Royal College of General Practitioners

STATE OF KUWAIT

MINISTRY OF HEALTH

Kuwait Family Medicine Residency Program

Postgraduate Residency Training Curriculum

PGR1 through PGR5

Preface

Our vision at The Kuwait Family Medicine Academic Program is to improve the health of the people of Kuwait through leadership in family medicine education, clinical practice, and research. To fulfill this vision, our mission is to develop and maintain exemplary family medicine educational programs for medical students, resident physicians, physician assistants, other faculty and practicing physicians who train healthcare providers for Kuwait. Furthermore, we thrive to provide comprehensive, high quality, cost effective and humanistic healthcare in our family medicine clinical education centers through interdisciplinary cooperation. In our mission, we will promote the discovery and dissemination of knowledge that is important to teaching, clinical practice, and organization of healthcare. Finally, we will work in partnership with individuals, community organizations, and governmental institutions to address unmet primary care needs through education, community service, and contributions to help in improving health care delivery systems, while providing a nurturing educational and work environment where creativity is encouraged and diversity is respected.

This publication demonstrates the Family Medicine Curriculum in depth for the family medicine trainers, residents, medical students, and other faculty and practicing physicians who train in Family Medicine Centers.

Dr. Huda Alduwaisan
Founder of the faculty of primary healthcare

A word from the faculty chairperson

It is an honor to introduce this updated Family Medicine curriculum as the newly appointed Chair of the Faculty of Primary Healthcare. Our program continues to build on a proud legacy established by visionary leaders, dedicated trainers, and generations of committed residents who have shaped Family Medicine education and practice in Kuwait.

A significant milestone in this journey has been our successful RCGP accreditation for training for the first time, achieved through the exceptional leadership of Program Director Dr. Deena Aldhubaib and her outstanding team. Additionally, our reaccreditation for assessment reaffirms our alignment with the rigorous standards of MRCGP[INT] and the expectations of the Royal College of General Practitioners. These achievements reflect the strength, credibility, and international standing of our program.

As we present this updated curriculum, we reaffirm our commitment to maintaining the highest standards of medical education, grounded in evidence-based practice, professionalism, and compassionate patient care. At the same time, we embrace the future with confidence and creativity—integrating innovation, digital transformation, and emerging learning technologies to enrich the training experience and prepare our residents for an evolving healthcare landscape.

Our aim is to cultivate competent, confident, and community-oriented family physicians who embody the principles of continuity, advocacy, safety, and holistic care. We aspire to empower every resident to become an independent lifelong learner, reflective practitioner, and leader capable of driving positive change in primary healthcare. This aligns with our competency-based framework and the principles of the Triple C curriculum: Comprehensive care, Continuity of efucation and patient care, and a Curriculum centered in Family Medicine.

As we move forward, we will continue to harness all available resources—clinical settings, simulation-based learning, digital platforms, mentoring systems, quality improvement and clinical audit projects, and research opportunities—to ensure that every resident receives a comprehensive, modern, and supportive educational journey. Our commitment extends beyond training clinicians; we are shaping the next generation of innovators, educators, and healthcare leaders who will strengthen Kuwait's health system and respond to the needs of our diverse communities.

> I invite each resident, trainer, and colleague to view this curriculum not simply as a document, but as a living guide and trusted companion throughout the residency years. Together, let us sustain the values that have shaped this program, while embracing new ideas and approaches that will elevate Family Medicine in Kuwait for years to come.

With gratitude to all who have contributed—and with optimism for the future—I proudly present the updated curriculum of the Kuwait Family Medicine Residency Program.

Dr. Anwaar Buhamra
Chairperson, Faculty of Primary Healthcare – 2025

Foreword

Family Medicine provides accessible, high-quality, and cost-effective healthcare that is patient-centered, evidence-based, family-focused, and problem-oriented. Family physicians are highly skilled in managing common complaints, recognizing serious conditions, uncovering hidden illnesses, and treating a wide range of acute and chronic diseases. They also play a vital role in health promotion and disease prevention.

> The discipline is grounded in core values of continuing, comprehensive, compassionate, and personal care, delivered within the context of the family and the wider community.

Kuwait's primary healthcare system has a significant need for family physicians, with only 35% of all Primary Health Care Physicians (PHCPs) currently being board-certified family physicians.

The Kuwait Institute for Medical Specializations (KIMS)—in affiliation with the Royal College of General Practitioners (RCGP)—established the Family Medicine Residency Program (FMRP) in 1983 as a three-year program. In 2001, it expanded to a four-year duration, and since 2010 it has operated as a five-year residency program. The program received MRCGP (INT) exit exam accreditation in 2005, and later achieved full accreditation by the RCGP in 2023.

Family medicine residents are expected to meet rigorous standards, mastering a spectrum of clinical skills required to deliver initial, continuing, comprehensive, and coordinated care. Their training integrates biomedical, psychological, and social aspects of health. Consequently, there is a pressing need for a comprehensive and updated curriculum that equips family physicians with the competencies required to meet evolving community needs. A modern curriculum also supports lifelong professional development and enhances essential non-clinical capabilities—such as leadership, professionalism, and engagement in healthcare system development.

Over the last 20 years, the number of graduates from the Family Medicine Program has reached 655 as of October 2025

The Scientific Committee extends its sincere appreciation to the working group of the previous curriculum (2008), led by Dr. Samia AlMusallam, former director of the FMRP, for their dedication and exemplary work. Much of the current curriculum update builds upon the foundation they established.

The Committee also expresses deep gratitude to all contributors involved in developing the newly updated curriculum for their hard work, commitment, and valuable expertise.

Dr. Deena Aldhubaib
Director of the Family Medicine Residency Program

Vision

The vision of the Family Medicine Residency Program in Kuwait is to be a premier training program in the region which ensures the provision of highly qualified family physicians who can deliver an exemplary standard comprehensive primary health service and meet the increasing demand of the community.

Mission

The mission of the residency program is to provide an extensive and innovative high standard training for the family medicine residents. This is achieved by advocating evidence-based practice and promoting research and scholarly activities. We incorporate our core values of health care equity, teamwork, patient-centered care, and compassion in our clinical practice and education. Our program adopts a learner-centered approach encouraging self-reliance and professional growth. In addition, the program works to prepare family physicians as leaders who are equipped to deal with the growing challenges in the community.

Introduction

Residents will find family medicine specialty challenging yet exciting. It is well known that family medicine is the cornerstone of the healthcare system. It is unique and differs from other medical specialties by being the point of first contact within the organized healthcare system, dealing with all health problems regardless of the age, sex or any other characteristic of the person concerned. It is a specialty that is committed to the person first rather than to a particular body of knowledge, group of diseases or interventions.

What makes it distinctive is that it relies largely on the subjectivity of patient's personal health beliefs and cultural influences in the different aspects of intervention. In addition, the doctor-patient relationship that is established over time, through effective communication between doctor and patient, plays an essential role of the discipline.

There are some common misperceptions of primary health care saying that it only provides "basic" care, when, in fact, it provides essential care that can cover the majority of a person's health needs throughout their lives. Another misperception is that primary health care is about simple illnesses while in fact it is about acute and chronic health conditions involving all ages as well as its major role in prevention, health promotion, treatment, rehabilitation, and palliation.

Moreover, primary health care is the only health care available to people from all socio-economic statuses and the goal is to work through multidisciplinary teams with strong referral systems to secondary and tertiary care when needed.

Nowadays, our aim in the primary health care is to go beyond providing health care services to individuals. It is a whole-of-society approach that seeks to address the broader determinants of health, such as community level disease prevention efforts, and to empower individuals, families and communities to get involved in their own health.

During the family medicine program, the curriculum will help the residents to learn how to correct those misperceptions and make efficient use of limited healthcare resources through coordinating care and working with other professionals to manage illnesses presenting in an undifferentiated way at an early stage and how to master consultation skills.

Also, the curriculum is intended as a guide to both residents and trainers. It went through progressive stages of evolution. It is designed to address the wide-ranging knowledge, competencies, clinical and professional attitudes considered appropriate for a doctor intending to commence a profession of family medicine. This curriculum is a dynamic and complex document that will change and develop as medicine changes and develops.

Goals

By the end of the five years residency training we aim to develop family physicians who:

	Goal
1	Are safe, competent & confident in managing a variety of health problems ranging from minor self-limiting illnesses to those more serious or life threatening, irrespective of age and gender. As well as being skilled at dealing with ambiguity and uncertainty.
2	Embrace a holistic and a comprehensive approach to the management of disease and illness in patients and their families.
3	Have a unique consultation process that establishes a working relationship, through effective communication between doctor and patient on the long term, thus maintaining continuity of care.
4	Provide high-quality, cost-effective care in collaboration with other healthcare providers.
5	Adopt a systematic preventive care approach for the practice population as a whole.
6	Are responsive and adaptive to the community's changing needs and circumstances. Moreover, have the ability to advocate a public policy that promotes their patients' health in society.
7	Take responsibility for continuously monitoring, maintaining and if necessary, improving clinical aspects, services and organization, patient safety and patient satisfaction of the care they provide.
8	Apply evidence-based medicine in their daily work to improve patients' care with validated, up to-date and high quality literature.
9	Have the required knowledge and skills to conduct research and audits that contribute to raise the standard and professionalism in the health care system.
10	Have effective strategies for a self-directed, lifelong learning process and be able to demonstrate the highest standard of professional conduct and ethical practice.

Learning, Teaching & Rotations during the Residency Program

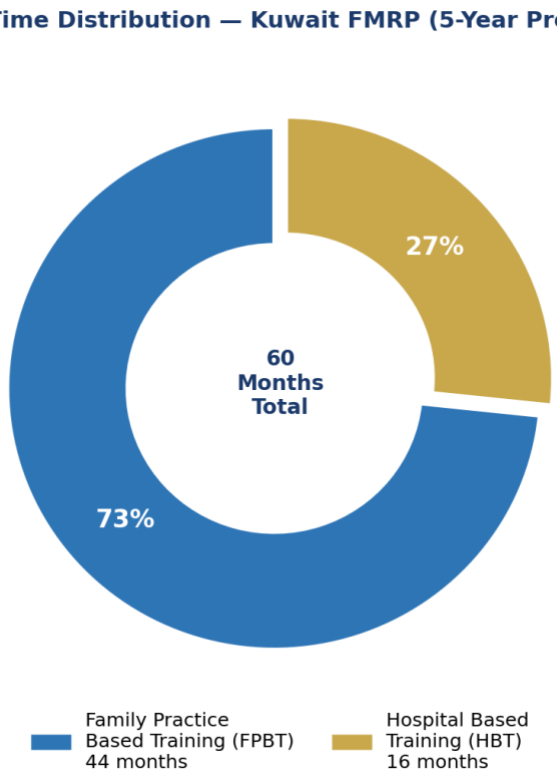
Family Practice Based Training (FPBT)

Most of the resident's knowledge, attitudes and skills will be attained through caring for patients in the family medicine centers (Family Practice Based Training FPBT) where residents are expected to spend a total period of 44 months.

The moment the resident is accepted in the residency program, he/she is allocated to a trainer. From there, the journey of teaching and learning begins. The teaching and learning process during FPBT period is unique, in which the primary relationship is between the trainer (educator) and the resident (learner), a relationship that is embedded in active and professional practice. During the years of training, each resident will be exposed to different trainers in different health regions, to ensure adequate exposure to a variety of cultural and ethnic groups in the society.

Hospital Based Training (HBT)

Residents will spend a total of 16 months in different hospital attachments (Hospital Based Training HBT) with different specialties to reinforce and refine their knowledge, skills and attitudes in the different medical specialties and subspecialties. It is considered as a fundamental part of the training experience in our residency program. We provide our residents with diverse training prospects by experienced hospital consultants. We offer them the chance to practice as an integrated part of the hospital team under full supervision.



Mandatory Rotations

The following table and visual schedule detail the mandatory clinical rotations across all five years of the Kuwait Family Medicine Residency Program.

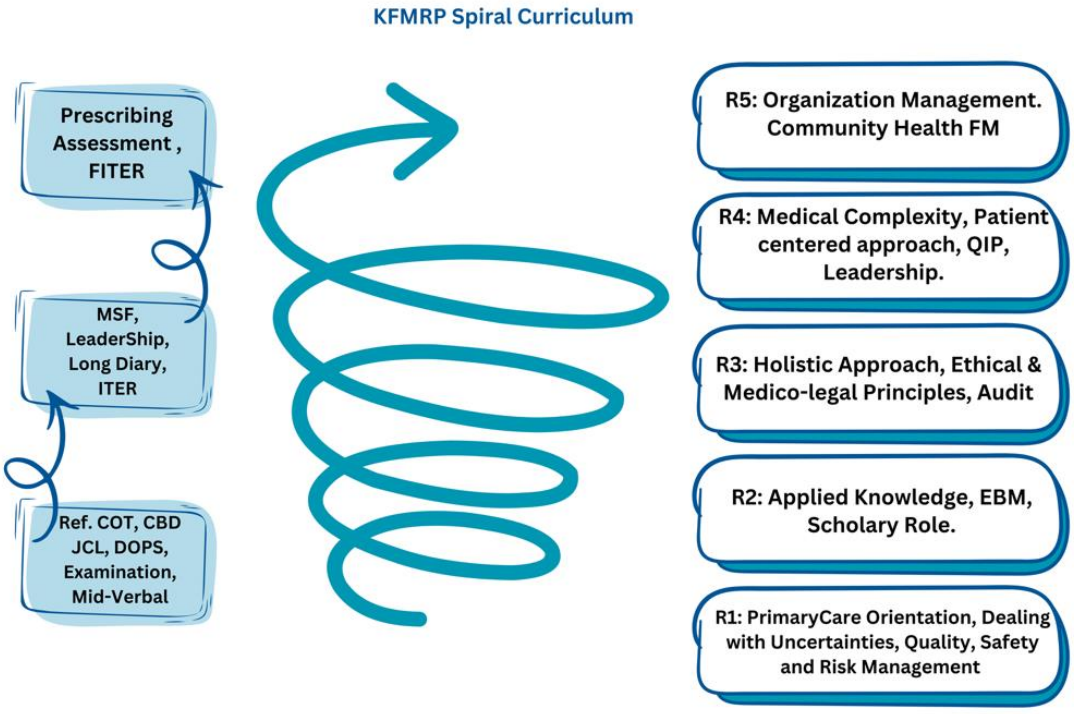
Kuwait Family Medicine Residency Program

Clinical Rotation Schedule by Training Year (PGR1–PGR5)

PGR1	Family Medicine 7 months	Emergency 2 months	Pediatrics (incl. Genetics 2 wks) 3 months				
PGR2	Family Medicine 6 months	Internal Medicine 3 months	Surgery 1mo	OB/GYN 1mo	Ortho. 1mo		
PGR3	Family Medicine 7 months	Ophth. 1mo	Derm. 1mo	ENT 1mo	Psych. 1mo	Pall. 2wk	Pd Sx 1wk
PGR4	Family Medicine 11 months & 2 weeks	Infect. 2wk					
PGR5	Family Medicine 12 months						

An elective opportunity is offered during PGR4.

Deeper role programs in mental health, geriatrics, and women's health are offered in PGR4 and PGR5: https://kfmrp.com/deeper-roles/



Competency Framework

The Kuwait family medicine competency framework for the residents describes the different competencies; skills and professional attitudes that residents in the family medicine residency program need to acquire and develop during their five residency years. It is a result of extensive review of internationally well-acclaimed curricula.

Upon completion of the five years residency, the resident should be able to demonstrate proficiency in the Kuwait Family Medicine Competencies acquired through their residency which are essential for family physicians.

The curriculum is formulated according to the Triple C Competency based curriculum which provides the relevant learning contexts and strategies to enable residents to integrate competencies, while acquiring evidence to determine that a resident is ready to begin to practice in the specialty of family medicine.

The Triple C's

The Triple C Competency-Based Curriculum	
1	**Comprehensive Care and Education** Family medicine residency programs have a responsibility to society that requires them to educate physicians to meet community needs through the delivery of comprehensive care. This necessitates the establishment of a comprehensive curriculum which enables the learner to achieve the full range of required competencies.
2	**Continuity of Education and Patient Care** Family medicine residency program should ensure the continuity of care and continuity of education. Continuity of care includes follow patients over time, follow patients in different settings, experience relationship and responsibility of care. The continuity of education encompasses continuity of supervision and assessment, continuity of learning environment, continuity of curriculum and continuous integration.
3	**Centered in Family Medicine** Family medicine residency program should control the goals and curricular elements by family medicine contexts and teachers (Augmented as required with other experiences). The content should be relevant to the needs of family medicine trainees and opportunities to develop professional identity as a family physician.

Fig 1 Kuwait Family Medicine Competency Framework

These aspects ensure that the Family Medicine Resident excels in KIMS adopted CANMEDS roles framework (Medical expert, Professional, Communicator, Collaborator, Manager, Health Advocate, Scholar).

KIMS Competency	KFMRP Competency						
	Clinical proficiency & medical complexity	Communication & culture	Health promotion	Personal & professional growth	Evidence based practice & Data analysis	Organization management	Leadership & working as a team
Medical expert							
Communicator							
Collaborator							
Manager							
Health advocate							
Scholar							
Professional							

This table highlights how each KFMRP competency align with KIMS competencies

C1 — Clinical Proficiency & Medical Complexity

C1 Clinical Proficiency & Medical Complexity

DEFINITION	STANDARD
Apply clinical knowledge, problem solving skills, and appropriate clinical examination to reach a diagnosis and manage accordingly. Provide care beyond the acute problem, including management of ambiguity, uncertainty, multiple complaints and comorbidities.	Demonstrate competency in all aspects of consultation including data gathering, problem solving, and general clinical care to patients of all ages and backgrounds. Deal with complexities and move beyond guidelines when managing poorly understood or multiple problems.

SUPPORTING EVIDENCE

- 1.1 Cover a full range of knowledge in health conditions
- 1.2 Selectively gather and interpret information from history, examination and investigations and apply to a management plan
- 1.3 Build diagnostic hypotheses based on prevalence, community incidence and urgent treatable problems
- 1.4 Develop analytical and clinical reasoning skills considering ethical principles and professional responsibilities
- 1.5 Manage patients safely and in a cost-effective way
- 1.6 Manage random and unfiltered problems including common, serious and undifferentiated conditions
- 1.7 Manage simultaneously multiple clinical issues and complexities, acute and chronic, in uncertainty
- 1.8 Recognize personal limits in knowledge, skills and attitudes
- 1.9 Adopt working principles (incremental investigation, using time as a tool) within available resources
- 1.10 Prioritize the management plan based on patient perspective, medical urgency and context
- 1.11 Provide long-term continuity of care as determined by individual patient need
- 1.12 Apply the principles of safe prescription with attention to polypharmacy
- 1.13 Recognize occasions when referral to hospital specialist is indicated and act accordingly
- 1.14 Use time effectively in assessment and management
- 1.15 Document procedures performed and their outcomes, and ensure adequate follow-up
- 1.16 Reach clinical decisions according to best evidence, patient perspective and past experience
- 1.17 Demonstrate safe, ethical, effective use of AI tools to support clinical decisions, education and care

MILESTONE DESCRIPTORS	
R2 — Year 2 milestone (just passing)	**R5 — Year 5 milestone (just passing)**
• Recognize a fair range of knowledge in health conditions	• Obtain an adequate range of knowledge in health conditions
• Identify key information to include or exclude likely relevant significant conditions	• Obtain sufficient information to include or exclude likely relevant significant conditions
• Demonstrate the ability to take a psycho-social history asking about life style and alcohol/ drugs/ tobacco	• Able to obtain a comprehensive psychosocial history to identify individual determinants of health
• Demonstrate attention to patient safety	• Provide attention to patient safety
• Justify a clinically appropriate working diagnosis	• Create a clinically appropriate working diagnosis
• Provide a fair management plan (including prescription) appropriate for the diagnosis	• Provide an adequate management plan (including prescription) appropriate for the diagnosis
	• Demonstrate ability to consider multiple clinical issues and complexities

C2 — Communication & Culture

C2 Communication & Culture	
DEFINITION Communicate with patients effectively using recognized consultation techniques, to establish partnership and manage challenging consultations and third-party consultations in the context of cultural dimensions.	**STANDARD** Use various consultation skills to overcome communication barriers and reach a shared understanding with patients to encourage collaborative relationships in the background of cultural values and beliefs.

SUPPORTING EVIDENCE

- 2.1 Develop rapport and ethical therapeutic relationships built on trust, respect, honesty and empathy
- 2.2 Apply communication techniques to resolve conflict and balance physician and patient to ensure safety of both
- 2.3 Adopt a patient-centered approach with sensitivity to expectations, needs and health beliefs
- 2.4 Communicate management options clearly and provide support and information to patients and caregivers
- 2.5 Bring about an effective doctor-patient relationship with respect for patient autonomy
- 2.6 Use bio-psycho-social models taking into account cultural dimensions (holistic approach)
- 2.7 Break bad news clearly and empathically including communication of a terminal prognosis
- 2.8 Consider common medico-legal, ethics and conflict using appropriate communication skills
- 2.9 Interact, work and develop meaningful relationships with people of various cultural backgrounds
- 2.10 Demonstrate cultural empathy by understanding cultural and spiritual values, needs and perspectives
- 2.11 Demonstrate how to access an interpreter if required
- 2.12 Discuss how the life expectancy of expatriates can impact their health and well-being

MILESTONE DESCRIPTORS

R2 — Year 2 milestone (just passing)	R5 — Year 5 milestone (just passing)
• Understand the importance of building good relationship with patient and family using communication skills	• Build relationship with the patient and family using appropriate communication skills

• Recognize and respond safely to any conflict or medicolegal issues	• Resolve patient conflict or medicolegal issues ensuring doctor and patient safety
• Consider patients' ICE in the management plan	• Apply patient-centered approach and shared management plan
• Consider the biopsychosocial elements in the consultation	• Embrace holistic approach
• Show sympathy and empathy while breaking bad news	• Apply appropriate communication skills in challenging situations
• Show respect to different cultural values, beliefs and health practices	• Understand the cultural diversity within the practice
	• Adapt practice to accommodate the person's cultural needs and values

C3 — Health Promotion

C3 Health Promotion	
DEFINITION Encourage, support, and empower patients to lead healthier lives which includes self-management and preventative medicine.	**STANDARD** Utilize the patients' information relating to the psychosocial, cultural, and socioeconomic background to formulate individualized health promotion and prevention plans.

SUPPORTING EVIDENCE

- 3.1 Improve health and quality of life by applying health promotion and disease prevention strategies appropriately.
- 3.2 Demonstrate ability to apply the three categories of prevention: primary, secondary and tertiary at consultation and practice levels.
  - 3a Identify the determinants of health within communities, including barriers to accessing care
  - 3b Encourage the patient's awareness of self-responsibility in obtaining optimal health and readiness to change
  - 3c Show basic understanding of current public health issues on global and local levels
  - 3d Advocate for health equity ensuring health care to all patients regardless of their backgrounds
  - 3e Collaborate with other health care professionals including allied health and secondary care physicians
  - 3f Lead an awareness activity for community health promotion

MILESTONE DESCRIPTORS

R2 — Year 2 milestone (just passing)	R5 — Year 5 milestone (just passing)
• Recognize the importance of psychosocial history in health promotion	• Utilize the psycho-social history to formulate individual and appropriate prevention plans
• Understand the principles of disease prevention and the difference between primary, secondary and tertiary prevention	• Apply health promotion and disease prevention strategies appropriately and effectively
• Communicate with other health professionals regarding health promotion	• Promote lifestyle modification and disease prevention in their practice
• Participate in a community-based health promotion activity	• Collaborate with other health care professionals for patient health
	• Plan a community-based health promotion activity

Definition of Prevention Levels	
Primary Prevention	Intervening before health effects occur, through measures such as vaccination, altering risky behaviors (poor eating habits, tobacco smoking).
Secondary Prevention	Reduce the impact of disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, for example screening programs.
Tertiary Prevention	Involve the prevention of complications in people who have already developed disease, for example fundoscopy for diabetic patients.

C4 — Evidence-Based Practice & Data Analysis

C4 Evidence-Based Practice & Data Analysis	
DEFINITION Use evidence-based principles and interpret statistical data in decision making.	**STANDARD** Demonstrate the ability to search for the best evidence to manage patients' problems. Judge the weight of evidence using critical appraisal skills, analyze data with reflection to inform decision making.

SUPPORTING EVIDENCE

- 4.1 Have a firm grasp of the principles of epidemiology and statistics
- 4.2 Formulate a well-built clinical question to search for EBM resources and choose the best evidence
- 4.3 Search for the best evidence to manage patients' problems
- 4.4 Apply the principles of evidence-based medicine in the management of patients
- 4.5 Monitor and improve quality of care by performing evidence-based clinical audits and research
- 4.6 Critically appraise articles and studies as needed and apply this to practice decisions using relevant tools
- 4.7 Understand and interpret the various standard critical appraisal measures
- 4.8 Analyze the results of the data collection (in audit & QIP), considering the followings:
  - Express the resulted data in numbers & percentage (use Excel sheet &graphs)
  - Compare the result to the aim
  - Reflect the results & learned lessons
- 4.9 Use time as a variable for judging the success of audit/QI initiatives as pre-post analysis then adopt and sustain changes.
- 4.10 Develop competency in appropriate use of Artificial Intelligence technologies including critical appraisal, ethical consideration, and intergration into clinical practice.

MILESTONE DESCRIPTORS

R2 — Year 2 milestone (just passing)	R5 — Year 5 milestone (just passing)
• Demonstrate comprehension of general principles of epidemiology and basic statistics	• Apply the principles of epidemiology and statistics
• Demonstrate the ability to formulate a well-built evidence-based clinical question	• Demonstrate the ability to search for the best evidence to manage patients' problems
• Demonstrate the ability to search for evidence information	• Apply evidence-based medicine in the management of patients

• Demonstrate the ability to perform evidence-based clinical audits	• Demonstrate the ability to perform evidence-based clinical audits
• Demonstrate the understanding of general principles of critical appraisal	• Critically appraise articles and studies as needed
	• Analyze and interpret the result of the data collection
	• Proper use of electronic records for collecting data, considering confidentiality
	• Represent data in numbers and percentages in tables comparing with aim and standard
	• Apply information to practice decisions using relevant tools

C5 — Leadership & Teamwork

C5 Leadership & Teamwork	
DEFINITION Work collaboratively with other professionals to ensure good patient care, including the sharing of information with colleagues. Understand how to develop clinical leadership skills.	**STANDARD** Work as an effective team member, understanding others' roles and capabilities as part of coordinated care. Recognize their core responsibility for leadership in various forms. Play a role in situation other than patients care management policy, such as participation in health care management, policy development, planning and quality projects.

SUPPORTING EVIDENCE

- 5.1 Appreciate the important of teamwork and act in collaboration with colleagues both as a leader and as part of the team
- 5.2 Coordinate and facilitate care with other professionals within primary care and with other specialties
- 5.3 Ensure respect to colleagues in the practice
- 5.4 Apply leadership skills to improve quality, safety and efficiency of care including cost-effective care
- 5.5 Create new and innovative services and adopt transformative change
- 5.6 Consider future development reflecting needs of busy primary care professionals and the reality of team working
- 5.7 Understand primary care center systems, administration systems, MOH policies, rules and regulations
- 5.8 Understand the roles of the multiprofessional staff available in the health care institution
- 5.9 Accountability for justice, acting as patient advocate, for children, young people and geriatric, with sharing information & keep recording especially safety aspects e.g., criminal issues, neglects…
- 5.10 Document incident reports, communicating respectfully with healthcare workers and affected patient
- 5.11 Demonstrate ability and enthusiasm in participating in quality and accreditation in the health system

MILESTONE DESCRIPTORS

R2 — Year 2 milestone (just passing)	R5 — Year 5 milestone (just passing)
• Involve in teamwork and act in collaboration with colleagues	• Appreciate teamwork and act in collaboration with colleagues as a leader and team member

• Understand the importance of collaboration with specialists in secondary care for best outcomes	• Coordinate and facilitate care with other professionals, including sharing of information
• Write comprehensive referral letters when indicated and provide appropriate follow-up	• Ensure respect to colleagues in the practice
• Understand comprehensive record-keeping	• Effectively report patient safety related incidents by filling MOH incident reports
• Consider issues of patient safety in the provision of care	• Use administrative skills for medico-legal, ethical and organizational aspects of practice in Kuwait
• Ensure respect to colleagues in the practice	• Demonstrate comprehensive record keeping skills
	• Play a role in health care management, policy development and planning, and quality projects
	• Acknowledge own limitations and seek consultation with other health care providers

C6 — Organisation Management

C6 Organisation Management	
DEFINITION Understand how primary care is organized within the MOH rules and regulations.	**STANDARD** Outline and apply the general principles of administrative management and quality assessment. Work in a well-organized manner and demonstrate cost-effective practice.

SUPPORTING EVIDENCE

- 6.1 Understand the primary health care system in Kuwait with respect to medico-legal, ethical and organizational aspects (MOH policies, rules and regulation)
- 6.2 Implement processes to ensure continuous quality improvement within the practice
- 6.3 Employ information technology and skills to deal with electronic medical records for better care and follow-up
- 6.4 Recognize appropriate allocation of healthcare resources, including referral to other professionals and community resources.
- 6.5 Demonstrate awareness of the role of the family physician in health care management and policy planning
- 6.6 Consider issues of patient safety in the provision of care and other professional responsibilities
- 6.7 Apply ethical principles to other parties e.g. pharmaceutical companies, staff and colleagues
- 6.8 Recognize interventions that could improve sustainability and planetary health

MILESTONE DESCRIPTORS

R2 — Year 2 milestone (just passing)	R5 — Year 5 milestone (just passing)
• Apply understanding of basic medico-legal and ethical aspects	• Apply concepts of medico-legal and ethical practice
• Apply audit project	• Apply quality improvement project and demonstrate basic leadership skills
• Demonstrate the ability to use electronic medical record for patient care	• Utilize electronic medical record to ensure good practice
• Adopt cost-effective practice including referrals, investigations, and prescriptions	• Demonstrate cost-effective practice including appropriate referrals, investigations and prescriptions
• Acknowledge patient safety	• Justify prioritization of patient safety while managing practice aspects

C7 — Personal & Professional Growth

C7 Personal & Professional Growth	
DEFINITION Maintain performance and effective professional development for oneself and others.	**STANDARD** Commit to continuously improving professional performance in self and colleagues. Participates in and supports others with reflective practice and structured learning activities.

SUPPORTING EVIDENCE

- 7.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- 7.2 Maintain professional activities and identify own learning needs through self-directed reflective practice, seeks ways to meet these needs and evaluate outcomes
- 7.3 Show commitment to continuous professional development through CME, audit and QIP to improve care
- 7.4 Facilitate the education of residents, colleagues and other professionals and develop teaching skills (leadership)
- 7.5 Maintain quality of care to national and international standards according to updated guidelines
- 7.6 Self-awareness regarding personal ethical strengths and vulnerabilities affecting professional practice
- 7.7 Apply ethical dimensions in clinical decisions considering dignity, age, mental capacity, social, cultural and riligious diversity
- 7.8 Ability to deal with different ethical dilemmas appropriately
- 7.9 Work within a multidisciplinary team so the whole team's views are applied to patient care when discussing the care of the patient
- 7.10 Demonstrate the competences of shared leadership to improve healthcare delivery
- 7.11 Resident wellbeing: Deal with stress and burnout to ensure safe practice
- 7.12 Utilize artificial intelligence to enhance personal development

MILESTONE DESCRIPTORS

R2 — Year 2 milestone (just passing)	R5 — Year 5 milestone (just passing)
• Acknowledge the importance of time management and balance between social life and clinical practice	• Demonstrate skills of time management and balance between social life and clinical practice
• Recognize the importance of a personal development plan in order to	• Address learning needs through an appropriate personal development plan

mention his ongoing learning process to meet educational needs	
• Recognize the importance of participating in the education of all health professionals	• Contribute to the education of all health professionals
• Recognize the importance of keeping knowledge up to date when managing the patient	• Follow updated guidelines in managing the patient
• Recognize the importance of applying ethical issues in resolving ethical dilemmas	• Apply the principles of ethics in clinical practice
• Recognize the importance of teamwork and leadership in clinical practice	• Contribute as part of the team and demonstrate leadership skills

C8 — Learning objectives & opportunities per year of training

- R1 objectives & learning opportunities
- R2 objectives & learning opportunities
- R3 objectives & learning opportunities
- R4 objectives & learning opportunities
- R5 objectives & learning opportunities

Assessment of Learners

N.B: The followings are descriptors for the previous competencies:

Excellent	Clear pass	Just pass	Just fail	Clear fail
Consistently exceeds	Sometimes exceeds	Generally, meet	Inconsistently meets	Rarely meets

Overview

Samples observable competencies: Within all seven Kuwait Family Medicine Competency Framework, across the Domains of Clinical Care guided by the work place-based assessment evaluation objectives (which are WPBA evaluation objectives and reports e.g., COT, CBD, DOPS, Physical Examination assessment, Random case analysis, Problem Case Discussion, Joint consultation log, Mid-verbal feedback, Multi-source feedback, reflection, prescribing assessment, leadership, ITER and FITER) resulting in consistent and continuous demonstration of competence.

Domains Assessed

The domains assessed are: data gathering, problem solving skills, selectivity, communication Skills, patient-centered approach, holistic approach, evidence-based management, professionalism, procedure Skills, feedback given and judgment of the performance (Mid-verbal feedback, ITER and FITER).

Assessment Philosophy

Assessment processes and methods are embedded within the curriculum. Assessment is continuous and formative, ensuring ongoing monitoring of learner progress. Educational planning, including remediation, is tailored to individual needs, and decisions regarding promotion and final evaluation are based on competencies.

Curriculum Matrix: Learning Methods & Formal Courses by Training Year

The following matrix details all core teaching methods, progressive learning methods, hospital attachments, and ODSC formal courses scheduled across PGR1 through PGR5.

Color Key

✓ Longitudinal method	✓ ODSC formal course	✓ Late-added competency
Present across all or most training years	*Year-specific course or workshop (non-repeating)*	*Introduced in senior years only (e.g. AKT)*

Note: Absence of a marker indicates the method/course is not listed in programme documentation for that year - not confirmed absent. Source: Kuwait FMRP Programme Documentation.

Learning Method / Course	PGR1	PGR2	PGR3	PGR4	PGR5
CORE TEACHING METHODS (LONGITUDINAL)					
Observation of trainers / experienced practitioners	✓	✓	✓	✓	✓
Joint consultations → independent supervised consultations	✓	✓	✓	✓	✓
Direct observed consultations — Joint Consultation Log	✓	✓	✓	✓	✓
Reflective diaries	✓	✓	✓	✓	✓
Problem-based Case Discussion (PCD)	✓	✓	✓	✓	✓
Random Case Analysis (RCA) from work time sheet	✓	✓	✓	✓	✓
Formal tutorials	✓	✓	✓	✓	✓
Direct Observation of Procedural Skills (DOPS)	✓	✓	✓	✓	✓
Community health activities	✓	✓	✓	✓	✓
Leadership participation / directing leadership activity	✓	✓	✓	✓	✓
PROGRESSIVE METHODS (ADDED WITH SENIORITY)					
Independent self-directed learning		✓	✓	✓	✓
Video case analysis				✓	✓
Small group teaching				✓	✓
Prescribing assessment					✓
AKT online					✓
HOSPITAL ATTACHMENTS					
Paediatrics & Genetics Center	✓				
Emergency department	✓				
Medicine, Surgery, OB/GYN, Orthopaedics		✓			

Learning Method / Course	PGR1	PGR2	PGR3	PGR4	PGR5
Psychiatry, Ophthalmology, Dermatology, ENT, Paed. Surgery, Palliative Care			✓		
ODSC FORMAL COURSES & WORKSHOPS					
Mastering Consultation Skills	✓				
Emergencies in General Practice	✓				
Growth Chart and Child Abuse	✓				
Reflection and Presentation Skills	✓				
Orientation for OSCE & Part I Exam	✓				
EBM — Epidemiology & Critical Appraisal		✓			
Audit in GP		✓			
Dilemmas in DM Diagnosis and Management		✓			
Life Support — BLS & ACLS (initial certification)		✓			
QIP Course in GP			✓		
Women's Problems			✓		
Ethical and Medico-Legal Issues			✓		
Geriatric Course / Geriatrics Clinic / Home Visit			✓		
Psychiatry Course			✓		
Suicidal First Aid Workshop			✓		
Men's Health				✓	
Life Support — BLS & ACLS (revalidation)				✓	
SG Teaching: Video Case Analysis & Critical Appraisal Workshop				✓	
Emergency Course Revision				✓	
Safety & Practice Management					✓
Obesity & Nutrition					✓
How to Run a Well-Baby Clinic					✓
SG Teaching: Video Case Analysis					✓

Self-Directed Learning Based on Reflective Practice

Self-Directed Learning
A key component of adult learning theory.

The primary tool to empower it in the program is by developing the reflection skills of residents.

Program Implementation

The principle of reflection is introduced in PGR Year 1 through a course where the reflective process and guided template are discussed.

Residents are encouraged to maintain a reflection diary. At least 1 log is discussed with the trainer as a WPBA requirement; not an assessment. The trainer also submits a feedback sheet for documentation.

Submission of reflection forms is monitored by the WPBA committee on a yearly basis.

Also required as part of:

- Prescription assessment
- Leadership assessment
- Audit
- Quality Improvement Project (QIP)

Theory of Reflection — Eight Elements

Element	Description
Connection to Experience	Makes clear the connection(s) between the experience and the dimension being discussed.
Accuracy	Makes statements of fact that are accurate and supported with evidence; for academic articulated learning statements, accurately identifies, describes, and applies appropriate academic principle(s).
Clarity	Consistently expands on and expresses ideas in alternative ways, provides examples/illustrations.
Relevance	Describes learning that is relevant to the articulated learning statement category and keeps the discussion specific to the learning being articulated.
Depth	Addresses the complexity of the problem; answers important question(s) that are raised; avoids oversimplifying when making connections.
Breadth	Gives meaningful consideration to alternative points of view and interpretations.
Logic	Demonstrates a line of reasoning that is logical, with conclusions or goals that follow clearly from it.
Significance	Draws conclusions, sets goals that address a (the) major issue(s) raised by the experience.

Evidence Based Clinical Audit (ECAP) and Quality Improvement Projects (QIP)

Introduction

In 2019, the Kuwait Family Medicine Residency Program (KFMRP) embraced the inclusion of quality improvement (QI) within its academic mission for residents in Year 4 (PGY 4), to participate in teaching, practice management, strategic leadership, empowered teams, data emphasis, and professional development.

Program Goals		
#	**ECAP — PGY3**	**QIP — PGY4**
1	Teach residents PGY3 with evidence-based clinical audit project (ECAP) in their training centers.	Teach residents PGY4 with quality improvement project (QIP) in their training centers.
2	Have the required knowledge and skills to conduct evidence-based clinical audit projects (ECAP) that contribute to raising the standard and professionalism in the healthcare system.	Have the required knowledge and skills to conduct quality improvement projects (QIP) that contribute to raising the standard and professionalism in the healthcare system.

Objectives — Evidence-Based Clinical Audit Project (ECAP) | PGY3

- Familiarize participants with the principles of evidence-based clinical audit and its place in improving the quality of patient care.
- Enable participants to undertake and complete a meaningful clinical audit in practice.
- Objectives:
  - Decide on priority and topics of audit.
  - Distinguish between criteria and standards.
  - Help participants set realistic standards.
  - Advise participants on suitable audit topics.
  - Understand the problems encountered while performing an audit project.

Objectives — Quality Improvement Project (QIP) | PGY4

- Enable residents PGY4 to undertake and complete an important QIP in practice.
- Aspire toward enabling residents to :
  - Re-enforce and build a positive QI team in the centers.
  - Understand basics (not detail/complicated) QI tools.
  - Discuss and provide feedback about the QI tools being conducted in the PHC centers.
  - Help residents apply the model for improvement using the PDSA cycle for change.
  - Facilitate leadership skills for residents in their working place.
  - Clarify facilities & challenges while conducting QIP and share solutions.
  - Evaluation process of QIP.

ECAP vs. QIP — Comparative Objectives Summary

ECAP — PGY3 Objectives	QIP — PGY4 Objectives
Familiarize with principles of evidence-based clinical audit	Complete an important QIP in practice
Enable completion of a meaningful clinical audit in practice	Build a positive QI team in the centers
Decide on audit priority and topics	Understand basic QI tools
Distinguish between criteria and standards	Provide feedback on QI tools in PHC centers
Set realistic standards	Apply the PDSA cycle for improvement
Select suitable audit topics	Develop leadership skills in the workplace
Understand problems encountered in audit	Clarify challenges and share solutions
	Conduct QIP evaluation process

By the end of the training, the residents should demonstrate the ability to apply knowledge and show the following skills across six competency domains:

Data Analysis *Skills & Knowledge*	**Patient Safety** *Skills & Knowledge*	**Culture** *Skills & Knowledge*
Leadership *Skills & Knowledge*	**Communication** *Skills & Knowledge*	**Teamwork** *Skills & Knowledge*

Competency Coverage — Summary Overview

Competency Domain	ECAP Skills	QIP Skills	ECAP Knowledge	QIP Knowledge
Data Analysis	6 items	5 items	2 items	3 items
Patient Safety	3 items	7 items	2 items	4 items
Culture	2 items	3 items	2 items	3 items
Leadership	2 items	3 items	2 items	3 items
Communication	3 items	2 items	2 items	2 items
Teamwork	3 items	3 items	3 items	2 items

Data Analysis

ECAP | PGY3	QIP | PGY4
Skills	
• Define the goal & aims • Set up the criteria & the standard for the ECAP • Proper use of the electronic records in the centre (PCIS) for collecting data, considering ethical aspects mainly confidentiality for patient information • Analyse and interpret the result of the data collection • Representing the data in numbers & percentages, demonstrating it in tables (with title) & comparing it with the criteria & standard • Identify the changes & its effects on the outcome care	• Define the goal of the QIP • Use QI tools to measure and collect data; introduction to key tools: control chart, PDSA approach, Pareto diagram, and Ishikawa (fishbone) diagram • Analyse and interpret the result of the data collection • Recognize the changes to be made to reach a better outcome • Address the challenges to sustaining the goal
Knowledge	
• Piloting process & results interpretation • Data (1) & (2) collection, results in tables	• The quality improvement project & QI tools • PDSA cycle • How to use Excel sheet & graphs

Patient Safety

ECAP | PGY3	QIP | PGY4
Skills	
• Capability to identify clinical errors e.g. via PCIS and lead staff to make immediate changes • Able to use patient registry list to record data safely and confidentially • Ensure good time management and scheduling for auditing during clinical working hours	• Able to detect danger or errors that might affect patient safety • Accurately entering an error report e.g. incident report • Able to interpret incident report • Able to disclose the error in a professional manner to the team and communicate effectively • Able to discuss and make a root cause analysis for the problem raised • Able to format a task or steps to participate in solving the problem in QIP setting • Able to analyze and criticize the outcome and suggest improvements
Knowledge	
• In the context of patient care, describe how technology and information management can impact patient outcome (benefits and limitations)	• Acknowledge that patient safety is a high priority

ECAP | PGY3	QIP | PGY4
• Describe the role of human factors in assuring safety (e.g. physical, psychological limitations of humans; interactions between human and instrument e.g. PCIS)	• Aware of possible risks that can jeopardize patient safety • Distinguishing between errors, adverse events, near miss, and hazard • Defining the key dimensions of patient safety culture

Culture

ECAP | PGY3	QIP | PGY4
Skills	
• Foster the implementation of the audit project relevant to the local community and practice structure e.g. staff with different languages, values • Able to promote the cultural needs to achieve the agreed standard for patient care	• Acknowledge cultural differences • Understand your own culture • Acquire cultural knowledge and skills
Knowledge	
• Understand the cultural diversity within the practice • Aware of the available resources that support cultural needs	• Respect culture differences • Know how to deal with patients coming from different backgrounds • Adapt the working practices according to cultural need if appropriate

Leadership

ECAP | PGY3	QIP | PGY4
Skills	
• Shows directness to new ideas toward implementing changes and fosters organisational learning • Empowers the staff for sharing and implementation of audit cycles to reach the agreed standard	• Able to show good leadership skills in quality improvement project meetings • Able to show appropriate conflict management skills if conflict arises • Able to accept constructive criticism
Knowledge	
• Leading the staff and the organisation through managing changes and clinical work • Leading the self through demonstrating ethics, displaying the drive toward standard, and adaptability in the organisation	• Describes attributes of good leadership skills • Discuss the importance of conflict management and how to attain it • Discuss own strengths and limitations as an individual and team

Communication

ECAP | PGY3	QIP | PGY4
Skills	
• Set frequent meetings to express ideas, both orally and in writing, to consider the target audience • Has a good command of language(s) and writes objectively • Listens actively; asks clarifying questions and summarizes or paraphrases what others have said to verify understanding	• Able to show good communication skills when interacting with staff and patients • Shows integrity and good ethical wellbeing
Knowledge	
• Able to use & adapt knowledge in various contexts • Articulate thoughts and express ideas effectively using oral (e.g. meeting), written (e.g. posting reminders), and verbal communications	• Describes attributes of good communication skills • Discuss the importance of good communication skills

Teamwork

ECAP | PGY3	QIP | PGY4
Skills	
• Establishes and maintains positive working relationships with a diverse group of contacts • Works effectively as a team member during the auditing process and in collaboration with staff members • Recognizes roles and considers input from healthcare workers stakeholders	• Able to show good understanding of the roles of each member in the quality improvement team • Seeks and values the perspective of all team members • Shows effective time management and resource utilizing skills
Knowledge	
• Recognises the team effectiveness through team knowledge of audit cycles • Understanding the importance of sharing the audit project practically • Able to be a good player for a successful teamwork	• Describes the roles and responsibilities of each member of the quality improvement team • Discuss the importance of effective leadership skills on the quality improvement team dynamic

E-Learning

Definition	E-learning is an educational process (learning and teaching process) in which information and communication technology is used, contributing thus to quality improvement of the process and quality of its result.

Vision	Mission
All learners, in KIMS residency programs, can thrive in digital classrooms that are engaging, learning-focused and inclusive.	1 E-learning Committee of the KFMRP, leading the development and delivery of innovative digital learning experiences through building the E-learning platform. 2 Building the capacity of trainers and system leaders, training the trainers, for the purposeful integration of teaching and learning with technology.

Aim of Integrating E-learning into KFMRP Curriculum	To provide a supportive online learning experience to the KFMRP that is efficient and convenient in terms of time and place.

Objectives — Integrating E-Learning into KFMRP

01	Providing easy access to updated evidence-based online sources of educational materials.
02	Creating and communicating new training materials and policies in a more efficient way.
03	Enhancing the ability to implement learnt knowledge at the workplace (Hospital and/or primary healthcare centers).
04	Encouraging continuous clinical learning through an effective and efficient learning system.
05	Monitoring the progress of each trainee through efficient utilization of the E-Learning site (lectures, discussion forums, quizzes, etc.).

Workplace-Based Assessment (WPBA)

Definition

Evaluation of resident performance across 5 years using specified competence areas.

Evidence gathered in a structured and systematic framework.

WPBA ensures that assessment situations correlate positively with real-life day-to-day performance.

End-of-year training report confirms progression eligibility.

Vision

To gain accreditation and enhance the quality of WPBA to be a reliable module in the summative assessment process for residents in the family medicine residency program.

The 11 Aims of WPBA — Organized by Functional Category

Performance Monitoring

1. Connects assessment tools
Hospitals + primary care: complete performance reflection

5. Monitors resident performance
Multiple assessments + multi-source feedback: pass/fail decision

6. Provides feedback
Strengths and areas for improvement communicated to the resident

10. Follow up of rotations
Leaves and completion of training requirements tracked systematically

Learning Environment & Training Fidelity

2. Enables residents to know objectives
Skills and objectives clearly communicated per residency year

3. Facilitates safe teaching environment
In clinical and practice settings throughout training

4. Ensures training mirrors real settings
As close as possible to actual clinical practice contexts

Competency Assessment — Hard-to-Assess Domains

7. Effectively assesses competences not captured by other methods
Physical examination skills Procedural skills Ethical principles Teamwork Practice organisation management

Communication, Administration & Allocation

8. Opens communication with residents
Arising issues and difficulties addressed directly and promptly

9. Allocation of residents to rotations
Structured and coordinated placement across specialties

11. Identification & follow-up
Remediation and probation in collaboration with postgraduate training committee

Mission and Process

The main responsibility of WPBA Committee is follow up of residents throughout the residency program. Multisource feedback is gathered for evidence indicating areas of strengths and development needs thus deciding those who are eligible to proceed to the next level of training.
WPBA evaluation is based on the Kuwait Family Medicine Competency Framework against which evidence is gathered through validated tools. These tools ensure that evaluation is robust and fair for each resident and promote consistency among trainers and hospital tutors.
The committee uses the tools to document evidence about the performance of the resident. All assessment reports are submitted within 2 weeks of completing the training through the KFMRP portal.
ITERs & FITERs are sent through WPBA e-mail: kfmrp.wpba@gmail.com
Residents' have access to their reports through the portal as well as uploading and submitting documents required from them.

Workplace Based Assessment Tools

The WPBA tools are distributed across three settings: General Practice (clinic-based), Hospital (rotation-based), and Programme-Wide (administrative and evaluation). All tools contribute to the Trainee Portfolio and the overall competency assessment.

General Practice	Hospital	Programme-Wide
Case Based Discussion (CBD)	Direct Observation of Procedural Skills (DOPS)	Annual In-Training Evaluation Report (ITER)
Consultation Observation Tool (COT)	Trainee Evaluation Forms	Final In-Training Evaluation Report (FITER)
Joint Consultation Logbook	Tutorials	Incident Report Form
Random Case Analysis Form	Reflective Diary & Feedback	Resident Award Forms
Problem Case Discussion (PCD)	Mid-Rotation Feedback	Handover Form
Clinical Examination Evaluation Form		Prescribing Assessment
Trainee Evaluation Forms		Leadership Activity Assessment
Direct Observation of Procedural Skills (DOPS)		Multisource Feedback
Tutorials		Enhanced Learning Plan
Reflective Diary & Feedback		Time Sheet Report
Learning Assessment Log (LAL)		
Missed Teaching Session Report		
Monthly Workplace Feedback		
Small Group Teaching Sessions (SGT)		
Mid-Rotation Trainee Feedback		

1 Case Based Discussion (CBD)

A structured interview designed to assess the resident's professional judgment in clinical cases. Cases are selected by the resident and presented for evaluation by the trainer.
The trainer should ensure diversity of cases: children, older adults, chronic diseases, emergencies, psychosocial cases, clinic and home visits.
Frequency: At least once per month

CBD Report Components	
1	Demographics and case description.
2	Curriculum domain and case complexity level.
3	Professional Competencies:
a	Data gathering and generation of differential diagnosis.
b	Making diagnosis / interpretation and justifies decision.
c	Clinical management appropriate to the sources available.
d	Cost effective use of health care resources.
e	Demonstrate health promotion when appropriate.
f	Managing complexities like uncertainty / multiple complaints / co-morbidities.
g	Able to provide long term continuity of care.
h	Applies evidence-based medicine.
i	Practicing Holistically.
j	Communication skills.
4	Feedback: (a) Strength (b) Areas needing improvement with examples
5	Entrustable decision statement (Assessment of Performance)

2 Consultation Observation Tool (COT)

Trainers use COT to support holistic judgments about the resident's practice on primary care placements. Provides structured feedback to improve performance.
Each session should consist of one case or video case.
Frequency: At least once per month

COT Components	
1	Demographics and case description.
2	Curriculum domain and case complexity level.

3	Data gathering
4	Examination
5	Defining the clinical problem
6	Management and health promotion
7	Interpersonal communication skills
8	Feedback: (a) Strength (b) Areas needing improvement with examples
9	Entrustable decision statement (Assessment of Performance)

3 Joint Consultation Logbook

A teaching form including cases seen by the resident along with their trainer. Aims for continuous evaluation of the resident's performance and identifying areas needing improvement.
Requirement: 6 cases of various clinical presentations per month

4 Random Case Analysis Form

An educational tool. Cases are chosen for discussion from the resident timesheet, daily report, or selected by the trainer/resident.

5 Problem Case Discussion (PCD)

An educational tool. Cases are chosen by the resident (specifically cases presenting difficulty) and discussed with the trainer.

6 Trainee Evaluation Forms

Prepared and distributed by KIMS to support holistic judgments about trainee practice. Modified by the WPBA team to suit primary care and family medicine-based hospital rotations.
Trainers assess trainee competencies at the end of each rotation.
Competencies assessed: Medical expert | Communicator | Collaborator | Manager | Scholar | Professional

7 Direct Observation of Procedural Skills (DOPS)

Procedural skill assessment is integral to good clinical practice. Procedures are selected for their clinical importance or technical demands. Skills are categorised as mandatory or optional.

Frequency: 2 DOPS per month in hospital rotations | 1 DOPS per month in clinic

All mandatory DOPS must be fulfilled by the end of residency (clinic + hospital combined).

Clinic / GP DOPS — Mandatory	Hospital DOPS
1. IV line	1. IV line
2. Suturing	2. Airway management
3. Removal of suture	3. Direct ophthalmoscope
4. Application of dressing	4. Performance and interpretation of ECG
5. Direct ophthalmoscope	5. Blood collection
6. Foreign body removal	6. Excision of skin lesions
7. Performance and interpretation of ECG	7. Suturing
8. Spirometer	8. Application of dressing
9. Injections	9. Foreign body removal
10. Death certificate	10. CPR
11. Incident report	11. Injections
12. Home visit	12. Incision and drainage of abscess
13. Police report	13. Foley's catheter
14. Examination: joint, back, CNS, cardiovascular, respiratory, special examination for vertigo, hearing loss & other conditions	14. Cervical cytology
	15. Fluorescein staining of cornea
	16. Joint and peri-articular injections
	17. Episiotomy
	18. Ear wash
	19. NG tube insertion
	20. Vaginal swab
	21. Spirometer
	22. Proctoscopy
	23. Conduct labor
	24. Tympanogram / audiogram

8 Clinical Examination Evaluation Form

Evaluates the resident's physical examination skills across different systems and organs. Overall performance is rated based on the trainer's or assigned senior's observation during the consultation.

9a Learning Assessment Log (LAL)

Helps identify areas for further development and creation of specific learning needs. Completed by the resident at the end of each academic year and discussed with the trainer at the start of the following year to create a baseline for monitoring progress.

9b Tutorial

Mini-lectures held by the trainer according to the knowledge needs of the trainee.
Frequency: Once per week

10 Reflective Diary and Feedback Form

Performed to discuss one of the reflective diaries written by the resident, ensuring the resident's ability to master the reflection cycle.

11 Missed Teaching Session Report

Documents a missed teaching session when the resident is unable to attend for any reason, ensuring commitment and continuity of training as required.

12 Monthly Workplace Feedback

Monitors punctuality of the resident in terms of attendance, number of afternoon shifts, chronic disease clinic attendance, and complaints if any.

13 Small Group Teaching Session (SGT)

Enhances consultation skills of residents and exposes PGR4 and PGR5 residents to different teaching styles by different trainers. All residents are required to prepare a video case for analysis and discussion.
Part of WPBA — attendance and punctuality are mandatory

14 Mid-Rotation Trainee Feedback

The trainer gives verbal feedback on the trainee's competencies (medical expert, communicator, collaborator, manager, scholar, and professional) reflecting performance at that point in the rotation.
A form is filled and signed by both trainer and trainee. A meeting is held with the board director and each resident to discuss the mid-rotation feedback reflection.
Assessment areas: Strength | Weakness | Areas for improvement

15 Annual In-Training Evaluation of Residents

ITER: In-Training Evaluation Report	FITER: Final In-Training Evaluation Report
Prepared for all residents R1 to R4. Issued mid-March each year.	Done for all R5 and R6 residents by mid-March of each year.

Both ITER and FITER are discussed and signed in a formal meeting between each trainee and the program director in the presence of the WPBA member allocated for each batch.

Multi-Source Feedback — Basis for ITER & FITER	
a	Exam results if applicable.
b	KIMS trainee evaluation from hospital and clinic trainers.
c	Verbal feedback from trainer.
d	Attendance reports of all teaching activities (ODSC, small group teaching sessions).
e	Leaves and absent days.
f	BLS and ACLS certification.
g	Audit and quality improvement project completion.

WPBA Tools 16 – 23: Administrative & Professionalism

16 Incident Report Form

Used for residents with issues related to professionalism in terms of patient care, ethical/legal aspects and behavioural misconduct.

17 Resident Award

Used by the trainer to nominate the resident for an award. Categories: scholarly, leadership, hero, best resident, and teacher.

18 Handover Form

Filled by the resident's current trainer describing performance level, areas needing improvement, and current issues noted. Sent to WPBA and forwarded to the following trainer.

19 Prescribing Assessment

Reviews prescribing in a sample of prescriptions. Done once in the 5th residency year before the FITER due date.

20 Leadership Activity

Assesses leadership activity done by the resident as part of a team or as leader. Covers organisational skills, responsibility, communication with team, delegation, and adaptability.

Requirement: R1-R2: at least one activity | R3-R4-R5: at least one activity

21 Multisource Feedback

Assesses resident's performance and professionalism in the workplace. Includes feedback from trainer and from other clinician and non-clinician staff members.

22 Enhanced Learning Plan

Used to identify residents with difficulty or defects in consultation skills (knowledge, EBM, communication, collaboration). Formulates a structured shared improvement plan between trainer and resident.

23 Time Sheet Report

Used by the trainer to monitor and verify resident attendance in the clinic via the electronic system. Ensures punctuality, commitment, and professionalism. Submitted to the assigned WPBA committee member for review and action.

Residents should achieve adequate performance in WPBA assessment in order to ensure readiness to proceed to the next level of training.

WPBA Requirements - All Training Years

Requirement	PGR1	PGR2	PGR3	PGR4	PGR5
Attendance Requirement					
Rotations & Courses Minimum pass threshold	75% of all R1 rotations	75% of all R2 rotations	75% of all R3 rotations	75% of all R4 rotations	75% of all R5 rotations
Clinic — Minimum Teaching Sessions per Academic Year					
COT Consultation Observation	4 per year	5 per year	5 per year	9 per year	9 per year
CBD Case-Based Discussion	3 per year	3 per year	3 per year	5 per year	5 per year
Joint Consult per year	30 per year	30 per year	30 per year	30 per year	30 per year
RCA Random Case Analysis	4 per year	3 per year	3 per year	3 per year	3 per year
PCD Problem Case Discussion	4 per year	5 per year	5 per year	5 per year	5 per year
Clinic — Continuous Monthly Requirements					
DOPS clinic	1/mo	1/mo	1/mo	1/mo	1/mo
Examination clinical exam	1/mo	1/mo	1/mo	1/mo	1/mo
Tutorials per year	6	4	2	2	2
Reflection log per year	1	1	1	1	1
Mid-rotation Feedback	Yes	Yes	Yes	Yes	Yes
SGT Sessions small group	—	—	—	5	1

Prescribing Assess.	—	—	—	—	Yes
Leadership Assess.	Yes	Yes	Yes	Yes	Yes
KIMS Forms end of rotation	Yes	Yes	Yes	Yes	Yes
Annual Evaluation Report					
Training Report end of year	ITER	ITER	ITER	ITER	FITER
Hospital — Requirements per Rotation					
DOPS hospital	2/mo	2/mo	2/mo	—	—
Cases seen & discussed	10/mo	10/mo	10/mo	10/mo	—
Year-Specific Milestones & Special Requirements					
Milestone specific to year	—	BLS & ACLS certification required	Audit Project Report — must PASS	Quality Improvement Project (QIP)	FITER (Final In-Training Evaluation)

WPBA Requirements for Each Residency Year

PGR1	WPBA Requirements - PGR1

Attendance

Pass 75% or more of all rotations and courses for PGR1

Clinic - Teaching Sessions

4 COTs | 3 CBDs | 30 Joint Consultations | 4 Random Case Analyses | 4 Problem Case Discussions

Clinic - Additional Requirements

- 6 Tutorials
- 1 DOPS per month
- 1 Examination per month
- 1 Reflection feedback per year
- Mid-rotation feedback
- Leadership assessment
- ITER
- KIMS evaluation forms (end of rotation)

Hospital Requirements

- DOPS 2 per month
- Cases seen and discussed: 10 per month
- Mid-rotation feedback
- KIMS evaluation forms (end of rotation)

PGR2 WPBA Requirements - PGR2

Attendance

Pass 75% or more of all rotations and courses for PGR2

Clinic - Teaching Sessions

5 COTs | 3 CBDs | 30 Joint Consultations | 3 Random Case Analyses | 5 Problem Case Discussions

Clinic - Additional Requirements

- 4 Tutorials
- 1 DOPS per month
- 1 Examination per month
- 1 Reflection feedback per year
- Mid-rotation feedback
- Leadership assessment
- Life support (BLS & ACLS) certification
- ITER
- KIMS evaluation forms (end of rotation)

Hospital Requirements

- DOPS 2 per month
- Cases seen and discussed: 10 per month
- Mid-rotation feedback
- KIMS evaluation forms (end of rotation)

Year Milestone

BLS & ACLS certification required

PGR3 WPBA Requirements - PGR3

Attendance
Pass 75% or more of all rotations and courses for PGR3

Clinic - Teaching Sessions
5 COTs | 3 CBDs | 30 Joint Consultations | 3 Random Case Analyses | 5 Problem Case Discussions

Clinic - Additional Requirements
- 2 Tutorials
- 1 DOPS per month
- 1 Examination per month
- 1 Reflection feedback per year
- Mid-rotation feedback
- Leadership assessment
- ITER
- KIMS evaluation forms (end of rotation)

Hospital Requirements
- DOPS 2 per month
- Cases seen and discussed: 10 per month
- Mid-rotation feedback
- KIMS evaluation forms (end of rotation)
- Audit Project Report (Pass)

Year Milestone
Audit Project Report - must PASS

PGR4 WPBA Requirements - PGR4

Attendance

Pass 75% or more of all rotations and courses for PGR4

Clinic - Teaching Sessions

9 COTs | 5 CBDs | 30 Joint Consultations | 3 Random Case Analyses | 5 Problem Case Discussions

Clinic - Additional Requirements

- 2 Tutorials
- 5 Small group teaching sessions (video/EBM)
- 1 DOPS per month
- 1 Examination per month
- 1 Reflection feedback per year
- Mid-rotation feedback
- Leadership assessment
- ITER
- KIMS evaluation forms (end of rotation)

Hospital Requirements

- Cases seen and discussed: 10 per month
- Mid-rotation feedback
- Prescribing Assessment
- KIMS evaluation forms (end of rotation)
- Quality Improvement Project (QIP)

Year Milestone

Quality Improvement Project (QIP)

PGR5 WPBA Requirements - PGR5

Attendance

Pass 75% or more of all rotations and courses for PGR5

Clinic - Teaching Sessions

9 COTs | 5 CBDs | 30 Joint Consultations | 3 Random Case Analyses | 5 Problem Case Discussions

Clinic - Additional Requirements

- 2 Tutorials
- 1 Small group teaching session (video)
- 1 DOPS per month
- 1 Examination per month
- 1 Reflection feedback per year
- Mid-rotation feedback
- Prescribing Assessment
- Leadership assessment
- FITER
- KIMS evaluation forms (end of rotation)

Hospital Requirements

No separate hospital rotation requirements for PGR5.

Year Milestone

FITER (Final In-Training Evaluation)

Residents should achieve adequate performance in the WPBA in order to ensure readiness to proceed to the next level of training.

WPBA Blueprint

WPBA Assessment Tools — Competency Coverage Heatmap

Assessment Tool	CP Clinical Proficiency	CM Communication	HP Health Promotion	EBM Evidence-Based Practice	OML Organisation Management & Leadership	PPG Personal & Professional Growth	TM Teamwork & Leadership
Consultation Observation Tool (COT) 5 / 7 competencies	✓	✓	✓	✓	—	✓	—
Case Based Discussion (CBD) 3 / 7 competencies	✓	—	—	✓	—	✓	—
KIMS Evaluation Report 7 / 7 competencies	✓	✓	✓	✓	✓	✓	✓
Examination Skills Evaluation Form 3 / 7 competencies	✓	✓	—	—	—	✓	—
ITER / FITER 7 / 7 competencies	✓	✓	✓	✓	✓	✓	✓
Prescribing Assessment 3 / 7 competencies	✓	—	—	✓	✓	—	—
Audit Project 4 / 7 competencies	—	—	—	✓	✓	✓	✓
Multi-Source Feedback (MSF) 3 / 7 competencies	—	✓	—	—	✓	—	✓
Quality Improvement Project (QIP) 4 / 7 competencies	—	✓	—	—	✓	✓	✓

Teaching Tools Grade Discriptors

Performance Grade Spectrum		
Excellent	**Satisfactory**	**Borderline**
The candidate demonstrates impressive performance in the domain both in principle and in detail. Highly consistent and rational approach. An exceptional candidate who consults very effectively.	The candidates demonstrates adequate grasp of the principle of the domain rather than the details. Competent but not sophisticated performance. Mostly consistent and rational approach. Able to practice safely and independently. Fulfils the minimum standard required for college membership.	The candidate performance is not quite competent nor consistent or rational. This grade is just below the standard required for college membership. On balance any negative behaviours observed are not thought to be of concern.
◄◄◄ **Exceeds Standard**	*Performance Spectrum*	**Below Standard** ►►►

Family Medicine Residency Program Training Guide

Aim

To ensure that the quality and quantity of training and supervision are sufficient, addressing the curriculum, and preparing the residents adequately for Kuwait MRCGP (Int.).

This is clearly important for patient's safety, to be able to deliver a family medicine workforce from the recruits to the program, and to ensure a high quality-training program for attracting high quality residents to the profession. Failure to prepare the residents sufficiently for the exams will result in a higher failure rate with consequent implications for the already stretched resources.

R1 training schedule

- Residents start with an induction period for every new clinic they attend (approximately one week) followed by 2-3 weeks of joint surgeries.
- Following the induction period, residents are aware that they would be closely supervised to establish the ongoing supervision necessary to ensure patient safety. With increasing experience of the resident, a reduced level of supervision is expected.
- The resident should be aware of supervision arrangements so that they are supervised in a particular way at all times (this includes periods when the trainer is on leave or away from the clinic). A named deputy should be informed to the resident during trainer's absence.
- Minimum afternoon duty should be twice per week.

1st week	2nd – 4th week	3rd week – end of rotation
Induction period	**Joined consultation**	Minimum of 4 hours teaching / week

FMRP References

https://kfmrp.com/documents/FMRP_refr.pdf

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The curriculum is last reviewed and updated on

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by the Scientific & WPBA committee members