

COMMON PROGRAM REQUIREMENTS
Allied Health Graduate Clinical Training Programs
Johns Hopkins Health Systems
Approved 8/18/2026

Introduction

Definitions:

1. Allied Health Training (AHT) Program: Clinical residency or fellowship training for allied health professionals
2. Allied Health Trainee: A clinical resident or fellow participating in a postgraduate allied health training program across the Johns Hopkins Health System (JHHS)

Sponsoring Institution

- The Sponsoring Institution is the organization or entity within JHHS that assumes the ultimate financial and academic responsibility for a program of graduate clinical education
- Each AHT program must function under the ultimate authority and oversight of one Sponsoring Institution
- The Sponsoring Institution must ensure the availability of adequate personnel, clinical activities and other resources for conducting AHT programs necessary to promote the educational experiences of residents and fellows in AHT programs

Office of Graduate Clinical Education (OGCE)

- The OGCE, in collaboration with the Graduate Clinical Executive Committee (GCEEC), has authority and responsibility for the oversight of the administration and educational goals of each of the JHHS AHT programs
- The OGCE supports the JHHS AHT Program Directors, Coordinators and trainees to optimize the training experience.
- Institutional Recognition: A process of oversight required to offer an allied health training program. Institutional Recognition is different from an individual program's national accreditation process.

Graduate Clinical Executive Committee (GCEEC)

- The GCEEC must review and approve the program description for all AHT programs within JHHS
 - The program description must specify qualifications of appointment of the AHT program director
- The GCEEC must be notified of the appointment of all AHT program directors
- Annually, the GCEEC will survey and assess AHT programs to ensure compliance with the Common Program Requirements.

Program Requirements

Allied Health Training (AHT) Programs

- **Accreditation**
 - Programs should apply for and maintain accreditation for all AHT programs when it is available

- **Program Director**
 - There must be a single program director from among the JHHS allied health professionals who is responsible for the operation of each AHT program.
 - The AHT program director must oversee AHT trainee supervision, education and assessment at all participating sites
 - The program director must be licensed and credentialed and have the requisite qualifications to serve as a Program Director in the AHT specialty
 - The program director must ensure an adequate number of qualified preceptors and resources to conduct the training program.

- **Trainee Qualifications**
 - Each AHT program must define the prerequisite education and/or training for entry into the AHT program
 - Each AHT program must ensure that AHT trainees selected to the program meet prerequisites for entry into the AHT program
 - The AHT program must ensure that trainees are provided with a written agreement outlining the terms and agreements of the training program. The agreement must directly contain or provide a reference to the following items:
 - AHT trainee responsibilities, including any requirements for successful completion of the AHT program
 - duration of training
 - financial arrangements related to the AHT trainee
 - grievance and due process
 - professional liability coverage, including a summary of pertinent information regarding coverage, if applicable
 - the availability of health insurance benefits for trainees and their eligible dependents; and
 - vacation and leave(s) of absence for trainees(s), including medical, parental, and caregiver leave(s) of absence, as compliant with applicable laws and clinical education hours, and failure to progress policies.

- **Curriculum**
 - The AHT program must make a curriculum available to all trainees and preceptors or faculty that includes:
 - Overall education goals for the AHT programs and adherence to accreditation standards for the AHT specialty.
 - Delineation of trainee responsibilities for patient care, responsibility for patient management and supervision during the AHT program; and
 - A description of required educational experiences, elective experiences, didactic sessions, projects, assessment methods, and procedural experience requirements

- **Assessment**
 - Initial and Formative Assessment
 - No later than three months from the trainee's starting date in the program, each program director must complete an initial competence assessment of each trainee in the program.

- A supervising preceptor member must be physically present to supervise the trainee with all patients until the program director has documented the trainee's achievement as a sufficient basis for delegating progressive authority and responsibility and conditional independence, as assigned by the program director and other departmental preceptors or faculty.
 - For each trainee appointed to an AHT program for one year or longer, the program director must meet with the trainee to review a semi-annual evaluation of the trainee's performance.
 - Summative Assessment
 - Each program director must provide a summative evaluation for each trainee upon the trainee's completion of, or separation from, the AHT program
 - Opportunity to Raise Concerns and Provide Feedback
 - The institution and each of its AHT programs must provide a learning and working environment in which trainees have the opportunity to raise concerns and provide feedback without fear of intimidation or retaliation and in a confidential manner.
- **Clinical and Educational Hours of AHT Trainees**
 - Clinical and Educational hours of trainees must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all clinical and educational activities and any clinical responsibilities completed at home, where applicable
 - Mandatory Time Free of Clinical and Educational Activities
 - Trainees must be scheduled for a minimum of one day in seven free of required clinical and educational responsibilities (when averaged over four weeks). At home (if applicable) clinical responsibilities cannot be assigned on these free days.
- **Clinical Competency**
 - A committee must:
 - Assist the program director in the development of assessment tools to accomplish specialty-specific learning objectives
 - Review each trainee's evaluations at the completion of the first 90 days and then at least semiannually thereafter
 - Determine each trainee's progress on achievement of specialty-specific learning objectives
 - Advise the program director regarding each trainee's progress and aid in decisions regarding promotion, remediation and dismissal
 - A committee charged with the evaluation of the clinical competency of trainees must be appointed by the program director
 - At a minimum the committee must include three allied health professionals that are preceptors within the program
 - Additional members appointed may be professionals of other departments or other health professionals who have extensive contact and experience with the program's trainees.
- **Annual Program Evaluation and Improvement**
 - The program director or their designees must conduct and document an annual evaluation of the program as part of the program's continuous improvement process

- The committee to conduct and review program evaluation must be composed of at least two program professionals and may include at least one current trainee
- The annual program evaluation should include:
 - A review of the program's self-defined goals and progress toward achieving them.
 - An assessment of outcomes to guide continuous program improvement and inform the development of new goals.
 - A review of the current learning environment to identify strengths, challenges, opportunities, and threats in relation to the program's mission and aims.
 - Collection and evaluation of feedback from current and/or former trainees.
- The completed annual program evaluation, including the associated action plan, must be shared with and discussed among program preceptors, faculty, teaching professionals, and trainees, and
 - submitted to the Office of Graduate Clinical Education via the Annual Program Survey