

Riyadh Second Health Cluster Employee Professional Development Registry Guide













The Riyadh Second Health Cluster is committed to fostering a culture of continuous professional development for all healthcare and administrative employees. Recognizing the critical importance of maintaining optimal expertise and efficiency, we are pleased to introduce a comprehensive platform designed to document and acknowledge employee professional development achievements.

This platform serves to recognize accomplishments, facilitate the tracking of development plans, and validate acquired competencies. Aligned with our core objective of workforce empowerment, this registry ensures that all employees have access to necessary training and qualification opportunities to enhance their professional capabilities, thereby contributing to the continuous improvement of healthcare service quality within the Riyadh Second Health Cluster.

Important Notice: Only professional development activities undertaken from 2025 onwards should be recorded on this platform.



Type of Professional Development	Required Attachment	Requirements
Conference	Certificate of attendance	Certificate of attendance should include: • Employee name* • Activity name* • Start and end date of the activity* • Place and country of activity • Number of hours • Accreditation number • Administration body*
Symposium	Certificate of attendance	Certificate of attendance should include: • Employee name* • Activity name* • Start and end date of the activity* • Place and country of activity • Number of hours • Accreditation number • Administration body*



Type of Professional Development	Required Attachment	Requirements
Workshop	Certificate of attendance	Certificate of attendance should include: • Employee name* • Activity name* • Start and end date of the activity* • Place and country of activity • Number of hours • Accreditation number • Administration body*
Course	Certificate of attendance	Certificate of attendance should include: • Employee name* • Activity name* • Start and end date of the activity* • Place and country of activity • Number of hours • Accreditation number • Administration body*



Type of Professional Development	Required Attachment	Requirements
Training Course	Certificate of attendance	Certificate of attendance should include: • Employee name* • Activity name* • Start and end date of the activity* • Place and country of activity • Number of hours • Accreditation number • Administration body*
Online Course	Certificate of attendance	Certificate of attendance should include: • Employee name* • Activity name* • Start and end date of the activity* • Place and country of activity • Number of hours • Accreditation number • Administration body*



Type of Professional Development	Required Attachment	Requirements
Simulation Activity	Certificate of attendance	Certificate of attendance should include: • Employee name* • Activity name* • Start and end date of the activity* • Place and country of activity • Number of hours • Accreditation number • Administration body*
In House Course	Proof of attendance (Issued from the Academic and Training Affairs Department)	Proof of attendance should include: • Employee name* • Activity title* • Start and end date of the activity* • Number of hours* • Establishment* • Department*



Type of Professional Development	Required Attachment	Requirements
Speaker	Proof of Speaker (Issued by the organizing committee or the Academic and Training Affairs Department)	Proof of speaker should include: • Employee name* • Activity title* • Start and end date of the activity* • Number of hours • Place and country of activity* • Organizing body*
Life Support	Life Support Certificate (BLS, ACLS, PALS)	Certificate should include: • Employee name • Life support category • Start and end date of the certificate • Location • Provider



Type of Professional Development	Required Attachment	Requirements
Life Support Trainer	Trainer Certificate or Proof (Issued by the provider or the Academic and Training Affairs Department)	Proof of certificate should include: • Employee name • Start and end date • Location • Provider
Fire and Safety	Certificate of attendance	Certificate should include: • Employee name* • Activity title* • Date of the certificate* • Location* • Provider*



Type of Professional Development	Required Attachment	Requirements
Scientific Poster	Acceptance document for the scientific poster from the organizing committee	Acceptance document should include: • Employee name* • Presentation date* • Poster title* • Organizing committee*
Health Volunteering	Volunteering Statement	Statement should include: • Employee name* • Volunteering start and end date* • Title* • Volunteering organization*



Type of Professional Development	Required Attachment	Requirements
Quality Improvement Project	Statement from the project owner or manager (issued within or outside employees' workplace)	Statement should include: • Employee name* • Project start and end date* • Project title* • Project description*



Type of Professional Development	Required Attachment	Requirements
On the Job Training	On the Job Training Statement (includes clinical attachment training within or outside employees' workplace)	OJT Statement should include: • Employee name* • Employee number* • Type of training* • Start and end date* • Specialty* • Establishment*
Scientific Paper	Published Scientific Paper	Scientific paper should include: • Employee name* • Publication date* • Publication title* • Journal* • Publisher



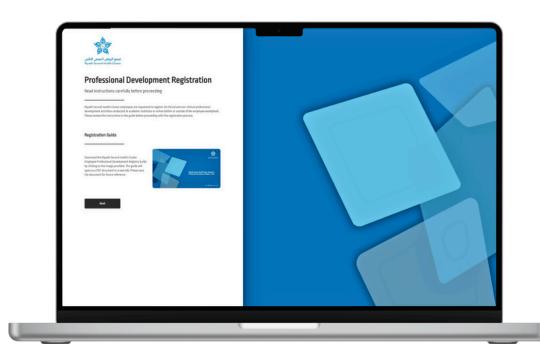
Professional Development Hours Summary

This table is provided to guide the recording of dates and hours for some professional development categories, ensuring accurate documentation for registry purposes.

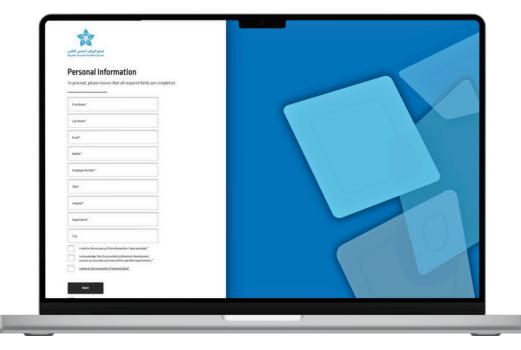
Professional Development Category	Dates (Start - End)	Training Hours
Quality Managment Project	[Insert Start Date] - [Insert End Date] (Monthly or Quarterly)	3 hours per month (or 9 hours per quarter)
Basic Life Support (BLS)	[Insert Course Date]	3 hours per course
Pediatric Advanced Life Support (PALS) / Advanced Cardiovascular Life Support (ACLS) / Neonatal Resuscitation Program (NRP)	[Insert Course Date]	4 hours per course
On the Job Training	[Insert Start Date] - [Insert End Date]	4 hours per day (calculate according to number of days)



Training and Development Log: Registry Process



Introduction page to the registry. Prior to proceeding, please carefully review the provided instructions and download the comprehensive guide by clicking on the image.

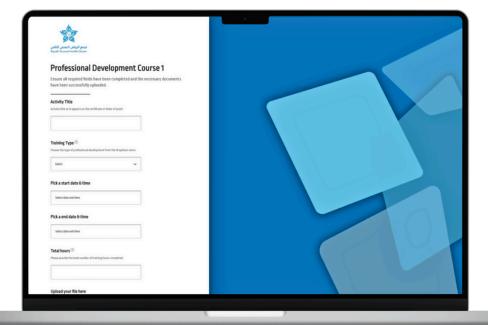


To proceed, complete all the personal information fields and click the acknowledgment boxes for confirmation.





This platform enables the streamlined management of your professional development activities. Individual activity submissions are required. For multiple activities, please submit each as a separate entry. Ensure all attachments are prepared beforehand and are of high quality and clarity.

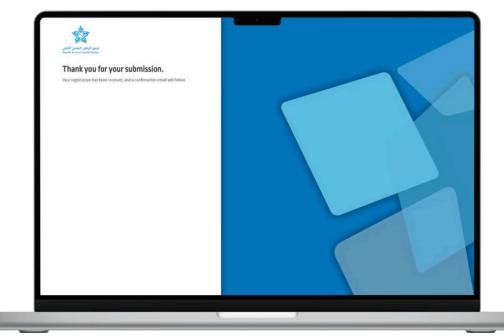


To ensure accurate documentation of training activities, please complete all required fields to proceed. This includes specifying the quarter, activity title, selecting the appropriate training category from the provided dropdown menu, and recording the precise start and end dates. Kindly calculate the total training hours accurately and attach all relevant supporting documentation. Incomplete submissions due to missing information will not be processed by the system.





Please rate your experience using the following scale, one star indicating an unsatisfying experience and five stars indicating an excellent experience. Your feedback is valued and will be used to enhance our services.



Your submission has been successfully received. A confirmation email will be sent to your registered email address shortly. Please ensure to check your inbox, as well as your junk or spam folder, for this confirmation.





Scan QR Code to be directed to the Registry Portal











