



# Kuwait Institute for Medical Specialization

## Policies and Procedures for Leaves During Postgraduate Training

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### **Introduction**

#### **The policies and procedures for leaves during Postgraduate Education**

is a detailed manual outlining the position of Kuwait Institute for Medical Specialization regarding resident/ fellow's leaves during postgraduate education.

### **Purpose**

1. Provide a guidance to the process of leaves throughout the postgraduate education programs at KIMS
2. Ensure consistent practices among postgraduate education programs at KIMS

### **The following outline the summary of the policy:**

- Each resident/ fellow registered in residency/ fellowship program must follow the leave policy at the KIMS.
- The resident/ fellow must ensure that he/ she meets the minimal training requirement of the training and the eligibility for the examination.
- The resident/ fellow and the Program Director must ensure that resident/ fellow's leaves do not affect goals and objectives of the rotation.
- The resident/ fellow must submit his/her leave request to the Site Coordinator/ Program Director in timely fashion in the designated form.
- The Site Coordinator must ensure that resident / fellow's leaves do not interfere with clinical duties.
- The Program Director must approve all residents/fellow's leaves prior to final processing.
- The Program Director must capture all residents' / fellow's leaves and monitor days of leaves.



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### **I. Section One: General Information**

**ALL LEAVES THAT ARE NOT APPROVED BY THE PROGRAM DIRECTOR AND THE POSTGRADUATE EDUCATION OFFICE MUST BE CONSIDERED VOID.**

**The program director must notify KIMS PGME office if a resident fails to report to work for five consecutive days.**

Residency training requirements are such that by the end of training specific milestones and goals and objectives of the training program must be achieved and the Resident be competent to commence independent practice.

Postgraduate education of the resident/fellow at KIMS follows an **observed process** to ensure that they achieve targeted milestones and rotation objectives while progressing toward overall program goals. This is accomplished within an allocated timeframe (**time-based training**) while integrating **Competency by Design (CBD)** principles, which focus on competency-based progression to ensure residents meet required professional standards.

Leave policies in postgraduate medical education vary depending on whether a program follows a **time-based** or **Competency by Design (CBD)** track. While both approaches recognize the importance of resident well-being and work-life balance, they differ in how leave impacts training and progression.

KIMS has established requirement of postgraduate education for its exam eligibility as delineated in the **examinations policies**.



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### 1. Time-Based Training (Traditional Model)

- **Fixed Duration Requirement:** Residents must complete a specific number of months or years in training, regardless of competency achievement.
- **Leave Impact:**
  - **Strict Time Tracking:** Any extended leave (e.g., parental, medical, or personal) may require **extension of training** to fulfill time requirements.
  - **Vacation Leave:** Pre-determined and structured (e.g., 4-6 weeks per year).
  - **Sick Leave:** Limited to a certain number of days, after which additional leave may lead to program extension.
- **Regulatory Compliance:** Must adhere to accreditation bodies' minimum training time requirements.

### 2. Competency-Based (CBD) Training

- **Progression Based on Competency, Not Time:** Residents advance upon demonstrating required competencies rather than completing a fixed duration.
- **Leave Impact:**
  - **More Flexibility:** Leave may not necessarily extend training if competencies are achieved within the expected timeframe.
  - **Vacation Leave:** Still structured but with potential flexibility if competencies are met.
  - **Extended Leave (Medical, Parental, Personal):**
    - May require an **Individualized Learning Plan (ILP)** upon return to address missed milestones.
    - If significant competencies remain unmet, additional training may be needed, but not automatically based on time missed.
- **Program Adjustments:** Programs may offer more flexibility in scheduling rotations or assessments to accommodate leave while ensuring competency acquisition.



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### Definitions

**Resident:** A physician enrolled in a postgraduate education residency program recognized by KIMS and registered at the Postgraduate Education Office of KIMS for the academic year.

**Fellow:** A physician enrolled in a postgraduate education fellowship program recognized by KIMS and registered at the Postgraduate Education Office of KIMS for the academic year.

**Academic Year:** A year of education that starts on Oct. 1 of each year and ends on the Sept. 30 of the following year

**Effective Training:** The time actually spent in clinical and/or structured rotations excluding all leaves (annual leaves, sick leaves, study leaves, maternity leaves of absence, haj leaves, conference leave, etc.). It is counted as months of training

**Time-Based:** Traditionally structured in fixed periods (e.g., 4-6 weeks) regardless of competency achievement.

**Rotation:** A period of time spent in a clinical and/or other health-related services. The rotations vary according to the discipline and the program (e.g., a three months' rotation starts on Oct. 1 and ends on Dec. 31) Traditional medical training relies on **rotations**, which are service-driven and time-based.

**Competency-Based:** Blocks are designed to ensure residents acquire and demonstrate competencies rather than just spending time in a particular clinical setting.



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**Block: 1 block equal to 4 weeks.** CBD/CBME emphasizes **blocks** to ensure residents develop required competencies at their own pace

### **II. Section Two: Policy and procedures on Leaves During Postgraduate Education**

#### **General rules:**

1. The resident/ fellow's leave must not affect the goals and objectives of the rotations and affect EPAs and milestone completion. Hence the following must apply:
  - a. In **two-months or lesser rotation**, leaves must not exceed **5 working days**
  - b. In **two-months to four-months rotation**, leaves must not exceed **10 working days**
  - c. In **four months or more rotation**, leaves must not exceed **30 days including weekends**
  - d. For a **CBD resident** applying for annual leave, time restrictions generally do not apply. However, in certain rotations, the program director may impose limitations if they determine that the resident requires additional clinical exposure or if there are concerns about the resident's performance.
  
2. The **maximum allowed time** for completion of all requirements of **five-years Residency is eight years** and the maximum allowed time for completion of all requirements of **three-years Fellowship is five years** inclusive of the approved leaves
  
3. **85% attendance** is must for the success of a rotation
  
4. **Leaves must not be transferred** to the next academic year



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5. All leaves **must be approved by the Program Director/ designee**
6. If the **total requested leaves exceed 60 days of leaves** then "Leave of Absence" rules and regulations shall apply
7. **On Call Duties, shall not be waived** during rotations

### **Leaves Categories:**

The following are categories of leaves within the maximum time allowed for the residency and fellowship postgraduate education programs.

**1. Annual Leaves: 30 days of annual leaves** shall be granted each academic year **including the public holidays.**

- Annual leave is effective from Oct. 1st to Sept 30 of the following year
- Annual leave must not be **transferred**
- *General Rules in section 2 apply*

**2. Medical (Sick) Leave:** Residents/ fellows are allowed a total of 15 days of authorized sick leave each academic year

- **Medical leaves exceeding 15 days must not be counted towards effective training period**
- **Medical leaves exceeding 15 days** per year must be approved by the General Medical Council, MOH, Kuwait
- For resident/ fellow granted **30 days' continuous medical leaves twice** (total of 60 days duration) by the General Medical Council, "leave of absence" rule and regulations shall apply.
- *General Rules in section 2 apply.*



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### **3. Professional Leaves**

#### **Study Leaves:**

- A total of 14 days of study leaves shall be granted during residency/ fellowship program
- The last day of the leave shall be the last day of the exam
- The study leave shall only be granted for Kuwait Board Examinations and no other examinations.
- Study leaves shall be taken as:
  - a. (7 days) for Part 1 examination**
  - b. (7 days) for Final examination**
  - c. (14 days) for Part 1 examination**
  - d. (14 days) for Final examination**

#### **4. Conference Leaves:** Each resident/ fellow is granted a working days conference leaves each academic year.

- Evidence of registration to the conference and certificate of attendance is must
- This shall not grant a financial support or working days

### **5. Special Leaves for residents/ fellows**

- **Emergency leaves:** Each resident/ fellow shall be granted emergency leaves in line with MOH regulations and these must be processed as annual leaves.
- **Grieving Leaves:** A resident/ fellow shall be granted **4 days** of grieving leave upon death of first degree relatives.
- **Maternity Leaves:** A female resident/ fellow shall be granted **30 days** of maternity leaves **twice** during residency and **once** during fellowship.



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- **Companion Leaves:** Each resident/ fellow shall be allowed a **total of 15** days of companion to first degree relative.
- An authorized letter from the treating physician and head of department indicating a day of admission and discharge must be provided.
- In case of travel abroad, companion approved letters from treatment abroad office must be provided.

### **6. Special Leaves for Muslim residents/ fellows**

**Hajj Leaves:** A Muslim resident/ fellow can be granted a **30 day of Hajj Leaves** once during residency/ fellowship.

- This leave must not have been granted prior to joining the program
- The resident/ fellow must be officially registered by pilgrim group, licensed by the Ministry of Awqaf and Islamic Affairs
- Evidence of presence in Kingdom of Saudi Arabia during the period of Hajj as shown in resident/ fellow's passport
- Hajj Official Mission is only allowed once to a resident/fellow and shall not consume the Hajj Leaves

### **Female widow Grieving Leave:**

- A married Muslim female resident is entitled a grieving leave upon her husband death for **4 months and 10 days** as per Civil Service Commission rules and regulations
- Official Governmental letter is required.

### **7. Leave of Absence:**

Resident/ fellow may need to interrupt his/ her training due to various reasons. "Leave of Absence" (LOA) is a voluntary leave for a specific period of time that resident/ fellow may choose to take during residency/ fellowship due to legitimate reasons.

- The leave must be discussed and approved by the Program Director
- The leave must be a **minimum of 2 months** and **maximum of 12 months**



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- A resident/ fellow is allowed a **cumulative of maximum of 12 months** of LOA during residency
- It shall be taken as a **block of rotation/s** and not midrotation
- **If under special circumstances**, LOA is approved during the rotation, criteria for maximum allowed leaves during the rotation is applied to credit the successful completion of rotation
- The Program Director must notify the KIMS Office of Postgraduate Education of the details including the first day and last day of the planned LOA.
- The period of leave must not be considered as effective period of postgraduate education.
- The expectation is that time lost or rotations/learning experiences missed during a leave will be made up with the equivalent time upon the Resident's return to the training program.
- for any resident on leave, the decision to continue chief/lead/administrative resident duties must be made by the RPC in consultation with the resident. The resident may choose to forgo further chief/lead/administrative resident duties; otherwise, the RPC has the final say in the decision.
- It is understood for the Resident who maintains current level of appointment in a residency program will return to a residency program following a leave of absence, and is still a Resident of the program, notwithstanding his/her inactivity. The Resident is still expected to maintain a standard of conduct in keeping with the standards of the residency program. Failure to meet these obligations may result in the withdrawal of a Resident's appointment to the program.
- All leaves must be approved by the Program Director in consultation with the Residency Program Committee. On the recommendation of the Program Director in consultation with the Residency Program Committee, Postgraduate Medical Education & Secretary General may grant a leave of absence with the



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understanding that the promotion/graduation date will move forward by an amount of time equal to the leave.

- All leaves greater than five days must be reported to the Postgraduate Medical Education (PGME) Office. There may be special circumstances when the Program will report leaves less than five days, for example, if there has been a pattern of days missed over a period of time.
- In extraordinary circumstances where a Resident is mandated by the program to be on a leave of absence, the Resident must communicate with their Program Director on a monthly basis with respect to the status of the leave. Should a Resident not respond, the Residency Program Director may take the initiative to contact the Resident directly.
- Except in extraordinary circumstances, a Resident participating in remedial training shall not be permitted to take a leave of absence. Should the Program Director deem a leave of absence appropriate, the Remediation program will be considered incomplete. In such event, the Remediation program will be redesigned by the Residency Program Director, in consultation with the Residency Program Committee, upon the Resident's return, taking into account the nature of the deficiencies identified, the performance of the Resident to date, and the need for continuity of clinical experience.
- **Resident appeals**, Remediation/Probation programs will be deferred until a Resident has been cleared to return to the residency training program and educational licensure and Health Authority credentialing/privileges are reinstated.

### **Section III. Responsibilities**

All leaves must be approved by the Residency Program Director.



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It is the Resident's professional responsibility to ensure that the appropriate people are notified of the leave of absence and, when possible, that appropriate arrangements for coverage have been made.

The PGME Office will notify the Ministry of Health of any interruption to residency training including a leave of absence. Only the dates of the leave and type of leave will be reported. Any additional information will only be provided with the Resident's consent.

### **Section IV: Non-compliance**

Instances or concerns of non-compliance with this policy should be brought to the attention of Secretary General, PGME.

### **Section V: Procedures**

See attached document: Procedure for Request, Approval of and Return from Leave of Absence