

OMAN MEDICAL SPECIALTY BOARD



Policy Title	Special Accommodations for Physicians with Disability				
Policy Number	12				
Functional Field	Trainee Education				
Related Policies	<ul style="list-style-type: none"> • Application and Registration for Training in OMSB Residency/Fellowship Programs (Policy #1) • Interruption from Training in Residency/Fellowship Program (Policy #3) • Transfer between Residency Programs and from Residency to General Foundation Program (Policy #2) • Withdrawal from Residency/Fellowship (Policy #4) • Assessment and Counselling (Policy #11) • Special Accommodations for Examination Sitting (Under Revision) 				
Responsibility of	Trainee Affairs Department				
Status	<input checked="" type="checkbox"/> Approved	In-revision		Proposed	
		Draft #		Draft #	
Approved By	Board of Trustees				
Effective Date	10 February 2022				

Revision History			
Number	Date	By	Main Changes
Revision # 1			
Revision # 2			

Contact Office	Trainee Affairs Department
E-mail Address	admission@omsb.org – tafus@omsb.org
Phone Number	2418-1088/1018

1. Policy Title

Special Accommodations for Physicians with Disability

2. Definitions and Abbreviations

Special Accommodation: Special arrangements are made to conveniently fit and meet the needs of a physician with disability in OMSB.

3. Policy Statement

This policy is meant to provide information and guidelines for the physicians with disability who wish to apply for training in the OMSB residency/fellowship programs and for the trainees who are already registered in OMSB and perceive disability during their training period. The policy guides this category of physicians/trainees to obtain special accommodations that meet their special needs as per the Royal Decree No (63/2008) Promulgating the Law of Care and Rehabilitation for the People with Disability.

4. Purpose/ Reasons for Policy

4.1. Reason of the policy:

It is made to be a regulatory part to implement the OMSB Training Bylaw and to cope with the ACGME-I Institutional Requirements.

4.2. Purpose of the policy:

The purpose of the policy is to provide the physicians with disabilities special accommodations and arrangements that enables them for pursuing their duties and responsibilities to achieve the educational objectives of their training.

5. Scope of Application

This policy applies to all physicians who wish to apply for training in the OMSB residency/fellowship programs and for the trainees who perceive disability during their training period and wish to receive special accommodations and services.

6. The Unit Responsible of the Policy:

Trainee Affairs Department and it is responsible of developing, reviewing and updating this policy. The authority concerned must be informed prior to making any amendments.

7. APPROVAL BODY

Board of Trustees

8. PROCEDURE

8.1 Application Process for the Physicians with Disability to Join OMSB Training Programs:

- 8.1.1 The physician with disability may compete and apply for OMSB residency/fellowship program seats as per the requirements in Article (15 & 16) of the OMSB Training Bylaw.
- 8.1.2 The applicant should complete all licensing requirements to practice medicine as per the requirements of joining OMSB residency/fellowship programs.
- 8.1.3 The applicant should pass the OMSB entry exam.
- 8.1.4 The applicant should be medically fit and appropriate to practice as the nature of the desired specialty requires.
- 8.1.5 The applicant should provide his/her Assessment Health Form.
- 8.1.6 The Follow-up Healthcare Committee studies the Health Assessment Form and provides their technical advice.
- 8.1.7 Completion of the registration process is facilitated as per the OMSB rules and guidelines.

8.2 Guidelines for Obtaining Special Accommodations:

- 8.2.1 The Trainee may request for special accommodations any time during the training and shall receive the response in (6 weeks) minimally to allow for ample time to review and arrange for the service requested properly.
- 8.2.2 Special accommodations may include, but are not limited to, any of the those mentioned below, provided it does not cause undue financial burden to the OMSB budget:
 - 8.2.2.1 Modification to existing setups or environments to accommodate the needs of the trainee with a disability.
 - 8.2.2.2 Modifications to the OMSB premises such as installation of ramps, power-operated doors, comfortable chair or desk, etc.
 - 8.2.2.3 Provision of assistive technologies, such as computer software or hardware, etc.
 - 8.2.2.4 Implement the examination bylaw/policies in relation to the special accommodation for examination sitting.
- 8.2.3 Each application will be handled on a case-to-case basis with careful examination of Trainee's ability to perform his/her essential function as a medical practitioner.
- 8.2.4 Special accommodations granted to the trainee must be reviewed on a regular basis to ensure their effectiveness. Trainee may also give his/her feedback on the accommodations given.

8.3 Obtaining Special Accommodations Process:

- 8.3.1 A trainee with disability should submit a request to the Director of Trainee Affairs Department and state the required special accommodations with medical documents supporting his/her request. These documents will be kept confidential.
- 8.3.2 The request is transferred to the Follow-up Healthcare Committee for study and providing technical advice.
- 8.3.3 The request and the technical advice will be presented in the Executive Academic Committee to assess the ability of OMSB to serve the request.
- 8.3.4 If the request is approved, Trainee Affairs Department will execute it in cooperation with other units concerned in OMSB.

8.4 Process of Reporting Trainee's Disability that Occurs during Training:

- 8.4.1 If trainee's disability emerges during training, he/she must report that to the Program Director and the Designated Institutional Official (DIO) supported with medical documentation of his/her disability and condition.
- 8.4.2 The Education Committee should transfer the case to the Trainee Affairs Department and Counselling and Guidance Section.
- 8.4.3 Trainee Affairs Department transfers the case to the Follow-up Healthcare Committee to assess the trainee's ability to perform the essential function as a medical practitioner. Then, the assessment report will be discussed with the trainee to ensure his/her safety and patients' safety.
- 8.4.4 Counselling and Guidance Section shall start its process as per the Assessment and Counselling Policy (Policy #11).

9. RELATED POLICIES

- 9.1 Application and Registration for Training in OMSB Residency/Fellowship Program (Policy #1)
- 9.2 Transfer between Residency Programs and from Residency to General Foundation Program (Policy #2)
- 9.3 Interruption from training in Residency/Fellowship Program (Policy #3)
- 9.4 Withdrawal from Residency/Fellowship (Policy #4)
- 9.5 Assessment and Counselling (Policy #11)
- 9.6 Special Accommodations for Examination Sitting (Under Revision)

10. RESPONSIBILITY FOR IMPLEMENTATION

- 10.1 Education Committee
- 10.2 Trainee Affairs Department
- 10.3 Finance Affairs Department
- 10.4 Human Resources & Administrative Services Department

11. ISSUING OFFICE

Executive President

12. REVIEW

Executive Academic Committee will review this policy and make the necessary modifications and changes as deemed appropriate, no later than three (3) years from the date of the most recent version.

13. DIFFICULTIES/CHALLENGES

Unavailability of special accommodation for the trainees with disabilities.
Delay of the trainee in submitting the request for the service.

14. POLICY APPENDICES

Applicant Health Assessment Form

15. POLICY INDEXING

Policy No. 12

16. REFERENCES:

Royal Decree 31/2006 of Promulgating the System of Oman Medical Specialty Board

Royal Decree 63/2008 of Promulgating the Law of Care and Rehabilitation for the People with Disability

Ministerial Decision 46/2017 of Amending Provisions of Bylaw of Establishing Rehabilitation Centers for the People with Disability

Decision 13/2019 of Issuing Training Bylaw of Oman Medical Specialty Board

Royal Decree 8/2021 of Amending Some Laws and Royal Decrees.

ACGME-I Institutional Requirements.

APPLICANT HEALTH ASSESSMENT (AHA) FORM

The training history and health assessment provides basis of pre-training evaluation for all applicants joining Oman Medical Specialty Board. Continued postgraduate training contract is dependent on the successful AHA completion.

The purpose of the form is to determine whether you have health conditions that could affect your ability to undertake the duties of the training you have been offered or places you at risk in the workplace. It may be that adjustments or support is recommended as a result of this assessment to enable you to complete your training. Our aim is to promote and maintain the safety and the health of OMSB trainees, patients and staff.

The information that you will provide will be confidential to OMSB and will not be given to anyone else without your written permission. We do use anonymized information for audit purposes, which will not reveal confidential information in any audit report.

The AHA form has three (3) parts to be completed and submitted with your application.

PART I – Applicant Health Assessment Questions:

No.	Question	Yes/ No
1.	Do you currently have any health condition/impairment/disability (physical or psychological)?	
2.	Have you ever had any health condition/impairment/disability in the past?	
3.	Are you having, or waiting for treatment (including medication) or investigation for any health condition/impairment/disability (physical or psychological)?	
4.	Do you have an infectious disease that can interfere with your work as a clinician?	
5.	Do you need any adjustments or assistance to help you to undergo the training?	

If yes to any of the above questions, please specify details of the condition, treatment and dates.
(For more space, please add a separate attachment to this form)

Do you have any additional information related your health? If YES, please specify.

How much time have you lost from work/college due to illness during the last 2 years?

PART II: BLOOD TESTS ASSESSMENT

TESTS	Positive/Negative
HIV Serology	
HCV RNA	
HBsAg	
Tuberculin Skin Test (TST)	

PART III: IMMUNIZATION ASSESSMENT

As per the national guidelines of the immunization for workers, residents, trainees & students in the Health Care, please provide your vaccinations listed in the Immunization History Card below:

Sultanate of Oman Ministry of Health

Immunization History Card
For Health Care Workers

Civil/Residence ID No.: Staff No.:

Institution: Name: Age:

Vaccine	1 st dose: Date	2 nd dose: Date	3 rd dose: Date	Remarks	
				PSI	Test Immune
Hep - B					
Varicella					
MMR					
IPV					
Seasonal Flu					
Others					

PSI: Post Screening Immunity of Hep-Bs and Antibodies

Immunization History Card
For Health Care Workers (HCW)

Vaccine	Recommendations in brief
Hepatitis B	HCWs who have not received HBV before. **Give 3 doses series (dose #1 now, #2 in 1 month, #3 approx. 5 months after #2). Give IM. Obtain anti-HBsAg serologic testing 1 – 2 months after dose #3.
Varicella (Chickenpox)	HCWs who have no serologic proof of immunity prior vaccination or history of varicella disease. **Give 2 doses of varicella vaccine, 4 weeks apart. Give (SC).
MMR	HCWs with no evidence or documented vaccination have been divided in two subcategories: Omani : HCWs over 35 years of age Non - Omani: New employees and existing HCWs **Give 2 doses of MMR, 4 weeks apart. Give IM.
IPV	All laboratory workers who have not received IPV previously. ** 3 doses of 0.5ml should be administered IM/SC. First 2 dose to be given at interval of 1-Month, and 3rd dose to be given 6-Months after 2nd dose.
Seasonal Flu	**HCWs should receive a single dose of influenza vaccine (IM) annually. This card is a documented evidence of receiving the above recorded vaccines. PR: 122

Date of Issue:

Issued By: Department of Communicable Disease Surveillance & Control DGHA, Ministry of Health, Sultanate of Oman

ACKNOWLEDGMENT

I certify that, to the best of my knowledge and belief, all of the information in this form and/or attached to it, is true, correct, and accurate.

I understand that a false or fraudulent answer to any question or item to any part of this form or its attachments may be grounds for not accepting my registration as an OMSB trainee or for termination from a training program at a later date after acceptance and during my training.

I give consent for my health records to be reviewed, including vaccinations and blood results to be used for assessment by OMSB Follow-up HealthCare committee or other concerned parties, as required.

I understand that any information I give may be investigated for purposes of determining eligibility for OMSB training programs.

I consent to the release of information about my ability and fitness for training by OMSB to authorized personnel or representatives of the OMSB if needed while protecting confidentiality with anonymous processes.

I understand that if any recommendations to my sponsor are necessary as a result of this AHA, OMSB will discuss the recommendations with me, and may disqualify me from joining OMSB.

I Agree

Name of Applicant: _____

Date of Birth: _____

National ID Number: _____

Date: _____

Signature: _____

***Note:**

Category One (1) – Interns inside Oman and GFP: Please attach your previous medical reports of the above-mentioned immunization records and blood tests reports together with this form; if not available provide new reports.

Category Two (2) - Interns outside Oman and General Practitioners (GPs): Please attach your medical reports of the above-mentioned immunization records and blood tests reports together with this form.