

Hospital Accreditation Process

The accreditation process assesses the Residency Training Program (RTP) of a hospital. It reviews the educational course, manpower, and infrastructure of the program supporting the preparation of licensed physicians towards specialty practice in Obstetrics and Gynecology. Conformity to all quality standards of the Philippine Obstetrical and Gynecological Society (referred to as '*the Society*') confers the ACCREDITED status on the training institution for a specific time period.

The aims of the accreditation process are to:

Ensure that all accredited programs adhere to the outcome-based curriculum prescribed by the *Society* through the Council for Residents' Education, Enhancement and Development;

Ascertain that facilities, trainers, teaching resources, and infrastructure are adequate for quality training in Obstetrics and Gynecology; and,

Confirm correct and timely implementation of the training program so that required competencies are attained.

Quality Training Standards

Standard 1: Objectives and Philosophy

There shall be a clearly stated commitment of the trainers and the training resident physicians towards the attainment of competencies required in the Obstetrics and Gynecology specialty.

Standard 2: Program

There shall be an organized outcomes-based program of educational and training experiences in basic Obstetrics and Gynecology and an introduction to the different subspecialties.

Standard 3: Resources

There shall be adequate physical and technical resources, teaching/training manpower, support services, and adequate patient base to achieve the required competencies.

Standard 4: Assessment of Competencies

There shall be a systematic and objective evaluation of knowledge, skills, and attitudes of trainees at each level of the residency training.

Steps in the Accreditation Process

Preparation

A valid Department of Health (DOH) — License to Operate, with classification of at least LEVEL II (*as per DOH AO No. 2012-0012*) is required.

A POGS LEVEL II — A Hospital Certificate (*for Service*) is required for first-time application for accreditation of training.

The Department of Obstetrics and Gynecology self-evaluates the state of the RTP and applies for accreditation.

The CREED cross-checks the preparedness of the institution for the PBOG accreditation visit and gives its recommendations accordingly.

Application

The institution requesting for accreditation submits the accomplished application form together with the complete set of documents required by PBOG, including the CREED evaluation report and the Official Receipt of payment of accreditation fee.

If the submitted documents support the institution's qualification for an accreditation visit as recommended by the CREED, a specific date is set for the institution to be visited by a PBOG accreditation team composed of three (3) examiners.

Site Visit of Hospitals Applying for Accreditation

The visit involves an assessment of the training curriculum, *i.e.* training design, content, implementation, evaluation, grading, training facilities and equipment, patient load, department statistics, extent of faculty involvement, recruitment and promotion processes, clinical training, surgical skills, didactics, and research output.

The examiners shall use a standard tool for evaluation during the visit (*see Appendix B*).

The department shall prepare one (1) major gynecologic procedure, to be utilized by the Accreditation Team for the evaluation of the residents' surgical skills.

Judgment Action on Accreditation and Re-Accreditation

The results of the visit shall be presented by the accreditation team and discussed in an *en banc* meeting of the PBOG. The applicant-hospital shall be informed of the results in writing.

Successful applicant institutions shall be issued an ACCREDITATION status which shall be in effect for four (4) consecutive years, unless this is revoked earlier due to deficiencies noted during monitoring of the RTP.

An application for Renewal of Accreditation or RE-ACCREDITATION may be requested one year before the valid accreditation expires, to ensure continuity of the accreditation status.

For RE-ACCREDITATION, additional assessment shall include but is not limited to the documentation of achievements. Additional evaluation tools include the results of the Residents' In-Service Examination (RISE), Part I (Written) and Part II (Oral) Examinations of residency graduates, and the list of POGS Fellows of the said institution. It shall also include the listing of Continuing Medical Education (CME) activities, lectures, Objective Structured Clinical Examination (OSCE) results, written and oral evaluation tools and results, and a documentation of community outreach programs.

Documents for Application

The hospital, through the Department Chairperson, and with prior approval from the Medical Director shall submit an application letter for accreditation of training; this letter is addressed to the Chairman of the PBOG.

Upon receipt of the letter, the PBOG Chairperson shall instruct the Secretary to send the applicant hospital the following forms (by mail, courier or e-mail):

1. Official Application Form (*Appendix C*) for new application, re-accreditation or accreditation after revocation (this form is also downloadable);
2. Statement of Account for Accreditation Fee;
3. List of Documentary Requirements for Application (*Table 1*)
 - a. Accreditation (New Application)
 - b. Re-accreditation (Renewal of Accreditation)
 - c. Accreditation after Revocation.

The hospital shall submit the duly accomplished application form and other requirements following the sequence tabulated below; these should be properly-bound, in four (4) copies. The hospital must also pay the application fee not later than the date set by the PBOG.

Only those with complete documents and a recommendation from the CREED shall qualify for the PBOG accreditation visit. The PBOG Committee on Hospital Accreditation shall evaluate all submitted documents.

Table 1: APPLICATION REQUIREMENTS FOR ACCREDITATION

APPLICATION REQUIREMENTS FOR ACCREDITATION	NEW APPLICATION (FIRST TIME)	RE-ACCREDITATION	ACCREDITATION AFTER REVOCATION
a. Application	Application Form — duly accomplished (<i>see Appendix C</i>)		
	Photocopies of the following certificates/policies: 1. Valid DOH License to Operate, with a Classification of at least Level II per <i>DOH AO No. 2012-0012</i> 2. The applicant hospital's Data Privacy Policy and guidelines 3. Patient Safety Hospital Policy 4. Risk Management Program/Policy of the Hospital		
	Photocopy of Certificate of POGS Level 2A Accreditation for Service	Photocopy of Latest Certificate of POGS Accreditation for Training	1. Photocopy of latest Certificate of POGS Accreditation for Training 2. Photocopy of the PBOG Letter of Revocation
	Photocopy of Official Receipt of Payment of Accreditation Fee		
b. Training Program	Photocopy of CREED Evaluation Report/s	Photocopy of most current PBOG and CREED Evaluation Reports	
	Organizational Structure of Department		
	Curriculum of the Residency Training Program, based on the outcome-based curriculum prescribed by CREED		
	Accurate and up-to-date list of active and visiting consultant staff members		
	Names of residents with their corresponding year level, PRC ID numbers, and date of entry of each trainee		
	Residency Training Recruitment, Promotion, and Graduation Policies		
c. Subspecialty Rotations	Objectives, Competencies, Duration, and Expected Accomplishments for each subspecialty rotation		
	Exit evaluation (any or a combination of the following: written and/or oral exam; and expected output)		
	List and dates of residents' rotation in Pathology — <i>under a Philippine Society of Pathologists (PSP) Board-Certified Pathologist</i>		
	List and dates of rotation of the Residents in other subspecialties		

APPLICATION REQUIREMENTS FOR ACCREDITATION	NEW APPLICATION (FIRST TIME)	RE-ACCREDITATION	ACCREDITATION AFTER REVOCATION
d. Statistics	Four-year (4 years) OB-GYN summary of statistical reports on admissions, operations, deliveries, CS rates, perinatal statistics		
	Photocopy of Official Certification from the POGS Nationwide Statistics System (PNSS), on the updated statistics submitted for the past three (3) years		
	Tabulation of number of procedures for both in-patients and out-patients done by each resident for the past four (4) years, according to the required procedures specified by the CREED. Label whether the case is his/her "own" (O) case, or case with "transfer of technical responsibility" (TTR). <i>See tables 2 and 3 for the cases done in "home" and consortium hospital.</i>		
	Annual Mortality and Morbidity Reports of the Department of Obstetrics and Gynecology		
	Four-year (4 years) summary of OPD census of the Department of Obstetrics and Gynecology		
e. Evaluation of Residents	Photocopy of Residents' In-service Examination (RISE) results for the past two (2) years, with summary	Photocopy of Residents' In-service Examination (RISE) results for the past four (4) years	
	Summary of results from Annual Residents' Evaluation Form (REF) and Grading of each resident for the past two (2) years, based on the recommended CREED Evaluation Tools	Summary of the Annual Residents' Evaluation Form (REF) and Grading of each resident for the past four (4) years, based on the recommended CREED Evaluation Tools	
	List of Residents' Interesting Case reports and Research papers done for the past four (4) years		
		Summary and analysis of the number of graduates and number of those who took and passed the PBOG Part I and Part II examinations for the last five (5) years.	

APPLICATION REQUIREMENTS FOR ACCREDITATION	NEW APPLICATION (FIRST TIME)	RE-ACCREDITATION	ACCREDITATION AFTER REVOCATION
f. Department Activities	Tabulated Monthly/Weekly activities, with a short description for each activity		
	List of Research Workshops conducted (at least every four years, with in-house or out-sourced facilitator)		
	Community activities (documents or pictures, with captions and dates)		
g. Facilities	Photos and Description of the following training areas: Admitting Section, Outpatient Department (OPD), Labor Room (LR), Delivery Room (DR), Operating Room (OR), Recovery Room (RR), Library, Conference Room, Pathology Laboratory and Blood Bank, Colposcopy, Endoscopy, Ultrasound and all the available equipment in these areas		
	Number of service beds for Obstetrics and Gynecology		
h. Consortium (if applicable)	A photocopy of the Memorandum of Agreement (MOA) for the rotation/s outside the "Home" hospital shall also be submitted. The MOA shall be notarized and duly signed by the Chairpersons, Training Officers, and Medical Directors of the concerned hospitals.		
	Learning objectives, target procedures, and evaluation of rotators shall be specified in the MOA.		

Data Privacy Policy

In compliance with Republic Act 10173 of 2012 (the Data Privacy Act), each institution shall have its own Data Privacy Policy that will allow the use of patient-related data for accreditation and certification purposes. In view of the Implementing Rules and Regulations (IRR) on this issue/policy, the implementation may be in either one of two (2) ways:

1. Submit a written informed consent signed by the patient upon hospital admission, allowing the use and processing of such documents with patient identifiers, provided that the patient's information/data will be used exclusively for hospital accreditation and for specialty-board examination/certification purposes.
2. In the absence of a written and signed informed consent for these purposes, the documents shall be submitted without any patient identifiers, but supported by certification from the Department Chair of Obstetrics and Gynecology *and* the Hospital Director attesting to the authenticity of the said documents.

Patient Safety and Risk Management

All training hospitals shall have policies, procedures, and guidelines on Patient Safety and Risk Management. The approved and valid documentation of these procedures and policies shall be readily available during visits.

Responsibilities of the Accredited Training Hospital

All accredited hospitals shall have the following responsibilities:

1. To apply one (1) year before the expiration of accreditation to ensure continuity of accreditation status. The Application Form for renewal of accreditation, with attached supporting documents, shall be duly accomplished and submitted on or before the deadline set by the PBOG.
2. To complete the checklist (*Table 1*) of requirements for accreditation *before* the accreditation visit is scheduled.
3. To inform the PBOG, in writing, of any changes in the training program not presented/observed during the accreditation visit; for example, downgrading/reduction in the number of residents/residency positions and consultant staff or trainers, establishment of linkages with other institutions, changes in the leadership, and other situations pertinent to training and accreditation requirements.
4. To immediately implement in the training program the suggestions/recommendations made for improved compliance with the policies, procedures, and guidelines of the CREED and the PBOG.

Mechanics of the Hospital Visit

1. Site inspection of the hospital and evaluation of the training program facets shall be accomplished by three (3) designated members of the PBOG at the time set for the accreditation visit. The accreditation visit is scheduled after the application form is received, the submitted documents are accepted and evaluated for the accreditation visit, and the corresponding fees have been settled.
2. Notice/s regarding the month of the scheduled accreditation visits shall be given at the start of the second quarter of the year. The hospital shall be notified of the actual/exact date one (1) month prior to the visit. The department Chairperson, Training Officer, and members of the training committee shall be required to be present during the accreditation visit.
3. The PBOG accreditation team shall use a standard monitoring and audit tool (*Appendix B*) as the basis for the evaluation, to further clarify and observe the institution's compliance with desired standards.
4. The visit shall include assessment of knowledge, clinical and surgical skills, and attitudes of the residents; as well as inspection of the following:
 - A. Hospital Facilities
 - B. Residency Training Manual
 - C. Census/statistics of cases, as reported to the POGS Nationwide Statistics System (PNSS)
 - D. Two (2) Logbooks of inpatients and outpatients (*see Tables 2 and 3*); each tabulation includes diagnosis, procedure done (major and minor), category (whether general or subspecialty service).

TABLE 2: FORMAT OF TABULATION FOR OB-GYN CASES/PROCEDURES SEEN/DONE AT THE OUT-PATIENT DEPARTMENT DURING RESIDENCY*

Name of Patient Age G/P (OB score)	Date seen at the Out-patient department	Impression	Procedure done (date)	Category: General / Subspecialty Service	Comment
Seen at the "home" hospital					
Seen at collaborating/ consortium hospital					

TABLE 3A: FORMAT OF TABULATION FOR OB-GYN CASES/PROCEDURES DONE AS IN-PATIENT DURING RESIDENCY*

Name of Patient, Case Number (Indicate if Own or TTR*); Age, G/P (OB score)	Date Admitted/ Date Discharged	Admitting Diagnosis (state whether General Service or Subspecialty)	Pre-op Diagnosis	Operation Done (& date), specify if minor/major case (See Appendix F & G)	Final Diagnosis	Maternal/Fetal Outcome & Complications/ Histopath Result (as applicable)
Done at the "home" hospital						
Done at a collaborating hospital						

* If with no waiver consent, there should not be any identifier in compliance with Data Privacy Act.

It is best to have waiver consent allowing patient identifiers for accreditation and research purposes.

- A. For all cases, residents must indicate and mark cases accordingly as:
 - 1. **O** — own service/charity case
 - 2. **TTR*** — transfer of technical responsibility.

- B. The following documents shall be complete and readily available for examination:
 - 1. Attendance of consultants and residents, with title of conference.
 - 2. Statistics: admissions, annual census, operations, OPD census, OPD logbook of consultations.
 - 3. Residents' evaluation forms (per resident).
 - 4. Examination papers of residents over the past four (4) years.

- C. The PBOG reserves the right to establish/determine fees for application, hospital visit, and hospital revisit, with the approval of the POGS BOT. Application fees shall be NON-REFUNDABLE.

Outcome of the Hospital Visit

The hospital shall be notified in writing by the PBOG Secretary, regarding the decision of the PBOG based on the accreditation visit results.

The outcome of the visit shall be indicated as one of the following:

ACCREDITATION —

1. A training program that fulfills the minimum requirements for the standards set for residency training shall be granted an ACCREDITATION.
2. Accreditation for training shall become effective from the first day of January of the year following the notice of approval/accreditation.
3. Accreditation shall remain in effect for a period of **four (4) consecutive years** and shall expire on December 31st of the last year of accreditation, unless earlier revoked.

REVISIT —

1. A training program with MINOR deficiencies in the requirements shall not be granted accreditation but will be scheduled for a repeat visit within four to six (4–6) months from the date of initial visit, by a designated team of three (3) PBOG members who will then evaluate if the deficiencies have been corrected.
2. The designated three (3)-member team shall include the following:
 - a. Chairperson of PBOG;
 - b. Chairperson of the Committee on Hospital Accreditation; and
 - c. Leader of the previous Accrediting Team.
3. No extension shall be given to fulfill major requirements, if these have not been complied with on the date of inspection and visit.
4. Failure to comply with the requirements within the four to six (4–6) months REVISIT period will automatically mean REVOCATION of the accreditation.

REVOCATION —

1. A training program that does not meet the minimum requirements set by the PBOG for training in Obstetrics and Gynecology shall be stripped of or denied accreditation, effective from January of the following year.
2. **Residency training in a REVOKED program is NOT recognized as accredited during the time of revocation.**

The affected residents shall extend their residency training to complete the required four (4) years of *accredited* residency training.

Lateral entry of residents transferring to other hospitals with an accredited program will be allowed. Details regarding lateral entry will be available in the PBOG Manual of Operations.

3. After REVOCATION of accreditation, a training program can re-apply for accreditation by submitting the same requirements, as tabulated above.

The PBOG reserves the right to re-inspect and re-evaluate the institution anytime during the four (4) years of accreditation. After due notification, the accreditation may be revoked at any time during the four (4) years, for non-compliance with the requirements. Re-accreditation may be granted after correction of deficiencies and upon approval by the PBOG. The effectivity of re-accreditation will start one (1) month after the *en banc* PBOG decision granting re-accreditation and will expire on December 31st of the fourth year of accreditation.

For newly accredited training programs (both for first-time accredited programs and for those accredited after a revocation), a mandatory visit by the PBOG will be done one (1) year after accreditation has been granted. This is to ensure that the training program is implemented appropriately and sustained effectively. Requirements for mandatory visit shall be set by the current PBOG.