ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

ASF Health Standards Version 11

Standard 17: Academic Medical Centre

Core standard · applicability by facility type shown for each criterion

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01	10 November 2026	First issue of the paper standard. Adapted from the web version of Standard 17 in ASF Health Standards Version 11.	Prof. Giorgi Pkhakadze

APPROVAL

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Date: 10 November 2026

Complete on its own, without internet access. References are listed in section 11. The current revision is at france-asf.fr.

Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 17 at a glance: criteria, responsibilities, training

9 Criteria 17.1 to 17.6 (each on its own page)

10 Questions and answers

11 References

12 Document register

Criterion pages: 17.1 Resident and Trainee Supervision With Verified, Graduated Autonomy · 17.2 Patients Are Informed of Trainee Involvement in Their Care · 17.3 Research Activity Operates Under Independent Ethics Review Before Enrolment · 17.4 Clinical Care and Research Participation Are Clearly Separated in Consent · 17.5 Conflicts of Interest Between Research and Clinical Care Are Disclosed and Managed · 17.6 Teaching Faculty Maintain Verified, Current Clinical Competency.

1 Introduction

This document is Standard 17 of ASF Health Standards. It sets out how an academic medical centre supervises trainees and conducts research safely: scope of independent practice for trainees, patient information about trainee involvement, research ethics approval, separation of research and standard care in consent, management of conflicts of interest, and verified competency of teaching faculty.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 17 makes sure that trainees work only within their competence, that patients know who is caring for them, and that research on patients is approved, consented and managed with the same care as clinical treatment.

Who should read it. Clinical directors, specialist physicians, trainees and their supervisors, research leads, the ethics committee secretary, the nurse managers, the clinical governance lead, the chief executive, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 17 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you run teaching or research, read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 17.1 to 17.6, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example ENV-SOP-001 (environment, procedure, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 12.

4 Scope

Standard 17 covers trainee scope and supervision, patient information, research ethics approval, consent for research, conflicts of interest, and faculty competency. The applicability is shown in section 4.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

WHERE STANDARD 17 APPLIES

Standard 17 applies when the facility teaches trainees or conducts research. In this version it is a default service in hospitals and is not listed for other facility types. The table shows the criteria that apply to hospitals and the rating for each setting. The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

Criterion	Applies to
17.1 Resident and Trainee Supervision With Verified, Graduated Autonomy	**default** in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
17.2 Patients Are Informed of Trainee Involvement in Their Care	**default** in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
17.3 Research Activity Operates Under Independent Ethics Review Before Enrolment	**default** in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
17.4 Clinical Care and Research Participation Are Clearly Separated in Consent	**default** in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
17.5 Conflicts of Interest Between Research and Clinical Care Are Disclosed and Managed	**default** in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
17.6 Teaching Faculty Maintain Verified, Current Clinical Competency	**default** in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.

Rating	Colour	Meaning
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ASF	Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body
FRM	Form. A record that is filled in and kept as evidence
GDL	Guide. Reference guidance for staff
POL	Policy. A written statement of what the facility will do and why
REG	Register. A running record of entries, such as approvals, declarations or dates
SOP	Standard operating procedure. A step-by-step description of how a task is done

DOCUMENT CODE PREFIXES

Prefix	Topic
TCH	Teaching and research

7 Terms and definitions

Term	Definition
Academic medical centre	A hospital or clinic that teaches trainees and conducts research alongside patient care.
Competency verification	A documented check that a person can perform a clinical skill safely, carried out by a defined process.
Conflict of interest	A financial or other interest that could influence a clinician's research or clinical decisions.

Term	Definition
Informed consent	A patient's agreement to treatment or research, given after being told what it involves and what the alternatives are.
Research ethics review board	An independent body that approves research involving people before enrolment begins.
Scope of independent practice	The procedures a trainee may carry out alone, based on verified competency.
Trainee	A resident or other person learning a clinical specialty under supervision.
Immediate fail	One event that means a criterion is not met, whatever else is in place.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard.

8 Standard 17 at a glance

Standard 17: Academic Medical Centre is a service standard of ASF Health Standards. It applies when the facility teaches trainees or conducts research, and covers supervision of trainees, patient information, research ethics, consent, conflicts of interest and faculty competency.

The standard has six criteria. Each is shown below and explained on its own page in section 9.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
17.1	Resident and Trainee Supervision With Verified, Graduated Autonomy	Must	Must	Must
17.2	Patients Are Informed of Trainee Involvement in Their Care	Minimum	Medium	Must
17.3	Research Activity Operates Under Independent Ethics Review Before Enrolment	Minimum	Must	Must
17.4	Clinical Care and Research Participation Are Clearly Separated in Consent	Minimum	Medium	Must
17.5	Conflicts of Interest Between Research and Clinical Care Are Disclosed and Managed	Minimum	Medium	Must
17.6	Teaching Faculty Maintain Verified, Current Clinical Competency	Minimum	Medium	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. The facility sets its own reporting lines, and each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

No.	Criterion	Positions responsible or involved
17.1	Resident and Trainee Supervision With Verified, Graduated Autonomy	Specialist physician (ISCO 2212) · Manager (ISCO 1342)
17.2	Patients Are Informed of Trainee Involvement in Their Care	Nurse (ISCO 2221) · Specialist physician (ISCO 2212)
17.3	Research Activity Operates Under Independent Ethics Review Before Enrolment	Manager (ISCO 1342) · Secretary (ISCO 3344)
17.4	Clinical Care and Research Participation Are Clearly Separated in Consent	Specialist physician (ISCO 2212) · Nurse (ISCO 2221)
17.5	Conflicts of Interest Between Research and Clinical Care Are Disclosed and Managed	Specialist physician (ISCO 2212) · Manager (ISCO 1342)

No.	Criterion	Positions responsible or involved
17.6	Teaching Faculty Maintain Verified, Current Clinical Competency	Manager (ISCO 1342) · Specialist physician (ISCO 2212)

8.3 TRAINING FOR STANDARD 17

Training is shown by course. Essential training must be completed by the people named. Recommended training is good practice. The colours follow section 5.

Course	Essential for	Recommended for	Criteria	Status
Credentialing, Competence and the Training Matrix (T-14)	Manager, Specialist physician	None	17.1, 17.6	In development
Patient Identification, Informed Consent and Patient Rights (T-07)	Nurse, Specialist physician	None	17.2, 17.4	In development

Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

17.1 Resident and Trainee Supervision With Verified, Graduated Autonomy

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: default in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Each resident or trainee's current scope of independent practice is explicitly defined and documented, matched to their verified competency progression, with supervising physician involvement available at the level that scope requires.

Rating rule. Must in every setting: each resident or trainee works independently only within a written scope that matches their verified competency, with supervision at the level that scope requires.

GUIDANCE

Trainees learn by doing, and their supervision should match what they can safely do alone. The facility writes down the scope of independent practice for each trainee, based on verified competency, and updates it as competency changes. Supervision is available at the level the scope requires.

The register lists each trainee, their scope and the date their competency was verified. A trainee whose scope is not recorded is treated as not yet independent.

WHAT GOOD LOOKS LIKE

- Each trainee's scope is reviewed at each rotation and whenever competency is verified, and the trainee receives their scope in writing.

COMMON MISTAKES

- A first-year trainee operates alone with no record of scope.
- A scope written at hiring and never updated after a year of training.

> **Why it matters.** A trainee who operates alone before they are competent puts the patient at risk. Each trainee's independent scope, matched to verified competency, makes sure the level of supervision fits the person.

WHAT THE ASSESSOR CHECKS

Sample. Review the scope of independent practice record for 5 trainees, anonymised.

1 Each trainee has a written scope of independent practice.

Method. Check each sampled trainee for a recorded scope.

Evidence to show. Trainee scope and competency register (TCH-REG-001).

Pass when. Every sampled trainee has a written scope recorded.

2 **The scope is matched to verified competency.**

Method. Check the competency verification date against the scope.

Evidence to show. Trainee scope and competency register (TCH-REG-001).

Pass when. Every scope is matched to a verified competency.

3 **Supervision is available at the level the scope requires.**

Method. Check the supervision level recorded against the scope, and the supervision record.

Evidence to show. Trainee scope and competency register (TCH-REG-001).

Pass when. Every trainee has the supervision level recorded and available.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A first-year trainee operates alone with no record of scope. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TCH-REG-001	Trainee scope and competency register	Secretary	Chief executive	Manager
TCH-POL-001	Trainee scope of independent practice and supervision	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Sets the scope and supervision level for each trainee	— Must
Manager (ISCO 1342)	Checks the register against the scope	— Must

REFERENCES FOR THIS CRITERION

- WFME Global Standards for Quality Improvement: Postgraduate Medical Education (World Federation for Medical Education, 2023) https://wfme.org/?p=9697

17.2 Patients Are Informed of Trainee Involvement in Their Care

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: default in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Patients are clearly informed before or at admission that a teaching facility's care model involves residents and trainees, with an opportunity to ask questions about who is involved in their care.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: patients are told before or at admission that trainees are involved in their care, and can ask who is involved.

GUIDANCE

A teaching facility's care model involves residents and trainees. Patients have the right to know who is involved in their care and to ask questions before treatment. The information is given before or at admission, in a language the patient understands.

A short explanation and an invitation to ask questions are recorded on the admission form, so the assessor can see that the information was given.

WHAT GOOD LOOKS LIKE

- Patient information is given in the patient's own language, and each trainee introduces themselves at the start of the consultation.

COMMON MISTAKES

- A patient is unaware that a trainee performed the examination.
- Information leaflet available in one language only, while the patient speaks another.

> **Why it matters.** Patients in a teaching hospital are often seen by trainees. They have a right to know this before they are treated, and to ask questions about it.

WHAT THE ASSESSOR CHECKS

Sample. Review the patient information on trainee involvement and 10 admission records showing it was given.

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1 Patients are informed of trainee involvement before or at admission.

Method. Check each sampled admission record for the information given.

Evidence to show. Trainee involvement information and admission record (TCH-FRM-001).

Pass when. At least 95% of admissions show the information given.

2 **The information explains who is involved in care.**

Method. Check the current patient information for the explanation.

Evidence to show. Trainee involvement information and admission record (TCH-FRM-001).

Pass when. The information explains the involvement of trainees.

3 **The patient has the chance to ask questions.**

Method. Check each record for the questions invited and answered.

Evidence to show. Trainee involvement information and admission record (TCH-FRM-001).

Pass when. At least 90% of records show questions invited and answered.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient is unaware that a trainee performed the examination. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TCH-FRM-001	Trainee involvement information and admission record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Gives the trainee information at admission	— Medium
Specialist physician (ISCO 2212)	Answers the patient's questions	— Medium

REFERENCES FOR THIS CRITERION

- World Medical Association (2015). Declaration of Lisbon on the Rights of the Patient. Used for: the patient's right to be informed about who is involved in their care. https://news.gmj.ge/guideline/wma-declaration-of-lisbon-on-the-rights-of-the-patient/

17.3 Research Activity Operates Under Independent Ethics Review Before Enrolment

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Must	Must

Applies to: default in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** No patient is enrolled in a research study until that study has received approval from an independent ethics review board, with the approval current and the enrolled patient's participation falling within the approved protocol.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: no patient is enrolled in research until an independent ethics review board has approved the study, and enrolment stays within that approval.

GUIDANCE

Research on patients must be approved by an independent ethics review board before the first person is enrolled. The approval has an expiry date, and every enrolment must fall within it and within the approved protocol.

Changes to a protocol are sent back to the board for approval before they are used.

WHAT GOOD LOOKS LIKE

- An ethics board member who is independent of the study team reviews each protocol amendment before enrolment resumes.

COMMON MISTAKES

- A study enrols patients with no ethics approval.
- Approval expired, and enrolment continued.

> **Why it matters.** Research on patients must be approved by an independent ethics board before the first person is enrolled. Otherwise patients are used for research without protection.

WHAT THE ASSESSOR CHECKS

Sample. Review the ethics approval for each research study, with the first enrolment date.

1 Each study has approval from an independent ethics review board before enrolment.

Method. Check each study's approval date against its first enrolment date.

Evidence to show. Research ethics approval register (TCH-REG-002).

Pass when. Every study has approval before its first enrolment.

2 The approval is current.

Method. Check each approval for its expiry against the enrolment dates.

Evidence to show. Research ethics approval register (TCH-REG-002).

Pass when. Every enrolment falls within a current approval.

3 **Each enrolled patient's participation falls within the approved protocol.**

Method. Check each enrolment against the approved protocol.

Evidence to show. Research ethics approval register (TCH-REG-002).

Pass when. Every enrolment falls within the approved protocol.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A study enrols patients with no ethics approval. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TCH-REG-002	Research ethics approval register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks approval before enrolment	— Must
Secretary (ISCO 3344)	Keeps the approval register	— Must

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2020). Guidance for Ethics Oversight of COVID-19 Research in Response to Emerging Evidence. Used for: ethics review committee oversight of research before and during enrolment (COVID-era). https://news.gmj.ge/guideline/guidance-for-ethics-oversight-of-covid-19-research-in-response-to-emerging-evidence/
- Pan American Health Organization (2020). Ethics guidance on issues raised by the novel coronavirus disease (COVID-19) pandemic. Used for: research ethics, consent and review committee guidance (COVID-era). https://news.gmj.ge/guideline/ethics-guidance-on-issues-raised-by-the-novel-coronavirus-disease-covid-19-pandemic/
- Pan American Health Organization (2020). Considerations for Regulatory Oversight of Clinical Trials in the COVID-19 Pandemic. Used for: regulatory approval of clinical trials before enrolment (COVID-era). https://news.gmj.ge/guideline/considerations-for-regulatory-oversight-of-clinical-trials-in-the-covid-19-pandemic/

17.4 Clinical Care and Research Participation Are Clearly Separated in Consent

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Medium	Must

Applies to: default in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A patient understands which elements of their care are standard clinical treatment and which are research participation, with declining research participation never affecting the standard care they receive.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: research participation is consented separately from standard care, and declining research never affects the standard care a patient receives.

GUIDANCE

Standard care and research participation are different things. A patient must understand which parts of their care are research, and must be able to decline research without losing the standard care they need.

Separate forms make this clear. The patient is given a copy of each signed form.

WHAT GOOD LOOKS LIKE

- The consent discussion is held in a private room, and the patient is given time and a copy of the form.

COMMON MISTAKES

- A patient is enrolled in research without knowing it.
- A patient who declines research is moved to a lower standard of care.

> **Why it matters.** A patient who agrees to care may not know that part of it is research. Separating the two in the consent, and letting the patient refuse research without losing standard care, protects their choice.

WHAT THE ASSESSOR CHECKS

Sample. Review the separate consent forms for standard care and research, and 5 signed forms.

1 Research participation is consented on a form separate from standard care.

Method. Check the consent forms for two separate forms.

Evidence to show. Research participation consent form (TCH-FRM-002).

Pass when. Research and standard care consent are separate forms.

2 The patient understands which care is research.

Method. Check each signed form for the explanation of research and standard care.

Evidence to show. Research participation consent form (TCH-FRM-002).

Pass when. Every signed form shows the explanation.

3 **Declining research does not affect standard care.**

Method. Check the form statement and the care recorded for a patient who declined.

Evidence to show. Research participation consent form (TCH-FRM-002).

Pass when. Every form states declining does not affect standard care.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient is enrolled in research without knowing it. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TCH-FRM-002	Research participation consent form	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Explains research and standard care to the patient	— Medium
Nurse (ISCO 2221)	Witnesses the signed form	— Medium

REFERENCES FOR THIS CRITERION

- Pan American Health Organization (2020). Ethics guidance on issues raised by the novel coronavirus disease (COVID-19) pandemic. Used for: research ethics, consent and review committee guidance (COVID-era). https://news.gmj.ge/guideline/ethics-guidance-on-issues-raised-by-the-novel-coronavirus-disease-covid-19-pandemic/

17.5 Conflicts of Interest Between Research and Clinical Care Are Disclosed and Managed

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: default in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A clinician's financial or other significant interest connected to a research study is disclosed through a defined process and managed, such as separating the clinician's research role from their direct clinical decision-making for enrolled patients.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: a clinician's significant interest in a research study is disclosed through a defined process and managed.

GUIDANCE

A clinician may have a financial or other interest in a study, such as payment from a sponsor. The interest must be declared, and the facility must decide how it is managed, for example by separating the clinician's research role from decisions about enrolled patients.

The register is kept up to date, and declarations are reviewed each year.

WHAT GOOD LOOKS LIKE

- The conflict register is shared with the ethics board each year, and a clinician with an interest in a study does not recruit patients for it.

COMMON MISTAKES

- A clinician enrols patients in a study paid by a drug company with no declaration.
- A declaration is made but no management step is recorded.

> **Why it matters.** A clinician who is paid by a company that sponsors a study may be biased in their clinical choices. Declaring the interest and managing it protects the patient and the research.

WHAT THE ASSESSOR CHECKS

Sample. Review the research conflict of interest register and the management record for each study.

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1 A clinician's significant interest connected to a study is disclosed through a defined process.

Method. Check the register for a declaration for each clinician on each study.

Evidence to show. Research conflict of interest register (TCH-REG-003).

Pass when. Every interest is disclosed for each study.

2 **Each disclosed interest has a management action.**

Method. Check each declaration for the management action.

Evidence to show. Study conflict management record (TCH-FRM-003).

Pass when. Every declared interest has a management action recorded.

3 **The clinician's research role is separated from direct decisions for enrolled patients.**

Method. Check the role separation for each study.

Evidence to show. Study conflict management record (TCH-FRM-003).

Pass when. Every declared interest has role separation recorded where it applies.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A clinician enrols patients in a study paid by a drug company with no declaration. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TCH-REG-003	Research conflict of interest register	Secretary	Chief executive	Manager
TCH-FRM-003	Study conflict management record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Specialist physician (ISCO 2212)	Declares significant interests	— Medium
Manager (ISCO 1342)	Manages each declared interest	— Medium

REFERENCES FOR THIS CRITERION

- WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Participants (World Medical Association, 2024, amended October 2024) https://www.wma.net/policies-post/wma-declaration-of-helsinki

17.6 Teaching Faculty Maintain Verified, Current Clinical Competency

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Medium	Must

Applies to: default in Hospital. **Not applicable to:** Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Faculty teaching clinical skills maintain active, verified clinical competency in the skill being taught, confirmed through a defined process.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: faculty who teach clinical skills hold verified, current competency in the skill they teach.

GUIDANCE

A teacher of clinical skills must be competent in the skill they teach, and that competence must be current. The facility verifies it through a defined process, with a due date for each verification.

Verification records show the skill, the method used and the next due date.

WHAT GOOD LOOKS LIKE

- Faculty teach from a shared skills checklist and are observed teaching at least once a year.

COMMON MISTAKES

- A teacher demonstrates a procedure they have not done for ten years.
- Verification signed once and not renewed.

> **Why it matters.** Trainees learn skills from the people who teach them. A faculty member who has not practised a skill for years may teach an old or unsafe method.

WHAT THE ASSESSOR CHECKS

Sample. Review the faculty competency register, with the verification records for the teachers of clinical skills.

1 Faculty teaching clinical skills have active, verified clinical competency in the skill taught.

Method. Check each teacher for the verification record for each skill taught.

Evidence to show. Faculty clinical competency register (TCH-REG-004).

Pass when. Every teacher of a clinical skill has a verified competency recorded.

2 Verification is current.

Method. Check each verification date against the due date.

Evidence to show. Faculty clinical competency register (TCH-REG-004).

Pass when. Every verification is within its due date.

3 **The verification is through a defined process.**

Method. Check the process used and the record for each verification.

Evidence to show. Faculty clinical competency register (TCH-REG-004).

Pass when. Every verification follows the defined process.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A teacher demonstrates a procedure they have not done for ten years. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
TCH-REG-004	Faculty clinical competency register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Verifies faculty competency on schedule	— Medium
Specialist physician (ISCO 2212)	Confirms their own clinical skill	— Medium

REFERENCES FOR THIS CRITERION

- WFME Global Standards for Quality Improvement: Postgraduate Medical Education (World Federation for Medical Education, 2023) https://wfme.org/?p=9697

10 Questions and answers

Does Standard 17 apply to every facility?
No. It applies to facilities that teach trainees or conduct research. In this version it is a default service in hospitals only. Section 4 shows the applicability for each facility type.

Can a trainee see a patient alone?
Only within a written scope of independent practice matched to verified competency, with supervision at the level that scope requires (17.1).

Does research need approval before the first patient is enrolled?
Yes. Under 17.3 an independent ethics review board must approve the study first, and enrolment must stay within that approval.

Can a patient refuse research and still get treatment?
Yes. Under 17.4 declining research must never affect the standard care the patient receives.

Do I have to use the forms on this page?
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

The criterion text is the authority. These answers summarise it.

11 References

CITED FOR CRITERIA

1. WFME Global Standards for Quality Improvement: Postgraduate Medical Education (World Federation for Medical Education, 2023) https://wfme.org/?p=9697 (criterion 17.1, 17.6)
2. World Medical Association (2015). Declaration of Lisbon on the Rights of the Patient. Used for: the patient's right to be informed about who is involved in their care. https://news.gmj.ge/guideline/wma-declaration-of-lisbon-on-the-rights-of-the-patient/ (criterion 17.2)
3. Pan American Health Organization (2020). Guidance for Ethics Oversight of COVID-19 Research in Response to Emerging Evidence. Used for: ethics review committee oversight of research before and during enrolment (COVID-era). https://news.gmj.ge/guideline/guidance-for-ethics-oversight-of-covid-19-research-in-response-to-emerging-evidence/ (criterion 17.3)
4. Pan American Health Organization (2020). Ethics guidance on issues raised by the novel coronavirus disease (COVID-19) pandemic. Used for: research ethics, consent and review committee guidance (COVID-era). https://news.gmj.ge/guideline/ethics-guidance-on-issues-raised-by-the-novel-coronavirus-disease-covid-19-pandemic/ (criterion 17.3, 17.4)
5. Pan American Health Organization (2020). Considerations for Regulatory Oversight of Clinical Trials in the COVID-19 Pandemic. Used for: regulatory approval of clinical trials before enrolment (COVID-era). https://news.gmj.ge/guideline/considerations-for-regulatory-oversight-of-clinical-trials-in-the-covid-19-pandemic/ (criterion 17.3)
6. WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Participants (World Medical Association, 2024, amended October 2024) https://www.wma.net/policies-post/wma-declaration-of-helsinki (criterion 17.5)

INTERNATIONAL STANDARDS CITED

1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

12 Document register

Every document code used in Standard 17, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	Criteria
TCH-FRM-001	Trainee involvement information and admission record	Form (record)	17.2
TCH-FRM-002	Research participation consent form	Form (record)	17.4
TCH-FRM-003	Study conflict management record	Form (record)	17.5
TCH-POL-001	Trainee scope of independent practice and supervision	Policy	17.1
TCH-REG-001	Trainee scope and competency register	Register	17.1
TCH-REG-002	Research ethics approval register	Register	17.3
TCH-REG-003	Research conflict of interest register	Register	17.5
TCH-REG-004	Faculty clinical competency register	Register	17.6