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## THE AGA KHAN UNIVERSITY

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### HUMAN RESOURCE POLICIES AND PROCEDURES

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#### STAFFING – QUALIFICATIONS AND EDUCATION

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Policy #	:	<u>HR/RC-04</u>	Page	:	<u>01 of 08</u>
Issue #	:	<u>05</u>	Effective Date	:	<u>August 23, 2024</u>
Revision #	:	<u>-</u>	Effective Date	:	<u>-</u>

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**DISCLAIMER:** If there is a discrepancy between the electronic copy of this policy and / or any other copy of this policy, the original Policy document held by the Policy owner in Human Resources will prevail.

The Policy owner in Human Resources is required to keep this Policy updated. It will be reviewed by Human Resources after 3 years issuance or earlier if so required by the University.

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Approved By:   
 Navroz Surani  
 Vice President  
 Human Resources

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### 1.0 POLICY STATEMENT

- 1.1 The Aga Khan University firmly believes in the competence and potential of its faculty and staff to carry out their responsibilities for quality patient care, education, research and administrative services in keeping with its Mission. It is important to ensure that the people involved in service delivery, directly or indirectly, have appropriate education, training, and skills, and are given enough opportunities to learn and advance personally and professionally.

### 2.0 PURPOSE

- 2.1 This policy aims to provide a framework that states that basic principles and requirements for each position need to be identified and stated explicitly, including job responsibilities to ensure that the University recruits, evaluates and appoints suitably qualified faculty, staff, and trainees who are able and competent to carry out responsibilities assigned, including patient care, as needed, and demonstrate the potential to advance themselves professionally. This refers to all positions including those for patient care which covers medical care, nursing care and services provided for allied health care.
- 2.2 This framework shall also help Department Heads / Chairpersons to develop effective staffing plans identifying the number and type of staff needed for their respective service / function.

### 3.0 SCOPE

- 3.1 This policy is applicable to all employees and trainees at the University and anyone who participates in patient care, (including nursing care, allied health care) and / or other programs

of the University, directly or indirectly, and those being recruited for positions at the University.

3.2 This policy is an overarching global policy applicable to all entities/ campuses and field sites of the University including the outreach humanitarian settings where the University has its programs.

3.2.1 Campuses of the AKU, in each country where it operates, will need to have applicable work procedures for their respective programs/operations to ensure due coverage, compliance, monitoring, and reporting to HR for any non-compliance; actions to be taken for any non-compliance will be as per applicable laws of the respective countries and related policies at AKU.

3.3 Department Heads/Entity Heads will be responsible for ensuring that education, training, work experience, skills required, and job responsibilities for jobs are well defined and documented; and that recruitment and selection of staff, faculty and trainees being appointed duly account for these. Department heads will also ensure that employees / trainees in their respective departments have the opportunities to maintain and enhance their skills and competencies, as required, through access to professional training and development opportunities.

3.4 Employees will be responsible for ensuring that they keep themselves updated with new developments in their respective services and have the required knowledge to perform their duties as assigned.

## 4.0 DEFINITIONS

**4.1 Credentials** are documents that are issued by a recognized entity to indicate completion of requirements or the meeting of eligibility requirements such as diploma / degree from a medical school, a license to practice, recognition of registration such as with a medical or dental council or the engineering council or other regulatory bodies or a school of nursing as applicable for respective professions. These documents, some of which are required by law or regulation, but some by policy, are normally verified from the original source that issued the document, as required. (Reference / Source: JCIA 7<sup>th</sup> Edition, Chapter: Staff Qualification and Education, pg. 283)

**4.2 Medical Staff** includes all physicians and other professionals permitted to treat patients with partial or full independence, regardless of their relationship to the hospital i.e., an employed staff or independent consultants. (Reference / Source: JCIA 7<sup>th</sup> Edition, Chapter: Staff Qualification and Education, pg. 283).

**4.3 Verification** is the process of checking the validity and completeness of a credential from the source that issued the credential. (Reference / Source: JCIA 7<sup>th</sup> Edition, Chapter: Staff Qualification and Education, pg. 283)

**4.4 Appointment** is the process of selecting a suitably qualified candidate for a position based on a systematic process of reviewing and assessing his/ her credentials and competencies vis-à-vis job responsibilities, requirements of the position, and other work processes, making the job offer and obtaining his / her acceptance of the same. This is applicable to all jobs at the University, covering both patient care (including nursing care, allied health care) and non-patient care areas.

**4.5 Ongoing Professional Practice Evaluation** is the process of ongoing data collection for the purpose of assessing a practitioner's competence and professional behavior. The information gathered during this process is factored into decisions to maintain, revise, or revoke existing privilege(s) prior to or at renewal decision. This is normally applicable to those engaged in clinical practice. (Reference / Source: JCIA 7<sup>th</sup> Edition, pg. 288).

**4.6 Nursing Staff** refers to all Registered Nurses, Lady Health Visitors, Midwives, Technicians, Health Care Assistants, Receptionists and Patient Care Attendants in different service lines, and outreach services. (Reference / Source: Nursing Staff Orientation & Maintenance of Nursing Staff Credentialing).

**4.7 Allied Health Professional** refers to a professional (other than medical officer or resident) who has received a certificate/diploma, or a bachelor's degree, a master's degree, or post-baccalaureate training in a science related to health care, who shares in the responsibility for the delivery of healthcare or related services. (Reference / Source: Guidelines For Credentialing Of Allied Health And Nursing Professionals).

## **5.0 STAFF QUALIFICATIONS AND EDUCATION (SQE) PROCESSES AND REQUIREMENTS**

**5.1** The process of identifying jobs / positions required by the University, required qualifications and credentials of each, job responsibilities to be assigned, and number of incumbents for each job / position in keeping with services to be provided by the University, and the process for appointing suitable incumbents, and their placement, will normally be as follows:

### **5.2 Planning**

5.2.1 The mission or mandate of the service / function is to be defined by the leaders.

5.2.2 Based on the mandate assigned, the Department Heads will identify and define the jobs / positions required in the department with respective job responsibilities, and qualifications and experience required.

(i) Department Heads will maintain a record of the staffing requirements for their respective departments, which will identify and state (a) the jobs / positions in the department, (b) the number of employees / trainees required for each, (c) their qualifications, experience, and skills required as per the responsibilities of the positions assigned and (d) reporting relations. This will comprise the staffing plan for the department, which will be reviewed and updated as and when necessary.

(ii) Employee's / trainee's responsibilities are defined in a current job description. Job descriptions will be developed by Department Heads / Supervisor for each job / position in the department, which will outline the responsibilities, qualifications, experience, training, skills and any regulatory requirements. These will be reviewed with HR to finalize.

(iii) Department Heads and others involved in the recruitment and selection of employees / trainees will ensure that knowledge and skills of employees / trainees being appointed are consistent with the needs and requirements of the position they are to be assigned to, duly following the laid down work processes for the same.

### **5.3 Recruitment and Selection**

#### **5.3.1 Procedure and Documentation**

- (i) Human Resources will ensure that appropriate institutional work processes are in place and duly complied for recruiting, evaluating, and appointing staff, as well as other related procedures as required by the University to ensure that hiring meets the requirements of the staffing plan and the incumbents are eligible and competent to carry out the assigned responsibilities.
- (ii) The records / files maintained by HR for employees / trainees will include updated records of each employee's / trainee's qualifications, training, licensures, professional registrations with regulatory bodies, etc. Employees are responsible for keeping HR and the Department Head informed for necessary updating, and Department Heads for ongoing performance assessment.
- (iii) The Procedure laid down for the appointment of employees / trainees in the respective recruitment policies will be followed uniformly and in a transparent manner, irrespective of the level of the positions to which the hiring pertains.

### **5.4 Verification of Credentials and Registration with Regulatory Bodies**

#### **5.4.1 Verification of Credentials**

- (i) The qualifications, experience and other credentials of each employee will be duly gathered. These will be verified from concerned institutions as per the University's laid down process. This may be done by Human Resources or the concerned Departments, or others, and a record of the same will be maintained in the records / files of the respective employees in HR and within the Department, if so required. This is applicable to employees engaged in carrying out any job at the University, which also covers those engaged in patient care (including nursing care and allied health care).
- (ii) Human Resources will ensure that the credentials of the applicants selected for employment at AKU are duly verified by the issuing authorities, as laid down in the policies for Staff Recruitment and Selection and Faculty Recruitment and Selection.
- (iii) The faculty / staff / trainees required to be registered with professional / regulatory bodies or to have a license to practice professionally are required to ensure that these are maintained updated / valid, and with good standing. Evidence of this should be provided to the Department Head and Human Resources on a timely basis. Department Heads will need to ensure that these are duly complied with.

### **5.5 General Orientation and Departmental Orientation**

- (i) All newly hired employees / trainees are oriented to the University, respective department or unit to which they are assigned, and to their specific job responsibilities within a specified period of their appointment at AKU, and periodically, as required in line with structured policies and procedures laid down by the University for the Orientation.
- (ii) The job description/letter of expectations provided to incumbents states the specific job responsibilities of each employee/trainee as well as the requirements for respective

positions to enable University to recruit and evaluate suitably qualified individuals who are able and competent to carry out the responsibilities assigned.

## **5.6 Performance Evaluation and Training Needs**

### **5.6.1 Probation Period Evaluation**

- (i) The University has a defined process to ensure that knowledge and skills of employees / trainees are consistent with the needs and requirements of the position they are assigned to, including those assigned for patient care (includes nursing care and allied health care). Faculty up to Senior Instructor level have a probation period of 3 months or 6 months, depending on the nature of the position, as stated in their appointment letter; similarly staff also have a probation period of 3 to 6 months, depending on the level of the position and the same is stated in each staff member's letter of appointment. The performance and competence level of the concerned newly hired incumbent is evaluated by the supervisor / Department Head during this period and a report is prepared for the same before the end of the period and submitted to HR.
- (ii) Those for whom the performance / competence is assessed by the Department Head to be at a satisfactory level are confirmed in service, subject to meeting other applicable requirements. Those for whom the performance is assessed to be not at a satisfactory level are not confirmed in service; their probation period may be extended for a specified duration, or their employment may be concluded. This is decided between the Department Head and HR.

### **5.6.2 Annual Performance Evaluation**

- (i) The University encourages faculty / staff /trainees to participate in the University's quality improvement activities, and performance is evaluated on an ongoing basis.
- (ii) While performance review is an ongoing process, employees and trainees on board have a formal documented performance appraisal at least once in the year during which performance and competencies demonstrated during the past year are assessed. During this performance appraisal, training and development needs are also identified, and a plan developed to address the same. This is applicable to employees / trainees assigned to patient care (including nursing care and allied health care) as well as those in other jobs / positions across the University.

## **5.7 Training and Development**

- (i) Employees / trainees onboard at the University are provided opportunities for training on an ongoing basis (a) through 'in service' education and training to facilitate them to demonstrate appropriate competence as required according to the responsibilities of the job / position assigned to, and (b) through formal training opportunities for their professional development to enhance their skills and knowledge as per their interests as offered by the University and other institutions.

## 5.8 Staff Health and Safety

- (i) The University provides a health and safety program for its employees and trainees that addresses their physical and mental health and also ensures safe working conditions. This includes medical benefits for employees and eligible dependents in case of sickness or injury and insurance coverage in case of accidents or death while in service, and safe working conditions including ongoing training for personal and work-related safety and security.
- (ii) The University also has work procedures and related precautions identified for its employees / trainees who are at risk for illnesses / diseases which could be acquired on account of exposure to infection and possible transmission of diseases, and also has a structured vaccination and immunization program for employees and trainees to prevent such instances or reduce the risks.

## 5.9 Credentialing and Assigning Clinical Privileges

### 5.9.1 For Medical Staff

- (i) Department Heads in clinical departments will ensure that their medical staff is duly credentialed based on their qualifications, experience and skills (duly confirmed and verified), and are assigned clinical privileges for identified procedures / services for which they have been assessed to be competent and eligible. This includes authority to admit and treat patients.
- (ii) Concerned entities of the University have standard procedures to collect and compile performance related information for its medical staff for their professional practice evaluation to provide for periodic review of their credentials for clinical privileges and confirmation to continue. The credentialing for clinical privileges will be as per the University's policy for this.
- (iii) Concerned Entities have a standardized, objective, evidence-based procedure to authorize staff members to admit and to treat patients and/or to provide other clinical and non-clinical services consistent with their qualifications.
- (iv) Re-privileging: The institution determines at least once every two years, from the ongoing professional practice evaluation of each medical staff member, whether medical staff membership and clinical privileges are to continue with or without modification. (please refer to the Policy for [AKUH, K Credentialing And Privileging, Policy # CAD-001](#))

### 5.9.2 For Nursing Staff

- (i) The organization has an effective process for:
  - a. Gathering, verifying and evaluating the nursing staff's credentials (license, education, training, and experience).
  - b. Maintaining a record of the current professional license, certificate, or registration of every nursing staff member.
  - c. Identifying job responsibilities and making clinical work assignments based on the nursing staff member's credentials and any regulatory requirements.

- d. Nursing staff participation in the hospital's quality improvement activities, including evaluating individual performance, when indicated.

(Please refer to the Policy for [Nursing Staff Orientation & Maintenance of Nursing Staff Credentialing](#) and [Guidelines For Credentialing Of Allied Health And Nursing Professionals](#))

### **5.9.3 Other Health Professional Staff**

- (i) The organization has an effective process for:
  - a. Gathering, verifying and evaluating the allied health staff's credentials (license, education, training, and experience).
  - b. Maintaining a record of the current professional license, certificate, or registration of every allied health staff member.
  - c. Identifying job responsibilities and making clinical work assignments based on the allied health staff member's credentials and any regulatory requirements.
  - d. Allied health staff participation in the hospital's quality improvement activities, including evaluating individual performance, when indicated.

(Please refer to the Policy for [Guidelines For Credentialing Of Allied Health And Nursing Professionals](#))

## **6.0 OBSERVATIONS AND LIMITATIONS**

**6.1.** Department Heads / Entity Heads are expected to accurately define the staffing requirements of their respective departments in order to ensure that adequate number of employees / trainees with required skills are available to carry out the activities for which the University is committed for patient care (including nursing care and allied health care), education, research or administrative services as applicable respectively.

6.1.1 Actual staffing level required during a period is normally planned based on the quantum and nature of services required, and the staff strategy is updated as necessary, based on business and departmental needs, including complexity of the service, which may vary.

6.2 The University complies with the laws and regulations that identify required education levels, skills, and / or other requirements of each job / position or that define number of employees, or a mix of employees / trainees required.

6.3 The Department Heads/Entity Heads are required to carry out ongoing performance evaluations of their respective employees / trainees, which ensures that training occurs timely as required and that the concerned employee / trainee is able to assume new or changed responsibilities, as required by the University.

6.3.1 There shall be at least one documented performance evaluation of each employee / trainee working in a job / position each year.

6.4 Employees/trainees, including nursing staff and allied health care staff, are responsible for ensuring that their education, licensure/registration, and other credentials required by law or regulation, and / or the University, are verified and kept current and the same duly informed timely to HR.

6.5 Department Heads are responsible for ensuring that their staff members are adequately qualified

and competent to be permitted to provide the services they are assigned to at the University, including patient care (includes nursing care and allied health care), and that a record of related assessments is included in the HR file of respective employees / trainees.

## **7.0 COMPLIANCE OF THE POLICY AND / OR PROCEDURE**

**7.1** The University expects employees / trainees, Department Heads / Entity Heads and those engaged in implementing this Policy and related procedures in HR and other concerned Departments, to comply with the provisions outlined herein.

**7.2** If the University identifies any instances of non-compliance with this policy and / or procedures laid down herein, the concerned incumbent can be liable to disciplinary action as per the University's policies.

**7.3** In case an employee/trainee is found to have submitted forged documents or to have given false information regarding his/her past records, he/she will be liable to disciplinary action according to the University's policy on Employee Discipline. Relevant documentation will be included in the personnel file/HR records system to avoid any consideration for re-hiring the concerned incumbent at a later point in time.

## **8.0 LIST OF ANNEXURES**

**8.1** There are no Annexures to the Policy for Staffing – Qualifications and Education.

## **9.0 RELATED DOCUMENTS AND POLICIES OF THE UNIVERSITY**

**9.1** The Policy for Staffing - Qualifications and Education should be read in conjunction with the following (A) related documents and (B) related HR Policies.

### **A. Related Documents**

1. SQE 1-16 Joint Commission International Accreditation Standards for Hospitals, 7th Edition.

### **B. Related HR Policies**

1. [Guidelines for Staffing Plans](#)
2. [Job Descriptions for Faculty and Staff](#)
3. [Staff Recruitment and Selection](#)
4. [Faculty Recruitment & Selection](#)
5. [Probation](#)
6. [Performance Review of Staff](#)
7. [Personnel Records](#)
8. [New Employee Orientation](#)
9. [Learning and Development](#)
10. [AKUH, K Credentialing & Privileging](#)
11. [Employee Discipline](#)
12. [Employee Health and Safety](#)
13. [Pre-Employment Medical Examination](#)
14. [Nursing Staff Orientation & Maintenance of Nursing Staff Credentialing](#)
15. [Guidelines For Credentialing Of Allied Health And Nursing Professionals](#)