APS registration within the given time of 60 days of the stated expiry date will result in expiration of the current approval on its last effective date

   - Any HCO found to be conducting clinical professional medical education programs without valid approval will result in a violation and subsequent penalties will be imposed

b. **Voluntary termination of programs offered under APS**
   - An official notice shall be submitted to the Academic and Research division in the event that a HCO wishes to terminate the professional medical education programs approved under the APS, the notification should state the reasons for termination

   - The APS termination report should accompany the termination notice which shall include the full status of the program (s) offered under the current approval

   - In relation to candidates, clear provisions should be provided which shall ensure existing candidates will not be affected by the decision to terminate the program, the provisions must be reported to DHCR in writing

Appendix 1:

Associated Forms:

Form Name
Approved Practice Setting Registration Form
Approved Practice Setting Registration Checklist
Approved Practice Setting Progress Report Form and Checklist