



دَارُوْجَةِ الْمَلَكِيَّةِ
DEPARTMENT OF HEALTH

PROVIDER MANUAL: REQUESTS
FOR NEW OR EXPANSION OF
POSTGRADUATE MEDICAL
EDUCATION PROGRAMS

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1. Purpose

- The Department of Health (DOH) aims to ensure that postgraduate health professions education and training programs align with Abu Dhabi's strategic health workforce needs, demonstrate academic and clinical excellence, and comply with licensure, accreditation and funding requirements.
- This manual sets forth the evaluation criteria and approval process for new postgraduate health professions training programs and capacity modification of existing programs in the Emirate of Abu Dhabi.

2. Scope

- This manual applies to all DOH-licensed healthcare facilities seeking approval for new or expanded postgraduate health professions education programs (including but not limited to internship, residency, fellowship, nursing and allied health training programs).
- It covers the criteria for evaluation, approval and compliance monitoring in coordination with relevant national accrediting bodies and DOH oversight mechanisms.

3. Definitions and Abbreviations

Term / Abbreviation	Definition
Accreditation	A form of recognition granted by an independent body that a healthcare provider has met a set of predetermined standards.
Approved Practice Setting (APS)	A healthcare facility that is approved by DOH to deliver Healthcare Education & Training programs. Practice Setting falls under three types: 1- Basic 2- Intermediate 3- Advanced.
Designated Institutional Official (DIO)	The individual appointed by the Provider responsible for overseeing the administration and compliance of medical education activities in accordance with DOH requirements.

Faculty Staff	Academic personnel involved in teaching, supervision, or administration of training programs, eligible for funding under the Agreement.
Fellowship	An advanced graduate medical education beyond a core residency program, designed for physicians who seek to enter highly specialized practice.
Internship	A period of supervised clinical practice for new graduates of healthcare programs, included as a program type under this Agreement.
Letter of Intent (LOI)	A document issued by DOH to the Provider detailing initial approval to proceed seeking accreditation.
Postgraduate Health Professions' Training Program	A structured, accredited educational program designed to provide advanced clinical training to individuals who have completed a basic qualification in a health profession.
Program capacity	Number of trainee positions that a program is approved to offer. The approved complement is based on the program's demonstrated ability to provide each trainee with a sufficient and high-quality educational experience.
Program Director (PD)	The individual responsible for the administration, operation, and oversight of a specific training program under the Agreement.
Provider	The entity, institution, or organization responsible for delivering medical education programs.
Residency	A structured postgraduate medical training program for graduates seeking specialty qualifications, included as a program type under this Agreement.
Service Agreement Implementation Framework (SAIF)	The structured protocol established by DOH to monitor, audit, and evaluate the operational and educational performance of Providers and Programs participating in the Medical Education Service Agreement.
Service Agreement (SA)	The Service Agreement entered between the Department of Health and the Provider that govern the delivery of health professions' training programs.
Stakeholders	Individuals, groups or entities who have a vested interest in the planning, implementation, quality and outcomes of a

	<p>postgraduate health professions' training program. In the context of this document, stakeholders include but are not limited to senior executives or decision-makers, administrative leaders, accrediting bodies, faculty and learners.</p>
<p>Unified Healthcare Professional Qualification Requirements (PQR)</p>	<p>The standardized national framework that defines the minimum education, experience, and licensure criteria for healthcare professionals practicing in the UAE.</p>

4. Approval Criteria

4.1 Approved Practice Setting

4.1.1 The Provider must be designated as an Approved Practice Setting-Intermediate or Advance (APS-I or A) as per DOH Standards

4.2 Stakeholder Engagement

4.2.1 The Provider must provide documented evidence of ongoing stakeholder engagement across all phases of the program, including planning, implementation and review. Required stakeholders include education and executive leadership, program faculty, current and prospective learners, and accrediting bodies.

4.2.2 There must be formal endorsement from Provider leadership or executive management, confirming institutional support, commitment of resources, and alignment with organizational priorities.

4.3 Accreditation Status

4.3.1 **Institutional Accreditation:** The Provider must be accredited from a DOH-recognized national or international postgraduate medical education accrediting body.

4.3.2 **Program Accreditation:** The Program must either:

4.3.2.1 Hold current accreditation from a DOH-recognized national or international accrediting body, or

4.3.2.2 Be actively pursuing such accreditation. The program must provide evidence of accreditation-readiness, including a detailed plan and timeline for achieving full accreditation.

4.3.2.3 For existing programs requesting modification of capacity, the program must be approved for the additional seats by the accrediting body.

4.4 Institutional Track Record

- 4.4.1 The sponsoring institution must demonstrate effective performance across all educational programs under its purview.
- 4.4.2 This performance must be supported by measurable outcomes, quality assurance mechanisms, and continuous improvement processes, demonstrating the institution's overall capability to support high-quality training.

4.4.2.1 For providers requesting new programs or modification of capacity for existing program posts, the provider must have a track record for achieving substantial or adequate rating on the SAIF rating criteria or other such DOH-endorsed evaluation criteria.

4.5 Certification and Licensure Pathway

- 4.5.1 The program must offer a defined pathway to professional certification and licensure in accordance with the Unified Professional Qualification Requirements (PQR), and where applicable, limited to Tier 1 or Tier 2 designations only.

4.6 Strategic Alignment

- 4.6.1 The proposed program must align with Abu Dhabi's healthcare workforce strategy and address identified clinical service gaps

4.7 Program Quality

- 4.7.1 The program must demonstrate compliance with all applicable criteria and requirements of a DOH-recognized national or international educational accrediting body, ensuring high-quality design, delivery and outcomes.

- 4.7.2 The program must have a clearly defined governance structure that ensures academic, clinical, and operational accountability in accordance to national or international accreditation standards.
- 4.7.3 The program is structured to meet the core standards of its accrediting body, including curriculum, assessment, governance, and learner support.
- 4.7.4 The program is supported by qualified faculty members with relevant academic and clinical expertise.
- 4.7.5 Clinical learning environments must support the achievement of learning outcomes and include adequate case exposure, supervision, and feedback mechanisms.
- 4.7.6 For programs requesting modification of capacity, the program must have a track record of achieving Substantial ranking on the SAIF rating criteria or other such DOH-endorsed evaluation criteria.

4.8 Program Sustainability

- 4.8.1 The Provider must demonstrate that the program is operationally and financially sustainable over a minimum five-year period, with a clear plan to maintain quality and viability.
- 4.8.2 The Provider must provide evidence of long-term institutional commitment and integration into strategic planning, including plans for graduate absorption.
- 4.8.3 Institutional infrastructure, including administrative, academic, and clinical components, must be sufficient to support program implementation, delivery and potential future expansion.
- 4.8.4 Risk mitigation plans are in place for faculty retention, site continuity, and operational changes.
- 4.8.5 Forecasted enrolment figures demonstrate sufficient and sustained interest to ensure program continuation.

4.9 Provider Quality

4.9.1 The provider must demonstrate strong performance across quality metrics, including meeting JAWDA KPI benchmarks and maintaining a high composite quality scores as defined by DOH standards.

5. Operational Process and Timeline

1. Application Initiation

- Providers must initiate the request at least 18 months prior to the intended start date of the program.
- The provider must submit the completed application form (available on [Medical Education | Department of Health Abu Dhabi](#)), which should include:
 - Request for participation, signed by the Program Director and Designated Institutional official (DIO).
 - Program details including:
 - Name of program
 - A rationale for establishing the program, including alignment with workforce needs
 - Type of program (single or joint)
 - Number and names of participating sites
 - Proposed start date and duration
 - Intended accrediting body
 - Any conditional terms or dependencies
 - Funding details
 - For programs seeking DOH funding, an estimated budget and budget allocation in accordance with Service Level Agreement funding categories
 - For self-funded programs, a signed institutional letter of commitment affirming the institution's financial and administrative commitment to support the program for its full approved duration, including but not limited to faculty, facilities, resources and trainees. The program must disclose any fees or costs to be borne by trainees.

2. Technical Review and Evaluation

- Upon receipt of a complete application, DOH will review all submitted materials and may request further information, such as a self-reporting audit or provider peer review.
- DOH may:
 - Request clarifications or supplementary documentation
 - Reject or return incomplete applications for revision
 - Conduct a site visit based on Provider profile and for all first-time applicants.
- DOH will review the submission to determine eligibility based on
 - Approval criteria
 - Past performance data including education KPIs and provider level KPIs

3. Preliminary Approval and Letter of Intent

- If eligibility criteria are met, DOH will issue a formal letter of intent to the Provider indicating the preliminary approval status and any terms and the conditions associated with the approvals.
- The Provider with the letter of intent may seek program accreditation from the accreditation body

4. Submission of Proof of Accreditation

- Providers must submit proof of accreditation no later than February of the year of the intended program start year, which should include number of approved trainees, and program start date.

5. Final Evaluation and Decision

- DOH may issue one of the following final decisions based the outcome of the evaluation process:
 - Approved: the program has met all requirements and is authorized to begin implementation as per the specified terms.

- Approved with conditions: the program is approved to begin, contingent upon the fulfilment of specific conditions within a defined timeline. Failure to meet these conditions may result in suspension or revocation of approval.
- Deferred: a decision is postponed due to incomplete documentation or pending requirements. The provider may resubmit once outstanding elements are addressed.
- Rejected: the program does not meet the minimum requirements and is not approved to proceed. A new application may be submitted if significant changes are made.
- Final approval for Provider participation in the medical education service agreement shall be granted by DOH only upon satisfactory fulfilment of all conditions outlined in the preliminary approval.
- The final approval shall specify:
 - The program's start cycle
 - Program type (Single or Joint)
 - The program duration
 - The number of approved and funded posts, if applicable.
 - Allocated funds, if any, and any additional terms and conditions.
 - Participation in MEAD cycle, if applicable
- No program may commence activities or enrol trainees unless formal approval has been granted by DOH.

6. Activation of Service Agreement

- The Service Agreement is activated only when:
 - Trainees are allocated, enrolled, and hold valid DOH licenses
 - Accredited academic activities officially commence
 - All SA and policy conditions are fulfilled

6. Key Evaluation Criteria

- Alignment with DOH workforce strategy
- Alignment with Emiratization targets
- Educational and curriculum quality
- Faculty qualifications and ratio
- Accreditation status or readiness
- Governance structure
- Adequacy and safety of clinical sites
- Long-term financial viability and institutional support
- Past education performance metrics and KPIs including SAIF ratings, Board certification rates, trainee and graduate retention rates.
- Provider Jawda KPI and composite scores

7. Post-Approval Monitoring and Compliance

7.1 Approved programs are subject to periodic review to ensure continued compliance with the approval criteria as per the SA.

7.2 DOH reserves the right to conduct systematic and periodic audits of all Providers and Programs participating in the Medical Education Service Agreement.

7.3 The audits are governed by the Service Agreement Implementation Framework (SAIF) and are designed to assess both operational and educational performance against established criteria.

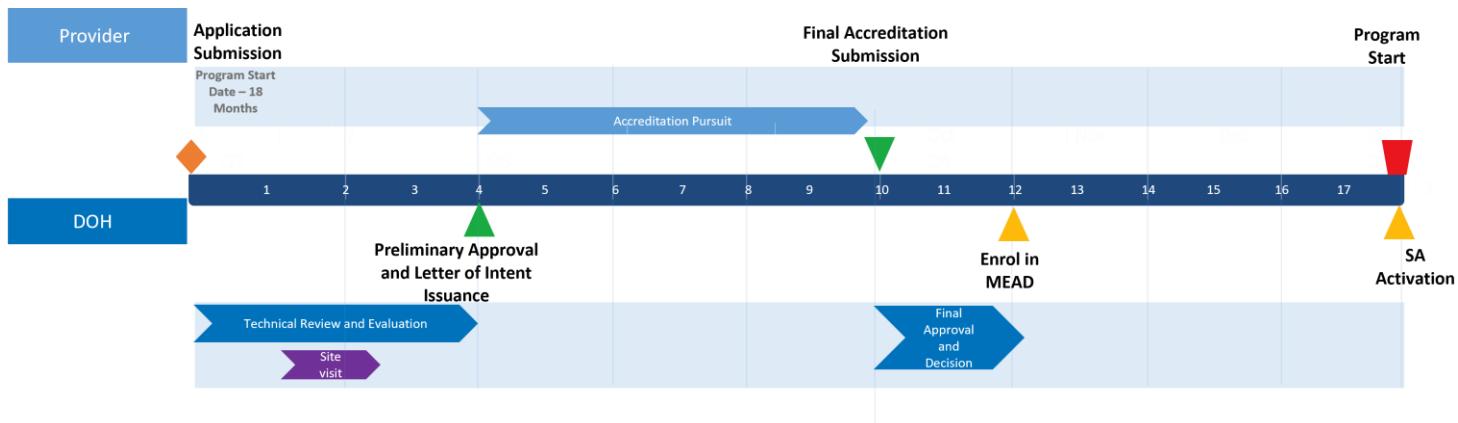
7.4 Providers are required to submit all requested documentation and respond to audit queries within specified timelines.

8. Appeals Process

8.1 Providers may appeal a denial of rejecting a request to establish a new program or expand its capacity, within ten (10) working days of receiving such notice. The appeal must clearly outline the grounds, reference the specific decision being contested, and include supporting documentation.

8.2 DOH will review the appeal and issue a written, final, and binding decision within five (5) working days of receiving the complete appeal submission, with the outcome and rationale clearly detailed.

Process Timeline



References

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