

Guide to Academic Accreditation for Teaching Hospitals

Subject	Page
<u>Part One</u>	
Academic accreditation of teaching hospitals	
Criteria for University-Teaching, Training-Teaching, and Affiliated-Training Hospitals	
Academic accreditation criteria	
First criterion: Institutional relation and academic reference	
Second criterion: Resources and facilities	
Third criterion: Individuals	
Fourth criterion: Training program	
Fifth criterion: Scientific research and results	
Sixth criterion: Assessment, evaluation and examinations	
Seventh criterion: Work and training environment	
Eighth criterion: Academic exchange and community education	
<u>Part Two</u>	
Procedures for obtaining the academic accreditation for teaching hospitals	
Terms of initial assessment of the academic accreditation for teaching hospitals	
Responsibilities and obligations of teaching hospitals during the accreditation process	
Policies and procedures for managing the academic accreditation assessment visit	
Report writing	
Procedures for granting grades for accreditation requirements and calculating total mark	
Appendix 1 (Initial application for teaching hospital accreditation)	

This guide to the academic accreditation criteria and procedures for teaching hospitals has been prepared based on the fact that the Accreditation and Quality Assurance Commission for Higher Education Institutions is tasked with granting the accreditation certificates for teaching hospitals by virtue of Article (4) of the Commission's Law No. 20 of 2007 and its amendments, which stated the objectives of the Commission to improve and assure the quality of higher education in the Kingdom, and motivate higher education institutions to openness and interaction with universities, teaching hospitals, scientific research institutions, international accreditation and quality control bodies, and to develop higher education using standard criteria in line with international ones, and based on Article (7) item (1) of the Commission's Law, which authorizes the Commission to set criteria for public and private accreditation, quality, classification and academic accreditation for teaching hospitals and to implement and periodically review these criteria to achieve the highest levels, and a contribute to the development of the teaching hospitals outcomes and enhance their competitiveness nationally, regionally and globally.

Being eager to provide the teaching hospitals with permanent and continuous assistance to obtain the Academic Accreditation Certificate in accordance with the criteria and specifications of teaching hospitals, the commission is pleased to provide this guide, which was prepared and evaluated by a group of experts and specialists in the field of accreditation of teaching hospitals, hoping that this guide will be a complete reference and an adequate source to be benefited by teaching hospitals that apply for the academic accreditation certificate.

Prof. Dr. Dhafer Yousef Al-Sarayrah,

Chairman of the Accreditation and Quality Assurance Commission for Higher Education institutions

Part One

Academic Accreditation Criteria and Specifications for University-Teaching, Training-Teaching, and Affiliated-Training Hospitals

The hospital in all its forms is considered a scientific, educational, and research center in addition to its role in providing health care. Therefore, it should have an appropriate environment to perform these tasks. Also, medical education and continuing professional development should be one of the hospital's key pillars and the focal point of its vision, tasks, and values.

English translation.

Teaching hospitals that provide clinical and practical training to students of medical colleges and health specialties at the undergraduate, postgraduate, and higher specialization levels with the aim of acquiring skills, knowledge, and experience on how to deal with patients, understand their needs within the cultural context of society, and provide them with safe and comprehensive health care based on scientific guidelines, recognized international criteria and sub-criteria, and best practices as follows:

University Hospital is the comprehensive reference hospital affiliated with or owned by medical colleges or the university, following in its work and governance the university regulations to which the Faculty of Medicine or other health colleges belong, with not less than 200 beds, the establishment of which aims to educate students of medicine, dentistry, health sciences, doctors, and main, subsidiary, and accurate training programs to train graduate students and higher specialization in addition to providing reference and various medical services to patients through full-time medicine faculty professors.

A training teaching hospital is a government or private hospital that contains the minimum of four main specialties and is recognized by the Jordan Medical Council for residency programs in at least four specialties if it is a general hospital or in the super specialty if it is a specialized hospital, where medical and other health sciences students at the bachelor's degree level can intern to complete the requirements of their study plan.

An attached training hospital is a government or private hospital, whether general or specialized, in which students are trained in medicine and health sciences at the bachelor's degree level and contains general or super specialties. It does not have its own residency programs, but it is an auxiliary hospital that provides health care and training for a teaching and training hospital.

For the purpose of applying these instructions in line with other valid regulations and instructions issued by the Ministry of Health or the Jordanian Medical Council, the following terms and concepts are defined as follows:

A hospital license is the final license issued by the Ministry of Health after completing all the prescribed conditions, by virtue of which the hospital can carry out its work and provide health care services to patients.

Accreditation of a health institution is the licensed government or private hospital's acquisition of a national or international accreditation or quality certificate that verifies their ability to provide health care services in accordance with criteria of safety, quality, and best practices.

English translation.

Academic accreditation is the acquisition by government or private licensed and institutionally accredited hospitals of academic accreditation from the Accreditation and Quality Commission for Higher Education Institutions to ensure the availability of the appropriate educational, training,

and research environment for the training of students pursuing undergraduate and graduate degrees in medicine and medical and health sciences.

Institutional and program accreditation: It is the obtaining of institutional and programmatic accreditation from the Jordan Medical Council for licensed government or private hospitals for residency and fellowship programs to ensure the availability of the appropriate training, evaluation, and research environment to complete the requirements of training programs and acquire the required clinical, ethical, and communication skills.

- Academic Accreditation: The main objective of the accreditation program is to ensure the provision of an appropriate educational, training, and research environment so that the trainee can learn and provide safe and high-quality medical care to patients within an effective supervisory system by qualified supervisors.

The requirements of the Academic Accreditation Program are general and can be applied to the educational programs of postgraduate degrees from medical and health sciences colleges in universities, in addition to residency and fellowship training programs.

Residency and fellowship programs for doctors depend on giving powers and privileges to doctors gradually based on competencies within a specific program to ensure the quality of health care and patient safety. College students can also do some medical procedures under the supervision of qualified cadres, considering the ethical and professional requirements.

Based on what has been specified in the definition of the terms above, none of the government, private, or university hospitals can apply for this program to obtain the accreditation of the Commission as a teaching hospital (university, training, and teaching, or attached training hospital) unless it initially meets the following conditions:

1. To be licensed according to the laws and regulations in force

2. To have a certificate of accreditation for health institutions.
3. To have institutional and program accreditation in the four main disciplines from the Jordan Medical Council.

Teaching Hospital Criteria

(University, teaching training, and attached training hospitals)

After confirming the hospital's eligibility to apply for the academic accreditation program, a field visit is arranged to ensure the extent to which the accreditation requirements are met and cover the following criteria:

First: the institutional relationship and academic reference

Second: resources and facilities

Third: individuals

Fourth: training program

Fifth: scientific research and results

Sixth: assessment, evaluation, and examinations

Seventh: training and work environment

Eighth: academic exchange and community education

Each criterion has a set of requirements that must be met by a certain percentage to be considered.

- **The first criterion: institutional relationship and academic reference**

1. The administrative and technical governance system in the hospital shall be determined, along with the relationship between them and the organizational structure that is referred to in managing the hospital's affairs. The system is expected to include at least the following:

- a. The organizational structure of the hospital should be supportive of professional medical and health education and patient care, with the roles and responsibilities of each party defined in relation to the teaching program.
 - b. Having adequate financial resources to enable the hospital to comply with international criteria and sub-criteria
 - c. - Having the ethical, professional, and educational environment that facilitates meeting the curricula, scientific activity, and general competencies requirements
 - d. Control and supervision by the concerned higher education institution over the educational programs of students and residents
 - e. The hospital should have written policies and procedures in place for students and health trainees to guide their roles and responsibilities while in the hospital.
2. Having an orientation program for clinical trainers involved in teaching and training to identify the learning objectives and learning outcomes of teaching programs, including the objectives of clinical teaching and training.
3. If the hospital is not a university one, there should be agreements between the hospital and the higher education institution that offers medical and health programs. The agreement shall include:
- a) The general framework of the axes of cooperation in the teaching and training field with the responsibilities of which each party is in charge regarding the administrative, technical, financial, and logistical aspects
 - b) A clear plan and policy to prepare clinical faculty members to practice their roles in teaching and evaluating students and residents, enhancing their academic and communicative abilities.

c) Continuous assessment for the assistant clinical faculty member to continue teaching and training according to a clear mechanism that covers the assessment of the students and officials of the hospital and educational institution.

4. The supporting or sponsoring academic institution:

a. The entity that is academically responsible for the teaching and training program at various sites shall be specified, whether a university, a higher education institution, the Jordan Medical Council, the Arab Board of Health Specializations, or the Jordanian Nursing Council.

b. A qualified manager is in charge of the academic program.

c. The administrative location of the departmental unit in which the fellowship program takes place is determined.

5. Training Locations: The various training sites are identified within the supporting or sponsoring organization, both inside and outside the country.

The relationship with these sites is determined through an official document (e.g., a memorandum of understanding) to define tasks, responsibilities, and mechanisms of communication and coordination.

• **Second Criterion: Resources and Facilities**

1. The university hospital must be on campus or geographically close to the higher education institution to which it is linked in order to facilitate the horizontal merging and integration of teaching between basic and clinical sciences in the curricula.

2. There must be facilities and equipment necessary for the teaching and training process, such as:

a. Appropriate offices and facilities for trainers

b. Teaching halls, discussion rooms, and meeting rooms are sufficient for the number of trainees.

- c. Technological equipment necessary for teaching and learning processes, like computers and wireless Internet networks (Wi-Fi) accessible by trainees, along with the facilities necessary for remote consultation.
 - d. Sufficient training equipment to achieve the educational objectives of the professional health education program.
3. Having adequate and safe areas for professional health students and trainees to rest and save their personal belongings
 4. Keeping a paper or computerized medical records system that:
 - a. documents the medical history and course of the disease diagnosed and cared for by each patient.
 - b. is always accessible in accordance with the powers granted to health practitioners, trainees, and students.
 - c. adequately supports patient care with high quality and accuracy.
 - d. facilitates quality assurance activities and the information necessary for scientific activities.
 - e. guarantees the security and confidentiality of these records, with appropriate and sufficient back-up procedures for all patients' records.
 5. To have a constantly updated database of the trainees' and students' names, along with mechanisms to rapidly contact them.
 6. To have a special policy regulating the uniforms of students and trainees.
 7. Providing safe food services for students and trainees under the direct supervision of the hospital
 8. Providing appropriate research facilities like paper and electronic books and references that include:
 - a. providing the necessary books and journals that can be easily accessed by all departments, ensuring up-to-date information.

- b. to be available for trainees at appropriate rates of use.
- c. to browse and access the services of medical information databases
- d. an appropriate medical library of appropriate size and space, with sufficient resources and information sources, to support the teaching program, including access to biomedical and clinical journals and other related periodicals, both paper and electronic.

9. Clinical Training Environment:

- a. To have patient examination and treatment services, such as pathology and radiology services, intravenous services, and phlebotomy appropriate laboratory services that are compatible with teaching objectives and patient care and that support patient care timely and with high quality.
- b. The hospital shall provide good outpatient training facilities, which include ease and convenience of learning, quality of health care, patient safety, and privacy.
- c. The hospital shall provide good emergency training facilities, which include ease and convenience of learning, quality of health care, patient safety, and privacy.
- d. The hospital shall provide good inpatient training facilities, which include ease and convenience of learning, quality of health care, patient safety, and privacy.
- e. The hospital shall provide the resident physicians and medical students with the space and equipment necessary for learning and training.
- f. The hospital shall provide the health sciences students with the space and equipment needed for learning and training.

10. Patient Data: The hospital shall provide a summary and analysis of patient data to demonstrate that students and residents will receive the sufficient and diverse experience required. This includes:

a) having enough diverse patients in terms of diseases, severity, age, and sex for the hospital as a whole and for each department.

b) data on voluntary and emergency cases

c) data on the average number of entries into each department daily

d) information on the quantity of beds in the hospital and in each department, as well as information on the occupancy of departments.

e) data on average outpatient and emergency visits

f) data on the average number of major and minor surgical cases by type of surgery

g) data on the average number of laboratory and radiology orders

11. The hospital shall have a drug information center for its working medical staff, patients, and visitors.

- **Third Criterion: Individuals**

The internship, teaching, or fellowship program is managed by a qualified manager, appointed by the authorized body, with specific powers and responsibilities that ensure effective program management. The program manager liaises and communicates with other relevant authorities in order to ensure the success of the program (e.g., liaison between the fellowship program manager and the main program director of specialization).

2. Enough qualified medical and non-medical teaching staff who have high professional skills and teaching competence to provide effective support and supervision for trainees.

- a. 60% of the medical staff working full-time at the university hospital should be full-timers at the hospital, with three full-time specialists in the main specialties and at least two specialists in the subspecialties.
- b. 40% of the medical staff should be working full-time in the teaching training hospital, with three full-time specialists in the main specialties and at least two specialists in the subspecialties.
- c. 30% of the training staff full-timers at the attached training hospital should also be full-timers in the hospital, with two full-time specialists in the main specialties and at least one specialist in the subspecialties.
- d. The heads of medical departments must possess the required qualifications.
- e. having the required percentage of full-time technical and administrative staff.
- f. having the required percentage of part-time employees and technicians
- g. having the appropriate ratio of resident doctors to part-time doctors.
- h. the appropriate ratio of medical students to part-time physicians
- i. having the appropriate faculty members to train health sciences students on the required qualifications, with an appropriate ratio of faculty members to students.

The criteria and sub-criteria used in judging clinical faculty should be based on the following:

- ability to teach and participate in an educational program to understand new methodologies for practice-based teaching, feedback, and assessment, or commitment to participate in the teaching methodology program that the higher education institution conducts.
- appropriate level of research or academic activity.

- compliance with the requirements of continuous medical education or continuous professional development programs.

- At least five (5) years' clinical experience demonstrating effective patient care

3. Appointment:

- a. Specific eligibility criteria must be met to join the teaching / training program.
- b. Commitment to the principles of transparency, integrity, and fairness in appointments.
- c. The trainee numbers are determined and accepted based on the available resources and cadres.
- d. There is a specific mechanism for transferring the trainee from a program or a training site to another that ensures verification of training by the first entity.

• **Fourth Criterion: Training Program**

1. Competencies: The following competencies are integrated into the training curriculum and trainees are supported to build their following capacities:

- a. professionalism
- b. Patient care and medical procedure skills
- c. medical knowledge
- d. practice-based learning and improvement
- e. communication skills between individuals
- f. systems-based practice

2. Scheduled educational activities: Sufficient time is provided for trainees to participate in and attend training activities within a scheduled program.

3. Clinical experience: Competency-based goals and objectives are determined for the training / teaching program through the academic institution and in line with the mission of the sponsoring / supporting institution.

4. The program is built in a way that ensures the trainee is given graduated powers to acquire various medical skills.

5. Scientific Activities:

a. Trainee activities: the curriculum includes the development of the trainee's basic knowledge in scientific research and supporting the trainee in participating in scientific activities, along with providing the necessary resources therefor.

b. Cadre activities: The program includes providing appropriate support to cadres in participating in continuous professional development events and scientific activities related to scientific research, quality initiatives and patient safety, membership in professional societies and medical education.

- **Fifth Criterion: Scientific Research and Results**

1. Appropriate research incentives shall be provided:

a. Regulations and incentives to encourage physicians and health cadres to participate in research. Good research is to be rewarded, and these arrangements should be properly implemented.

b. Research ethics are emphasized, and research publications are validated.

2. Results of implementing the research projects

a. Research projects funded by the hospital or external sources.

b. Physicians or health professionals have good research results published in refereed journals.

c. Students in medical and health sciences participate in research projects.

d. Research publications (including research projects and findings) shall show integration between different disciplines.

3. Health and clinical research involving the human element

a. There is an ethical charter, along with the comprehensive operational procedures that organize the Institutional Review Board's work.

b. Obtaining the consent of the individuals participating in the research and protecting their full rights.

c. There are mechanisms for reviewing and supervising the research project.

- **Sixth Criterion: Assessment, Evaluation and Examinations**

1- Trainees Assessment:

a. Formative Assessment:

- There is a unified and documented mechanism to ensure that the training / teaching staff assess the trainees through monitoring and observation.

- The mechanism shall include competency-based assessment objectives.
 - Trainees shall be provided with appropriate feedback at the end of each stage or semester, with the need to document this.
 - a. Summative Assessment:
 - There are clear and announced methodologies for trainees regarding written and clinical exams based on guiding schedules and schemes.
 - The methodologies and approaches of examinations are commensurate with the nature of the specialization.
 - The trainee is provided with the results of the final assessment at the end of the training stage or training semester.
 - There are clear and documented mechanisms for objections and requests for reviewing the final assessment results by students and trainees.
2. Determining the responsibilities for assessing the trainees to ensure the participation of the concerned trainers in the hospital in coordination with the academic cadres.
 3. Clinical Competency Committee: The Clinical Competency Committee is appointed to review and approve the performance of trainees and the committee. It includes at least three members of the teaching and training staff, whose tasks and responsibilities are specified in a written document.
 4. Assessment of the performance of the teaching staff: There is a specific mechanism to assess the performance of the educational and training staff.
 5. Assessing and improving the training program
 - a. There is a systematic and documented mechanism for the periodic assessment of the training curriculum, so the mechanism includes monitoring the following:
 - Performance of trainees
 - Developing educational cadres and a continuous professional development program
 - Quality of the training program
 - The well-being of training staff and trainees
 - Participation in scientific activities
 - Participation in quality and patient safety activities
 - b. The assessment results are used to develop and implement the improvement plans.
 6. Training Program Assessment Committee
 - a. A special committee shall be formed to evaluate the training program by the authorized entity.

b. The Committee shall operate and meet based on specific tasks and referential terms.

- **Seventh Criterion: Training and Work Environment**

1. General principles that ensure a suitable environment for training and work that promotes patient safety and well-being of trainees and primarily focuses on providing clinical training opportunities, considering not to commission the trainees in the first place with accomplishing the work, which may lead to fatigue that negatively affects the patients' and trainees' safety. Hence, an appropriate balance should be secured.

2. Patient Safety Program:

a. The teaching staff and trainees are committed to actively participating in the patient safety program.

b) The teaching staff and trainees are trained on patient safety and their related responsibilities, including reporting accidents that may occur during their training or work.

3. Trainees are provided with training on the basics of quality, and they are supported to actively participate in quality improvement activities.

4. Supervision and Accountability:

a) Trainees are supervised by qualified teaching / training staff during medical care provision to patients. The degree of supervision varies according to the training level of the trainees and in line with competencies and skills acquisition.

b) There is a documented procedure to regulate the assigning of responsibilities, entitling gradual medical powers and privileges based on the training level, competencies and skills acquired by the trainees.

5. Professionalism:

a. Appropriate training is provided on the basics of professional work that focuses on and promotes patient-centered care and safety.

b. Work professionalism, supportive environment, and culture are provided in a civilized atmosphere based on respect, equality, and the prohibition of abuse and violence.

c. There is a clear mechanism for reporting unprofessional behaviors and incidents and dealing with such incidents confidentially.

6. Welfare of workers / trainees

a. A set of policies and programs that support the welfare of trainees and teaching staff should be adhered to.

b. Wellbeing policies and programs focus on the health, psychological and work stress aspects of trainees and teaching staff.

7. Fatigue / Overstrain

a. Education and awareness to identify the symptoms of fatigue / stress and sleep disturbance and suitable procedures for dealing with them.

b. Suitable dormitories are provided for trainees, in addition to safe transportation.

8. Specific procedures are followed that include determining the clinical tasks of the trainees in patient care to ensure the effectiveness of communication about the submission process between health care providers (trainees) whenever there is a change in the person who provides care to the patient.

9. There is a mechanism for organizing the teaching and clinical experience that includes documentation of training activities, required hours, maximum continuous work, vacations and holidays, office system, and hours to ensure efficient training and the comfort of trainees.

10. There is a mechanism for organizing shifts that includes repetition, number of office hours, and tasks required, including shifting from home.

Eighth Criterion: Academic Exchange and Community Education

1. There are cooperation mechanisms for training with other hospitals.

2. Participation in international health activities and establishing cooperation mechanisms for education, study, and advanced research.

3. Participating in local and international medical assistance and disaster relief.

4. Organizing medical education and continuous professional development activities for doctors and other health cadres.

5. Good exchange of information between the hospital and primary care physicians.

6. Providing health information to individuals and society.

Part Two

Procedures for Acquiring Academic Accreditation for Teaching Hospitals

- **Application Procedures for Acquiring Academic Accreditation**

1- Submit an initial application to apply for accreditation of the medical institution as an educational institution (academic accreditation) that must determine the type of accreditation (university hospital, teaching training hospital and attached training hospital) according to the general prerequisites.

2- Submit the initial application form with the initial papers proving the institution's eligibility to obtain this certificate.

3- The initial application is decided by the competent commission in the medicine faculties accreditation division at the Accreditation Commission, ensuring that the hospital meets the eligibility conditions for the type of accreditation required.

4- The hospital is informed of its fulfillment of the eligibility conditions for the type of accreditation required.

5- If the hospital wishes to proceed with the accreditation procedures, it must pay the fees for the accreditation of the medical institution as a teaching institution.

That trains medical students both inside and outside Jordan, due for the Commission after the approval of the initial application, along with submitting the self-study and prior to forming the committee of consultant experts. The annual accreditation follow-up fees shall be paid in accordance with the instructions for the accreditation fees of the accreditation and quality assurance of higher institutions and the amendments thereof.

6- The Board of the Commission shall issue a resolution appointing the expert committee according to the principles in force on the commission to consider the self-study report.

The commission notifies the applicant officially of the names of the committee if there are any observations or reservations about the committee, if none of the committee members has a conflict of interest with the applicant.

7- The expert committee reviews the self-study and the form approved and filled out by the hospital with the supporting papers attached.

The commission then contacts the institution to inform it whether the application is complete or not within a maximum of 4 weeks (20 working days).

8- The hospital attaches an electronic copy of the self-study and the approved form with the necessary documents and proofs to estimate the hospital's performance.

on each of the academic accreditation criteria. It is not permissible, then, to add or delete papers or introduce any modifications to the self-study report.

9- The expert committee shall meet to prepare the schedule of the field visit to the hospital according to the procedure adopted by the commission. The committee secretary shall serve as a liaison between the committee and the hospital.

10- Addressing the applicant hospital regarding the date and details of the visit at least two weeks before its date.

- **Conditions for the initial Assessment of the Academic accreditation of teaching Hospitals**

A. University Hospital Accreditation:

1. A hospital affiliated with a public or private university that contains a medicine faculty and whose work and governance are subject to university regulations.

to which it belongs (naming the academically responsible body).

2 Completely licensed by the Ministry of Health.

3 It holds a local or international accreditation or quality certificate.

4. It holds institutional and programmatic accreditation by the Jordan Medical Council for residency and fellowship programs.

5 The number of beds being more than 200 beds.

6. Comprehensive reference hospital

7. It offers major, sub-, and super-specialized postgraduate and higher specialization training programs.

8. Its personnel includes professors from the faculty of medicine in addition to highly qualified part-time lecturers.

9. 60% of the medical staff are dedicated full-timers (3 specialists in the main specialties and 2 specialists in subspecialties).

B. Accreditation of the Teaching Training Hospital:

1. Government hospital (Ministry of Health and Royal Medical Services) or private.

2. There must be a contract with one or more academic bodies in medical specialties and health sciences.

3. It must be completely licensed by the Ministry of Health according to the laws and regulations in force.
4. It must hold a local or international accreditation or quality certificate.
5. It must hold institutional and programmatic accreditation by the Jordan Medical Council for residency and fellowship programs.
6. It must contain all the above-mentioned four main specialties: internal medicine, surgery, pediatrics, and gynecology if it is a public hospital.
7. It must contain residency programs in the four above-mentioned main specialties recognized by the Jordan Medical Council or a specialized residency program if the hospital has a single specialty.
8. It must contain facilities and equipment for the teaching process and clinical training.
9. 40% of the medical staff must work full-time at the training teaching hospital.
10. There must be three specialists in each of the main specialties and two specialists in each of the subspecialties.
11. Cadres from the faculties of medicine and health sciences must work in or supervise the teaching and training processes therein.

C. Accreditation of the Attached Training Hospital:

1. A government hospital (Ministry of Health or Royal Medical Services) or private.
2. To be an attached or supportive hospital that provides health care and training for one of the teaching training hospitals that obtain the Commission's accreditation.
3. It must be completely licensed by the Ministry of Health.
4. It must hold a local or international accreditation or quality certificate.
5. It must contain the following four main specialties: internal medicine, surgery, pediatrics, and gynecology if it is a general hospital or specialized in at least one of them.
6. It must contain facilities and equipment for the teaching process and clinical training.
7. 30% of the staff must work full-time in the teaching and training hospital.
8. There must be two specialists in the above-mentioned main specialties and one specialist in the subspecialties.

- **Responsibilities and commitment of the teaching hospitals during the academic accreditation procedures**

The following terms and rules define the responsibilities of both the Accreditation and Quality Assurance Commission for Higher Education Institutions and the hospital in carrying out the accreditation assessment. Additionally, these terms and conditions list the accreditation guidelines that both parties must follow.

A. The Commissions' Responsibilities for the Accreditation Assessment Purpose:

1. The commission shall appoint an expert committee to conduct assessment within a specified period commensurate with the size of the hospital.
2. If the whole expert committee or one of its main members is not present before the assessment or while on site for reasons beyond the commission's control, an alternative committee is provided, or the assessment is rescheduled for alternative dates agreed upon by both parties.
3. The names of experts, a brief about their professional and academic biographies, the agenda and the required documents are sent two weeks prior to the assessment date.
4. The results of the assessment are submitted by the experts to the commission, which in turn reviews, verifies, and validates them. The decision is then made to grant/not grant accreditation according to the procedures approved by the commission. This should be done within a period not exceeding 40 days from the date of the assessment visit.
5. The hospital is provided with an accreditation certificate in both Arabic and English if there is a decision to grant accreditation to the hospital.
6. The name of the accredited hospital is added to the list of accredited hospitals on the commission's website.
7. The environment is committed to maintaining the confidentiality of the hospital's information and to integrity and impartiality in implementing the assessment procedures, along with ensuring that there is no conflict of interest when appointing the expert committee.

B. Hospital's Responsibilities:

1. A person shall be appointed to coordinate the activities of assessment, communication, and follow-up with the commission and to ensure the proper workflow.
2. The hospital shall pay the fees due before the date of the visit.
3. The hospital is committed to fully cooperating with the expert committee and it shall ensure that it provides accurate and correct information in addition to fully supporting the assessment.

4. The commission shall be informed of any delay or inconvenience+ that may negatively affect the assessment process.

5. The hospital is responsible for learning about and adhering to the accreditation requirements including the criteria, sub-criteria, new and revised policies, and procedures related to the hospital's programs.

C. On-site Assessment Process:

1. The expert committee shall visit the hospital during the specified dates and in accordance with the agreed agenda.

2. The expert committee may request to meet any of the staff members during the assessment, visit any hospital site in addition to the sites identified in the agenda, or request additional information for the purpose of effectively accomplishing the assessment.

3. The hospital shall cooperate with the expert committee and provide accurate information about itself and its compliance with the criteria. Any delay in providing the requested information will be considered non-cooperation which may result in an urgent termination of the accreditation process.

4. The expert committee meets with the hospital director and the leadership team as needed and daily to share the results reached during the day.

5. The expert committee meets with the hospital director and the leadership team at the end of the assessment to provide them with a summary of the results reached during the assessment days. During the final session, the expert committee will provide preliminary information on the results that they came up with. This information is preliminary and not final and will be reviewed by the commission then a decision will be issued based on this information.

D. Declaration of Accreditation

The hospital may not declare the accreditation decision before receiving an official written letter relevant thereto. If approved, it must adhere exactly to the nature of that accreditation.

E. Appeal of the Accreditation Decision

Upon a decision to reject or withdraw the accreditation, the hospital has the right to submit a formal request to object to the final assessment report of the expert committee within 14 calendar days of receiving the official accreditation decision report or notice of the withdrawal of accreditation.

F. Rules of the Accreditation Decision

Property Rights

The commission has all the criteria, tools, and software for the accreditation program.

The commission does not share individual hospital accreditation data and information without the hospital's written permission, nor does it violate the hospital's property rights or privacy.

G. Conflict of Interest

The hospital has the right to express in writing the presence of a conflict of interest with any member of the expert committee and the commission shall take appropriate action accordingly.

- **Policy and Procedures for the Management of the Accreditation Assessment Visit**

A. Overall Objective

The overall objective of this policy is to ensure the standardization of the organization and management of the accreditation assessment visit using the criteria and sub-criteria that have been approved by the Accreditation and Quality Assurance Commission for Higher Education Institutions and developed in line with the instructions for granting the quality assurance certificate for the Jordanian higher education institutions

B. Definition of Terms

Commission: The Accreditation and Quality Assurance Commission for Higher Education Institutions.

Board: The Accreditation and Quality Assurance Commission for Higher Education Institutions Board.

Accreditation Assessment Visit: The visit made by a group of experts to assess the extent to which the hospital complies with the academic accreditation criteria for hospitals.

Expert Committee: A team of specialists chosen, educated, and qualified by the Accreditation and Quality Assurance Commission for Higher Education Institutions and hired or delegated to conduct the accreditation assessment visit.

Requirements and qualifications of the expert committee:

- a. General training.
- b. Special training (e.g., hospitals).
- c. Initial training for each committee (clarifying the mechanism of the expert committee's work at the first meeting).
- d. Having an external expert.

Self-assessment: The assessment process carried out by the hospital to identify the extent of compliance with the academic accreditation criteria requirements for hospitals.

C. Tasks and Responsibilities

The Accreditation and Quality Assurance Commission for Higher Education Institutions Council is responsible for the supervision and governance of the assessment process and granting accreditation.

The Directorate of Quality Assurance and Classification at the Accreditation and Quality Assurance Commission for Higher Education Institutions is responsible for the organization and management of the assessment visit, including pre-visit, visit-conducting, and post-visit procedures.

Expert committee is responsible for conducting the assessment visit for accreditation.

The Administrative and Financial Department is responsible for the financial matters related to the accreditation visit.

D. Preparing for the visit and contacting the hospital

1. The hospital applying for accreditation can apply to the commission for accreditation using the relevant form, then send the self-assessment and all supporting documents in accordance with the relevant procedures.
2. The self-assessment is reviewed and approved, and the eligibility of the hospital to apply for the accreditation program is confirmed by the concerned committee in accordance with the relevant procedures.
3. Appropriate support is secured for hospitals by providing all information related to criteria, sub-criteria, and related requirements, providing technical support to fill out the self-assessment, and replying to inquiries.
4. The accreditation assessment visit is arranged six weeks in advance and informed of two weeks before the date of the visit in coordination with the hospital.
5. The expert committee shall be formed in proportion to the size of the hospital and the services and programs provided therein, considering conflicts of interest and compliance with the selection procedure of the expert committee. The proposed schedule for the visit is prepared, and the assessment team is also contacted to confirm that they agree to conduct the assessment visit before communicating with the hospital.

6. The hospital is officially addressed and informed of the date of the assessment visit, the agenda, and the necessary supplies that should be available for conducting the visit, in addition to the names of the expert committee attached with the CVs of the committee two weeks before the date of the visit. The hospital reviews and approves the details of the visit within a week of receiving the letter.

7. The commission shall determine the head and members of the committee.

8. The expert committee shall prepare for the assessment visit by directly contacting them and determining the tasks and responsibilities according to the approved schedule of the visit, so that each member reviews the institution's self-assessment and the criteria and sub-criteria requirements and prepares for the visit in accordance with the general tasks of the head of the committee / member of the committee approved by the commission.

E. Conducting the visit

1. The accreditation visit is carried out according to the approved schedule of the visit.

2. The assessment team starts performing their tasks according to the schedule, and the assessment process shall include the following methods:

- **The preliminary meeting** of the expert committee with the director of the hospital and selected members of the administrative team, including the medical director and the director of medical training and teaching. During the meeting, the purpose of the visit is identified, the visit schedule is reviewed, and the parties agree on the special activities of the visit and the necessary logistical arrangements to accomplish an effective visit.

- **Document review**: The expert committee reviews the documents of the hospital that relate to the fulfillment of accreditation requirements. These documents include policies, procedures, plans, regulations, laws, mechanisms and supporting processes. Enough time should be given to review the documents, provided it does not exceed a quarter of the time allocated for the assessment visit.

- **Committees interview**: The expert committee meets with the committees concerned with the implementation of the visit schedule to ensure the application of regulations. This includes the following committees:

1. Scientific Research Committee
2. Quality and Public Safety Committee
3. Professional Ethics Committee
4. Training program managers

- **Interviewing the employees:** The expert committee interviews the hospital staff who are directly or indirectly responsible for the training programs to ensure the application of the criteria and sub-criteria.

- **Interviewing the trainees:** The expert committee conducts an interview with the trainees in the hospital to ensure that the criteria and sub-criteria are applied.

Review of files and records: The expert committee reviews the files and records to ensure that the criteria and sub-criteria are applied. This includes the following:

1. Job files of officials directly or indirectly responsible for the training program.
- 2 Trainee files
3. Patient records
- 4- Meeting minutes of the committees concerned with training programs.

- **Field round:** The expert committee conducts a field round of the hospital facilities and various sites related to the criteria and sub-criteria requirements. This includes, for instance, but is not limited to, the emergency department, central care unit, the operations room, laboratories department, records department, training rooms, patient rooms, library, student accommodation, outpatient clinics, recreation, and catering services related to training.

- **Viewing:** The expert committee will be alert to any observation that may affect the application of the criteria and sub-criteria during the round or interviews.

Expert committee meeting: The expert committee meets during and after the visit (at the end of the visit) to discuss the observations and harmonize the results to come up with consistent and agreed-upon results from all members before presenting them to the hospital's administration and before leaving the hospital.

Closing Meeting: The expert committee meets with the hospital administration at the end of the visit schedule to provide them with the most important preliminary results of the assessment visit.

1. After the visit
2. At the end of the visit, the expert committee meets to agree and arrange for finalizing the report.
3. The expert committee shall prepare the report through a formal meeting at the Commission, using the relevant form, so that each member finishes their part and shares observations. Then the committee chairperson, who in turn makes sure of the consistency and accuracy of the report content, sends it to the directorate of the Quality Assurance Commission for Higher Educational

Institutions within fourteen (14) working days from the date of the visit, where the report includes the following:

A. The procedures taken by the committee during its study of the report submitted by the hospital are summarized, along with the extent to which the hospital applies the academic accreditation criteria of hospitals, along with the basic information and documents attached to the report and documents provided by the hospital during the visit of the expert committee to be verified. The summary also includes what happened during the committee's visit to the hospital, in addition to strengths and areas for improvement.

B. The final assessment report of the hospital is prepared with a final recommendation for the Accreditation and Quality Assurance Commission for Higher Education Institutions for accrediting or postponing the accreditation of the hospital as a teaching hospital that achieves the academic program's points. The recommendation is treated with strict confidentiality and sent to the board chairperson of the Accreditation and Quality Assurance Commission for Higher Education Institutions according to a special form.

4. The Directorate of Quality Assurance at the Accreditation and Quality Assurance Commission for Higher Education Institutions reviews, audits and submits the report to the commission's board within seven (7) working days from the date of receipt of the report.

5. The commission's chairperson shall submit the report and the recommendation of the expert committee to the board of the commission in a meeting, where a final decision on accreditation shall be taken, and the board of the commission shall have the right to summon the chairperson of the expert committee to discuss the content of the report.

6. The final report and accreditation decision are approved by the commission's board.

7. The commission's chairperson addresses the hospital and sends the assessment report, including the result. If the hospital is qualified, the accreditation certificate is issued and sent to the hospital with any relevant official documents attached.

F. Objection and Grievance

a. The hospital has the right to object to the assessment result within 14 days from the date of receiving the commission's report and decision using the relevant form.

- b. The commission's chairperson shall transfer the objection to the board of the commission.
- c. The board shall refer the objection to the Directorate of Quality and Classification to consider and deal with it duly.
- d. The Directorate of Quality Assurance and Classification summons the hospital's resident expert committee to study the objection and respond to it officially.
- e. The expert committee shall prepare an official response in this regard and submit it to the Directorate of Quality Assurance and Classification after seven (7) days from the date of receiving the objection.
- f. The Directorate of Quality Assurance and Classification receives the response and forwards it to the commission's chairperson according to the administrative hierarchy with an official memorandum.
- g. The commission's chairperson shall forward the response to the commission's board.
- h. The board decides to respond to the expert committee and sends the decision to the hospital to inform it of the commission's decision.

G. Assessment of the accreditation experience

- 1- During the accreditation visit, the hospital is provided with a special form to assess its experience with accreditation. The form is filled out after the visit.
2. Performance indicators shall be determined to be used to evaluate the accreditation assessment and collect the data therefrom.
- 3- An assessment form is sent to the expert committee to learn about their experience.
- 4- Data on the hospital's assessment of the accreditation experience, indicator data, and expert assessment are collected, analyzed, and discussed to identify opportunities for improvement.

D. Consequences of non-compliance by teaching hospitals

1. The Accreditation and Quality Assurance Commission for Higher Education Institutions has the right to act against hospitals that are proven not to comply with the accreditation criteria and sub-criteria requirements as follows:

- If it is proven that the hospital provided incorrect information or documents related to the achievement of the criteria and sub-criteria.
- If the commission received a complaint related to the teaching programs and verified the validity of the complaint.
- If non-compliance occurred during post-accreditation follow-up.

2. These procedures shall ensure the withdrawal or non-renewal of accreditation as the commission has the right to the general or specialized education and training programs.

I. Report Writing

The language used:

1- The integrity of the language used in writing the report shall be secured in terms of rhetoric and grammar, observing to use clear and understandable words in forming the observations and recommendations so that they are free of abbreviations (unless mentioned earlier), loanwords, or uncommon expressions.

2- Elaboration shall be avoided, along with using the shortest and most precise expressions, if this does not affect the meaning to be conveyed.

3- Using the active voice and avoiding the use of the passive voice as much as possible.

4 Numbers and percentage rates must be written in numerals and letters wherever mentioned.

5- Boring repetition shall be avoided except in rare cases for clarification and confirmation.

Presentation and display:

1. Using real-life examples to support observations and recommendations.

2. Using commas and dots in their correct places and avoiding too many of them in a way that confuses the reader.

3. A space should be left between all lines and paragraphs, on both sides of the page and in the footnote.

4. Avoid prolonged paragraphs, and the lines are recommended not to exceed 15 maximum. Similarly, the sentence shall not exceed 12 words.

J. General content

1. The report should cover all areas of the criteria and sub-criteria relevant to the academic accreditation of the teaching hospital, determining the coverage areas of the criteria and sub-criteria that will be used in the review process in the report form, and the team leader will guide the team members on the necessary coverage and level of detail required.

2. The report should indicate the points at which the hospital meets and does not meet the criteria and sub-criteria. Additional procedures are clarified by the hospital to meet the requirements of the criteria and sub-criteria according to the observations mentioned in the report, supported by evidence obtained during the review of the documents and the field visit.

3. The expert committee may propose suggestions in the report to help the hospital make applicable improvements, provided these suggestion not include changes beyond the framework's criteria and sub-criteria.

K. Review and Audit:

1. The commission's electronic review team examines and approves the report and sends its final version to the commission prior to forwarding it to the hospital. In case the committee deems it necessary to discuss a set of the report's items, the head and members of the expert committee are informed to attend and deliver a relevant statement. Once the report is completed, it becomes the commission's property and is subject to its control. The expert committee and the electronic review team members may not independently send the report or any parts of it to the hospital.

2. Upon receiving the report, the hospital reviews it, maintaining the right to submit a written objection to the commission stating observations about the results of the criteria and sub-criteria assessment that are believed to have not been assessed correctly or that their grade was not fair. The objection shall be corroborated with proofs.

- **A proposed form of the accreditation assessment visit report of results**

List of Contents

1. Cover page

It includes the following information:

- A. Name and logo of the Accreditation and Quality Assurance Commission for Higher Education Institutions.
- B. Name of the report (assessment visit results, re-assessment visit results, etc.).
- C. Name and address of the institution (hospital) that has been assessed.
- D. Assessment date.
- E. Criteria and sub-criteria according to which the assessment was conducted (academic hospital accreditation / criteria and specifications of the training, teaching and university hospitals)
- type of edition, if any.
- F. Names of the expert committee.

2. Table of Contents:

It includes the items contained in the report and the page numbers for each of them.

3. Notice:

This section refers to the nature and privacy of the content of the report, along with the uses specified by the Accreditation and Quality Assurance Commission for Higher Education Institutions.

"This report includes data classified as confidential and sent by the Accreditation and Quality Assurance Commission for Higher Education Institutions to (..) Hospital. It is worth mentioning that the assessment results represent the assessment team's observations during the visit regarding the academic accreditation criteria for hospitals / the specifications of the training, teaching, and university hospitals. This report is intended for its particular use only and not for publication, except as permitted by the commission's policies."

4. Executive Summary:

The executive summary provides a summary of the extended assessment report and provides an overview summarizing the main points for the concerned parties. It saves time and prepares them for the upcoming content. The procedural executive summary is usually a stand-alone document that includes enough content to ensure that those interested can understand the contents of the assessment report, no matter how long it is. The executive summary length may range between 1 and 5 paragraphs.

This part includes information about the hospital's name, assessment date, names of the expert committee (assessment team) members, the criteria and sub-criteria that have been invoked (the academic accreditation criteria for hospitals and the criteria and specifications of the training, teaching, and university hospitals), the results achieved by the hospital in each of the approved assessment points, and the commission's decision regarding granting it accreditation or not.

Proposed text:

Based on the assessment results of (hospital name) by the expert committee (assessors) of the Accreditation and Quality Assurance Commission for Higher Education Institutions, which was

conducted on (date) to determine the level of fulfillment of the requirements of the criteria of the edition (Edition number) for the academic accreditation of hospitals / criteria and specifications of university, teaching, and training hospitals, it was decided to grant / not grant the hospital the accreditation certificate.

Knowing that the hospital has fulfilled the following results of the accreditation points:

- A. Institutional relationship and academic reference (required percentage fulfilled / unfulfilled)
- B. Resources and facilities (required percentage fulfilled / unfulfilled)
- C. Individuals (required percentage fulfilled / unfulfilled)
- D. Training program (required percentage fulfilled / unfulfilled)
- E. Scientific research and results (required percentage fulfilled / unfulfilled)
- F. Assessment, evaluation, and examinations (required percentage fulfilled / unfulfilled)
- G. Training and work environment (required percentage fulfilled / unfulfilled)
- H. Academic exchange and community education (required percentage fulfilled / unfulfilled)

5. Introduction:

- A. The introduction refers to some data about the hospital assessed (such as name, entity to which it belongs, address, establishment date, number of beds, and number of staff).
- B. An explanation can be added to the percentages approved for granting accreditation for each of the points of the criteria and sub-criteria and the total grade to be achieved.
- C. Date of assessment and names of the team
- D Sources of data acquisition

Proposed text:

The expert committee of the assessment team visited (hospital name) from xx to xx to assess the extent to which it met the requirements of the criteria of the edition (Edition number) for the academic accreditation of hospitals / criteria and specifications of university, teaching, and training hospitals issued by the Accreditation and Quality Assurance Commission for Higher Education Institutions. This report presents the observations and recommendations of the expert committee (assessment team).

This report contains the observations of the assessment team based on the information provided in the hospital file, the relevant materials, the observations, and other documents recorded or viewed by the assessment team during the field visit. The report also contains oral presentations and the

information reached through in-depth discussions. It further includes recommendations of the procedures that the hospital (hospital name) must consider, although they are not obligatory, to meet the requirements of the accreditation criteria.

6. Report content / subject:

- A. Institutional relationship and academic reference
- B Resources and facilities
- C Individuals
- D Training program
- E Scientific research and results
- F. Assessment, evaluation, and examinations
- G. Training and work environment
- H. Academic exchange and community education

The items in each of the above points shall be assessed, and their result shall be determined in accordance with the commission's instructions in this respect. The observations relating to the items shall be mentioned along with the recommendations specified if the hospital has not complied with the requirements of the criterion. It is essential that the assessment team develop its recommendations in a spirit of constructive engagement to ensure that the criteria and sub-criteria requirements are met and that the hospital is assisted in reaching its goal and obtaining accreditation.

Each of the criteria and sub-criteria relevant to the particular point is mentioned along with its number, text, and the result of its assessment, in addition to the observations on which the assessment decision was based and the recommendations related thereto.

7. Conclusion:

The conclusion includes a review of the results that the hospital has achieved, the commission's decision, and other recommendations if required, in addition to thanking the administration and all the hospital staff for their efforts to improve the services and for their keenness to achieve the best results.

- **The follow-up visit**

The follow-up visit aims to motivate hospitals to adhere to the accreditation requirements granted to them and therefore no decision is based on this visit regarding the granting or withdrawal of the accreditation. However, if serious breaches are observed in applying the criteria and sub-criteria that may lead to damage and harm to the outpatients, students or staff of the teaching hospital, the commission has the right to notify the hospital of these violations and reconsider the accreditation decision previously granted to it.

When conducting a follow-up visit, the following points must be considered:

1. The follow-up visit is conducted after half of the accreditation period granted to the hospital is over.
2. Four (4) weeks before the date of the visit, the hospital is asked to submit to the commission a self-report showing the extent to which it has fulfilled the requirements of the accreditation criteria in hard electronic copies.
3. The application is studied by the commission's directorate of quality control to determine the criteria and sub-criteria that must be re-assessed during the visit.
4. The expert committee is formed and includes the head and an appropriate number of members based on the size of the hospital.
5. The duration of the visit is determined in days, preferably limited to one day as much as possible.
6. The head of the committee shall distribute the tasks to the members and manage their work.
7. The commission communicates with the hospital and informs it of the exact date of the visit.
8. The expert committee shall prepare the field visit report and submit it to the commission within the specified time frames.
9. The Directorate of Quality Assurance at the Accreditation and Quality Assurance Commission for Higher Education Institutions reviews and audits the report and submits it to the Commission's chairperson to present to the board of directors within seven (7) working days from the date of receiving the report.
10. The commission's chairperson shall submit the report to the board of directors at the next board meeting for approval.
11. The Commission shall deliver to the hospital the assessment report, including the result, within two weeks from the date of the end of the process.

Report form of the follow-up visit results

Table of Contents

1. Cover page: It includes the following information:

- a. The name and logo of the Accreditation and Quality Assurance Commission for Higher Education Institutions.
- b. Nature of the report (results of the assessment visit, results of the re-assessment visit, results of the targeted assessment visit, etc.).
- c. Name of the hospital assessed / title of the assessment.
- d. Date of assessment.
- e. The criteria and sub-criteria on which the assessment was based (Academic Accreditation Criteria for Teaching Hospitals).
- f. Names of residents.

2. Notice: This section is devoted to referring to the nature of the content of the report, its confidentiality, and its use for the purposes specified by the Accreditation and Quality Assurance Commission for Higher Education Institutions.

Proposed text

"This report includes data classified as confidential and sent by the Accreditation and Quality Assurance Commission for Higher Education Institutions to the concerned institution only. It is worth mentioning that the assessment results represent the assessment team's observations during the visit regarding the academic accreditation criteria for hospitals / the specifications of the training, teaching, and university hospitals. This report is intended for its particular use only and not for publication, except as permitted by the commission's policies."

3. Executive Summary The executive summary provides a summary of the extended assessment report and provides an overview summarizing the main points for the concerned parties. It saves time and prepares them for the upcoming content. The procedural executive summary is usually a stand-alone document that includes enough content to ensure that those interested can understand the contents of the assessment report, no matter how long it is. The executive summary length may range between 1 and 5 paragraphs.

This part includes information about the hospital's name, assessment date, names of the assessment team members, the criteria and sub-criteria that have been invoked, and the results achieved by the hospital in each of the points that were subject to assessment.

4. Introduction:

- A. The introduction refers to some data about the hospital assessed (such as name, entity to which it belongs, address, establishment date, number of beds, number of staff).
- B. Date of assessment and names of the team.
- C. Sources of data acquisition.
- D. Thanks to the hospital management and staff for their cooperation.

Proposed text:

The expert committee (the assessment team) visited (hospital name) from xx to xx to assess the extent to which it met the requirements of the accreditation criteria for teaching hospitals issued by the Accreditation and Quality Assurance Commission for Higher Education Institutions. This report presents the observations and recommendations of the assessment committee (expert team).

This report contains the observations of the assessment team based on the information provided in the hospital file, the relevant materials, the observations, and other documents recorded or viewed by the assessment team during the field visit. The report also contains oral presentations and the information reached through in-depth discussions. It further includes recommendations of the procedures that the hospital (hospital name) must consider, although they are not obligatory, to meet the requirements of the accreditation criteria.

5. Report content / subject:

- A. Institutional relationship and academic reference
- B Resources and facilities
- C Individuals
- D Training program
- E Scientific research and results
- F. Assessment, evaluation, and examinations
- G. Training and work environment

H. Academic exchange and community education

The items in each of the above points shall be assessed, and their result shall be determined in accordance with the commission's instructions in this respect. The observations relating to the items shall be mentioned along with the recommendations specified if the hospital has not complied with the requirements of the criterion. It is essential that the assessment team develop its recommendations in a spirit of constructive engagement to ensure that the criteria and sub-criteria requirements are met and that the hospital is assisted in reaching its goal and obtaining accreditation.

Each of the criteria and sub-criteria relevant to the particular point is mentioned along with its number, text, and the result of its assessment, in addition to the observations on which the assessment decision was based and the recommendations related thereto.

6. Conclusion:

The conclusion includes a review of the results that the hospital has achieved, the commission's decision, and other recommendations if required, in addition to thanking the administration and all the hospital staff for their efforts to improve the services and for their keenness to achieve the best results.

- **Procedures for granting grades for the accreditation requirements and calculating the total grade**

The procedures in force at the Accreditation and Quality Assurance Commission for Higher Education Institutions include giving grades for the academic accreditation of the teaching hospitals based on each of the requirements included in the eight criteria of accreditation.

A- The final recommendation for academic accreditation of hospitals shall be approved as follows:

First: Accredited

Second: Conditionally accredited

Third: Not accredited

B-Academic accreditation is granted to teaching hospitals as follows:

1. Academic accreditation: The hospital is granted full accreditation for a period of 4 years.

2. Conditional academic accreditation: The hospital is granted conditional accreditation for a period of 4 years, provided that a follow-up report is submitted after one year, and accordingly, the field visit to the medical hospital is determined by the committee.

3. Unaccredited: The hospital has not met the requirements of academic accreditation. The hospital may apply one year after the decision on non-accreditation.

4 Qualified for accreditation: Hospitals that apply for accreditation.

C- Grading the academic accreditation criteria:

First: Criteria and sub-criteria: A grade is given to each criterion or sub-criterion as in the table to be used in calculating the percentage achieved in each criterion:

Criteria and sub-criteria	Grade
The criterion is considered fulfilled if all relevant elements have been achieved.	3
The criterion is considered partially fulfilled if the most relevant elements have been achieved.	2
The criterion is considered unfulfilled if its prerequisites have not been met or if the most relevant elements have been achieved.	1
If the criterion or sub-criterion does not apply to the hospital.	Not applied

Second: Criteria: The percentage achieved in each criterion is calculated by adding the grades given to the criteria and sub-criteria and dividing it by the number of criteria and sub-criteria applied to each criterion.

The following table shows the rate required for each criterion to obtain accreditation.

Criterion no.	Criteria	Rate
1	Institutional relationship and academic reference	80%
2	Resources and facilities	90%
3	Individuals	80%
4	Training program	80%
5	Scientific research and results	70%
6	Assessment, evaluation, and examinations	80%
7	Training and work environment	90%
8	Academic exchange and community education	70%

90% of the criteria and sub-criteria in two criteria, 70% in two other criteria, and 80% in the remaining four criteria as in the table:

Number of criteria	Rate
Two (2) criteria	90%
Two (2) criteria	79%
Four (4) criteria	80%

D. Overall assessment:

1. Accredited: If the above conditions have been fulfilled.

2. Conditionally accredited: If the required percentage of criteria and sub-criteria is not achieved in two points at most, provided the percentage fulfilled is not less than 50% per point.

3- Unaccredited: If none of the conditions above mentioned have been fulfilled.

Third, upon obtaining academic accreditation, the accreditation certificate is issued in Arabic and English.

Annex 1

(Initial application for accreditation of teaching hospitals)

<p>Form of the academic accreditation of teaching hospitals (University hospital, Training teaching hospital, Attached training hospital) (To be filled out by the hospital.)</p>
--

Name of the hospital applying for accreditation:

Type of accreditation required:

University Hospital Training teaching Hospital Attached training hospital

Information about the hospital's administration:

Hospital Director:

Professional Title:

Address:

Phone Number:

E-mail Address:

Liaison Officer

Professional Title:

Address:

Phone Number:

E-mail Address:

- **Information about the hospital applying for accreditation:**

Name of hospital / year of establishment

Hospital Address:

Telephone number:

Website:

Ministry of Health license number:

Medical Sector: University Government (Ministry of Health, Medical Services) Private

The teaching institution / the teaching hospital affiliated with / contracted with:

Number of beds

Medical specialties it offers (please mention all of them):

Number of specialists in each specialty

Number of the entire medical staff

Number of full-time medical staff

- Is the hospital accredited? (Does it have quality assurance accreditation?).

Yes No

If yes,

Name of the accreditation body:

Type of accreditation:

Accreditation year:

Does it have an institutional and programmatic accreditation by the Jordan Medical Council?

Yes No

If yes,

Name of the accredited programs (please mention all of them).

Does it have higher specialization programs / residency programs?

Yes No

If yes,

Name of higher specialization / residency programs (please mention them all).

Does it have accredited fellowship programs?

Yes No

If the answer is yes,

Name of Fellowship Programs (please mention them all).

Yes No

If yes,

Name of the accredited fellowship programs (please mention all of them).

Attachments

1. Ministry of Health license
2. Quality assurance accreditation certificate
3. Accreditation certificate of the Jordan / Arab Medical Council
4. A copy of the contract with the teaching institution / hospital
- 5 Detailed list of the medical staff
6. A detailed list of the number of specialists in each specialty
7. List of higher specialization programs | Accredited residency
8. List of Accredited Fellowship Programs

References

- ACGME International Subspecialty Foundational Program Requirements for Graduate Medical Education, 2020
- ACGME International Foundational Program Requirements for Graduate Medical Education, 2020
- Developing 21st century accreditation standards for teaching hospitals: the Taiwan experience
- Standards for Institutional Licensure and Program Accreditation Commission for Academic Accreditation Ministry of Education United Arab Emirates, 2019
- National guidelines for inspection and accreditation of medical schools and teaching hospitals in Kenya, 2015

Activate Windows

