[1]

Oman Medical Specialty Board
Application for Accreditation of a Residency Program

1.0 Program Specialty

2.0 Application for Accreditation

☐ **New** ☐ **Renewal**

3.0 Previous OMSB Accreditation

3.1 Internal (by the Program Evaluation Committee)

Date: _____ (attach report)

3.2 External (by the OMSB Accreditation/Internal Review Committee)

Date: _____ (attach report)

4.0 Names of Training Centers Involved in the Program

[1] This form is used for new application or for accreditation renewal after a cycle following Continued Accreditation (Full Approval). It is not needed for yearly re-reviews after Continued Accreditation with Warning, Citations, or Probation.

5.0 Program Administrative Structure

5.1 Specialty Program Education Committee

No.	Position	Name	Training Center

5.2 Curriculum Subcommittee

Position	Name

5.3 Clinical Competency Committee

Position	Name

5.4 Program Evaluation Committee

Position	Name

5.5 Examination Subcommittee

Position	Name

5.6 Research Subcommittee

Position	Name

5.7 Medical Simulation Subcommittee

Position	Name

6.0 Resident Affairs

6.1 List the Residents' Selection Criteria, specify for the specialty in addition to OMSB Selection Criteria, if any (attach details)

6.2 Maximum number of Residents that can be accepted per Academic Year ( )

6.3 Formulated roles for the following:

6.3.1 Chief Resident (attach details)

6.3.2 Assistant Chief Resident (attach details)

6.4 Resident Graded Responsibilities (attach details)

6.5 Details of Mechanism of Handling Residents' Grievance (attach details)

☐ **Yes** ☐ **No**

6.6 Career Planning (attach details)

☐ **Yes** ☐ **No**

7.0 Job Descriptions: Are job descriptions formulated for the following:

7.1 Chairman of Education Committee (attach details)

☐ **Yes** ☐ **No**

7.2 Program Director (attach details)

☐ **Yes** ☐ **No**

7.3 Assistant Program Director (attach details)

☐ **Yes** ☐ **No**

7.4 Faculty Member (attach details)

☐ **Yes** ☐ **No**

8.0 Training Faculty Details (including Education Committee Members)

Name	Training Center	Subspecialty	Qualification	No. of Years in Specialty

9.0 The Program

9.1	Curriculum	☐	**Yes**	☐	**No** (attach details)
9.2	Aims and Objectives of each Rotation	☐	**Yes**	☐	**No** (attach details)
9.3	Aims and Objectives of the Program	☐	**Yes**	☐	**No** (attach details)
9.4	Master Rotation Schedule	☐	**Yes**	☐	**No** (attach details)

9.4.1 R1

Rotation	Duration	Training Center(s)

9.4.2 R2

Rotation	Duration	Training Center(s)

9.4.3 R3

Rotation	Duration	Training Center(s)

9.4.4 R4

Rotation	Duration	Training Center(s)

9.4.5 R5

Rotation	Duration	Training Center(s)

9.4.6 R6

Rotation	Duration	Training Center(s)

10.0 Logbook

10.1 Do the Residents in your specialty program require a logbook?

☐ **Yes** ☐ **No** (attach sample)

11.0 On-Call Duties

11.1 Types of On-Call Duties

☐ In-House

☐ Home]

☐ Shift

☐ Others, specify

11.2 Frequency of On-Call Duties

11.3 Maximum working hours per week, including on-call duties

12.0 Quality Management

12.1 Are Residents involved in Quality Management Activities?

☐ **Yes** ☐ **No**

12.2 If yes, specify

Activity	Frequency

13.0 Teaching Units

13.1 Number of Teaching Units ( )

13.2 Typical Teaching Unit Team consists of:

Title	Number

13.3 Academic Activities

13.3.1	Didactic/Lectures	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.2	Tutorials	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.3	Technical Workshops	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.4	Ward Round	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.5	Morning Report	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.6	Morbidity and Mortality Meetings	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.7	Journal Club	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.8	Bedside Teaching	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.9	Grand Rounds	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.10	Inter-Departmental Conferences, specify	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.11	Reporting Session	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.12	Practical Laboratory Teaching	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.13	Audit Activities	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.14	Other Quality Assurance	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.15	Research Project	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.16	Slide Session	☐ Yes	☐ No	☐ NA	Frequency	_____
13.3.17	Others, specify activities and frequency					

14.0 Evaluation

14.1 Evaluation Tool

14.1.1. Standard OMSB Evaluation Forms are used ☐ **Yes** ☐ **No**

14.1.2. Examination ☐ **Yes** ☐ **No**

If **yes**, specify

14.1.2.1 Type

14.1.2.2 Frequency

14.2 Resident Evaluation

14.2.1 Frequency for each Resident every year

14.2.1.1 By the Faculty ( )

14.2.1.2 By the Program Director ( )

14.2.1.3 By the Clinical Competency Committee ( )

14.2.2 Type of Intervention by the Education Committee:

14.3 Frequency of Faculty Evaluation by Resident ( )

14.4 Frequency of Rotation Evaluation by Resident ( )

14.5 Frequency of Academic Activities Evaluation by the Resident ( )

14.6 Program Progress Evaluation

14.6.1 Frequency

14.6.1.1 By the Program Director ( )

14.6.1.2 By the Education Committee ( )

14.6.2 Type of Intervention by the Education Committee:

15.0 Program Specific Requirements for Accreditation

☐ **Yes** (if yes, attach details) ☐ **No**

Recommendation of Accreditation Survey Team

Date:

Accreditation Survey Team Members

Name	Signature

Recommendation of OMSB Accreditation Committee

Signature, Chairman of OMSB Accreditation Committee

Date:

OMSB GMEC Recommendation

Signature, OMSB GMEC Chairman

Date: