

Kuwait Family Medicine Residency Program KIMS Policies

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Examination Policies

Exam Postponement Policy

- Each resident has the right to postpone their examination once during his/her board involvement.
- This postponement is only allowed for the final examination (part 2). KIMS will not accept postponement for the part 1 examination.

Examination Policies for Candidates with Special Needs, Conditions or Disabilities

- KIMS shall accommodate candidates with special needs, conditions or disabilities, insomuch as those accommodations do not impose undue hardship on the KIMS Examinations Office.
- Applicants with special needs, conditions or disabilities that require particular consideration must notify the KIMS Examinations Office, in writing, at the time of registration for exams.
- Candidates with special needs, conditions or disabilities, must ensure that the KIMS Examinations Office receives appropriate documentation supporting the request for accommodation in sufficient detail well in advance of the exam, to allow KIMS to assess the request for accommodation and make suitable arrangements.

Eligibility for Exams Policy

- Part 1 Exam is an in-training evaluation exam and is one of the pre-requisites for taking the Final Exam in the residency program.
- Eligibility criteria for Part 1 exam:
 - 2 successful ITERS in the first 2 years of residency
 - Completion of a minimum of 21 months of clinical rotation in residency training.
- Part 2, or the Final Exam, is the certifying exam that leads to Specialty Certification.
- Eligibility criteria for Part 2 exam:
 - Success in the Part 1 exam
 - Successful FITER
 - A minimum of 52 months of clinical rotation in residency training.
- If candidates who have passed the ITER/FITER, take a long leave that exceeds their annual leave balance or enter into remediation or do not complete a rotation for any reason, KIMS office will be informed that they are not eligible to take the exam as another ITER/FITER will be done for them.

Policy for Exam Trials

- Candidates of 2013 and previous years will have three exam trials. The fourth trial must be appealed.
- Candidates of 2014 and following years will have two exam trials and the third must be appealed.
- The components of the Part 2 exam (AKT, MEQ, & SS) are now considered as separate modular assessments. Meaning that failure in one exam component will result in repeating that module only and NOT repeating the three exams.
- The failed resident will repeat the exam for Part I or Part II in October of the following year.
- Registration for the exam (first trial or repeated trial) will be through the KIMS office.

Appeals to Examination

- Appeal requests should be submitted to the Office of Examination within four weeks (20 working days) of the announcement of the result of the concerned specialty.
- The request should be submitted directly to the Office of Examination, who in turn will provide a report to the Appeal Committee with sufficient details.
- The Appeal Committee at KIMS shall review appeals to examination as per Appeal Policy of KIMS
- They will be allowed access to information regarding eligibility, examination process and results during review process.
- The Appeal Committee will report their recommendation to the Secretary General.

Attendance Policy

- According to KIMS regulations, candidates' attendance should be a minimum of 75% in order to pass a clinic/hospital rotation.
- These are the maximum leaves a candidate can take during rotations:

Rotation Period	Allowed Leaves Days
4 months	30 days
2 months	2 weeks
1 month	1 week
2 weeks	2 days
1 week	1 day

Rules for Repeaters

- Residents will receive their clearance forms from KIMS after the announcement of the exam results.
- Residents who are not successful in passing the final exam will be allocated to a new workplace by the Ministry of Health and treated as General Practitioners regarding leaves, reduced work hours, maternity leaves, and first-degree family medical attendant leaves.
- Selected repeaters (R6) have the choice to remain under the umbrella of FMRP and KIMS as R6. In order to do this, they are required to get an approval letter from the Board Director, which will be sent to KIMS.
- **Residents remaining under the umbrella of FMRP and KIMS as R6 will be obligated to follow the rules and regulations of KIMS.**
- However, if they are not successful in their second trial and become R7, they will no longer be eligible to stay under the umbrella of the FMRP and will receive their clearance forms and be allocated to a new workplace by the Ministry of Health.

Remediation Policy

Remediation will be implemented for any of the following reasons:

- 1) If a resident receives two unsatisfactory or borderline evaluations in two rotations in one academic year.
- 2) If a resident receives a negative report regarding:
 - Academic progress which is borderline or unsatisfactory (e.g. poor knowledge).
 - Any serious issue in relation to lack of professionalism (e.g. poor teamwork, conflict with patients/colleagues)
 - Substantial absence from the program (e.g. exceeding leaves allowance).

Remediation process:

- 1) If a resident acts unprofessionally or suffers from a deficiency, the trainer must discuss the issue verbally with him/her.
 - This should be documented with the details of the date, time, and signatures of both trainer and trainee.
- 2) If the same issue occurs again after a period of observation, the trainer should document it, then confront the trainee and obtain his/her signature.
 - A detailed report must be sent to the board director, within a maximum period of two weeks from the date of incident.
- 3) The report will be reviewed by Family Medicine Board Director, WPBA, and site coordinator and the postgrad committee:
 - A meeting with the trainee will be arranged to discuss the issue, and recommendations will be given.
- 4) If the issue is repeated again, the Family medicine board director, WPBA, site coordinator, and postgrad committee will decide and form a remediation plan.

- 5) The remediation plan should be sent to KIMS (postgrad office), within a maximum period of one month after the date of incident. (If the time period exceeds one month, the report will be declared invalid).
- 6) The remediation will be implemented only after the approval KIMS (Postgrad Office).
- 7) If the trainee repeats the same mistake in the remediation period, s/he will be placed on probation.
- 8) An unsuccessful probation will ultimately result in dismissal from the program.

Leaves Policies:

Sick Leave Policy

- Residents of all levels are allowed 15 days of sick leaves throughout the year (1st Oct until 30th Sept).
- If a resident takes more than 15 days of:
 - Non-continuous sick leaves, the extra days will be deducted from their 30 days annual leave.
 - Continuous sick leaves, they should take an official paper from Family Medicine board to be approved by General Medical Council in MOH (تعرض على لجنه طبيه في وزارة الصحه)
 - After the approval of the General Medical Council, it will be considered as Leave of Absence (يعتبر وقف قيد)

Study Leaves Policy:

- A total of **14 days** of study leaves is granted to residents.
- The study leave can be taken as follows:
 - 7 days for part I exam and & 7 days for part II exam OR
 - 14 days for part I exam OR
 - 14 days for part II exam
- Residents can take it from their Ministry of Health annual leave allowance. (As a result, candidates who fail to have enough leave allowance cannot take study leave)
- Study leaves END by the end of the last day of the exam NOT the first day of the first final exam.

- Residents can apply for an annual leave followed immediately by a study leave or vice versa.
- To submit your study leave and to check if you are eligible to take one, please contact the WPBA committee.

Leave of Absence Policy

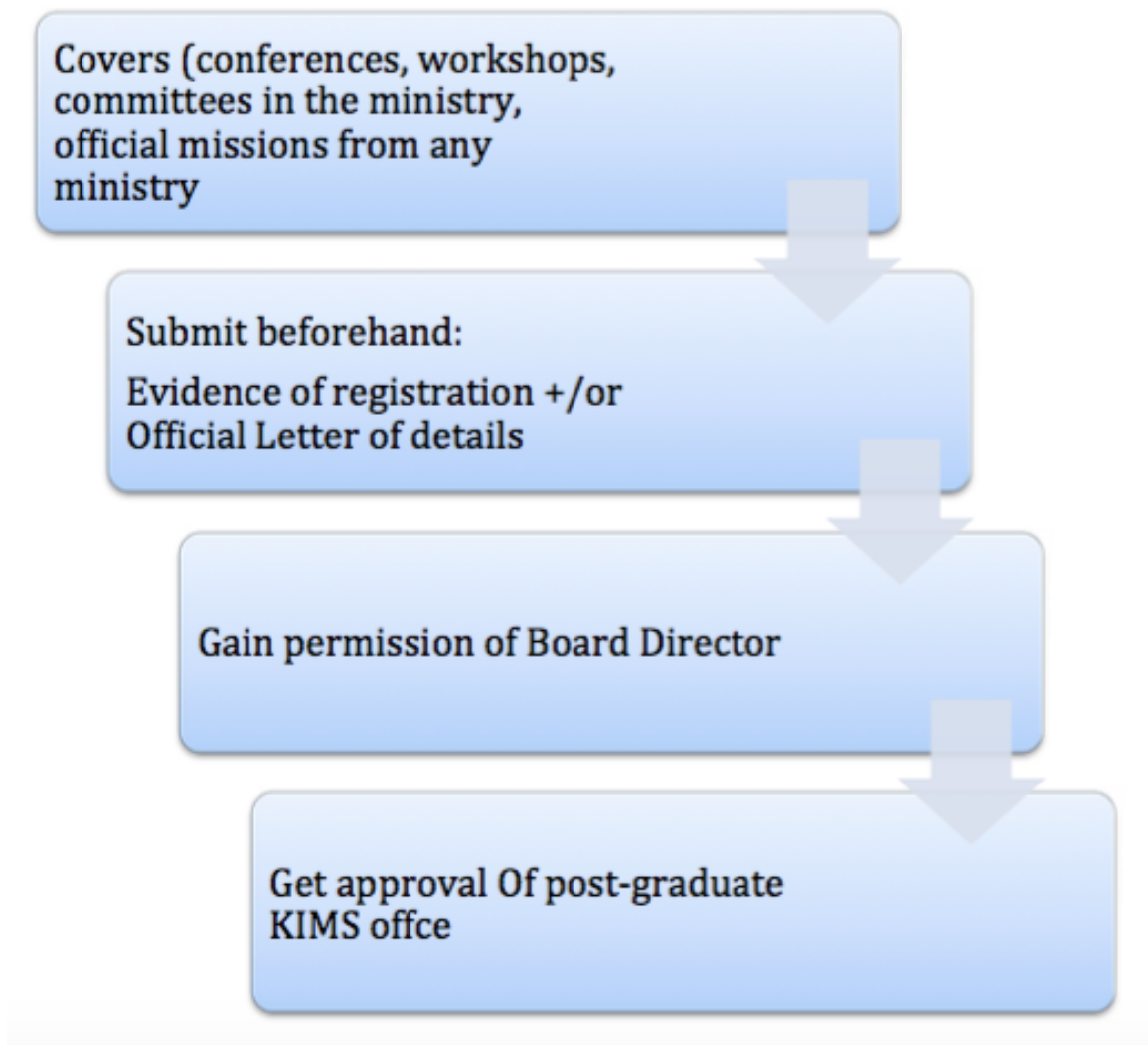
- If a resident needs to interrupt his/her training due to various reasons, s/he may apply for a leave of absence, which is a voluntary leave for a specific period of time that can be taken during the residency program for legitimate reasons.
 - Must be a minimum of two months and a maximum of 12 months
 - It should be taken as a block of rotation and not mid-rotation
 - If under special circumstances, a leave of absence is approved during rotation, the criteria for the maximum allowed leaves during rotation is applied to credit the successful completion of rotation.
 - The board director must notify the KIMS Office of Post Graduate Education of the details including the first day and last day of planned rotation.
 - The period of leave must not be considered as an effective period of postgraduate education.

Special Leaves Policy

- If residents experience any sudden circumstances, they are entitled to take a sudden emergency leave, but this will be counted as part of their annual leaves.
- Residents are not eligible to apply for (يوم عرضي).
- The following leaves are separate and can be granted **in addition** to KIMS 45-day annual allowance (30 days annual leave/15 days sick leave):
 - Hajj leave/doctor on duty of Hajj (1 month, taken only once during the board).
 - It must not have been granted prior to joining the program.
 - The resident must be officially registered by a pilgrim group and licensed by the Ministry of Awqaf and Islamic Affairs.
 - There must be evidence of their presence in the KSA as shown in the passport.
 - Hajj Official Mission is only allowed once during residency and shall not consume the Hajj leaves.
 - Maternity leave (two months in the board either taken at once, or as one month taken twice).
 - Companion Leave: First degree family medical attendant leave (15 days only).
 - An authorized letter from the treating physician and head of department indicating the day of admission and discharge.
 - In case of travel abroad, companion approved letters from treatment abroad office must be provided.
 - Female widow grieving leave: four months and ten days as per Civil Service Commission Rules.
 - Grieving leave- 1st degree relative death (four days).

- Conference leave: five working days each academic year.
 - Evidence of registration to the conference and certificate of attendance is a must.
 - Financial support will not be granted.

Conference Leave Approval Policy



Reduced Work-Hours Policy

According to the Kuwait Civil Service Commission Law, reduced work-hours can be granted for breastfeeding mothers, handicapped caregivers or for other special reasons:

- Any resident (from ALL levels) requesting reduced working hours must write a formal letter to the Board Director; who in turn will send it to KIMS committee to study it.
- If KIMS committee grant this request, residents should keep in mind the following:
 - The reduced working hours should be repeated later to complete the board requirements
 - (Ex: if two hours reduced for one year = repeating four months)
- R6 and above are not included since they have fulfilled their years in training.

Immunization Policies

All residents should keep their immunizations up to date:

1. Hepatitis B
 - Should take three doses (0,1,6)
 - Check immunity level after 6 months
 - If level < 10 IU need one booster dose
 - Check antibody titer after 6 months
2. Tetanus
3. TB: regular chest x-ray examination
4. Varicella: health care workers caring for immuno-compromised patients
5. Rubella
6. Influenza: seasonal flu
7. Overseas travel immunizations

Unified Doctors' Stamp Policy

- All Kuwaiti board residents that are under the umbrella of KIMS must have a unified stamp starting from the **1st October 2018**.
- The stamp must include:
 - The resident's full name in English only.
 - Specialty (Family Medicine).
 - Current medical rank (assistant registrar/registrar).
- For example:
 - Dr. Rawan Sufian Aldweesh
Family Medicine
Assistant Registrar

Policy on Resident Supervision During Postgraduate Training

Supervising Physician Responsibilities (trainer)

Provide appropriate supervision to the resident at all times

Ensure a supportive learning environment with open communication

Be available by phone if not available by person, to attend any emergency or assign alternate PG trainee to provide supervision

Be involved in the planning and performance of procedures when required for patient safety or requested by residents

Shall co-sign on resident's reports

Should provide a mid and end of rotation reports for each resident in a timely manner according to the in-training evaluation policy

Program Director Responsibilities

Ensure that the trainers and residents are aware of policies regarding clinical supervision

Assign the responsibility, authority, and a supervisory role in patient care to each resident

Evaluate each resident's abilities based on specific criteria

Ensure a mechanism is in place for residents to report concerns about supervision that is free from reprisal

Investigate and manage complaints about supervision

Should provide clear feedback errors

Notify the trainers if they are unable to carry their assigned duties

Postgraduate Medical Education Responsibility

Inform the program director about concerns regarding supervision level

In conjunction with faculty development ensure educational materials and workshops are available to faculty

Resident Responsibilities

Inform the patient (or family) that they are enrolled in a postgraduate training program under the supervision of an attending physician/ trainer

should notify the supervisor physician when:

- 1- An emergency patient attending the clinic
- 2- A patient's condition is deteriorating
- 3- The diagnosis or management is in doubt
- 4- A procedure with possible serious morbidity is planned
- 5- In doubt of the appropriate decision (home visit, ethical, medicolegal etc.)

Report cases to the supervisor physician that include:

- 1- Discussion of the findings and their significance, differential diagnosis and management plan
- 2- Involvement and agreement regarding major decisions related to the management

Should document the presence of the supervisor physician and notify the him/her prior to discharge of a patient from the emergency department and confirm that his/her notes are co-signed by the supervisor

Provide clinical supervision of more junior trainees under the supervision of the attending physician

Inform their trainer, site coordinator or program director if they are unable to carry out their assigned duties

Inform the program director with concerns regarding the training

Aim to develop awareness of their limitations and seek appropriate assistance

Procedure Of Breach of Adequate Spervision

Trainees and tutors who noticed lack of appropriate supervision are advised to report the concern to the site coordinator (if available) and the Program Director

The Program Director has the authority to remove trainees from clinical placements if a risk is seen

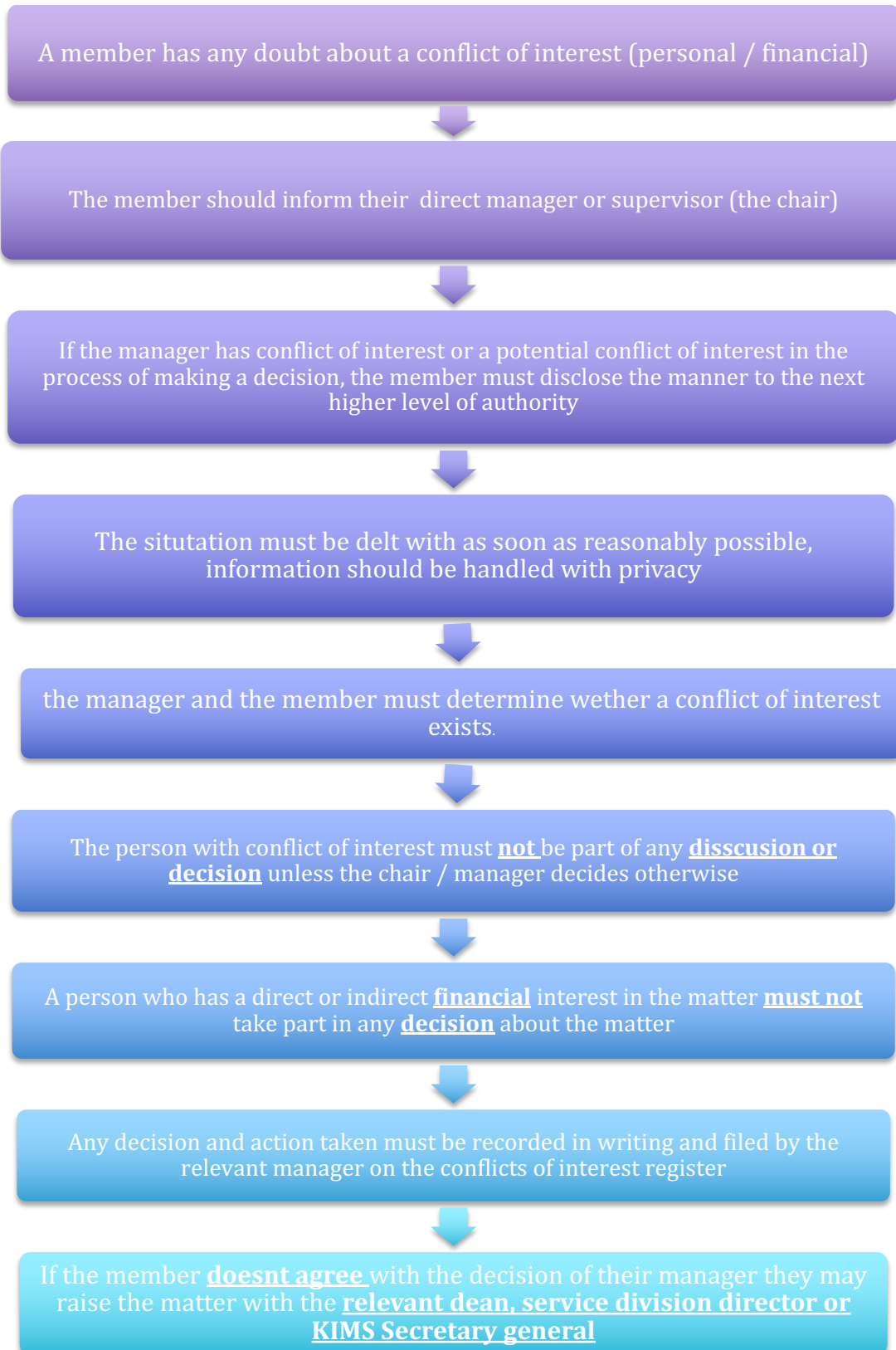
If a desicion to remove a trainee is taken, it must be communicated promptly to the Department Head, the Residency Program Committee, the site coordinator and the PGME office

These parites (faculty development may be included) will coordinate gathering the necessary information to formulate a plan to remediate the situation

The plan should be discussed and signed by the resident, tutor involved, site coordinator and the program director

If the tutor failed to supervise the resident the PD and PGTC may choose to put the tutor on probation from the list of active tutors

Conflict of interest policy:



comittee meetings



all comittee meeting agendas must contain a decleration by members of the comittee of any actual, potential or percieved conflict of interest regarding the disscused agenda



comittee members must report to the chair any conflict of interest to any of the agendas before the item is delt with by the comittee

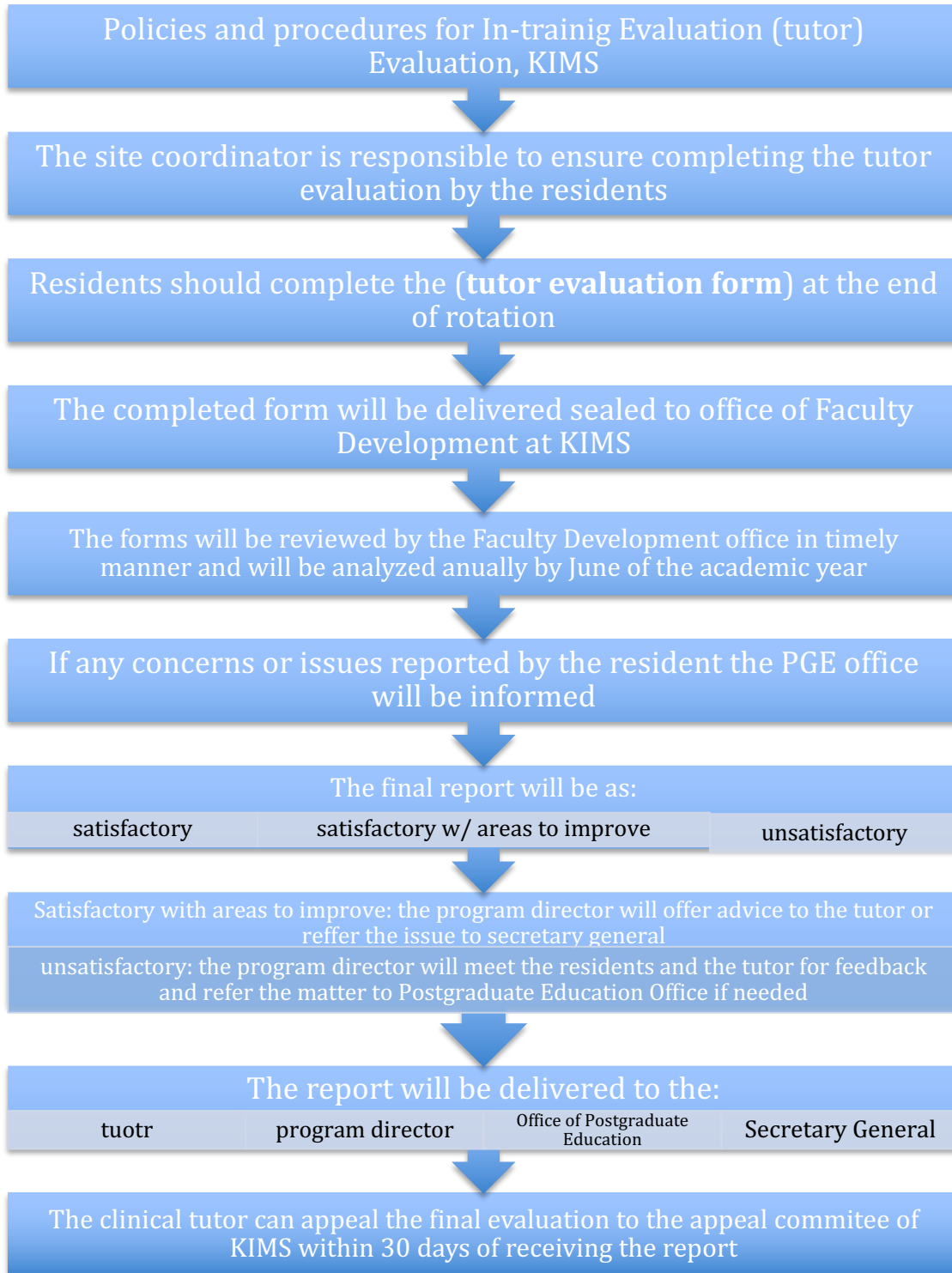


the minutes must record any conflict of interest declared before or during the meeting and how it was delt with



actions/ decisions taken by the comittee chair regarding the conflict of interest must be recorded in the minutes of the relevant meeting

In-training evaluation (tutor evaluation)



In-training evaluation policy (end of rotation):

Policy and Procedure on In-training Evaluation

All residents ,clinical tutors and site supervisor must have the objectives of each rotation before starting the rotation

The clinical tutor is responsible of discussing verbally the mid-rotation evaluation using the provided form

The resident is responsible to ensure that he/she receives a written evaluation at the end of the rotation using the provided form and no longer than 14 days after finishing the rotation

The program director is responsible to ensure that all evaluations are handed with no longer than 2 weeks period.

The program director is required to do face to face interview to discuss the resident's evaluations at least twice per clinical year

The clinical tutor must complete the evaluation form and discuss the evaluation with the resident

The resident and clinical tutor has to sign the evaluation form before handing it

Unsatisfactory evaluation of two rotations or more in one year requires following the remediation policy by the program director within 4 weeks (28 days) of receiving the evaluations

An unsatisfactory rotation (score of 1 or 2) is considered if:

- 1- The resident has an unsatisfactory evaluation of the rotation
- 2- The resident has an unsatisfactory evaluation in any domain of the rotational ITER
- 3- Documentation that a resident, regardless of their clinical performance during the rotation, has not satisfied accepted standards of ethical and professional behavior

Resident and fellow files policy:

Resident and Fellow files policy (KIMS)

The resident / fellow file will only be available to the program director, chair of Post Graduate Office (KIMS), the program Competency Committee (WABA) and designated administrative staff.
Resident / fellow file content (appendix.1)

The resident or graduate can access his/her file upon request under direct supervision of the program director or designated program administrative staff and can copy the papers from his/her own file. the resident is responsible for the cost of printing of documents.

Upon **successful completion** of , **not completing** or **withdrawal** from a trainig program the file will be kept:

In the **program office** for **Five (5) years**

After the Five years, the file is kept in **KIMS Records Management Services for 40 years**

Admission applications: if not accepted/ not entered/ not interviewed/ withdrew from consideration the file will be retained by the **Program Office for One (1) year** after the completion of the admissions process.

Appendix.1

Resident/Fellow File Content Checklist

Resident and files may be contained in an electronic system or in a combination of paper and electronic records. Programs should develop and document internal processes for management of resident files.

Application

- ◆ Program Application
- ◆ Curriculum Vitae
- ◆ Letters of recommendation
- ◆ Copy of medical school certificate
- ◆ Other appointment documentation required by PGE office

Appointment and Certification

- ◆ Confidentiality, Agreement
- ◆ Program required training (e.g., ACLS)

Curriculum

- ◆ Rotation and training experiences
- ◆ Case/procedure logs
- ◆ Conference and journal club attendance
- ◆ Scholarly activity and quality improvement projects
- ◆ Local and national presentations

Evaluation & Remediation

- ◆ End of rotation/quarterly faculty evaluations
- ◆ Summative Evaluation (end of year)
- ◆ Work based Assessment
- ◆ Final Evaluation (FITERs)
- ◆ 360 evaluations¹
- ◆ Mini-CEXs
- ◆ Patient satisfaction surveys
- ◆ Self-assessments
- ◆ Presentations evaluations
- ◆ In-training exam scores
- ◆ Individualized Learning Plans (ILPs)
- ◆ Semiannual evaluations
- ◆ Progress reports
- ◆ Correspondence regarding disciplinary actions and follow-up (remediation, probation, nonrenewal, or dismissal, as applicable)

Other

- ◆ Leaves of absence requests and related documentation
- ◆ Outside Training
- ◆ Final summative evaluations signed by program director and resident/fellow
- ◆ Final Milestones Report/ competency-based evaluation to PGE office