



Oman Medical Specialty Board

Application for Accreditation of a Fellowship Program

GENERAL INSTRUCTIONS:

- 1) All sections of the form applicable to the program must be completed in order to be accepted for review. The information provided should describe the proposed program.
- 2) For items that do not apply indicate N/A in the space provided. If any requested information is not available, an explanation should be given and indicated in the appropriate place on the form.
- 3) Completed applications should be sent to the OMSB Accreditation Committee. For any further queries, you can contact the Graduate Medical Education Department of the OMSB at accreditation@omsb.org.

I. PROGRAM INFORMATION:

Proposed Program Name:			
Application Status:	<input type="checkbox"/> New Application	<input type="checkbox"/> Re-Application	<input type="checkbox"/> Re-Accreditation
Fellowship Taskforce Chairperson:		Email:	
		Telephone No:	
Proposed Program Director (if applicable):		Email:	
		Telephone No:	
Proposed Program Administrator (if applicable):		Email:	
		Telephone No:	
Duration of Training:			
Initial Application Date:			
Intended Start Date of the Program (For New Programs):			
Number of Requested Positions (Fellows)/Year:			
The signatures of the Task Force Chairperson and the Core Program Chairman attest to the completeness and accuracy of the information provided on these forms.			
Name and Signature of Task Force Chairperson:		Date Signed:	
Name and Signature of Core Education Committee Chairman/Program Director:		Date Signed:	

II. SPONSORING/HOST INSTITUTION

Sponsoring/Host Institution Name:
Address:
Director General/Hospital Director:

Does the identified Institution above agree to host the fellowship training program?

☐ **Yes** If yes, attach a letter of support ☐ **No**

III. ADMINISTRATION AND GOVERNANCE

For New Fellowship Programs:

- 1) Which OMSB residency training program will the fellowship training program be affiliated with?

- 2) Have you initiated communication with the concerned Core Education Committee?

☐

Yes

If yes, attach the documentation

☐

No

If **No**, please provide an explanation.

For Existing Fellowship Programs:

- 1) Do you have regular communication with the Core Education Committee?

☐

Yes

If yes, attach the documentation

☐

No

If **No**, please provide an explanation.

- 2) Do you submit the minutes of the Fellowship Subcommittee meetings to the Core Education Committee?

☐

Yes

If yes, attach the documentation

☐

No

If **No**, please provide an explanation.

- 3) Do you submit an annual report of the Fellowship Subcommittee activities to the Core Education Committee?

☐

Yes

If yes, attach the documentation

☐

No

If **No**, please provide an explanation.

IV. **PARTICIPATING TRAINING SITES** (List all training sites that will be involved in the fellowship program):

Participating Institutions (Primary Clinical Site)/Site No. 1
Name:
Address:
International Accreditation (Specify Status, Level, and Last Accreditation Date):
Proposed or Assigned Site Supervisor:
Signed Letter of Agreement with OMSB (PLA): (Y/N) This applies to established/running programs, not with OMSB and only required for those training sites outside of the SI.
Briefly describe the Educational Experience and Impact including faculty coverage, volume and variety of cases, educational program, and whether the center/unit participates in other accredited training programs:

Participating Institutions/Site No. 2
Name:
Address:
International Accreditation (Specify Status, Level, and Last Accreditation Date):
Proposed or Assigned Site Supervisor:
Signed Letter of Agreement with OMSB (PLA): (Y/N) This applies to established/running programs, not with OMSB and only required for those training sites outside of the SI.

Briefly describe the Educational Experience and Impact including faculty coverage, volume and variety of cases, educational program, and whether the center/unit participates in other accredited training programs:

Participating Institutions/Site No. 3

Name:

Address:

International Accreditation (Specify Status, Level, and Last Accreditation Date):

Proposed or Assigned Site Supervisor:

Signed Letter of Agreement with OMSB (PLA): (Y/N)

This applies to established/running programs, not with OMSB and only required for those training sites outside of the SI.

Briefly describe the Educational Experience and Impact including faculty coverage, volume and variety of cases, educational program, and whether the center/unit participates in other accredited training programs:

V. BLOCK DIAGRAM

Please provide the rotations block diagram. Kindly use the attached block diagram template (Appendix II).

VI. FELLOWSHIP SUBCOMMITTEE MEMBERSHIP (and if applicable name of physicians and non-physicians faculty involved)

Legend: **CS:** Clinical Supervision **DT:** Didactic Teaching **OTHERS:** Other clinical, administrative or teaching involvement
 AD: Administration **RES:** Research

NAME	POSITION	QUALIFICATIONS	BASED PRIMARILY AT SITE #	SPECIALTY & SUBSPECIALTY OF FACULTY INVOLVED	AVERAGE HOURS PER WEEK SPENT ON:				
					CS	AD	DT	RES	***OTHERS

*** - Explain any specific details

NOTE: Each of the listed Faculty Members must complete the attached Faculty CV Data Sheet (See Appendix I)

Va. CLINICAL COMPETENCY COMMITTEE

List the Proposed or Assigned Members of the Clinical Competency Committee (CCC)

- 1.
- 2.
- 3.
- 4.

Describe the Clinical Competency Committee's Responsibilities

Vb. PROGRAM EVALUATION COMMITTEE

List the Proposed or Assigned Members of the Program Evaluation Committee (PEC)

- 1.
- 2.
- 3.
- 4.

Describe the Program Evaluation Committee's Responsibilities

Vc. ADMINISTRATIVE SUPPORT

☐ Yes ☐ No

Will the Host Institution assign a dedicated program administrator?

If **Yes**, please describe the adequacy of program administrative support including how many administrative staff will be available and how many hours per week will be dedicated to the program.

If **No**, please explain how the Host Institution will provide the necessary administrative support to the program.

VI. PROGRAM RESOURCES

- 1) How will the program ensure that the faculty (physician and non-physician) have sufficient time to supervise and teach fellows? Please mention the time spent in activities such as conferences, rounds, journal clubs, etc., if relevant.

☒ Yes ☐ No

- 2) Are there adequate clinical resources to support the curriculum?

☒ Yes ☐ No

- 3) Are there adequate research resources to support the curriculum?

- 4) Briefly describe the educational and clinical resources available for fellow education.

VII. FELLOWS APPOINTMENT

Describe the selection criteria for fellows.

VIII. ASSIGNMENT OF RESPONSIBILITIES TO FELLOWS

Does the curriculum outline how the fellows will be informed about their assignments and duties during training?

☒ Yes ☐ No

If **Yes**, please provide the specific page number in the curriculum: _____

If **No**, please describe how the program will inform the fellows of their assignments and duties during training?

The answer must confirm that there are skills and competencies for each assignment and for each year and that these will be readily available (hard copy, electronically, etc.) to all fellows.

IX. PRESENCE OF OTHER LEARNERS

Will there be other learners (such as residents, fellows from other subspecialties, nurse practitioners, and Ph.D. or MD students) in the program, sharing educational or clinical experiences with the fellows? If yes, describe the impact those other learners will have on the program's fellows.

X. SUPERVISION POLICY

Briefly explain the program supervision policy. Please limit your response to 500 words, and provide specific pages in the curriculum, if applicable.

Page number in curriculum: _____

XI. DUTY HOURS

Briefly explain how the fellows' duty hours will be monitored. Please limit your response to 500 words, and provide specific pages in the curriculum, if applicable.

Page number in curriculum: _____

XII. HANDLING OF GRIEVANCES

Describe how the program will handle complaints or concerns the fellows raise with faculty or the Program Director. The answer must describe the mechanism by which individual fellows can address concerns in a confidential and protected manner as well as steps to minimize fear of intimidation or retaliation.

XIII. CURRICULUM, ASSESSMENT, AND CERTIFICATION

- 1) Are there written program requirements defined by the Fellowship Subcommittee or Core Specialty Committee?

☐ Yes If yes, attach details ☐ No

- 2) Does the curriculum outline the program's Minimum Progression Criteria?

☐ Yes If yes, attach the document ☐ No

3) Educational Activities

a) Departmental Activities

Didactic/Lectures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Frequency: _____
Technical Workshops/Simulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Frequency: _____
Ward Round	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Frequency: _____
Morning Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Frequency: _____
Morbidity and Mortality Meetings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Frequency: _____
Journal Club	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Frequency: _____
Bedside Teaching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Frequency: _____
Grand Rounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Frequency: _____

Inter-Departmental Conferences	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	Frequency: _____
Reporting Session	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	Frequency: _____
Practical Laboratory Teaching	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	Frequency: _____
Audit Activities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	Frequency: _____
Quality Improvement Activities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	Frequency: _____
Patient Safety Activities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	Frequency: _____
Slide Session	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	Frequency: _____
Ambulatory Care	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	Frequency: _____

Other departmental activities, please specify:

b) Interdepartmental Activities (please specify):

c) Describe the fellow(s)' expected participation in planning and conducting conferences and other teaching activities

☐ **Yes** ☐ **No**

d) Will fellows be released from clinical duties to attend didactics?

4) Describe the fellow(s)' teaching role and/or supervisory responsibilities of other trainees as outlined in the curriculum.

Page number in curriculum: _____

- 5) What is the program’s minimum research requirement for completion of training? E.g. completed manuscript, publication, etc.

- 6) What provisions, e.g. financial support, will be made for fellow(s) to attend local, regional and national meetings?

- 7) Describe how fellow(s)’ performance will be evaluated as outlined in the curriculum.

Page number in curriculum: _____

- 8) Will fellow(s) be formally evaluated at the end of each block? (in writing and face-to-face feedback)

☐ **Yes** ☐ **No**

☐ **Yes** ☐ **No**

- 9) Will fellow(s) receive a formal semi-annual evaluation?

10) Describe how will the fellows' assessment be tracked and monitored?

☐ Yes ☐ No

11) Does the program have an exit examination?

If yes, specify and briefly describe the examination:

12) Does the curriculum outline the program's Exit Qualifications?

☐ Yes If yes, attach the document ☐ No

XIV. FELLOWS' SCHOLARLY ACTIVITIES

Please list the required Fellows' scholarly activities. Indicate frequency, if applicable.