



## Family Medicine with Deeper Role Programs

### Extra-curricular Training

2026

## Introduction

An **FM with Deeper Role (FMwDR)** is a family physician who has undertaken additional training and accreditation to deliver specialist services alongside their core role as a family doctor.

### What is a FMwDR?

- **Definition:** A **FMwDR** is a fully trained family physician (holding KBFM) or in still under training in their fourth or fifth residency year who develops accredited skills in a specific clinical or service area while maintaining core family physician responsibilities.
- They remain **generalists** but offer comprehensive services with higher competency, governance, and accountability.

### Typical Areas of Deeper Role

- Mental health
- Older Adult Care
- Women Health
- **Child and adolescent health**

### Competencies Required

- **Clinical knowledge:** Advanced preventive, diagnostic & therapeutic, and rehabilitative care in the specialty.
- **Skills:** e.g., communication, procedural, and the use of validated screening and diagnostic tools.
- **Leadership & governance:** Service design, and guideline development.
- **Teaching & supervision:** Training colleagues in the specialty.
- **Collaboration:** Effective links with hospital specialists, and multidisciplinary teams.

### Pathway to FMwDR

1. **Complete KBFM or MRCGP [INT] / PGYR4 or PGYR5**– demonstrating core FM competencies.
2. **Additional accredited training** –the approved course in the chosen deeper role.
3. **Portfolio & Accreditation** – evidence of supervised practice, competencies, and service delivery submitted to the relevant college or governing body.
4. **Exit exam:** best single answer (BSA) exam.
5. **Certificate of completion** – FMwDRs must succeed the requirement and programs' assessments.

### Benefits

- Enhances continuity of care by managing conditions within primary care.
- Supports MOH service delivery by reducing pressure on hospitals.
- Creates career development opportunities for FM beyond traditional partnerships.

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## Family Medicine Diploma in Older Adult Care

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### Program Overview

The Deeper Role in Older Adult Care prepares physicians to deliver safe, evidence-based, and holistic care to older adults. It emphasizes Comprehensive Geriatric Assessment (CGA), multidisciplinary teamwork, and best practices in managing common physical, cognitive, functional, psychosocial problems, as well as supporting the caregiver.

### Intended Learning Outcomes

Upon completion of the program, participants will be able to:

- Apply Comprehensive Geriatric Assessment (CGA) in diverse clinical contexts.
- Understand the structure of geriatric care within the Ministry of Health (MOH).
- Diagnose and manage geriatric conditions using evidence-based medicine.
- Conduct screening and anticipatory care for older adults.
- Collaborate effectively with multidisciplinary teams (MDT).
- Perform essential procedures for bedridden elderly patients.
- Provide holistic, person-centered care for older adults and their caregivers.

### Core Competencies

The program is aligned with the [CanMEDS – Family Medicine](#) roles:

<b>Family Medicine Expert</b>	Family physicians are skilled clinicians who provide comprehensive, continuing care to patients and their families within a relationship of trust. The role of the Family Medicine Expert draws on the competencies included in the roles of Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional.
<b>Communicator</b>	As Communicators, family physicians facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.
<b>Collaborator</b>	As Collaborators, Family physicians work with patients, families, health-care teams, other health professionals, and communities to achieve optimal patient care.
<b>Manager</b>	As Managers, family physicians are central to the primary health-care team and integral participants in health-care organizations. They use resources wisely and organize practices which are a resource to their patient population to sustain and improve health, coordinating care with the other members of the health-care system.

<b>Health Advocate</b>	As Health Advocates, family physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.
<b>Scholar</b>	As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.
<b>Professional</b>	As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.

<b>A. Cognitive Assessments</b>		
1	Perform a cognitive assessment and obtain collateral history relevant to cognitive and/or functional decline.	FM Expert, Communicator
2	Define and distinguish between the clinical presentations of delirium, dementia, and depression.	FM Expert
3	Diagnose delirium, formulate a differential diagnosis, and develop and implement plans for evaluation and management.	FM Expert
4	Diagnose common dementias, formulate a differential diagnosis, and develop plans for management.	FM Expert, Collaborator
5	Recognize and manage common issues in dementia care (e.g., driving, capacity, wandering, BPSD, rational use of antipsychotics, caregiver stress) during initial and follow-up visits.	FM Expert, Collaborator
6	Recognize and manage common psychogeriatric conditions (e.g., depression, anxiety, psychosis, suicidality, somatization, substance use disorder).	FM Expert, Collaborator
7	Recognize the atypical forms of dementia (FTD, LBD, CJD) and develop plans for evaluation and management.	FM Expert, Collaborator
8	Perform standard cognitive testing and have good knowledge and application of advanced cognitive testing relevant to the diagnosis of dementia and delirium.	FM Expert
9	Determine the appropriate use of medications to be used along the continuum of dementia (ACEI, psychotics, NMDA agonists). Recognize and identify their potential side effects, contraindications, and drug-drug and drug-disease interactions.	FM Expert
10	Generate appropriate referrals to relevant interdisciplinary team members and utilize their information in the management of delirium, dementia, and depression.	Collaborator, Manager

<b>B. Functional Assessment (Self Care Capacity)</b>		
11	Evaluate baseline (pre-morbid) and current functional abilities (both basic and instrumental activities of daily living) using reliable sources of information including standardized assessment tools.	Collaborator, Communicator, FM Expert
12	Develop and implement plans for the assessment, management, and maintenance of patients with functional deficits, including the use of adaptive interventions, in collaboration with interdisciplinary team members.	Collaborator, Manager, FM Expert

<b>C. Falls, Balance, and Gait Assessment</b>		
13	Construct a differential diagnosis (including risk factors) and plans for the evaluation, management, and prevention of falls.	FM Expert, Advocate
14	Assess and manage gait, balance, and movement disorders using accepted standardized assessment tools.	FM Expert
15	Understand the impact and consequences of falls.	FM Expert
16	Identify consequences of immobility in the elderly patient.	FM Expert
17	Work with interdisciplinary teams to prevent, manage, and treat consequences of immobility in the elderly patient.	Collaborator, Manager

<b>D. Medication Management</b>		
18	Obtain a structured medication review that includes a list of all medications being taken, dosages, frequencies, indications, evidence of benefit, side effects, and an assessment of adherence.	FM Expert, Communicator
19	Outline the pharmacokinetic changes that commonly occur with aging and demonstrate the ability to modify drug regimens to account for age-related decreases in renal function.	FM Expert
20	Identify and alter medication therapy that is most likely to cause adverse drug events in an older individual.	FM Expert, Advocate
21	In the context of patient comorbidities, select medications judiciously and rationally for every patient with appropriate dosing regimen according to clinical guidelines.	FM Expert, Advocate
22	Identify potential drug-drug and drug-disease interactions with prescribing medications in the elderly.	FM Expert
23	Work collaboratively with the Pharmacist to assist with structured medication reviews and changes.	Collaborator

<b>E. Biology of Aging and Atypical Presentation of Disease</b>		
24	Describe the usual anatomical and physiological changes seen with aging, understand the concept of frailty and its impact on disease in the elderly.	FM Expert
25	Demonstrate the ability to recognize, evaluate, and manage atypical presentations of common medical conditions and multisystem disease (e.g., acute coronary syndrome, infections, acute abdomen, depression, chronic pain, CHF) that can be encountered in an older individual.	Advocate, Communicator, Manager
26	Understand and apply principles of health maintenance including wellness, nutrition, sexuality, cultural diversity, and exercise.	FM Expert
27	Appreciate the difference between curative medicine and maintenance of multiple chronic medical conditions.	Advocate, Communicator, Manager

<b>F. Adverse Events and Safety</b>		
28	Identify, reduce, and manage potential hazards or hospital/institutional care (e.g., delirium, falls, immobility, pressure ulcers, incontinence, indwelling catheters, adverse drug events, malnutrition).	Manager, Advocate
29	Describe how to recognize and manage elder abuse, including assessment of capacity for self-care and protection.	Advocate, Collaborator
30	Learn how to deal with complex psychosocial issues in geriatrics.	FM Expert, Collaborator, Health Advocate

<b>G. Incontinence</b>		
31	Evaluate and manage transient and established urinary incontinence and fecal incontinence.	FM Expert
32	Describe the physiology of bladder function and normal changes with aging.	FM Expert
33	Describe pharmacological and non-pharmacological treatments for UI.	FM Expert
34	Understand the use and risks of indwelling catheters versus intermittent catheter.	FM Expert, Advocate
35	Promote and advocate for continence maintenance in the elderly population.	Advocate, Collaborator

<b>H. Transitions of Care</b>		
36	Communicate and implement the key components of an appropriate referral plan using interdisciplinary team resources (e.g., accurate medication list, need for support services, plans for follow-up).	Collaborator, Communicator
37	Understand the structure of Home Care System (e.g., placement, role of committees, MDS, specialized units, standards of care).	Manager, Advocate
38	Describe, access, and understand the spectrum and structure of community-based care resources and rehabilitation services available for seniors within their province of training.	Manager, Advocate
39	Identify and manage caregiver stress in context of transitions of care.	Advocate, Communicator

<b>I. Healthcare Planning</b>		
40	Define and describe (including the roles of physicians and substitute decision-makers) advance planning directives dealing with personal and financial decision-making, as permitted by legislation in their province of training.	Advocate, Communicator
41	Perform a capacity assessment and follow a capacity assessment process when indicated.	FM Expert, Communicator
42	Identify and manage common end of life care issues (e.g., nutrition, dysphagia, code status, hospital transfer, home and LTC visits).	FM Expert, Communicator
43	Be aware of the key principles of the Mental Health Act, Personal Directive Act, and Adult Guardianship and Trusteeship Act.	FM Expert

<b>J. Professionalism</b>		
44	Day to day behavior reassures that the physician is responsible, reliable, and trustworthy (e.g., punctual, answers pager).	Professional
45	The physician knows his/her limits of clinical competence and seeks help appropriately.	Professional
46	The physician demonstrates a flexible, open-minded approach that is resourceful and deals with uncertainty.	Professional
47	The physician evokes confidence, without arrogance and does so even when needing to obtain further information or assistance.	Professional
48	The physician demonstrates a caring and compassionate manner (e.g., actively listen, asks about feelings).	Professional
49	The physician demonstrates respect for patients in all ways, maintains appropriate boundaries, and is committed to patient well-being. This includes time management, availability, and a willingness to assess performance.	Professional
50	The physician demonstrates respect for colleagues and team members.	Professional
51	Day to day behavior and discussion reassures that the physician is ethical and honest (e.g., informed consent, patient autonomy).	Professional
53	The physician practices evidence-base medicine skillfully. This implies not only critical appraisal and information management capabilities but incorporates appropriate learning from colleagues and friends.	Professional
55	The physician displays a commitment to societal and community well being.	Professional
56	The physician displays a commitment to personal health and seeks balance between personal life and professional responsibilities.	Professional
57	The physician demonstrates a mindful approach to practice by maintaining composure/ equanimity, even in difficult situations and by engaging in thoughtful dialogue about values and motives.	Professional
58	Appropriate attitudes for managing elderly patients—patient advocate, tolerance of ambiguity, inquiring mind.	Professional

<b>K. Communication</b>		
	<b>With Patients</b>	
61	Language skills both verbal and written must be adequate to be understood by the patient—open to closed questions, limits jargon.	Communicator
62	Listening skills—uses both general and active listening skills to facilitate communication—lets the patient tell their story.	Communicator
63	Non-verbal skills—both expressive and receptive body language—sitting, eye contact, responds to patient's discomfort.	Communicator
64	Culture and age appropriateness – adapts communication to the individual patient for reasons such as culture, age, and disability. Use collateral sources to obtain history.	Communicator
	ii) With Colleagues	
65	Language skills both verbal and written adequate to understand complex profession specific conversation.	Communicator
66	Charting and Consult Letter skills—legible, organized, timely.	Communicator
67	Listening skills—attentive.	Communicator
68	Non-verbal skills—expressive (e.g., eye contact, body language) and receptive.	Communicator

## Program Structure

### 3.1 Theoretical Component

- A five-module course includes lectures, reflective practice, and a post-module virtual case discussion by geriatrician.
- Longitudinal case-based sessions, once monthly.
- Structured short courses in key areas of older adults' care.

<b>MODULE I: Introduction to Older Adult Care</b>	
Topic	Objective
Course introduction	To be oriented towards the objectives and the expected Intended Learning Outcomes of the course, in addition to the application in the primary care service
Reflection	Apply the concept of learning by reflection to discuss the learning processes
Communication skills	Communicate effectively with the older patient and their families
Introduction to CGA	Apply an integrated approach to the care of the older person and adapt the comprehensive geriatric assessment (CGA) based on primary healthcare setting requirements and the needs of the older person.
Ageing and healthy ageing	Evaluate the impact of an increasingly aging population on global health and outline core concepts in care of the older person within the context of the "Geriatric giants"
Geriatric Care Services in Kuwait	Maximize the utilization of available resources, to improve the care of older adults and quality of life
Care of caregiver	Engage, empower and assess the wellbeing of the caregiver.

<b>MODULE II: Neurocognitive and psychiatric disorders</b>	
Topic	Objective
Depression	Get familiar with depression screening tools used for older adults, and how to manage depression.
Dementia	Recognize dementia syndromes and NCS and differentiate between dementia and other cognitive and psychiatric disorders.
Delirium	Recognize the importance of delirium as a potential medical emergency that is managed through rapid screening and assessment, prompt investigation and management.
Sleep problems (insomnia)	Recognize age related changes in sleep pattern and apply current guidelines to manage insomnia in older adults.
Parkinson's disease.	Apply current guidelines to diagnose and manage Parkinson's disease and other movement disorders and implement strategies to prevent deterioration of Parkinson's and movement disorders symptoms.
Mental health act and capacity and capability	Awareness of the legal aspects of the older adult's care.
Older Adult neglect and abuse	Explain safeguarding against abuse and the legal aspects of caring for older people

<b>MODULE III: Functional and Skeletal Problems</b>	
Topic	Aims and objectives
Gait and falls	Classify gait disorders and define the approach to the investigation and management of falls
Functional assessment	Assess functional status using the validated tools in CGA
Osteoporosis and FRAX scoring	Apply current knowledge of diagnostics and treatments to assess and optimize bone health in the older person.
Frailty and sarcopenia	Assess frailty using validated frailty tools and examine the role of CGA in the management of frail older adults.
Osteoarthritis	Recognize the presentation of osteoarthritis and choose the appropriate management.

<b>MODULE IV: Common Older Adults' Problems</b>	
Topic	Aims and objectives
Urinary incontinence	Outline a structured approach to assessing and managing older adults with urinary incontinence.
Common GI problems (Constipation & fecal overflow)	Outline a structured approach to assessing and managing older adults with fecal overflow. Apply current knowledge to diagnose and manage constipation in older adults.
Malabsorption	Recognize, evaluate, and initiate appropriate management of malabsorption in older adults.
Common laboratory problems in older adult	Recognize the common and critical lab values in older adults and how to interpret and manage accordingly.
Vision problems	Recognize common geriatric visual problems and perform the office-based assessment of vision
ENT problems	Recognize common geriatric ENT problems and perform the office-based hearing assessment
Imbalance	Evaluate and manage imbalance in older adults
Common skin conditions in older adults	Recognize, evaluate, manage, and determine the appropriate referral pathway when indicated.
Pain in older adults	Analyze the cause and the impact of pain on the individual's quality of life and get familiar with the appropriate choices of treatment.
Terminally ill patient care	Explain terminal illness, end of life care and palliative medicine.

<b>MODULE V: Multidisciplinary Approaches of older adults</b>	
Topic	Aims and objectives
Role of physiotherapy	Explain rehabilitation, and its role in improving the individual's resilience and functional status.
Role of occupational therapy	
Role of speech and swallowing therapy	Recognize common geriatric speech and swallowing problems and to be familiarized with the role of speech and swallowing therapy and its impact on the individual's health
Nutritional assessment & management	Analyze the role of nutrition and food demands of older people and utilize the validated nutritional assessment tools.
Polypharmacy and role of pharmacist in geriatric care	Apply the principles of de-prescribing and understand the utility of tools to assure safe prescription.
Role of nursing	Recognize the role of nursing in delivering the needed care.

## Assessment (Theoretical Component):

- **Reflection essays:**
  - Pre-Program Reflection (500 words)  
Candidates must address the following points:
    - Expectations from the program
    - Personal learning objectives aligned with clinical practice based on their learning needs.
  - Post-Module Reflections (300 words each)  
After each module, candidates must address the following points:
    - Key learning points from the module
    - How the learning will influence or change current clinical practice
- **Summative assessment:**  
Single Best Answer (SBA) exam of 120 questions, with passing grade  $\geq 60\%$ .

## 3.2 Clinical Component

### Duration:

Six (6) weeks, conducted in geriatric hospital units, primary care geriatric clinics, and home visits, with exposure to teleconsultation.

### Objectives:

- Apply CGA in hospital, primary care, and home settings.
- Participate actively in MDT meetings and patient care.
- Lead case presentations and management planning under supervision.
- Evaluate a minimum of 7–10 new cases per week and perform appropriate follow-up.

### Portfolio based clinical assessment:

- Mini-Clinical Evaluation Exercise (mini-CEX).
- Two Case-Based Discussions (CBDs).
- Clinical logbook (minimum 25 cases per 6 weeks).
- Direct Observation of Procedural Skills (DOPS): Risk of fall; cognitive; functional; nutritional; mood assessments; frailty and neurological exams; Activity of Daily Living (ADLs) assessment; Instrumental Activities of Daily Living (IADLs) assessment; Sarcopenia Assessment; Nutrition Assessment; Environmental Assessment; Wound assessment; Medication Reconciliation; Foley's catheter and nasogastric tube insertion (if feasible).
- End-of-Program Reflection (1000 words)  
Candidates must address the following points:

- Capabilities and competencies gained from the program
- Impact of the program on clinical practice and patient care
- Identification of areas requiring further development
- Future professional development plan in older adult care.
- End-of-rotation evaluations in both training sites.
- End-of-rotation candidate feedback submission for program quality improvement.

## **Terms and Conditions**

To ensure standardization of training and optimal competency development, candidates enrolled in the program must adhere to the following requirements:

### **Eligibility and Training Level**

Candidates must meet one of the following criteria:

- A fully trained family physician (holding KBFM)
- Or under training in their fourth or fifth residency year who develops accredited skills in a specific clinical or service area while maintaining core family physician responsibilities.

### **Attendance and Absence Policy**

Attendance is mandatory for both the theoretical and clinical components of the program.

- The maximum allowable absence, whether excused or unexcused, is:
  - Two (2) days during the theoretical component
  - Two (2) days during the clinical attachment
- Exceeding the permitted absence may result in discontinuation from the program or requirement for remediation, as determined by the program committee.

### **Procedural Competency Requirements**

- Valid certification demonstrates successful completion of approved training and competency assessment in Foley catheter insertion and replacement and nasogastric (NG) tube insertion and replacement.
- Valid Advanced Cardiovascular Life Support (ACLS) certification throughout the duration of the program.

## **Conclusion**

This program integrates structured theoretical learning with supervised clinical practice to equip physicians with the competencies required to meet the growing demands of geriatric care. Emphasis is placed on reflective learning, practical skills, and multidisciplinary collaboration.

Upon completion, physicians are expected to run geriatric clinics and conduct scheduled home visits within primary care settings, applying the knowledge gained through this diploma and implementing the Comprehensive Geriatric assessment (CGA) method in both clinic and home visits.