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HR.4.4.6 Records of leave and sickness.

HR.4.4.7 Disciplinary actions, if any.

HR.4.4.8 Other documents as required by relevant laws and regulations.

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**Standard Intent:**

Each staff member in the hospital, including those permitted by law and the hospital to work independently, has a record(s) with information about his or her qualifications; results of evaluations, including individual performance of job responsibilities and competencies; and work history. The records are standardized and kept current according to hospital policy.

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**HR.5 The hospital has a process for proper credentialing of staff members licensed to provide patient care.**

HR.5.1 The hospital has a written policy describing the process used for the verification of credentials.

HR.5.2 The hospital gathers, verifies, and evaluates the credentials (license, education, training, certification and experience) of those medical staff, nursing staff, and other health professionals licensed to provide patient care.

HR.5.3 Credentials are verified from the original source.

HR.5.4 Job responsibilities and clinical work assignments/ privileges are based on the evaluation of the verified credentials.

HR.5.5 The hospital ensures the registration of all healthcare professionals with the Saudi Commission for Health Specialties.

HR.5.6 Staff licensed to provide patient care must always have and maintain a valid license to practice only within their profession.

HR.5.7 The hospital maintains an updated record of the current professional license, certificate, or registration, when required by laws, regulations, or by the hospital for every medical staff, nursing staff and other healthcare professionals.

HR.5.8 When verification of credentials is conducted through a third party, the hospital must request for a confirmatory documentation.

HR.5.9 Verification process applies to all clinical staff categories (full time, part time, visitor, and locum).

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**Standard Intent:**

Physicians, dentists, and others who are licensed to provide patient care without clinical supervision represent those primarily responsible for patient care and care outcomes. Applicable laws, regulations, and the organization identify those permitted to work independently.



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The organization is responsible for ensuring that these individuals are qualified to provide patient care without clinical supervision and for specifying the types of care they are permitted to provide in the organization. The organization needs to ensure that it has a qualified medical staff that appropriately matches its mission, resources, and patient needs.

To ensure this match, the organization evaluates medical staff members' credentials at appointment to the staff.

An individual's credentials consist of an appropriate current license, completion of medical education and any specialty education, and any additional training and experience. The organization develops a process to gather this information, verify its accuracy from the original source, and evaluate it in relation to the need of the organization and its patients. This process can be carried out by the organization or by an external agency. The process applies to all types and levels of staff (employed, honorary, contract, and private community staff members).

Primary source verification is required for (license, education, training, certification and experience) for the following staff:

- New hires during the last 4 months' track period for hospitals applies for the initial survey
- New hires starting from the effective date of the standard (Jan 2016) for hospitals applies for re-accreditation for the 1st time on CBAHI 3rd edition
- All hospital staff for hospitals applies for re-accreditation on CBAHI 3rd edition for the 2nd time.

Verification is accepted by any communication mean (e-mails, documented phone call, fax, secured website, etc.). In case there is no response for the verification request, another mean of communication must be used after one month from the first trial and this should be documented in the personnel files of the employees.

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## **HR.6 New employees go through a general hospital orientation program before allowed to work independently.**

HR.6.1 New employees, contract workers, students, and volunteers go through a general orientation program that provides the relevant initial training and information on the following:

- HR.6.1.1 Hospital mission, vision, values, and organizational chart.
- HR.6.1.2 Role of staff members in all programs related to facility management and safety (e.g., fire, safety, disasters, hazardous materials, utilities, and equipment failures).
- HR.6.1.3 General information on infection control.
- HR.6.1.4 General information on the paging and telephone system.
- HR.6.1.5 General information on staff evaluation process.