

Dubai Residency Training Program

ACADEMIC BYLAWS

1- General Principles:-

- 1.1. The resident must adhere to this bylaws as well as the training rules and regulations issued by the Department of Medical Education, the Specialty Training Committee of the specialty, and the training center in which the Resident receives his/her training.
- 1.2. The Resident is strictly prohibited from working in the private sector during his/her training.
- 1.3. The Department of Medical Education shall decide the necessary training period for each training program. If the resident does not complete his/her training within the period approved, he/she may be granted an additional period of no longer than one year.

2- Admission to the training programs:-

2.1. Requirements for acceptance in the training programs of the specialty:

1. The Resident must be a holder of a Bachelors Degree in Medicine & Surgery or equivalent from a recognized university.
2. The Resident must have completed a year of internship.
3. Maximum 5 years since graduation from Medical school.
4. The Resident must be medically fit for the training.
5. The Resident must provide three letters of recommendation from three consultants with whom he/she has worked confirming his/her ability and capability of training.
6. The Resident must pass the Pre-Entry Evaluation Examination.

3- Evaluation & Completion of Training: - General Rules:

- 3.1. The resident must be evaluated by his/her supervisor monthly using the approved evaluation form and the reports about Residents shall be sent to the Program Director every month. These reports to be kept in the residents' file.
- 3.2. Satisfactory completion of training during each year of residency is required before the resident may advance to the next level of training.
- 3.3. Residents who have performed at a lower than satisfactory level or fail to meet program requirements for progress approval as determined by Program Director, may be provided with an opportunity for remediation and performance improvement.

- 3.4. Residents who fail to improve may be required to extend their training, or may be placed on probation, suspended or terminated.
- 3.5. The resident must complete at least 3/4 of the assigned training period for it to be considered valid.
- 3.6. The Program Director must prepare a report showing the progress of the resident every six months and at the end of the academic year. The Program Director must use the approved evaluation forms for this purpose provided that the report has to be signed by the resident which is then presented to the Specialty Training Committee for approval, and submission to the Department of Medical Education and the Resident's Sponsor if applicable.
- 3.7. A resident's promotion from one level to the next one (e.g. from the first year to the second year) is based on the average of the periodical assessment reports which represents 50%, and the end of year examination for training programs which represents 50%. However, the resident must get a general average of no less than 60% for each part.
- 3.8. Completion of training of the resident is based on the Specialty Training Committee's recommendation for completion of training approved by the Department of Medical Education. The recommendation should be based on the resident's periodical evaluation reports, the result of his/her end of year examination, and the completion of the log book in the health specialties which requires so.
- 3.9. The specific processes for evaluation promotion, remediation, suspension and termination is outlined in the Residency Program Manual

4- Certificates and Examination

The Dubai Residency Program Examination will be as follows:

- A. The Arab board of Medical Specialty Certificate
 - Residents will have to pass the first part of the Arab board successfully before completing the second year of training.
 - Residents will only be allowed to proceed to the third year of training after passing the first part examination.
 - On completing the second year of training, residents who have failed to clear the first part of exam will be given only one chance by extending the 2nd year to repeat the exam
 - Failing the exam may result in resident dismissal from the training program as there is a limitation for repeating the year.
 - as per the Arab board committee all registered candidates will have to sit the first available exam one year after registration and have a total of 3 chances to clear the first part before proceeding to the 3rd level of training
- B. End of Training Year Examination:-**
 - One examination will be conducted at the end of every training year.
 - The written examination consists of one hundred MCQ questions at least. The Specialty Training Committees may add other examinations as well.

C. The Exit Exam for Specialty Training :-

- This examination will be conducted after a successful completion of the training program of the specialty for the period approved, and passing all end of training year examinations.
- Obtaining a completion of Specialty training certificate.
- The examination is held at the final year of the training period. The resident who fails the exam may repeat it within six months after the approval of the specialty training Committee. The resident is not allowed to sit for this exam for more than three times. In case the resident does not succeed in the third attempt, he/she may be granted, in exceptional cases, a fourth attempt by the Department of Medical Education.
- The examination may consist of written and oral parts, OSCE, and short clinical cases.
- The passing score is 60%.

5- Transfer to another Specialty:-

5.1 The Resident is allowed to transfer from one specialty to another if the following conditions are fulfilled:

1. The approval of the Program Director of the specialty in which the Resident is registered.
2. The approval of the Program Director of the specialty to which the resident wishes to transfer and the fulfillment of admission conditions for the specialty.
3. The approval of the Executive Board, Department of Medical Education.
4. Transfer applications shall be submitted at least four months prior to the end of the training year.
5. All transfers shall take place at the beginning of the training year only. Thus, the resident is required to complete his/ her current training year before he/she can transfer to another specialty at the beginning of the training year.

5.2 The Specialty Training Program , to which the resident has transferred, must recommend counting the previous training period the resident has taken, if possible, and must also specify the level at which the resident shall start. The recommendation should be sent to the Department of Medical Education for approval.

6- Duty hour policy

The Training institution, Department of Medical Education and Residency Program Director must maintain a high degree of sensitivity to the physical and mental well being of residents. The Academic Affairs Centre shall ensure that Resident receives appropriate education and training through the use of Duty Hours assignments and appropriate faculty supervision. The

duty hour policy is designed to (i) support the physical and emotional well being of residents, (ii) promote an educational environment and (iii) facilitate patient care and safety.

- 6.1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- 6.2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. **Minimum 42 hours / 5 days a week and extendable by the Administration according to the nature of duty**
- 6.3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- 6.4. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.
- 6.5. It is everyone's responsibility to abide and work within the duty hour's policy. Programs must develop realistic schedules and mechanisms for off time coverage and transfer of patient responsibilities to others. Faculty must remain vigilant of the trainees under their supervision and frequently monitor the residents' activities. Residents must stay within the duty hours and notify program faculty, and / or the program director if they are having difficulties in meeting daily or weekly duty hour requirements.
- 6.6. The Academic Affairs centre requires that all program directors monitor and assess compliance of duty hours for their program and residents.
- 6.7. Concerns of duty hour violations should be reported to the Academic Affairs office.

7- On call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- 7.1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- 7.2. Continuous on-site duty, (admitting, inpatient call, etc.), must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements. Therefore, the total day may be up to 30 hours.
- 7.3. No new patients may be accepted by residents who are on call after 24 hours of continuous in house duty.
- 7.4. At-home call (pager call) is defined as call taken from outside the assigned institution.
- 7.5. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with

- 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- 7.6. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit, averaged over 4 weeks.
- 7.7. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

8- Vacation

- 8.1. Residents are entitled to 22 working days paid leave during each academic year.
- 8.2. The training period shall be extended for an equivalent period to compensate for sick leave, maternity leave and exceptional "emergency" leaves before the resident is awarded a certificate of completion of training if the leave exceeds seven days.
- 8.3. Annual leave which is not utilized within the Academic year shall not be transferred to the following year.
- 8.4. The resident may be granted a leave for scientific purposes (attending scientific conferences and seminars, specialty examinations ...etc) not exceeding 15 days in each training year provided that he/she presents the proof for having attended the activity.

10. Interruption from the Training Program:-

- 10.1. A resident may interrupt the training program on the occasion of death of spouse, parents, or children, illness of Resident, spouse, or children if needed, or any other reason accepted by the Specialty Training committee and the Department of Medical Education. The resident; however, should provide supporting documents for any case of interruption.
- 10.2. The leave should be notified to the immediate supervisor, Program Director and Academic Affairs office with the following details:
- o The reason for leave
 - o This type of leave will be categorized as unpaid leave
 - o The last day of work and first day of leave
 - o The anticipated date the resident will resume training
 - o This type of absence will be limited to a period of 3 month only. Under special circumstances this period can be extended to not more than 1 year provided the Academic Affairs office is evident of the same.
- 10.3. If the resident interrupts the training with a valid excuse for a period between three and twelve consecutive months, he/she will be permitted to rejoin the training at the same level at the beginning of the following training year after the interruption provided that the interruption between three to twelve consecutive months must not occur more than once throughout the whole training period.
- 10.4. If the trainee interrupts the training by the virtue of reasonable excuse for a period of 3 months or less, the training period had performed during such year shall be counted provided that he/she compensates for the period of interruption with an equivalent period.

- 10.5. If the resident interrupts the training for a period exceeding twelve consecutive months, his/her file will be closed and he/she will not be permitted to rejoin the training program unless he/she is re-assessed by the Scientific Committee of the specialty to specify the appropriate level, and obtain the approval of The Department of Medical Education for his/her re-admission.
- 10.6. If the resident has a valid excuse, he/she may withdraw from the training program provided that the consent of his/her Specialty Training Committee, sponsor and the Department of Medical Education has been obtained. However, the resident may not withdraw until the end of the training year. The resident is prohibited from joining any other training program for a period of one year starting from the active date of his/her withdrawal.

11. Return from approved interruption

Residents returning from such prolonged absence may need to return to an earlier level of training and / or require a modified program.

- 11.1. No assurance can be given that all training taken prior to the interruption will still be acceptable.
- 11.2. In order to decide on the appropriate training level and program structure, residents will be assigned a 4 -12 week period of assessment, similar to probation period, structured and organized by the Program Director along with the Residency program faculty.
- 11.3. The Program Director will review the results of the assessment and submit a recommendation to the Academic Affairs office regarding the resident's re-entry to the training program. If approved, the Program Director will discuss with the resident the modified program structure, training level, the evaluation process and expected outcomes.
- 11.4. The Program Director can also decide against a resident's re-entry to the program in exceptional cases which will be communicated to the resident through the Academic Affairs office.

12. Withdraw from the program

- 12.1. If the resident wishes to resign/withdraw from the Program, he/she should submit the resignation whilst on duty in writing to the respective Program Director with a notice period of one month.
- 12.2. The resident shall stay on job until the end of notice period. After approving the resignation, the Department of Medical Education may at the resident's request reduce the notice period and terminate the training at any time, provided that the resident agrees to deduct the salary balance of the remaining notice period from his/her dues. In this case, the deducted period shall not be considered in the resident's service duration at the Medical Education Department.
- 12.3. Any **Non UAE national** resident, who will leave the training before completing the total required period unless dismissed from the program by the Medical Education Department, will have to pay the DHA all the **expenses** for the time he/she spent in the program.
- 12.4. A resident who has resigned in good standing from the program can withdraw his / her resignation within the notice period from the effective date of the resignation. The

request for withdrawal of resignation must be in writing and should be submitted to the MED from where he / she have resigned. It is the sole discretion of the MED to decide whether he / she is eligible for reinstatement of position.

13. Disciplinary action and procedure

If a (1) Resident's performance or professional conduct does not comply with the terms of the DRTP policies and procedures, rules of conduct, professional or ethical standards, or with any other requirements of the contract, or (2) Resident's academic progress is unsatisfactory, the Program Director, in consultation with the Academic Affairs Centre, may take disciplinary action, including, but not limited to the following:

13.1. **Verbal Warning** – The Program Director will give a verbal reprimand and warning to the resident. A statement should be included in the resident's file in the department, indicating:

- that this verbal warning has taken place
- the nature of the offense
- whether the offense committed was a first offense
- corrective action/s
- consequence/s of committing the same offense in future

The statement must be acknowledged by the resident.

13.2. **Written Warning** - A letter of warning from the Program Director through the Head of Academic Affairs Centre and/or to the Director of Medical Education Dept shall be issued to the resident. A copy of this warning is retained in the Resident's file. A written warning must indicate the following:

- The nature of the offense
- whether it is a first offense, or repetition of a previous one for which a warning was given
- corrective action/s
- consequence/s of committing the same offense in future

Based on the seriousness of the offense, a first written warning may constitute a final warning. A final warning must clearly state that it is a final warning, indicating the consequence/s of repeating the offense.

13.3. **Probation** – To correct the deficiency or offense committed, a resident may be placed on probation for a maximum period of 90 days. The AAC will decide on the length and starting date of a probation period.

13.4. **Suspension** – Based on the severity of an offense, as outlined below, a resident may be suspended from duty without pay for a maximum of 90 days. The AAC will determine the length and starting date of a suspension period. A suspension will be recommended to AAC by the Program Director detailing clearly the reason/s for it. AAC will decide on the appropriate action to take, and MED Director will be advised of the same.

Depending on the nature of the offense, a resident will be placed on probation immediately on completion of a suspension period. A resident may be subjected to

suspension only twice during an entire program duration, and the total number of days for both should not exceed 90 days.

A suspension will be enforced in the event that:

- The resident has not shown sufficient improvement subsequent to a warning and/or probation period.
- The resident has committed a serious offense compromising patient care standards and jeopardizing patient welfare.
- The resident has exhibited unethical or illegal conduct.

- 13.5. **Dismissal** – Should all attempts for rehabilitation fail, the Program Director, through the AAC, may recommend a resident's dismissal from the Training Program. The AAC will discuss the recommendations, and through the MED Director will refer the matter to HR / Legal Affairs, and render a final decision.

A resident's dismissal will also be recommended for committing any of the following:

- Failure to pass a repeated training level
- No improvement despite two written warnings
- Program interruption without a valid excuse

14. Violations

- 14.1. The Specialty Training Committee will look into the violations related to the training such as absence, neglect and academic attainment, or related to morals, behavior, ethics or professional conduct. After the violation is proved, the Committee is authorized to recommend the following:

1. A warning letter
2. The final warning letter in addition to placing the resident under probation for a period to be specified by the Scientific Committee.
3. Termination and closure of resident's file

- 14.2. The recommendations should be submitted with a detailed report on the case of the violation to the Executive Board (Department of Medical Education) to take the appropriate decision. The Resident's sponsor will be informed about the decision.

15. Canceling Registration with Dubai Residency Training Program

The Resident's registration is cancelled in the following circumstances:

1. If the resident does not succeed in the overall annual evaluation (the periodical evaluation together with the End of Training Year Examination) for two consecutive years in the training program.
2. If the resident failed to probationary period, or if the resident requires further probation, the resident must withdraw from the program. This regulation applies even when a resident changes from one program to another program.
3. If the resident fails to pass after exhausting the chances for entering Part I of Arab Board Exam

4. If the resident exceeds 1 year in addition to the minimum training period for any training program.
5. If the resident interrupts the training without a valid excuse acceptable by the Specialty training Committee for a period of 15 consecutive days or 21 separate days during the entire period of training.
6. If the resident withdraws during the training program.
7. If the resident does not abide by the rules and regulations of the training program, or the Department of Medical Education bylaws after being warned and does not improve during the training period. (see point 14)
8. If the resident has been convicted of an offence violating the public honor or the professional ethics unless he/she is proved innocent.

11. Grievance Procedure

- 11.1. The grievance procedures allow residents to seek resolution of complaints about faculty actions or policies that could not be resolved by direct methods. Possible issues include, but are not limited to, poor technical supervision, inadequate or unavailable supervision time, excessive workload, evaluations perceived as unfair.
- 11.2. Residents are first encouraged to express their concerns and dissatisfactions to the faculty involved. All grievance matters will be treated as confidential to the extent possible and all parties to the action will be so advised.
- 11.3. Generally if a grievance arises, the resident must discuss the issue with their primary supervisor at the site of training. If the issue cannot be resolved at that level, a complaint must be filed with the Program Director who will act as a mediator to attempt to resolve the grievance.
- 11.4. If the mediation fails and the relevant resident and/or faculty members are not satisfied with the response of the Program Directors, then written statements from the resident and Program Director shall be submitted to the academic affairs centre for review and final decision making.
- 11.5. The final binding arbitrator is the Director of Medical Education Dept.

12. Bullying or Harassment

- 12.1. The Academic Affairs Centre will not tolerate bullying or harassment of residents by their trainers or others involved in their training or working environment. Bullying and harassment in the training context may include:
 - Persistent and deliberate belittling or humiliating
 - Shouting, threatening or insulting behavior
 - Persistently and unfairly singling out an individual for unreasonable duties or for duties with no educational value
 - Persistently and unfairly preventing access to the normal educational events or opportunities associated with the post or programme
 - Marginalizing trainees without good reason, so that they are unable to carry out their jobs and make progress in their training
- 12.2. Neither Isolated incidences of such behavior nor should constructive criticism, adverse performance appraisal or unsatisfactory assessment be normally taken as bullying or harassment unless extreme or subsequently repeated. Tailoring of educational opportunities and clinical responsibilities to the progress of individual is normal and should only be considered bullying or harassment if without justification.

12.3. There are two potential routes to deal with a case of bullying or harassment, informal & formal:

- **Informal action** is an attempt to help the trainee to resolve the differences informally through discussion with parties concerned. It may be advisable to remove the resident from the supervision of the concerned trainer or change of location of training. If the situation has been resolved informally, the AAC should take steps to check whether the resident is satisfied with the new arrangements after a settling in period, but usually within three months
- **Formal action** is where the resident should be asked to produce a written statement detailing the complaint with date and witnesses. The AAC will setup a panel chaired by the medical director to take a timely and just decision in the matter.

13. Records

13.1. The resident is mandatory required to maintain and accurately complete their educational records of their educational activities undergone during the residency training.

13.2. The log book enables the faculty to have first hand information about the work done by the resident and suggest improvement for better performance. It is also a good tool to assess the clinical experience gained by the resident.

13.3. The logs must be submitted at the end of each rotation to the Program Director for review and verification.

13.4. The logs should document the fulfillment of the requirements of the program describing the scope, volume, variety and progressive responsibility by the resident and must be done on a monthly basis.

13.5. Incompletion of log books is subject to disciplinary actions as determined by the Program Director in consultation with the Academic Affairs centre.

