

## **KBIM ONCALL POLICY**

### **A. GENERAL RULES AND SITE OF ONCALL COVERAGE**

- 1.0 Residents in the KBIM program have oncall duties during all rotations of the program, including rotations in all hospitals within and outside the Ministry of Health and during all electives including non-clinical electives such as research electives.
- 2.0 The site and coverage of oncall duties varies by rotation and it is the resident's responsibility to ascertain the site and service with which they will be covering oncalls by asking the tutors or coordinators of the rotation they are scheduled in.
- 3.0 It is a resident's responsibility to obtain an oncall schedule clearly covering their entire rotation period from the site in which they are expected to do oncalls, read the schedule carefully and note all days in which they are scheduled to be oncall.
- 4.0 If a resident does not find their name anywhere in the on call schedule, it is the resident's responsibility to inform the coordinators of the site in which they will be oncall immediately so they can be added to the schedule.
- 5.0 If the resident does not receive an oncall schedule or receives an oncall schedule that does not cover the entire period of their rotation, they should assume that they can be oncall on any days that are not covered by an on call schedule.
- 6.0 The oncall period of a rotation starts on the first working day of the rotation and extends until one day before the first working day of the next rotation.
  - 6.1 For example, if there is an official holiday from June 28 until July 3rd; resident oncall duties in the June rotation will extend until July 3rd and their oncall duties in the July rotation will start on July 4th, which is the first working day in the July rotation
- 7.0 When transitioning from one rotation to another rotation at a different site with a different oncall schedule, the minimum number of days between two calls during this transition is **2 non-call days**.
  - 7.1 The resident must inform the tutors and site coordinators of the next rotation at least 14 calendar days before the start of the rotation if they are on call in the last 2 days of their current rotation.
  - 7.2 For example, a resident who was oncall on Saturday on the last day of a rotation may be asked to do call on Tuesday on the next rotation, but not earlier than that.
- 8.0 When transitioning from a rotation with 24-hour calls to a shift-based rotation (e.g. emergency medicine rotation), residents should not be given the morning shift on their first day on the shift-based rotation if they were oncall on the last day of the previous rotation.
  - 8.1 The resident must inform the tutors and site coordinators of the next rotation at least 14 calendar days before the start of the rotation if they are oncall on the last day of their current rotation.
- 9.0 The maximum number of calls in a rotation is the total number of days in the rotation divided by 4 and rounded up.
  - 9.1 Approved leave and leaves of absence days are not counted in the total number of days in the rotation, however weekends, official holidays and sick leave days are all counted.

## **B. ONCALL AND LEAVES**

*(Please refer to the KBIM Leave Policy for more details.)*

- 10.0 The exact dates of days off work needs to be indicated when you take a leave, this includes the weekends and any official vacations including Eid, National/Liberation Days, Israa & Miraj, the Prophet's Birthdate or any other State Official Holidays.
- 11.0 Residents are expected to do oncalls on any days outside of the start and end dates indicated on their official approved leave requests, including days that are part of an official holidays and including when the resident hasn't completed their Return-to-Work papers after returning from a leave.

## **C. ONCALL HOURS**

- 12.0 **Oncall hours are 24 hours**, with the exact timing depending on the site (e.g. 7am to 7am or 8am to 8am).
- 13.0 Even after an oncall duty hours end, residents should never leave their posts until:
  - 13.1 All remaining patient issues have been resolved or safely handed over to the next oncall team.
  - 13.2 The next oncall team has arrived and assumed responsibility for any new incoming consults or ward call coverage.
- 14.0 In some oncall services, when the number of physicians oncall allows, oncall duties may be internally distributed by time, responsibility, location etc; however, residents remain responsible for oncall duties throughout the 24 hour period and may be asked at any time to extend their coverage location, time or period depending on needs.
- 15.0 Residents must always be physically present in the hospital for a total of 12 hours minimum on every on-call day they have. Day time presence can be counted towards this minimum.
- 16.0 Residents always respond professionally to any calls from nurses, emergency physicians and other colleagues throughout their entire official oncall coverage hours and direct them to the right person within the oncall team if the work has been divided in any way; it is not enough to declare "I'm not covering right now" when you get called during the official oncall hours.
- 17.0 Residents must never leave the country during all or part of any official oncall duty. Doing so is a professional misconduct and will be dealt with accordingly.**
- 18.0 During rotations which are shift-based, such as emergency department rotations, residents will follow the same shift rules as those specified for emergency department physicians or residents.
- 19.0 For subspecialty residents covering General Internal Medicine (GIM) oncalls:
  - 19.1 On regular working days, residents will work with their subspecialty rotation during the day and with the GIM service after regular working hours.
  - 19.2 On weekends and official holidays, each hospital should have a clear policy agreed upon by both the subspecialty service and GIM teams specifying whether residents should be providing any coverage for subspecialty services and when this coverage should start and end, making sure that residents are not expected to cover both services simultaneously, while also ensuring that all rules above are followed including the minimum number of hours of physical presence and coverage.
  - 19.3 The resident covering DAY shift **MUST** attend evening rounds during oncalls on **newly admitted patients for feedback purposes.**
  - 19.4 The resident covering NIGHT shift **MUST** attend postcall rounds during weekends on **newly admitted patients by the resident themselves for feedback purposes.**