



# SET OF STANDARDS FOR HEALTHCARE EDUCATION AND TRAINING

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## 1. Standard Scope

### Purpose

- 1.1 The purpose of this Set of Standards is to establish a framework that outlines:
- 1.1.1 The types of healthcare education and training programs that must be approved by DoH
  - 1.1.2 The types of entities that can deliver healthcare education and training programs
  - 1.1.3 Core requirements of healthcare education and training programs, providers and trainees

**Note:** This Set of Standards must be read in conjunction with all related Abu Dhabi and UAE laws, DoH standards, policies, and circulars, DoH Manuals, licensing regulations and reporting requirements.

### Scope

- 1.2 This Set of Standards covers:
- 1.2.1 Healthcare education and training programs
  - 1.2.2 Providers of healthcare education and training programs
  - 1.2.3 Individuals seeking to enroll in healthcare education and training programs
- 1.3 This Set contains the following standards:
- 1.3.1 [Standard \(1\): Minimum Requirements for Approved Practice Settings](#)
  - 1.3.2 [Standard \(2\): Minimum Requirements for Healthcare Education and Training Programs](#)
  - 1.3.3 [Standard \(3\): Healthcare Education and Training Programs – Personnel](#)
  - 1.3.4 [Standard \(4\): Allocation of Trainees to Internship, Residency or Fellowship Programs](#)
  - 1.3.5 [Standard \(5\): Healthcare Education and Training Programs – Trainees](#)
- 1.4 This Set of Standards does not prescribe quality requirements for the curricula of healthcare education and training programs, nor does it specify the competencies, skills and outcomes to be achieved in a particular program, as these are determined by the program developer and the accrediting organization.

**Note 1:** The National Institute for Health Specialties (NIHS) is the nationally recognized accrediting body in the United Arab Emirates responsible for accrediting healthcare facilities to conduct training programs as well as accrediting postgraduate programs. For the most current information on accreditation requirements and updates, it is advisable to consult NIHS official publications.

**Note 2:** In the context of this Set of Standards, "**Must**" indicates a required element that has to be fulfilled. "**Should**" indicates an aspect that is recommended or preferred to achieve or implement but is not mandatory. "**Preferably**" indicates an element that is optional.

## 2. Definitions and Abbreviations

No.	Term	Definition
2.1	Accreditation	Is a form of recognition granted by an independent body that a healthcare provider has met a set of predetermined standards <sup>(1)</sup> .

2.2	<b>Accreditation organization</b>	An independent entity that grants official status to an education or training program or provider, following an assessment against predetermined standards resulting in the official recognition of that program or provider by competent legislative or professional authorities (adapted from <sup>(2)</sup> ).
2.3	<b>Adequate</b>	In the context of this Set of Standards, ‘adequate’ indicates that the arrangements in place are sufficient for their purposes. Adequacy of arrangements is determined and objectively evaluated according to program-specific requirements whether published by DoH or a DoH approved accreditation organization standards whenever applicable.
2.4	<b>Advanced Approved Practice Setting</b>	A licensed healthcare facility authorized to provide advanced or specialized accredited postgraduate education programs—such as residencies and fellowships—that enable healthcare professionals to obtain advanced licensure and expand their scope of practice. These settings also offer clinical certification training programs. As the highest level in the practice setting hierarchy, these facilities can also provide all programs and training activities available in both basic (APS-B) and intermediate (APS-I) practice settings. Throughout this document, such facilities will be referred to as Approved Practice Setting – Advanced (APS-A).
2.5	<b>Approved Practice Setting (APS)</b>	A licensed healthcare facility that is approved by DoH to deliver healthcare education and training programs. Practice Settings fall under three types: <ul style="list-style-type: none"> <li>1- Basic</li> <li>2- Intermediate</li> <li>3- Advanced</li> </ul>
2.6	<b>Basic Approved Practice Setting</b>	A licensed healthcare facility authorized to provide structured learning activities and practical clinical rotations for undergraduate health science students. These facilities may also provide observership opportunities (non-hand-on) for students. Throughout this document, such facilities will be referred to as Approved Practice Setting – Basic (APS-B).
2.7	<b>Clinical Certification Training Program</b>	A specialized postgraduate program for healthcare professionals. It aims to enhance existing skills or teach advanced competencies in a specific discipline relevant to their practice.
2.8	<b>Competency Based Training</b>	An approach that refers to “a structured training and assessment system that allows individuals to acquire skills and knowledge in order to perform work activities to a specified standard” <sup>(3)</sup> .
2.9	<b>Department of Health (DoH)</b>	The regulative body of the Healthcare Sector in the Emirate of Abu Dhabi, established based on Law No. (10) of 2018.
2.10	<b>Direct supervision</b>	The supervisor is present with the trainee and the patient during the entire clinical encounter <sup>(4)</sup> .

2.11	Faculty	Individuals engaged in teaching and supervising trainees, and administering healthcare education and training programs.
2.12	Fellowship	A subspecialty training program designed for graduated residents who wish to enhance their knowledge and skills in a specific area within their specialty. It typically involves on-the-job training lasting a minimum of one year, culminating in an exit examination to assess competence and mark completion.
2.13	Graded responsibility	Denotes the progressive delegation of supervised responsibilities assigned to trainees to gradually develop their autonomy and competence. Generally, it “falls on a graded continuum that includes: observation, partial participation (e.g. performing one aspect of a procedural skill), full demonstration under direct supervision, and full performance of the skill under indirect supervision” <sup>(5)</sup> .
2.14	Health Sector	The units and establishments operating in the fields of health, treatment, prevention and recovery, medical products, health insurance, public health, preventive health, health education and media, foreign treatment, health and pharmaceutical research including companies, hospitals, clinics, treatment centres, and research centres of all specialties, pharmacies, warehouses, marketing offices, pharmaceutical consultation offices, pharmaceutical laboratories and medical product factories, whether public or private and other units operating in the public or private health sector, whether owned or managed by a natural person or a legal person in the Emirate, including the units providing health services or supplying tools and products for the different health fields.
2.15	Healthcare Education and Training Provider	An entity approved to deliver education and training programs.
2.16	Indirect supervision	The supervisor is not physically present with the trainee or patient but is readily available to the trainee and/or at the care site to offer direct supervision <sup>(4)</sup> .
2.17	Intermediate Approved Practice Setting	A licensed healthcare facility authorized to provide transition-to-practice training, internships, and return-to-practice programs. These facilities can also offer all programs and training activities available in basic settings (APS-basic). Throughout this document, such facilities will be referred to as Approved Practice Setting – Intermediate (APS-I).
2.18	Internship	A mandatory and supplementary period of rotational, supervised clinical practice undertaken by newly graduated physicians or dentists, either before or after earning a bachelor's degree or equivalent.

<b>2.19</b>	<b>Observership</b>	A time-limited period during which an individual gets the opportunity to observe how healthcare professionals exercise their roles and responsibilities within a specific practice setting, without assuming any role in the delivery of care or engaging in hands-on activities. Observerships are limited to undergraduate students only.
<b>2.20</b>	<b>Residency</b>	A structured on-the-job training program for graduates of medical, dental, or other healthcare science programs who have obtained their professional degrees. This program focuses on developing expertise in a specific specialty through supervised practical experience and education. It culminates in an exit examination to evaluate competency and mark its completion.
<b>2.21</b>	<b>Return-to-Practice Training</b>	A training program designed for healthcare professionals who have experienced an interruption in their clinical practice after initially fulfilling licensing requirements, for a period exceeding the maximum allowable duration stated in the PQR.
<b>2.22</b>	<b>Transition to Practice Training Programs</b>	A period of rotational, supervised clinical practice undertaken by newly graduated allied healthcare professionals after completing undergraduate training. The goal is to facilitate the acquisition of essential skills and competencies necessary to fulfill DoH licensure requirements.
<b>2.23</b>	<b>Undergraduate Program</b>	A structured, time-limited course of study offered by academic institutes typically including a practical component delivered under supervision in an approved practice setting. Students are required to successfully complete the clinical training component in order to receive their degree.
<b>2.24</b>	<b>Unified Healthcare Professional Qualification Requirements (PQR)</b>	The standardized national framework that defines the minimum education, experience, and licensure criteria for healthcare professionals practicing in the UAE.

<b>No.</b>	<b>Abbreviations</b>	
<b>2.25</b>	<b>APS-A</b>	Advanced Approved Practice Setting
<b>2.26</b>	<b>APS-B</b>	Basic Approved Practice Setting
<b>2.27</b>	<b>APS-I</b>	Intermediate Approved Practice Setting
<b>2.28</b>	<b>DIO</b>	Designated Intuitional Officer
<b>2.29</b>	<b>HCPs</b>	Healthcare Professionals
<b>No.</b>	<b>Table Key</b>	<b>Definition</b>
<b>2.30</b>	<b>N/A</b>	Denotes an element that is not applicable
<b>2.31</b>	<b>N/E</b>	Not Eligible

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**2.32** W/A

Where Applicable. Denotes a requirement that applies in certain circumstances.

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**2.33** √

Denotes an element that is applicable

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### 3. Standard Requirements and Specifications

#### 3.1 Standard (1): Minimum Requirements for Approved Practice Settings

The following standard outlines the minimum requirements for Approved Practice Settings:

**3.1.1 Eligibility:** A healthcare facility that wishes to offer healthcare education and training programs must first meet specific criteria to be recognized by the DoH as an **Approved Practice Setting (APS)**. The criteria are listed in the following table.

**3.1.2 Application:** Upon meeting the listed criteria, the healthcare facility must apply for DoH APS-recognition. Facilities may apply for the APS designation level corresponding to the programs they intend to offer. Facilities may seek change in APS level if program offering or requirements evolve provided that all requirements are met.

**3.1.3 Renewal:** The APS-recognition status requires renewal every two years.

Standard (1): Minimum Requirements for Approved Practice Settings					
APS level			APS-B	APS-I	APS-A
S.N	Theme	Criteria			
1	Licensing Compliance	A healthcare facility hosting an education and training program must hold an active DoH facility License	√	√	√
2	Leadership Commitment	The facility must have institutional policy(s) for its programs, affirming organizational leadership's commitment to support excellent healthcare education and training <sup>1</sup>	√	√	√
3	Organizational Structure	The facility must have a dedicated organizational unit (e.g. academic department, committee, or equivalent unit) to manage education and training activities and support learners, with a direct reporting line to the facility leadership	√	√	√

<sup>1</sup> See [Criterion #11 of Standard \(2\)](#): Minimum Requirements for Healthcare Education and Training Programs

Standard (1): Minimum Requirements for Approved Practice Settings					
APS level			APS-B	APS-I	APS-A
S.N	Theme	Criteria			
4	Resource Allocation	The facility must dedicate adequate resources, including infrastructure, staffing, equipment, and technology, to support the education and training activities	√	√	√
5	Faculty Members	The facility must have qualified faculty members to deliver the training activities according to the relevant accreditation standards or applicable UAE / Abu Dhabi DoH published standards and guidelines <sup>2</sup>	√	√	√
6	Financial Sustainability	The facility must have funding arrangements that ensure sustainability of training activities and cover the needed resources including but not limited to salaries and benefits	√	√	√
7	Bed Capacity	The facility must have a bed capacity that facilitates the delivery of the program and achieves its expected objectives. Trainee-to-Bed ratio must comply with the accreditation standards requirements or applicable UAE / Abu Dhabi published standards and guidelines	N/A	√	√
8	Patient Volume	The facility must have a volume of patients that facilitates the delivery of the program and achievement of its objectives and outcomes	√	√	√

<sup>2</sup> Further details given under [Standard \(2\): Minimum Requirements for Healthcare Education and Training Programs](#)

Standard (1): Minimum Requirements for Approved Practice Settings					
APS level			APS-B	APS-I	APS-A
S.N	Theme	Criteria			
9	Training Capacity	The facility must implement structured planning and forecasting processes for training activities, including regular assessment of clinical service volume, faculty availability, and anticipated trainee numbers. The maximum number of trainees must align with the available patients, faculty, and case diversity to ensure the required competencies are achieved without compromising patient care	√	√	√
10	Trainee Accommodation	The facility should have in place arrangements for trainees who might be required to stay overnight	N/A	√	√
11	Practice Setting Evaluation	The facility must pass a site visit (audit) conducted by DoH or a DoH contracted third party	N/A	√	√
12	Program Relevance	The facility must undertake to deliver only those programs that are relevant to: <ul style="list-style-type: none"> <li>• Its scope of healthcare services</li> <li>• The scope of the intended program</li> <li>• the competencies of the program director and faculty members</li> </ul>	√	√	√
13	Institution Quality Assurance	The facility must hold a valid certification or accreditation for its quality management system or the quality of its healthcare services. This certification or accreditation must be issued by an independent and recognized specialized organization	√	√	√

Standard (1): Minimum Requirements for Approved Practice Settings					
APS level			APS-B	APS-I	APS-A
S.N	Theme	Criteria			
14	Program Accreditation	The facility must ensure that any program subject to accreditation holds and maintains valid accreditation from the appropriate national or international education accreditation organization <sup>3</sup>	√	√	√
15	Training Governance	The facility must have training policies and procedures	√	√	√
16	Medical Liability Insurance	The facility must ensure trainees have medical liability insurance coverage <sup>4</sup>	Applicable for undergraduate training	√	√
17	Feedback Channels	The facility should have in place feedback mechanisms for trainees and faculty to enhance the training environment and to address concerns promptly	√	√	√

<sup>3</sup> See [Criterion #14 of Standard \(2\)](#): Minimum Requirements for Healthcare Education and Training Programs

<sup>4</sup> The premium costs must be incurred by the concerned parties in accordance with the applicable laws and regulations

### **3.2 Standard (2): Minimum Requirements for Healthcare Education and Training Programs**

The following standard outlines the minimum requirements for Healthcare Education and Training Programs:

**3.2.1** All Healthcare education and training programs seeking approval by DoH must meet specific criteria stipulated in the following table.

**3.2.2** Education and training programs must be conducted in Approved Practice Settings (see [Standard \(1\)](#) and [Subclause 3.2.7](#)).

**3.2.3** The approval status of an education and training program is linked to the validity of its APS- recognition. Failure of the facility to renew its license or its APS- recognition will affect the program continuity.

**3.2.4** DoH, may in its sole discretion and in consultation with stakeholders introduce certain caps on fees and charges imposed on applicants by the healthcare facility hosting education and training Program.

**3.2.5** Where accreditation of education and training programs is not mandatory (see [Standard \(1\), Criterion #14](#)), the program must abide by DoH published standards and guidelines.

**3.2.6** Facilities must promptly report to the DoH any material changes to the fundamental elements of education and training programs —such as modifications in licensure, program governance, or capacity—that might hinder the completion of their activities and achievement of planned outcomes.

Standard (2): Minimum Requirements for Healthcare Education and Training Programs										
Program category			Observership	Undergraduate Training	Return to Practice	Transition to Practice	Clinical Certification	Internship	Residency	Fellowship
S.N	Theme	Criteria								
1	Oversight	A healthcare professional holding an active DoH license must be assigned to oversee all education programs and training activities in the healthcare facility (e.g. DIO or equivalent title)	√	√	√	√	√	√	√	√
2	Administrative Support	The healthcare facility must have an adequate number of admin coordinators for education and training programs	N/A	√	√	√	√	√	√	√
3	Program Supervision	Each education and training program must be supervised by a healthcare professional holding an active DoH license (e.g. program director or equivalent title)	√	√	√	√	√	√	√	√
4	Faculty-Trainee Ratio	The faculty members-to-trainee ratio must align with the standards of the program's accreditor, DoH published standards and guidelines, or best practices as applicable	√	√	√	√	Must align with accreditation requirements			
5	Protected Time	The faculty members must have a dedicated time for education and training activities	√	√	√	√	Must align with accreditation requirements			
6	Training Environment	Healthcare education and training programs must be delivered in a safe, ethical and supportive environment that protects the wellbeing of both trainees and faculty members	√	√	√	√	√	√	√	√
7	Roles and Responsibilities	The roles and responsibilities of trainees, supervisors, faculty, and academic officials must be clearly defined and documented	√	√	√	√	√	√	√	√
8	Program Objectives	Healthcare education and training programs must have specific objectives and clearly defined outcomes to ensure trainees acquire the necessary competencies	N/A	√	√	√	√	√	√	√
9	Training Methods	Healthcare education and training programs must use a balanced combination of evidence-based methods—such as didactic instruction, hands-on practical training, preceptorship, and simulation—specifically tailored to achieve the intended outcomes within supervised clinical contexts, as outlined in the training plan	N/A	√	√	√	Must align with accreditation requirements			
10	Applicant Selection	Healthcare education and training programs must have a process for selecting applicants, and eligibility criteria for enrolment and appointment	N/A	√	√	√	√	√	√	√

**Standard (2): Minimum Requirements for Healthcare Education and Training Programs**

Program category			Observership	Undergraduate Training	Return to Practice	Transition to Practice	Clinical Certification	Internship	Residency	Fellowship
S.N	Theme	Criteria								
11	Training manual	<p>A healthcare facility hosting education and training programs must have a training policy and procedures manual that covers, at a minimum the following areas as applicable:</p> <ul style="list-style-type: none"> <li>➤ <b>Setting:</b> Funding model for training, training sites, policies for healthcare education and training, responsibilities toward trainees, patient consent, and confidentiality agreements with trainees.</li> <li>➤ <b>Trainees:</b> roles and responsibilities, clinical duties, management of trainees’ affairs, disciplinary actions, complaint and grievance procedures, code of conduct, general duties, safety, learning and work environment, and attendance.</li> <li>➤ <b>Program:</b> Including management, faculty selection criteria, program size, eligibility for participation, evaluation, program director criteria, protected time for faculty members, and their roles and responsibilities.</li> </ul>	√	√	√	√	√	√	√	√
12	Contractual Arrangement	<p>A written memorandum of understanding or contractual agreement—such as an affiliation, cooperation, placement, or training agreement—must be established between the healthcare education and training provider and the relevant academic institution or the trainee</p>	N/A	√	Where Applicable	Where Applicable	Where Applicable	Where Applicable	Where Applicable	Where Applicable
13	Contractual Arrangements	<p>The agreement must comprehensively outline the following aspects, including but not limited to:</p> <ul style="list-style-type: none"> <li>➤ The training duration and outcomes in alignment with the degree requirements of the affiliated academic institution.</li> <li>➤ The roles and responsibilities of all parties involved.</li> <li>➤ Liability issues, confidentiality requirements, and any other relevant legal and professional obligations.</li> <li>➤ Any additional elements crucial to the program’s success.</li> </ul>	N/A	√	Where Applicable	Where Applicable	Where Applicable	Where Applicable	Where Applicable	Where Applicable

Standard (2): Minimum Requirements for Healthcare Education and Training Programs										
Program category			Observership	Undergraduate Training	Return to Practice	Transition to Practice	Clinical Certification	Internship	Residency	Fellowship
S.N	Theme	Criteria								
14	Program Accreditation	The education and training program is accredited by a DoH-recognized national or international accreditation organization, depending on which is mandatory for the specific program <sup>5</sup> . <b>Note:</b> The responsibility for obtaining and maintaining accreditation of undergraduate programs rests with the academic institution offering the program	N/A	√	N/A	N/A	√	National accreditation	National accreditation	National accreditation
15	Orientation Program	Trainees must receive a comprehensive and documented orientation to the training site before beginning their training program. The orientation program should incorporate various formats, such as in-person sessions, written materials, or digital resources	√	√	√	√	√	√	√	√
16	Orientation Content	Orientation should include, at a minimum, familiarization with the environment, an understanding of facility by-laws, detailed information about practice settings, and the facility's safety protocols. Trainees must be informed about their responsibilities, the scope of their interactions with patients and staff, and confidentiality guidelines	√	√	√	√	√	√	√	√
17	Training Plan	Each program should have a training plan. This plan should be created collaboratively by the faculty members (supervisor, or preceptor) and students. The plan must be designed to achieve the stated program's outcome	N/A	√	√	√	√	√	√	√
18	Training Plan Content	The training plan must specify the milestones, progressive responsibilities, level of supervision and assessment approaches, and desired outcomes	N/A	√	√	√	√	√	√	√
19	Progressive Responsibility	Trainees must assume graded responsibility (see <a href="#">Definition 2.13</a> ) during clinical activities, patient interactions, or care delivery. This should occur under appropriate supervision levels (direct supervision and indirect supervision) to maintain patient safety and quality of care, provide guidance and advice, and monitor trainees' progress as they assume increased responsibilities in patient care	Observation only, under direct supervision, no actual participation in delivering healthcare	√	√	√	√	√	√	√

<sup>5</sup> See [Subclause 3.2.5](#)

Standard (2): Minimum Requirements for Healthcare Education and Training Programs										
Program category			Observership	Undergraduate Training	Return to Practice	Transition to Practice	Clinical Certification	Internship	Residency	Fellowship
S.N	Theme	Criteria								
20	Supervision	<p>The supervisor must consider the following factors when determining the appropriate level of supervision required for each trainee:</p> <ul style="list-style-type: none"> <li>I. Case mix and complexity</li> <li>II. The trainees' needs and competence at a given training stage or milestone as specified in the training plan</li> <li>III. Program outcomes</li> <li>IV. Applicable clinical protocols</li> <li>V. Relevant rules and regulations</li> <li>VI. Accreditation requirements (if applicable)</li> </ul>	Observation only, under direct supervision, no actual participation in delivering healthcare	√	√	√	√	√	√	√
21	Ongoing assessment	<p>The supervisor performs ongoing assessment of the learning progress and adjusts learners' responsibilities based on their progress in mastering the skills, knowledge, attitudes, and competencies outlined in the training plan</p> <p><b>Note:</b> The attending supervisor holds ultimate responsibility for ensuring patient safety and care outcomes. Responsibility for care incidents will be determined based on applicable laws and regulations</p>	N/A	√	√	√	√	√	√	√
22	Trainees Assessment	The education and training program must implement best practice methods for competency-based assessment	N/A	√	√	√	√	√	√	√
23	Training Outcomes	Trainees' progress, assessments, and learning achievements must be documented and reported to the concerned parties, when applicable, at agreed-upon intervals	N/A	√	√	√	√	√	√	√
24	Program Evaluation	The education and training programs use a systematic evaluation process to assess faculty, structure, and outcomes, aiming to identify areas for improvement	N/A	√	√	√	√	√	√	√
25	Program Duration	The program duration must be sufficient to attain its outcomes, reflecting the program's length and complexity	2-4 weeks	√	Must align with the PQR requirements	√	√	√	√	√
26	Patient Care	Patients and their family members must be informed about the identity of the person providing the care and the extent of the trainees' involvement in their care. This information must be included in the patient consent process	Observation only, under direct supervision, no actual participation in delivering healthcare	√	√	√	√	√	√	√

Standard (2): Minimum Requirements for Healthcare Education and Training Programs										
Program category			Observership	Undergraduate Training	Return to Practice	Transition to Practice	Clinical Certification	Internship	Residency	Fellowship
S.N	Theme	Criteria								
27	Record retention	Facilities must maintain accurate and up-to-date records of training activities, supervisory assignments, assessment outcomes, program evaluations, incident reports, and corrective actions for each trainee, as applicable	√	√	√	√	√	√	√	√

### 3.2.7 APS Matrix

The table below illustrates the types of programs that can be conducted under each type of APS.

Eligible Healthcare Education and Training Programs	DoH designation		
	APS Basic	APS Intermediate	APS Advanced
Observership	√	√	√
Undergraduate Training	√	√	√
Internship	N/E	√	√
Return-to-Practice	N/E	√	√
Transition to Practice Training Programs	N/E	√	√
Clinical Certification Training Programs <sup>6</sup>	N/E	N/E	√
Residency	N/E	N/E	√
Fellowship	N/E	N/E	√

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<sup>6</sup> **Note:** Clinical Certification Training Programs do not substitute for specialty or subspecialty PQR qualification licensing requirements.

### 3.3 Standard (3): Healthcare Education and Training Programs – Personnel

Healthcare education and training program seeking licensure by DoH must be managed and delivered by a team that meets specific criteria stipulated in the following table.

Standard (3): Healthcare Education and Training Programs – Personnel								
Team Member			DIO (APS-A)	DIO (APS-I)	Program Director	Program Admin staff	Program Faculty (HCPs)	Program Faculty (non-HCPs)
S.N	Theme	Criteria						
1	Emiratization	Program team members are a UAE national / preferably UAE nationals <sup>7</sup>	UAE national <sup>8</sup>	Preferably UAE national	Preferably UAE national	UAE national	Preferably UAE national	Preferably UAE national
2	Qualification	Program team members are board certified or hold the highest attainable professional title according to the current PQR	Must	Preferably	Must	N/A	Preferably	N/A
3	Qualification	Program team members must possess adequate teaching skills, which should be acquired and continuously maintained through training and Continuing Professional Development	Where Applicable	Where Applicable	√	N/A	√	√
4	Licensing Compliance	Program team members hold an active DoH License	√	√	√	N/A	√	N/A
5	Clinical experience	Program team members have a minimum of two years of continuous clinical experience	√	√	√	N/A	√	N/A

<sup>7</sup> It is expected that the percentage of UAE nationals' involvement increases overtime

<sup>8</sup> In case a non-UAE national is assigned to this position, a justification must be provided to DoH

### **3.4 Standard (4): Allocation of Trainees to Internship, Residency or Fellowship Programs**

The following standard covers the allocation of applicants to open training posts in the following education and training programs:

- a- Internship programs
- b- Residency programs
- c- Fellowship programs

**3.4.1 Allocation Priorities:** Applicants must be allocated to programs based on the following priorities:

- Emiratization Priorities
- Specialty preferences of applicants
- Applicants fulfilling specialty program requirements
- Number of training posts available in the program

**3.4.2 Program Monitoring:** Programs must be monitored by DoH in collaboration with all respective stakeholders

**3.4.3 Licensing:** DoH must grant a license to all health workforce members enrolled in these programs, following the current PQR rules

**3.4.4 Trainee Support:** DoH must establish organizational arrangements to address trainees' affairs and requests, including but not limited to grievances, waiver requests, and transfers to other programs

**3.4.5 Roles and Responsibilities:** The main roles and responsibilities of the concerned parties regarding the process of training post allocation and distribution are outlined in the following table.

Standard (4): Allocation of Trainees to Internship, Residency or Fellowship Programs					
Stakeholders			DoH	Healthcare Providers	Applicants
S. N	Theme	Roles & Responsibilities			
1	Number of training posts	Regulating the number and distribution of the training posts in programs in accordance with the Emiratization priorities	√	N/A	N/A
2	Eligibility criteria	Standardizing the requirements and eligibility criteria for applicants	√	√	N/A
3	Application Process	Establishing a mechanism to standardize the application management processes throughout the application life cycle, including applicant selection and placement, as well as the review and approval of the final placement list	√	N/A	N/A
4	Application Guidance	Issuing application process guidance materials on a regular basis	√	N/A	N/A
5	Contract Regulation	Regulating the contractual relationship between applicants and program owner/provider	√	√	N/A
6	Process Compliance	Complying with the application processes stipulated in the guidance materials issued by DoH	N/A	√	√
7	Binding Commitment	Respecting the allocation results as a binding commitment	N/A	√	√

### 3.5 Standard (5): Healthcare Education and Training Programs – Trainees

The following standard outlines the minimum requirements for trainees:

3.5.1 Individuals applying to healthcare education and training programs must undertake to comply with the criteria in the following table.

Standard (5): Healthcare Education and Training Programs – Trainees										
Program category			Observership	Undergraduate Training	Return to Practice	Transition to Practice	Clinical Certification	Internship	Residency	Fellowship
S.N	Theme	Criteria								
1	Program Rules	Trainees must abide by the terms, conditions, and duties related to a particular education and training program as stipulated in the program manual	√	√	√	√	√	√	√	√
2	Provider Policies	Trainees must comply with the bylaws, policies, and procedures of the healthcare education and training provider	√	√	√	√	√	√	√	√
3	Conduct	Trainees must abide by ethical guidelines and professional codes of conduct	√	√	√	√	√	√	√	√
4	Documentation and Reporting	Trainees must comply with the documentation and reporting requirements related to a particular education and training program as per their assigned responsibilities	√	√	√	√	√	√	√	√
5	Training logbook	Trainees must ensure that all educational activities, procedures, and assessments are recorded in a trainee portfolio/logbook	N/A	√	√	√	√	√	√	√
6	Eligibility	Trainees must fulfill the program entrance requirements	N/A	N/A	√	√	√	√	√	√
7	Compliance	Trainees must comply with UAE / DoH laws and regulations	√	√	√	√	√	√	√	√
8	Responsibilities	Trainees must be aware of their roles, responsibilities, and the expectations placed upon them	√	√	√	√	√	√	√	√
9	Responsibilities	Trainees must perform clinical procedures only within the boundaries set by their level of supervision and, when applicable, the privileges they are granted, while adhering to established academic and clinical standards, roles, and responsibilities	Observation only, under direct supervision, no actual participation in delivering healthcare	√	√	√	√	√	√	√
10	Responsibilities	Trainees must assume graded responsibility (see <a href="#">Definition 2.13</a> ) during clinical activities, patient interactions, or care delivery <sup>9</sup>	Observation only, under direct supervision, no actual participation in delivering healthcare	√	√	√	√	√	√	√
11	Limitations	Trainees must recognize and acknowledge the boundaries of their current knowledge, skills, competence and abilities	√	√	√	√	√	√	√	√

<sup>9</sup> See [Criterion #19 of Standard \(2\)](#): Minimum Requirements for Healthcare Education and Training Programs

Standard (5): Healthcare Education and Training Programs – Trainees										
Program category			Observership	Undergraduate Training	Return to Practice	Transition to Practice	Clinical Certification	Internship	Residency	Fellowship
S.N	Theme	Criteria								
12	Guidance and support	Trainees must proactively seek guidance and support from their supervisors when they encounter situations beyond their expertise	Observation only, under direct supervision, no actual participation in delivering healthcare	√	√	√	√	√	√	√
13	Prerequisite compliance	Trainees must complete the applicable DoH registration or licensure processes, before starting training	√	√	√	√	√	√	√	√
14	Incident reporting	Trainees must report all types of incidents, including hazards, near misses, adverse events, and sentinel events following the applicable institutional protocols and relevant DoH polices and standards	√	√	√	√	√	√	√	√
15	Wellness	Trainees must report any personal health issues to the program director or concerned staff, including illnesses, medical conditions, fatigue, mental health issues, and occupational health issues that may negatively impact their assigned roles and responsibilities	Observation only, under direct supervision, no actual participation in delivering healthcare	√	√	√	√	√	√	√

**3.5.2 Disciplinary Procedures:** Without prejudice to the provisions of applicable laws and regulations, disciplinary actions against trainees must adhere to the facility’s human resources and academic policies.

#### 4. Monitoring and Evaluation

A monitoring and evaluation framework of key indicators is in place to assess the effectiveness, outcomes, and impact of these standards. Where necessary, changes are adopted to ensure continuous improvement within the health system, keeping pace with emerging developments in healthcare sciences, medical practices, and healthcare education and training.

#### 5. Enforcement and Sanctions

DoH may impose sanctions in relation to any breach of requirements under this Set of Standard in accordance with the Disciplinary Regulations <sup>(6)</sup> of the Healthcare Sector.

#### 6. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	Accessed July 2022	Association of State and Territorial Health Officials-ASTHO (2012) Understanding Licensing, Credentialing, Certification, and Privileging - Fact Sheet	<a href="https://legacy.astho.org/uploadedFiles/Programs/Preparedness/Public_Health_Emergency_Law/Scope_of_Practice_Toolkit/05-SOP%20Licensing%20Etc%20FS%203-12%20Final.pdf">https://legacy.astho.org/uploadedFiles/Programs/Preparedness/Public_Health_Emergency_Law/Scope_of_Practice_Toolkit/05-SOP%20Licensing%20Etc%20FS%203-12%20Final.pdf</a>
2	Accessed June 2025	The European Centre for the Development of Professional Training (CEDEFOP) Terminology of European education and training policy	<a href="https://www.cedefop.europa.eu/en/tools/vet-glossary/glossary">https://www.cedefop.europa.eu/en/tools/vet-glossary/glossary</a>
3	Accessed May 2025	International Labour Organization-ILO (2020) Competency-Based Training (CBT): An Introductory Manual for Practitioners	<a href="https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@arabstates/@ro-beirut/documents/publication/wcms_757836.pdf">https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@arabstates/@ro-beirut/documents/publication/wcms_757836.pdf</a>
4	Accessed March 2025	UC Riverside, School of Medicine Policies and Procedures (2021): Policy on Clinical Supervision of Medical Students During Curricular Activities	<a href="https://medschoolintranet.ucr.edu/sites/default/files/2022-03/950-06-029_clinical_supervision_of_medical_students_during_curricular-activities.pdf">https://medschoolintranet.ucr.edu/sites/default/files/2022-03/950-06-029_clinical_supervision_of_medical_students_during_curricular-activities.pdf</a>
5	Accessed March 2025	McMaster University Health Sciences (2012): Permitted Activities For McMaster Medical Learners; page 1	<a href="https://pgme.mcmaster.ca/wp-content/uploads/2019/02/Permitted-Activities-for-Medical-Learners-2012.pdf">https://pgme.mcmaster.ca/wp-content/uploads/2019/02/Permitted-Activities-for-Medical-Learners-2012.pdf</a>

6	Accessed January 2026	DOH Chairman Resolution 79/2024- <i>The Official Gazette</i> , 9th edition, September 2024.	<a href="https://www.abudhabi.gov.ae/-/media/sites/adgov/gazettes/2024/ar/9th-arabic-2024.ashx">https://www.abudhabi.gov.ae/-/media/sites/adgov/gazettes/2024/ar/9th-arabic-2024.ashx</a>
7	2017	Cabinet Resolution No. (9) of 2017 Concerning the Training of Graduates of Colleges of Medicine and Medical Professions Other than Physicians and Pharmacists	<a href="https://uaelegislation.gov.ae/en/legislations/1109">https://uaelegislation.gov.ae/en/legislations/1109</a>
8	2018	Ministerial Decree No. (488) of the year 2018 approving the terms and conditions for training non-citizen graduates of medical colleges and professions in health facilities	<a href="https://mohap.gov.ae/en/w/ministerial-decree-no.-488-of-the-year-2018-approving-the-terms-and-conditions-for-training-non-citizen-graduates-of-medical-colleges-and-professions-in-health-facilities">https://mohap.gov.ae/en/w/ministerial-decree-no.-488-of-the-year-2018-approving-the-terms-and-conditions-for-training-non-citizen-graduates-of-medical-colleges-and-professions-in-health-facilities</a>
9	2019	Federal Law No. (5) of 2019 Regulating the Practice of the Medical Profession	<a href="https://uaelegislation.gov.ae/en/legislations/1201">https://uaelegislation.gov.ae/en/legislations/1201</a>
10	2020	Cabinet Resolution No. (67) of 2020 Concerning the Executive Regulations of Federal Law No. (5) of 2019 Regulating the Practice of Human Medicine Profession	<a href="https://uaelegislation.gov.ae/en/legislations/1469">https://uaelegislation.gov.ae/en/legislations/1469</a>
11	2025	The Unified Healthcare Professionals Qualification Requirements 2025	<a href="https://www.doh.gov.ae/en/pqr">https://www.doh.gov.ae/en/pqr</a>
12	Accessed Dec 2021	Accreditation Council for Continuing Medical Education-ACCME- Accreditation Criteria	<a href="https://www.accme.org/accreditation-rules/accreditation-criteria">https://www.accme.org/accreditation-rules/accreditation-criteria</a>
13	Accessed Feb 2022	Accreditation Council for Continuing Medical Education-ACCME (2020): Standards for Integrity and Independence in Accredited Continuing Education	<a href="https://accme.org/sites/default/files/2021-06/884_20210624_New%20Standards%20Standalone%20Package.pdf">https://accme.org/sites/default/files/2021-06/884_20210624_New%20Standards%20Standalone%20Package.pdf</a>
14	Accessed Dec 2021	Accreditation Council for Pharmacy Education (2017): Accreditation Standards for Continuing Pharmacy Education	<a href="https://www.acpe-accredit.org/pdf/CPE_Standards_Final.pdf">https://www.acpe-accredit.org/pdf/CPE_Standards_Final.pdf</a>
15	Accessed Oct 2021	ACGME-International Institutional Requirements Effective 1 July 2021	<a href="https://www.acgme-i.org/Portals/0/InternationalInstitutionalRequirements.pdf?ver=2021-10-25-113546-073">https://www.acgme-i.org/Portals/0/InternationalInstitutionalRequirements.pdf?ver=2021-10-25-113546-073</a>

16	Accessed Oct 2021	ACGME International Foundational Program Requirements for Graduate Medical Education	<a href="https://www.acgme-i.org/Portals/0/FoundationalResidency.pdf?ver=2020-02-14-141811-923">https://www.acgme-i.org/Portals/0/FoundationalResidency.pdf?ver=2020-02-14-141811-923</a>
17	Accessed Nov 2021	Commission for Academic Accreditation-CAA (2019): Standards for Institutional Licensure and Program Accreditation	<a href="https://www.caa.ae/PORTALGUIDELINES/Standards%202019%20-%20Dec%202019%20v2.docx.pdf">https://www.caa.ae/PORTALGUIDELINES/Standards%202019%20-%20Dec%202019%20v2.docx.pdf</a>
18	Accessed May 2022	ISQua-The International Society for Quality in Health Care (2015) Guidance on Designing Healthcare External Evaluation Programmes including Accreditation	<a href="https://ieea.ch/resources/">https://ieea.ch/resources/</a>
19	Accessed Oct 2021	Joint Commission international- Accreditation Standards for Hospitals Including Standards for Academic Medical Center Hospitals. 7th Edition- Effective 1 January 2021;	<a href="https://www.jointcommissioninternational.org/-/media/jci/jci-documents/accreditation/hospital-and-amc/jci-errata-standards-only_7th-ed-hospital.pdf">https://www.jointcommissioninternational.org/-/media/jci/jci-documents/accreditation/hospital-and-amc/jci-errata-standards-only_7th-ed-hospital.pdf</a>
20	Accessed Nov 2021	World Health Organization (2013) Transforming and scaling up health professionals' education and training -GUIDELINES 2013	<a href="http://apps.who.int/iris/bitstream/handle/10665/93635/9789241506502_eng.pdf">http://apps.who.int/iris/bitstream/handle/10665/93635/9789241506502_eng.pdf</a> ;
21	Accessed March 2025	ADOSH-SF Technical Guideline Training, Awareness and Competency- Version 4.0, July 2024	<a href="https://www.adphc.gov.ae/-/media/Project/ADPHC/ADPHC/PDF/OSHAD-SF/Technical-Guidelines/Training-Awareness-Competency-Eng.pdf">https://www.adphc.gov.ae/-/media/Project/ADPHC/ADPHC/PDF/OSHAD-SF/Technical-Guidelines/Training-Awareness-Competency-Eng.pdf</a>
22	Accessed March 2025	LSU School of Medicine New Orleans House Officer Manual (2021)	<a href="https://www.medschool.lsuhs.edu/medical_education/graduate/HouseOfficerManual/LSUMS%20House%20Officer%20Manual%202021-2022.pdf">https://www.medschool.lsuhs.edu/medical_education/graduate/HouseOfficerManual/LSUMS%20House%20Officer%20Manual%202021-2022.pdf</a>
23	Accessed March 2025	Altru Family Medicine Policy Manual	<a href="https://www.altru.org/documents/fmr-policy-manual-updated-9202024pdf">https://www.altru.org/documents/fmr-policy-manual-updated-9202024pdf</a>
24	Accessed March 2025	National Institute for Health Specialties-NIHS (2022) NIHS Program Requirements for Internship	<a href="https://nihs.uaeu.ac.ae/en/docs/nihs_requirement_internship_working.pdf">https://nihs.uaeu.ac.ae/en/docs/nihs_requirement_internship_working.pdf</a>
25	Accessed April 2025	The Accrediting Commission of Career Schools and Colleges (ACCSC) STANDARDS OF ACCREDITATION July 1, 2021	<a href="https://www.accsc.org/standards-of-accreditation.php">https://www.accsc.org/standards-of-accreditation.php</a>

26	Accessed April 2025	General Medical Council (2022) Guidance on undergraduate clinical placements	<a href="https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/undergraduat">https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/undergraduat</a>
27	Accessed April 2025	ACGME (2025) Common Program Requirements (Residency)- Reformatted program requirements, effective July 1, 2025	<a href="https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf">https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprresidency_2025_reformatted.pdf</a>
28	Accessed April 2025	ACGME Common Program Requirements (Fellowship) -Reformatted program requirements, effective July 1, 2025	<a href="https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprfellowship_2025_reformatted.pdf">https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprfellowship_2025_reformatted.pdf</a>
29	Accessed April 2025	ACGME Common Program Requirements (Post-Doctoral Education Program)- Reformatted program requirements, effective July 1, 2025	<a href="https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprpost-doctoral-2025_reformatted.pdf">https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/cprpost-doctoral-2025_reformatted.pdf</a>
30	Accessed April 2025	World Health Organization (2011): WHO patient safety curriculum guide: multi-professional edition	<a href="https://iris.who.int/bitstream/handle/10665/44641/9789241501958_eng.pdf">https://iris.who.int/bitstream/handle/10665/44641/9789241501958_eng.pdf</a>
31	Accessed May 2025	Boston University Institute for Excellence in Teaching & Learning: Experiential learning, [webpage].	<a href="https://www.bu.edu/excellence/resources-strategies/experiential-learning/">https://www.bu.edu/excellence/resources-strategies/experiential-learning/</a>
32	Accessed May 2025	Kent State University: What is Experiential Learning and Why Is It Important?	<a href="https://www.kent.edu/community/what-experiential-learning-and-why-it-important">https://www.kent.edu/community/what-experiential-learning-and-why-it-important</a>