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INTRODUCTION

About OMSB

The Oman Medical Specialty Board (OMSB) is an independent body established by the Royal Decree no: 31/2006 on April 2, 2006. It is responsible for overseeing and promoting the development of postgraduate medical education and training for all medical specialties across the Sultanate of Oman.

OMSB Mission

The mission of the Oman Medical Specialty Board is to maintain and improve the quality of medical care throughout the Sultanate of Oman. This can be achieved by developing and maintaining postgraduate medical specialty education and setting the professional and educational standards for the training and certification of Medical and healthcare professionals. OMSB will strive to educate the next generation of leaders in medicine and lead with compassion, creativity, flexibility and steadfastness to meet the challenges of the new century and to fulfill our destiny of service and quality.

OMSB Vision

OMSB vision is to achieve excellence in postgraduate medical education, training, assessment and accreditation throughout the Sultanate of Oman. This will improve the knowledge, skills, and experience of the medical and healthcare professionals. Through this, the OMSB has a vision to improve the health and healthcare of patients and the Omani community to achieve or exceed International standards and expectations.

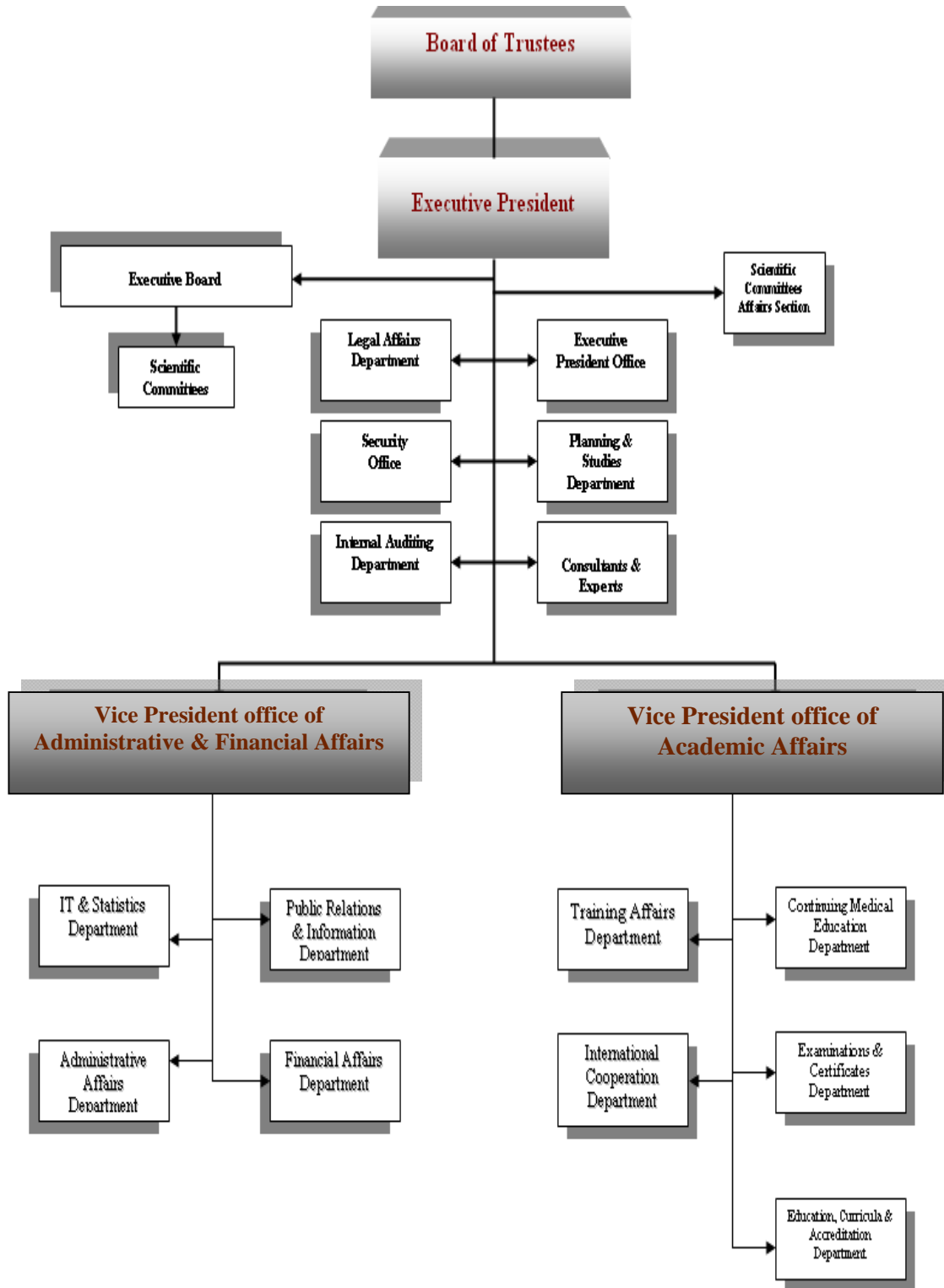
The Aims and Objectives of OMSB are:

The OMSB's aims and objectives are:-

- 1- To set up, design, supervise and approve postgraduate medical specialty programs for doctors and other health professionals as well as set up continuing medical education programs in health specialties.
- 2- Establish, supervise, and develop the Scientific Committees necessary for assisting the OMSB.
- 3- Accredite and evaluate health institutions established for specialization purposes.
- 4- Supervise specialty professional examinations through specialized scientific committees and approve the examination results.
- 5- To issue professional certificates such as diplomas, fellowships and memberships whether the examination is conducted by health institution or in cooperation with the OMSB.

- 6- Coordinate with other professional health councils, organizations, associations and other health professional colleges within or outside the Sultanate.
- 7- Evaluate professional health certificates.
- 8- Encourage research and the publication of scientific articles in peer reviewed journals and issue specialty journals, magazines and periodicals.
- 9- Participate in proposing general plans for preparing and developing manpower in health field.
- 10- Organize conferences and seminars in medical education and follow up the recommendations and decisions related to them.
- 11- Encourage scientific research, propose topics and provide financial support either in full or in part.
- 12- Recommend establishing Scientific Associations for medical specialties.
- 13- Coordinate with the Ministry of Health and the other government authorities to set regulations and standards in practicing medicine; to register medical doctors and report those who are barred from practicing medicine in the Sultanate.
- 14- Improve the supervision of training.
- 15- Provide managed structures and processes to ensure that the quality of postgraduate medical education is maintained.
- 16- Participate in organizing CPE activities including medical conferences and workshops in the Sultanate.
- 17- Send Medical Professionals abroad and follow up their academic affairs.
- 18- Coordinate with medical institutions and competent authorities to find training opportunities for doctors to be sent abroad.

OMSB Organization Chart



2. BOARD OF TRUSTEES MEMBERS

	NAME	Position
1	H.E. Dr. Ali Mohammed Moosa (Minister of Health)	Chairman
2	H.E. Dr. Ali Saud Al-Bimani (Vice Chancellor, SQU)	Vice Chairman
3	H.E. Dr. Abdullah Mohammed Al-Futaisi (Executive President, OMSB)	Member & Rapporteur
4	H.E. Dr. Ahmed Mohammed Al-Saidi (Undersecretary of Health Affairs, MoH)	Member
5	Aqeed (Dr.) Ahmed Mohammed Al-Qamshuei (Representative, Health Services, Ministry of Defense)	Member
6	Aqeed (Dr.) Sultan Ya'rub Al-Busaidi (Representative, Health Services, Royal Oman Police)	Member
7	Dr. Khamis Saleh Al-Balushi (Representative, Ministry of Higher Education)	Member
8	Dr. Abdullah Rashid Al-Asmi (Sr. Consultant, Medicine, SQUH)	Member
9	Dr. Saleh Mohammed Al-Khusaibi (Representative, Oman Medical College)	Member
10	Dr. Gazi Omar Al-Zubaidi (Director General, Royal Hospital)	Member
11	Dr. Abdullah Mohammed Al-Riyami (Sr. Consultant, Cardiologist, Royal Hospital)	Member

3. EXECUTIVE BOARD MEMBERS

	NAME	Position
1	H.E. Dr. Abdullah Mohammed Al-Futaisi (Executive President, OMSB)	Chairman
2	H.E. Dr. Ali Jaffer Mohammed (Advisor Health Affairs, Supervising DGHA, MoH)	Member
3	Dr. Mansour Saif Al Mandhari (Dean, College of Medicine & Health Sciences, SQU)	Member
4	Mr. Mohammed Said Al-Afifi (Director General of Education & Training, MoH)	Member
5	Mqd. (Dr.) Ahmed Mohammed Al-Kindi (Representative, Health Services, Ministry of Defense)	Member
6	Mqd. (Dr.) Abdul Malik Suleiman Al-Kharousi (Representative, Health Services, Royal Oman Police)	Member
7	Dr. Abdullah Omezzine (Representative, Private Medical Colleges)	Member
8	Dr. Mohammed Ali Jaffer (Sr. Consultant, Surgery, Royal Hospital)	Member
9	Dr. Mohammed Saif Al-Hosni (Sr. Consultant, Child Health, Royal Hospital)	Member
10	Chairmen of Scientific Committees	Members

4. THE SCIENTIFIC COMMITTEES AND PROGRAMS

Functions of the Scientific Committees:

1. Preparing training curricula & programs.
2. Selecting residents & distributing them equally in the training centers.
3. Selecting the faculty trainers to train in accordance with the qualifications determined by the Executive Board.
4. Preparing examinations, and the execution and results.
5. Preparing guiding booklets about the programs.
6. Having periodical meetings & sending minutes to the trainee affairs department.
7. Forming sub-specialty committees.
8. Supervising the training programs in coordination with the training bodies in charge.
9. Preparing periodical reports about the activities, accomplishment and proposals for improving them, then submitting reports to the Executive Board.
10. Encouraging scientific research & publications.
11. Approving completion of training programs certificates.
12. Selecting the examiners, date & place of examinations.
13. Completing & sending the evaluations to the Trainee Affairs Department every two months & submitting them to the Executive Board every 6 months.
14. Preparing log books for every resident (if applicable).
15. Evaluating the specialty programs annually & proposing necessary changes & submitting them to the Executive Board.
16. Implementing the Program Director's recommendations after approval.

Administrative Regulations of the Scientific Committees:

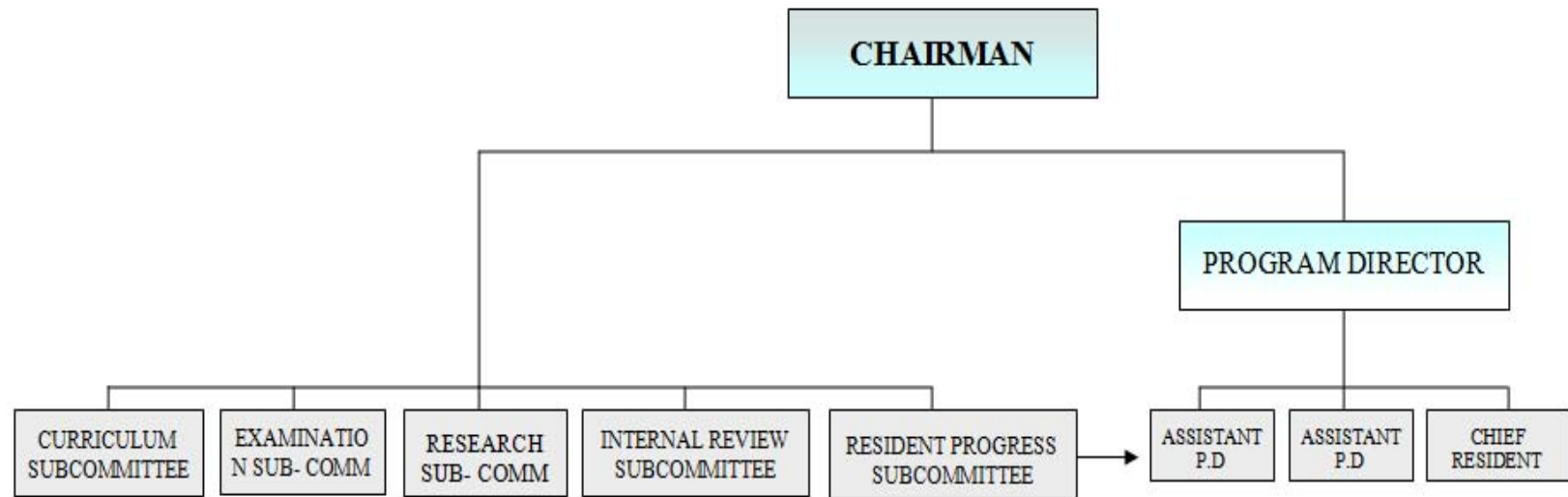
1. The duration of scientific committee membership is for 3 years and renewable.
2. The committee must choose one of its members to be the chairperson. The members will choose vice chairman who will also be program director. In addition, Members should choose an assistant program director from each training center and the membership will be for three years.
3. The program director has the right to choose the chief resident to assist him in supervising residents' affairs.
4. The Executive President of the OMSB shall issue a karar to form the scientific committees. The karar will include the chairman of the committee, the vice-chair (who is the program director), and the assistant program director.
5. Any member that misses 3 consecutive meetings without a valid excuse is considered resigned and his position will be given to another member.

- The scientific meetings are as follows:-
 - Each scientific committee must meet at least once every 2 months provided that the meetings should be no less than 6 times per year.
 - The meeting is not considered valid unless 2/3 of the members are present including the chairman or the vice chairman. The decision is taken by vote of the majority members and in case of a tie the chairman will cast the determining vote.
 - The minutes & decisions of the scientific committee must be submitted to the Executive President within one week from the meeting date.
 - The scientific committees may form sub committees and may invite experts and consultants other than the members for consultation whenever necessary.
 - An annual report regarding the activities of scientific committees must be submitted to the Executive President.
 - The Executive President has the right to call any scientific committee for a meeting whenever needed and he will chair the meeting.

The Names of the Scientific Committees of the Programs are as follows:

1. Anesthesia
2. Biochemistry
3. Child Health
4. Dermatology
5. Ear, Nose and Throat (ENT)
6. Emergency Medicine
7. Family and Community Medicine (FAMCO)
8. General Surgery
9. Hematology
10. Histopathology
11. Internal Medicine
12. Microbiology
13. Obstetrics & Gynecology
14. Psychiatry
15. Radiology
16. Others determined by a decision from the Board of Trustees.

Structure of OMSB Scientific Committees:



JOB DESCRIPTIONS

Chairman:

1. Every Specialty Scientific Committee of OMSB (the "Committee") will be headed by "Scientific Committee Chairman" (hereafter referred to as "Chairman"). He/she will be elected by the Specialty Scientific Committee members from amongst the membership.
2. The Chairman will chair all the meetings of the Committee. In his/her absence, the Program Director will chair the meetings.
3. The Chairman will represent the Specialty Training Committee at the OMSB Executive Board.
4. The QUALIFICATIONS of the Chairman include but are not limited to the following:
 - a. The Chairman must be a Qualified Specialist or Sub-specialist in the field of the Specialty Training Program, with appropriate and acceptable Specialty Degree / Qualification recognized by OMSB.
 - b. The Chairman must have documented educational and administrative ability.
 - c. The Chairman must have a minimum of 3 years experience after the Recognized Specialty Degree / Qualification.
5. The RESPONSIBILITIES of the Chairman include but are not limited to the following:
 - a. The Chairman should provide overall vision of the program including goals and objectives.
 - b. The Chairman, together with the Program Director and the Scientific Committee members, is responsible for the performance record of the Specialty Training Program and maintenance of scientifically sound and stable educational environment.
 - c. The Chairman, together with the Program Director, is responsible for the smooth running of the Specialty Training Program.

- d. The Chairman, together with the Program Director and Committee, is responsible for the Annual Review and Revision, if necessary, of the Residency Training Curriculum and educational activities.
- e. The Chairman has an obligation to protect and safeguard the welfare and the rights of the Resident.
- f. The Chairman is accountable for the performance of the Specialty Scientific Training Committee.
- g. The Chairman is responsible for reviewing the objectives, scheduling and others issues pertinent to rotations. In addition he is also responsible for ensuring that the "Rotations" of the Residents as suggested by the Program Directors are reasonable, fair and responsive to the requirements of the Specialty and of OMSB.
- h. The chairman should review the program regularly to assess the quality of the educational experience. This review must include:
 - I. Assessment of each component of the program to ensure that the educational objectives are being met.
 - II. Assessment of the resource allocation to ensure that resource/facilities are being utilized for optimal effectiveness.
 - III. Assessment of teaching in the program, including teaching didactic, cognitive, research and communication skills.
 - IV. Overseeing the consultant/resident interaction, communication and ensure that this takes place in an open and collegial atmosphere so that a free discussion of the strengths and weaknesses of the program can occur without hindrance.
- i. The chairman, together with the scientific committee is responsible for selecting candidates for admission to the program.
- j. He/she should review performance evaluations of residents.
- k. He/she should review resident examinations including OMSB results.
- l. He/she should organize plans towards recognition of OMSB specialty programs.
- m. He/she should review and is responsible for recommending disciplinary action procedures or any other major training concerns brought to the committee and providing and maintaining appeal mechanism.

- n. He/she is responsible for evaluating residents for annual promotion in accordance with OMSB rules and regulations.
- o. He/she should establish mechanisms to provide career planning and counseling for residents and to deal with personal problems or other difficulties during the training.
- p. p) The Chairman should ensure that the teaching faculty responsible for training Residents are performing to the expectations of the Program and of OMSB. This will include periodic evaluation of the teaching faculty members by the Residents and giving feedback to the respective faculty.
- q. The Chairman of the Scientific Committee is responsible to call for meetings as stated in the OMSB Academic Bylaws.

Program Director:

1. There will be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program. In addition, there will be assistant program director at each training center.
2. Qualifications of the program director are as follows:
 - a. The program director must possess the requisite specialty expertise, as well as documented educational and administrative abilities.
 - b. The program director must be certified in the specialty & possess qualifications judged to be acceptable by the OMSB.
 - c. The program director must be appointed in good standing and based at one of the main training centers.
3. Responsibilities of the program director include, but are not limited to the following :
 - a. The program director, together with the faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment.
 - b. The program director must oversee and organize the activities of the educational program in all institutions that participate in the program.
 - c. He/she should monitor resident supervision in all participating institutions.

- d. Conduct orientation for residents to OMSB, departmental and Hospital policies and procedures.
- e. The program director is responsible for preparing an accurate statistical and narrative description of the program as requested by the OMSB, as well as updating annually both program and resident records through the OMSB Data System.
- f. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institutions, training centers and OMSB policies.
- g. Organization of rotation and on-call schedules of residents.
- h. Planning educational activities and monitoring of residents' attendance in these activities.
- i. Counseling residents as necessary from time to time.
- j. Monitoring all types of leave and ensuring compliance by residents.
- k. Ensuring that the resident's performance evaluation process is adhered to as stated in the Performance Evaluation Process.
- l. Reviewing the training program planning with the Scientific Committee. Any Proposed revisions will be submitted to the OMSB after the approval by the Scientific Committee.
- m. Informing the Chairman of the Scientific Committee and the OMSB of any withdrawal, resignation, interruption and absence of any resident enrolled in the program.

Assistant Program Director:

1. There will be assistant program director at each training centre to assist the program director in operating the residency program.
2. Responsibilities of the assistant program director include, but are not limited to the following :
 - a. He/she should monitor resident supervision in the participating institutions.
 - b. He/she should be a member in the resident progress subcommittee.

- c. Conduct orientation for residents to OMSB, departmental and Hospital policies and procedures.
- d. The assistant program director is responsible for updating annually both program and resident records through the OMSB Data System together with the program director.
- e. The program director must ensure the implementation of fair policies, grievance procedures, and due process, as established by the sponsoring institutions, training centers and OMSB policies.
- f. Organization of rotation and on-call schedules of residents.
- g. Planning educational activities and monitoring of residents' attendance in these activities.
- h. Counseling residents as necessary from time to time.
- i. Monitoring all types of leave and ensuring compliance by residents.
- j. Ensuring that the resident's performance evaluation process is adhered to as stated in the Performance Evaluation Process.

Chief Resident Responsibilities

A Chief Resident should be a senior-level resident, R3 or R4. He/she is assigned administrative and training responsibilities within the residency training program. These are in addition to those regularly performed by other residents in his or her program and post-graduate year.

Specific duties and responsibilities include:

1. Schedule and maintain regular meetings with the Program Director.
2. Maintain communication among the residents in the form of meetings, electronic or written memoranda, or by other means. Schedule monthly resident meetings with the Program Director.
3. In conjunction with the Program Director, arrange yearly resident rotation schedules, and make appropriate changes during the year as necessary.
4. Maintain and schedule daily work schedules, including on-call coverage (reassigning residents as necessary for coverage issues when unplanned absences occur, due to illness, etc.), and coordinate vacation time, meeting/conference time, and yearly in-service examination.

5. Maintain and monitor resident vacations in accordance with departmental and institutional policies.
6. Schedule and coordinate educational activities. Ensure that residents are aware of up coming responsibilities to present at various educational activities.
7. Assist the Program Director and faculty/staff with new resident orientation.
8. Assist in making sure that residents complete their appropriate rotation and faculty evaluation forms.
9. Strive to maintain morale among residents.
10. Encourage and arrange resident representation and /or presentation at appropriate meetings.
11. Coordinate resident participation in the residency candidate interview and evaluation process.
12. Keeps the Program Director informed of important issues involving the residents.

5. REMITS OF THE SUBCOMMITTEES OF THE SCIENTIFIC COMMITTEE

Curriculum Subcommittee:

1. To provide a detailed written curriculum for the program according to the criteria set by the OMSB, including rotations, didactic lectures, Journal Club, and all teaching activities.
2. To periodically review the curriculum of the program, identifying areas of strength and weaknesses, and revise the curriculum as needed.
3. To review other national and international curricula of the Specialty (Saudi Arabia and other Gulf States, Canada, USA, UK, etc.) with a view to improving the curriculum as needed.
4. To incorporate into the Curriculum, Professionalism, Ethics, Evidence Based Medicine, and encourage Research among the Residents.

Internal Review Subcommittee:

1. To recommend to the OMSB, policies, standards and criteria for accreditation of the Training Program and Training Centers for the Specialty.
2. To periodically review the general accreditation criteria of the OMSB for the program and training centers.
3. To periodically review the residents' rotations to ensure that the training objectives are fulfilled and the exit examination criteria are achieved.
4. To ensure didactic training of residents e.g. lecture series, conferences and seminars satisfy the training requirements.
5. To evaluate any new training center that is being considered for addition to the training program.
6. To conduct annual Internal Review of the Program.

Examination Subcommittee:

1. To review currently available Exit Examinations – local and external, identifying areas of strengths and weaknesses.
2. Recommend a format for the end- of-year examination.

3. To provide a detailed written proposal for a new set of Exit Examination (Oman Medical Specialty Board) with its relevant components e.g. Part 1 and Part 2 or even Part 3 if indicated. The proposal may consider a completely independent examination for part 2 or part 3 or a joint certificate with an International examination, or initially a joint examination which could later be an independent OMSB exam.

Resident Progress Subcommittee:

1. To follow the day-to-day activities and progress of the residents.
2. To review all aspects of the Residents' welfare including investigating complaints of residents and Faculty of the specialty and complaints from other specialties.
3. To review all problems raised by residents that are related to , lectures and conferences as well as rotations within the specialty and rotations to other departments.
4. To propose a Resident to the scientific Committee for the Chief Resident's (R3) position. The Chief Resident will automatically become a Member of the Subcommittee.
5. To suggest any additional specific requirements for the specialty program related to admission requirements, or for generally improving the residents' welfare in addition to the general OMSB requirements.
6. To prepare for interviews for admission into the program and present a proposal and to review the requirements annually.

Research Subcommittee:

1. Advise & mentor Residents on research projects.
2. Propose a mechanism for finding researchers and research projects.
3. Organize a Research day for the specialty, for presentation of the research projects.
4. Follow up of Residents' projects and encourage publications of the research.
5. Develop criteria and select two best research projects in the specialty annually.

6. TRAINER'S JOB DESCRIPTION

1. Be familiar with the objectives of the rotation he/she is supervising.
2. Orient the resident at the beginning of the rotation regarding the objectives of the rotation.
3. Orient resident to his/her responsibilities of the rotation.
4. Supervise the resident daily.
5. Resident should be given graded responsibility according to level of training.
6. Each patient seen by the Resident should be reviewed by the Trainer prior to decision making (keeping in mind, graded responsibility).
7. The Trainer is expected to have "Check Out" rounds at the end of outpatient clinic and/or inpatient rounds. The "check out" rounds consists of reviewing every patient seen by the resident (inpatient and outpatient, ER, etc.)
8. Trainer should provide regular feedback to the Resident so that corrective measures can be taken in a timely manner.
9. Trainers along with other supervisors should appraise the Resident at the end of the block using the OMSB evaluation form. Sufficient time should be allocated to discuss the evaluation with the resident.
10. Resident is under training and all medico-legal responsibility lies with the Trainer.
11. Trainer should provide opportunity for Resident to perform procedures.
12. Trainer should be approachable for help, feedback and resident support.
13. Trainer should promote comprehensive approach to patient care.
14. Trainer should allow for protected teaching time.

7. ACADEMIC BYLAWS

Terminology

- Article (1)** : The stipulated words and phrases in the bylaws will have the following meanings.
- OMSB** : Oman Medical Specialty Board
- System** : The system of the Oman Medical Specialty Board.
- The Training Centre** : The Health institution recognized by the OMSB for the Residency Program.
- The Training Program**: The Residency Program recognized by the OMSB.
- The Scientific Committee**: The Scientific Committee responsible for Residency Training in the specific specialty.
- The Chairman** : The specialized consultant who leads & supervises the training program
- The Program Director**: The specialized consultant who assist the chairman in supervising the training program for the specialty.
- The Training Block** : A 28 days training block (4 weeks). There will be 13 training blocks in every academic year.
- The Resident** : The physician who is registered with the OMSB in one of the recognized specialty programs.
- Chief Resident** : The senior resident in charge of resident affairs and liaison with the Program Director & Faculty.
- Promotion** : Advancement from one training year to another.
- Withdrawal** : To withdraw from the training program completely.
- Interruption** : To suspend the training for no more than a year.
- The Training Faculty**: The consultants and specialists who work in the health institutions and who are qualified to train and educate residents in the specific specialty.
- Accreditation Committee** : The committee responsible for evaluating training centers and training programs and accrediting them.

I. Admission to the training programs of the medical specialties:-

Article (2):- Acceptance in training programs of medical specialties.

1. He/she must be a holder of Bachelors Degree in Medicine & Surgery or equivalent from a University recognized by the OMSB.
2. He/she must have completed a year of internship.
3. He/she must be of good conduct & medically fit for the specialty.
4. He/she must provide three letters of recommendation from three consultants with whom he/she has worked confirming his/her ability & capability of training.
5. He/she must submit a letter of approval from his/her sponsor confirming permission to join the OMSB Specialty Training Program on full time basis for the entire period of training.
6. He/She must pass the interview.
7. The Scientific Committees may add other conditions, oral or written exams, or tests for admission as approved by OMSB.
8. The trainee must fulfill the additional conditions & pass the oral and written examinations set by the program.
9. The trainees are selected as per the OMSB rules & regulations.

II. Registration with the OMSB:-

Article (14):- After the acceptance of the trainee in one of the training programs, the names of the trainees accepted for admission shall be submitted to OMSB for registration. Registration must be completed no later than one month prior to the beginning of the training year. When registration is completed, the final list will be sent to the Scientific Committees.

Article (15):- Every trainee who wishes to continue in the OMSB Medical Specialty Training Programs must register with the OMSB at the beginning of each academic year.

Article (16):- A trainee is not permitted to register in more than one training program of the OMSB at a time.

- Article (17):-** The trainee must comply with the training rules and regulations issued by the OMSB and the Scientific Committees.
- Article (18):-** The trainee or his/her sponsor shall undertake to pay the annual training fees prescribed by the OMSB.
- Article (19):-** The trainee shall dedicate himself/herself to full time commitment to training throughout the entire period of the Training Program.
- Article (20):-** The trainee is prohibited from working in Private Sector at any time during the Training Program.

III. Evaluation, Promotion & Completion of Training:-

- Article (21):-** The trainee will be evaluated by his/her consultant monthly using the approved evaluation form. These forms shall be sent to the Program Director. Reports about Residents should be submitted to the Specific Scientific Committee every two months and then sent to the trainee department files.
- Article (22):-** The trainee must complete at least 2/3 of the training period rotation for it to be considered valid.
- Article (23):-** The trainee must spend equal training periods in different training centers.
- Article (24):-** The Program Director should prepare a report every six months and at the end of the academic year using the specific evaluation form showing the progress of the trainee. This represents a summary of the trainee's performance of the two durations and the trainee has to sign it. The evaluation is then submitted to the Scientific Committee for approval and the final report is submitted to the OMSB and the Resident's Sponsor.
- Article (25):-** The Scientific Committees shall conduct annual examinations for the evaluation of trainees. The results of these examinations shall be part of the trainees evaluation process for the annual promotion purposes
- Article (26):-** A trainee's promotion from one level to the next (e.g. from a first year to a second year of training) is based on the average of the periodical assessment reports (three of four at least) which represents 50%, and the end of year examination of the training programs which represents 50%. However, a trainee must have a general average of no less than 60% and the average of the two parts of the assessment is no less than 60% of each part separately.

Article (27):- Completion of training shall be based on: a) the ability and performance of the trainee in the previous years as assessed by his/her periodical evaluation reports. b) The result of the final training year examination, and the completion of the log book in the health specialties if applicable. The Scientific Committees shall submit recommendation for completion of training to be approved by the Executive Board.

IV. Transfer to another Medical Specialty:-

Article (28):- The Trainee is allowed to transfer from one specialty to another if the following conditions are fulfilled:-

- 1) The approval of the trainee's sponsor
- 2) The approval of the Scientific Committee of the specialty in which the trainee is registered.
- 3) The approval of the Scientific Committee of the specialty to which the trainee wishes to transfer and the fulfillment of admission conditions for that specialty.
- 4) The Scientific Committee of the new specialty shall recommend a credit, for the previous training period for the new specialty if applicable, and specify the level at which the trainee shall start in the new program.
- 5) Transfer application shall be submitted at least four months prior to the end of the academic year.
- 6) No transfer from one specialty to another shall take place except at the beginning of the academic year.

V. The OMSB Certificate & Examination:-

Article (29):- The OMSB examinations will be as follows:-

A. End of Training Year Examination:-

- 1) A valid registration of the trainee with the OMSB.
- 2) The examination will be conducted once, at the end of every training year.
- 3) A written examination shall consist of one hundred MCQ questions (choose the single best answer type). The Scientific Committees may add other examinations as approved by OMSB.

B. Part One Exam for the Training Certificate:-

- 1) A valid registration of the trainee with the OMSB.
- 2) This examination shall be held before the final examination provided that the Scientific Committee shall determine the year in which this exam must be held.

- 3) The examination shall be held at least once every year for all specialties.
- 4) The examination shall include a written multiple choice exam (choose the single best answer type)
- 5) The trainee who fails in the exam may repeat it within six months on the approval of the Scientific Committees.
- 6) The trainees may sit for this exam maximum of three times. In case the trainee does not succeed the third time, he/she will be terminated unless fourth attempt is granted by the Board of Trustees.
- 7) The pass mark is 60% or above.

C. The Final Examination for the Training Certificate:-

- 1) Successful completion of the specialty training program for the period approved and passing end of the year examination as well as part one examination.
- 2) Completion of training certificate from the OMSB.
- 3) The exam will be held once every year.
- 4) The examination may consist of written, orals, OSCE, long and/or short clinical cases.
- 5) The resident who does not pass the exam may repeat the examination within six months after the approval of the Scientific Committee.
- 6) The trainee may take the exam for a maximum of three times. In case the trainee does not succeed the third time, he/she may be granted a fourth attempt by the Board of Trustees in exceptional cases.
- 7) The passing score is 70%. However, if the percentage of the candidates passing the examination is less than 70%, the passing score can be lowered by one mark at a time aiming at achieving 70% passing rate or score of 65% or which ever comes first. Under NO Circumstances, the score can be reduced below 65%. Negative marking is not allowed.

Article (30):- The Scientific Committee may change the format and passing score of examinations after the approval by the Executive Board.

Article (31):- The OMSB shall provide the Oman Medical Board Specialty Certificate following the completion of the training program and passing the final examination.

VI. Vacations:-

Article (32):- The trainee shall be entitled to an annual leave of 30 days in addition to a maximum of 10 days in lieu of Eid holidays, official holidays and emergency leaves if required to work during these holidays and leaves.

- Article (33):-** The training period shall be extended for an equivalent period to compensate for sick leave, maternity leave and exceptional "emergency" leaves before the trainee is awarded a certificate of completion of training.
- Article (34):-** Annual leave which is not utilized in due time within the year shall not be transferred to the following year.
- Article (35):-** The trainee has the right to be granted a leave for scientific purposes (attending scientific conferences and seminars, specialty examinations ...etc) not exceeding 7 days a year provided that he/she presents the proof of attendance of such activities.

VII. Withdrawal & Interruption of Training:-

- Article (36):-** If the trainee has a valid excuse, he/she may withdraw from the training program provided the consent of his/her sponsor and the OMSB has been obtained. The trainee may not withdraw until the end of the training year. The trainee is only allowed to join the training program at the beginning of the training year.
- Article (37):-** A trainee may not interrupt the training during the training year except for a valid excuse accepted by the Scientific Committee of the Specialty.
- Article (38):-** If the trainee interrupts the training by the virtue of reasonable excuse for a period of 3 months or less, the training period the trainee has completed during that academic year shall be counted provided that he/she compensates for the period of interruption with an equivalent period.
- Article (39):-** If the trainee interrupts the training by virtue of a valid reason for a period between three and twelve consecutive months, he/she shall be permitted to rejoin training at the same level at the beginning of the following training year after the interruption.
- Article (40):-** If the trainee interrupts the training for a period exceeding twelve consecutive months, his/her file shall be closed and he/she shall not be permitted to rejoin training except after evaluation by the Scientific Committee of the specialty to specify the appropriate level, and the approval of the OMSB for his/her re-admission.

VIII. Canceling Registration:-

- Article (41):-** The registration is terminated in the following instances:-
- 1) If the trainee does not succeed in the total annual evaluation (the periodical evaluation together with the training Year Final Exam) for two consecutive years in the training program.
 - 2) If the trainee Fails to pass after exhausting the chances for entering

the preliminary Exam (Part 1) or the Final Exam of specialty according to the provisions of the rules and regulations of examinations.

- 3) If the trainee exceeds two years in addition to the total approved training period of OMSB for any specialty Training Program.
- 4) If the trainee interrupts the training without a valid excuse acceptable by the Scientific Committees for a period of 30 consecutive days or 45 separate days during the entire period of training.
- 5) If the trainee withdraws from the OMSB training program
- 6) If the trainee does not abide by the rules and regulations of the training program of the OMSB after being warned (Article 45-3) and does not improve during the training period.
- 7) If the trainee has been convicted of an offence violating the public honor or the professional ethics.

Article (42):- The trainee has the right to appeal against a decision of termination to the Executive President within 30 days of his/her notification of the decision and the reply will be within 15 days from the date of his/her submitting the appeal.

Article (43):- In some exceptional cases, the Board of trustees may grant exemption from the articles 36, 37, 38, 39, 40, & 41 for one time only based on what the Executive President or the Scientific Committee decides after due study and evaluation of the trainee's situation from all aspects.

IX. Maximum Period for Completion of Training:-

Article (44):- The maximum period of training in any training program is two years in addition to the approved period for the program.

X. Violations:-

Article (45):- The Scientific Committee investigates the violations related to the training such as absence, neglect and academic attainment, or related to morals, behavior, ethics or professional conduct. After the contravention is proved, the Committee is authorized to recommend the following:-

- 1) A written reprimand
- 2) A warning letter
- 3) The final warning letter in addition to placing the trainee under observation of conduct for a period to be specified by the Committee.
- 4) Termination and closure of trainee's file
- 5) The Scientific Committees' recommendations should be submitted with a detailed report on the findings and the punishment for the contravention to the Executive Board to take the appropriate decision.

8. REGULATIONS FOR EVALUATION, ACADEMIC PROMOTION & PROBATION

1. General Principles:

1.1 Each training program will have written learning objectives, and the Residents will be provided with these objectives upon entering the program.

1.2 The evaluation process is based on these training objectives.

1.3 The Program Director ensures that Residents are familiar with the rules and regulations governing evaluation and promotion.

1.4 The evaluations are confidential documents. Access should be restricted to the OMSB Scientific Committees and the Resident.

2. The Evaluation Process:

2.1 At the completion of each rotation, the Resident should be given feedback.

2.2 The evaluation at the end of each rotation is written by the Supervisor/Consultant responsible for the Resident during that rotation. If more than one member is involved in the supervision of a Resident during a rotation, the information will be summarized by one person, and the global evaluation represents a consensus opinion.

2.3 Ongoing verbal feedback is important for all residents, and is of particular importance to residents experiencing difficulty. Supervisors will make every effort to provide such feedback.

2.4 The Resident bears responsibility for ensuring that the evaluations are completed in a timely fashion, and that he/she has received feedback.

2.5 Successful completion of a rotation is defined as obtaining a MEETS EXPECTATIONS global assessment.

2.6 An UNSATISFACTORY or BORDERLINE global assessment on any evaluation is not considered a passing grade.

2.7 A Resident with an UNSATISFACTORY or BORDERLINE global evaluation for any rotation must be notified immediately.

2.8 An INCOMPLETE rotation should be completed, the duration of which is determined by the Program Scientific Committee.

2.9 After 6 months of training, a PROGRESS REPORT is prepared by the Program Scientific Committee for each Resident which will be submitted to the OMSB. This evaluation represents a summary of the resident's performance over the preceding 6-month period.

2.10 After 12 months of training (or at the end of the academic year) a summative evaluation is prepared by the Program Scientific Committee for each Resident. This END OF ACADEMIC YEAR report represents a summary of the Resident's progress and overall performance during the academic year. The resident must sign the 6-month evaluation as well as the end of the year evaluation.

3. Academic Promotion:

3.1 Specific Promotion Regulations:

3.1.a Promotion of a Resident to the next academic level occurs if all rotation periods during the year have been completed with MEETS EXPECTATIONS or higher global evaluations.

3.1.b During the academic year, an UNSATISFACTORY in one rotation period, with MEETS EXPECTATIONS or higher global evaluation of all others, requires the Resident to complete a REPEAT rotation of the same duration.

3.1.c During the academic year, a BORDERLINE evaluation in one rotation period with MEETS EXPECTATIONS or higher global evaluation of all others may require a REPEAT rotation. This is left to the discretion of the Program Scientific Committee.

3.1.d A REPEAT rotation should be undertaken before promotion to the subsequent academic year.

3.1.e When it is recognized that a Resident is in academic difficulty, the Program Scientific Committee will identify the areas of weakness, and will attempt to support and assist the Resident in addressing those weaknesses.

3.1.f REPEAT rotations, whenever possible, may be undertaken in a different hospital/setting.

3.1.g An UNSATISFACTORY or BORDERLINE evaluation in a REPEAT rotation period will require that a Resident be placed on PROBATION.

3.1.h During the academic year, an UNSATISFACTORY and/or BORDERLINE evaluation in two rotation periods, will require the Resident to be placed on PROBATION as per probation guidelines.

3.2 Probation:

3.2.a A resident will be placed on PROBATION for any of the following reasons:

- i) UNSATISFACTORY or BORDERLINE in a REPEAT rotation period
- ii) UNSATISFACTORY and/or BORDERLINE in two rotation periods in one academic year.
- iii) Upon recommendation by the Program Scientific Committee.

3.2.b The duration of the Probationary Period for academic or non academic reasons will be 6 months.

3.2.c The terms of the Probationary Period must be outlined in writing to the Resident, with copies to the OMSB.

3.2.d During the Probationary Period, efforts will be made to assist the Resident in addressing areas of weakness.

3.2.e The Probationary Period will include clinical experiences that are appropriate for the resident's level of training. A written evaluation will be provided at the end of each period to the OMSB.

3.2.f UNSATISFACTORY or BORDERLINE evaluations during the Probationary Period will require the Program Scientific Committee to refer the case to the Executive Board.

3.2.g A Resident may be placed on PROBATION on only one occasion during postgraduate training. If, during a subsequent academic year, a Resident meets the criteria for PROBATION a second time, the Program Scientific Committee will refer the case to the Executive Board.

3.2.h Successful completion of a Probationary Period requires MEET EXPECTATIONS global evaluation on all rotations.

3.2.i The decision to place a resident on PROBATION should be made by the Program Scientific Committee.

3.2.j The decision placing the Resident on PROBATION should be conveyed to the Resident by the Chairman/Program Director of the Program Scientific Committee in person and in writing within a week of the Program Scientific Committee meeting held for the purpose.

4. Reconsideration of a Rotation Evaluation:

4.1 A resident who does not agree with a rotation evaluation, he/she should discuss that evaluation with the Supervisor/Consultant who wrote it. The supervisor will review the evaluation, speaking with others if indicated, and then has two choices:

4.1.a The Supervisor/Consultant may revise the evaluation and the "revised" evaluation becomes the official one, or

4.1.b The Supervisor/Consultant may choose not to alter the evaluation believing it is fair and accurate.

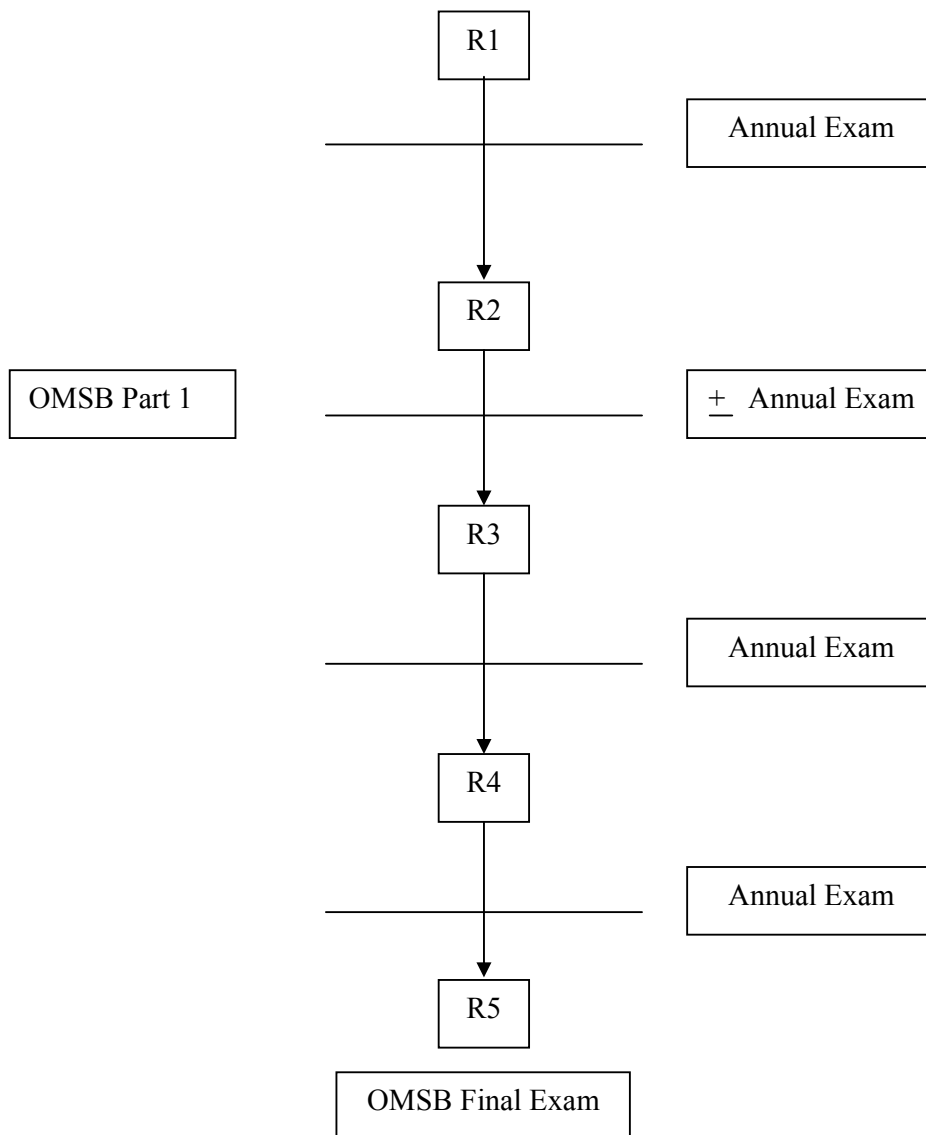
4.2 If a resident wishes a formal reconsideration of a rotation evaluation, this request must be submitted in writing to the Program Director within 28 days and the Specialty Scientific Committee will meet to consider the case.

4.2.a The Specialty Scientific Committee has several options:

- i. the evaluation can remain unchanged;
- ii. an Unsatisfactory Global Evaluation can be changed to Borderline or to Meet Expectations;
- iii. A Borderline Global Evaluation can be changed to Meets Expectations or Unsatisfactory.

4.2.b Minutes should be kept of the meeting and the decision should be conveyed as soon as possible to the Resident in person, and in writing. The minutes and all written communication should be sent to the OMSB office

5. Academic Promotion Stages:



9. CURRICULUM GUIDELINES

I. Curriculum:

1. Aims & Objectives.
2. Outline of Rotations both Core and Elective for all training years.
3. Didactic Lectures and conferences for all years.
4. Determining graded responsibility for every training year.
5. The duration of training program.
6. The participating & accredited training centers by the OMSB & the resources used.
7. The members of the teaching facility.
8. Admission criteria of the program.
9. Number of resident posts available annually in the program for training residents according to the available resources and international standards.
10. The required examinations if available.
11. Surgical techniques and procedures if applicable.
12. Research requirements if applicable.

II. The Training Supervisor:

1. There must be one Program Director responsible for the training program. There also must be one Program Director in every training center assisting the Program Director.
2. The Program Director together with his assistants and the teaching faculty are responsible for general administration of the program and providing a suitable academic environment for the trainees.
3. The Program Director & his assistants must be holders of specialty certificate and they must have enough experience and broad knowledge in the specialty in addition to their administrative abilities.

III. The Training Faculty:

1. There must be a sufficient number of training faculty in all training centers and they must have the qualifications which enable them to supervise and teach all trainees of the program.
2. The ratio of the training faculty to the trainees must be 1 consultant: 3 trainees according to international standards.
3. The training faculty should dedicate enough time for the training & teaching processes.

4. The training faculty must allow the trainees to attend lectures and conferences conducted by the program and they should be at least 2 hours/week.
5. The training faculty must dedicate a stated time for academic training and participate in the time designated for academic training.
6. The training faculty must make sure that the trainees' education and training have priority over the clinical service.
7. The training faculty must show interest in teaching & training processes in the OMSB.
8. The training faculty must provide a suitable environment for trainees' attendance at conferences and they must encourage research.
9. The training faculty must encourage the trainees to participate in clinical discussions and clinical rounds.
10. The training faculty must be evaluated periodically by the residents.

IV. The Qualifications of the Training Faculty:

1. Members of the training faculty must be holders of specialty certificate of the training program.
2. Members of the training faculty must be experienced in the field of academic and clinical teaching.

V. Number of Trainees in the Training Program:

The OMSB will decide the required number of trainees in each specialty program in keeping the teaching resources available for instructing the trainees in the training centers (for example, number of patients, the availability of clinical materials used in instruction, the training faculty to the trainees ratio, the budget available, and the efficiency of the training faculty) by coordinating with the authorized institutions and bodies.

VI. Other Requirements for Each Specialty:

1. A trainee's shift must not exceed consecutive 24 hours and the trainee should make sure that he/she hands over his/her patients to the next training group.
2. The trainee may submit shift requests to the Chief Resident 2 weeks before the beginning of the rotation and the Chief Resident will look into his/her request.

3. The monthly working schedule must be distributed among the trainees at least one week prior to the beginning of the rotation and must be sent to OMSB office in the training centre.
4. The trainee must not take more than one in-house call every 4 days.
5. The weekend call must not exceed twice a month and each weekend call must be one day long – 24 hours – only.
6. The trainee is not permitted to take more than one home call every 3 days.

VII. Application for New Programs:

The specialty program requesting accreditation of a new residency program should follow the following steps:

1. The new residency program must apply by means of a special form supplied by the OMSB.
2. To be accredited, a program must comply with the OMSB Program and Training Center “General Standards.”
3. Recommend specific standards of accreditation for the specialty and subspecialty.
4. Accreditation Committee will appoint a new program subcommittee to consider the application.
5. Accreditation will be granted on the basis of an assessment of the resources to be provided within the program and the capability of the program to provide a complete education program in the specialty and subspecialty as well as the manner in which these resources will be utilized for the residency education.
6. Completed application forms and a covering letter from the Head of Department of the proposed specialty indicating that the faculty approves and support this program plus covering letter from the Hospital Directors of the major teaching institutions or training centers indicating support of the program must be submitted to OMSB.

10. EVALUATION FORMS

Oman Medical Specialty Board



المجلس العماني للإختصاصات الطبية

RESIDENT MONTHLY EVALUATION FORM

Name:..... OMSB #: Program:

Resident Level: R I R II R III R IV R V

Date of Rotation: **From** / / 20 **To** / / 20 Block: Rotation:.....

	Criteria	Unsatisfactory 1	Borderline 2	Meets Expectations 3	Very Good 4	Outstanding 5	N/A
I. Patient Care							
1-	History and physical examination.						
2-	Interpretation and differential diagnosis.						
3-	Decision making and management plan.						
4-	Organization of work and time management.						
5-	Maintains patient confidentiality						
6-	Verbal and written communication.						
7-	Provides comprehensive care.						
8-	Ability to manage emergency conditions.						
9-	Consultation skills.						
II. Medical Knowledge & Attitudes							
10-	Punctuality.						
11-	Basic and clinical knowledge.						
12-	Works effectively in a team environment						
13-	Technical skills and procedures.						
14-	Reports facts accurately, including own errors						
15-	Attitude to patient and staff.						
16-	Ability to supervise.						
17-	Recognizes own limitations						
18-	Maintains code of ethics & honesty.						
III. Scholarly Contributions							
19-	Attends and contributes to rounds, seminars and other learning events						
20-	Accepts and acts on constructive feedback						
21-	Teaching skills (Peers)						
22-	Ability for self directed learning						
	Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
<i>Strengths:</i>							
<i>Weaknesses:</i>							

Name and Signature of Supervising Consultant..... Date.....

Name of Resident:..... Signature: Date:.....

Radiology & Lab Medicine
RESIDENT MONTHLY EVALUATION FORM

Name: OMSB #: Program:

Resident Level: R I R II R III R IV R V

Date of Rotation: From To Block:

Rotation: Training Centre:

Criteria	Unsatisfactory	Borderline	Meets Expectations	Very Good	Outstanding	N/A
	1	2	3	4	5	
I. MEDICAL KNOWLEDGE						
1- Basic Theoretical Knowledge						
2- Basic Clinical Knowledge						
3- Interpretation and synthesis of findings/data						
II. PROCEDURES AND TECHNICAL SKILLS						
4- Instrumentation						
5- Quality Assurance						
6- Management Skills						
7- Procedures and Protocols						
8- Technical Skills						
III. PROFESSIONAL ATTRIBUTES						
9- Reporting Skills						
10- Maintains Code of Ethics and Honesty						
11- Responsibility and self discipline						
12- Motivation to learn and keen self learner						
13- Punctuality						
14- Attendance						
15- Accepts and acts on feedback						
16- Academic activity attendance						
17- Communications with health professionals						
18- Communications with patients						
IV. SCHOLARLY ATTRIBUTES						
19- Seminar/Case presentation						
20- Teaching Skills						
21- Participation in research/publication						
22- Contributes to rounds, seminars, and other teaching activities						
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Strengths:

Weaknesses:

Name and Signature of Supervising ConsultantDate:.....

Name of Resident:.....Signature:.....Date:

CONSULTANT/ STAFF EVALUATION

Name of Consultant / Staff: _____

Program: _____ Resident Level: _____

Rotation: _____ Block: _____ Hospital: _____

1. How many weeks did you work with this consultant / staff? Up to 2 3 to 4 5 or more
2. The frequency of your contacts with the teaching consultant / staff was: (per week)
- 1 or less 2 3 4 5 or more

Consultant	Never 1	Seldom 2	Half of the time 3	Most of the time 4	Always 5	N/A
1. Made rounds regularly.						
2. Provided quality teaching.						
3. Was well organized.						
4. Stimulated enthusiasm for knowledge.						
5. Demonstrated breadth of knowledge.						
6. Established good rapport with resident.						
7. Provided direction and feed back.						
8. Was approachable for help and feedback.						
9. Encouraged resident to take appropriate responsibility.						
10. Promoted a comprehensive approach to patient care.						
11. Provided a good role model as a physician.						
12. Was available with enough time for resident support and supervision						
13. Allowed resident protected teaching time.						
14. Provided opportunity for performing procedure and techniques.						

Comments:

Strengths:

Areas of Improvement:

Name of resident (optional) _____ Date: _____

ROTATION EVALUATION FORM

Name (Optional) : OMSB # : Level:

Program : Hospital : Rotation : Block:

Rotation:	Unsatisfactory 1	Deficient 2	Good 3	V.Good 4	Outstanding 5	N / A
1. The number of in-patients cases seen was appropriate.						
2. Inpatients cases demonstrated a broad range of clinical problems.						
3. The number of out-patients cases seen was appropriate.						
4. Outpatient cases demonstrated a broad range of clinical problems.						
5. The opportunity to see acute emergency cases.						
6. The opportunity to see consultations.						
7. Ward rounds.						
8. Clinical Meetings / Lectures						
9. Journal Club						
10. Audit (e.g. Morbidity / Mortality)						
11. Clear learning objectives.						
12. The number of procedures adequate.						
13. Demonstration & Supervision of techniques.						
14. Level of responsibility in patient care.						
15. Patient management.						
16. Quality of teaching on rotation.						
17. My total workload was appropriate for the time available.						
18. Adequate feedback from consultant / trainer on performance.						
19. Support and supervision was available and adequate.						
20. Opportunity to do research.						
21. Overall Quality of Rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Strengths:

Areas of Improvement:


Signature of Resident (optional): **Date:**

11. Electronic Evaluation Forms

OMSB website provides different Electronic forms in order to help trainees & trainers to communicate effectively. Electronic forms for evaluations are available online to be filled through the OMSB website www.omsb.org.

Example of the Electronic Forms:

Oman Medical Specialty Board



المجلس العماني للإختصاصات الطبية

RESIDENT MONTHLY EVALUATION FORM

Resident Name: aaaaaa	OMSB No.:	Level: R1	<input type="checkbox"/>
Program Name:	Rotation Name:	Site: SQUH	
Block No: Block1	Date From:	Date To:	

Criteria	Score
1. History and physical examination.	0- None Applicable
2. Interpretation and differential diagnosis.	0- None Applicable
3. Decision making and management plan.	0- None Applicable
4. Organization of work and time management.	0- None Applicable
5. Maintains patient confidentiality	0- None Applicable
6. Verbal and written communication.	0- None Applicable
7. Provides comprehensive care.	0- None Applicable
8. Ability to manage emergency conditions.	0- None Applicable
9. Consultation skills.	0- None Applicable
10. Punctuality.	0- None Applicable
11. Basic and clinical knowledge.	0- None Applicable
12. Works effectively in a team environment	0- None Applicable
13. Technical skills and procedures.	0- None Applicable
14. Reports facts accurately, including own errors	0- None Applicable
15. Attitude to patient and staff.	0- None Applicable
16. Ability to supervise.	0- None Applicable
17. Recognizes own limitations	0- None Applicable
18. Maintains code of ethics & honesty.	0- None Applicable
19. Attends and contributes to rounds, seminars and other learning events	0- None Applicable
20. Accepts and acts on constructive feedback	0- None Applicable
21. Teaching skills (Peers)	0- None Applicable
22. Ability for self directed learning	0- None Applicable
Overall Assessment	0- None Applicable

Strengths:

Areas For Improvement:

Name of Supervising Consultant/Trainer: _____ Date: 01/01/2009

Resident Signature: Agree Disagree

12. OMSB WEBSITE

The World Wide Web provides and facilitates ease of communication, hence, the Oman Medical Specialty Board has launched its website www.omsb.org. This provides easy links to all the functions of the board. It also serves as a database for all doctors and explains all the training programs offered by the OMSB.

Moreover, the website includes information about the organizational structure of the OMSB, Continuing Professional Education, Accreditation, Examinations and Certification.

Electronic services for trainees & trainers are also part of the website. Electronic forms for applications, registrations and evaluations are available online to be filled through the OMSB website. In addition, OMSB provides Electronic Medical Library through its website such as

UpToDate, MD Consult, Springer, BMJ Learning, On Examination, New England Journal of Medicine, LWW Medical Book Collection and Wiley Cochrane Library which can accessed through OMSB website. The website also includes news and events to keep Residents & Faculty up to date in Arabic & English.

Website:

www.omsb.org

The screenshot displays the homepage of the Oman Medical Specialty Board (OMSB). The header includes the OMSB logo and the text 'OMAN MEDICAL SPECIALTY BOARD' with the tagline 'Oman's Standard for Quality Postgraduate Medical Education and Training'. A navigation menu is located below the header, with links for HOME, MESSAGES, LINKS, ONLINE FORMS, and CONTACT US. A central banner features the text 'Welcome to OMSB' and a search bar. To the right of the banner is a 'LOG-ON ELECTRONIC DATABASE' button with options for Resident, Trainer, and Scientific Committee. The main content area is organized into several sections: News, Examinations, Training Programs, E-CME, OMSB Certificate, E-Library, Online Forms, Message Board, and Education. The News section contains three articles, including one about a circular from the Arab Board and another about a delegation to Singapore and Hong Kong. The Examinations section lists options for Registration, Schedules, Results, and Exam Application Form. The Training Programs section lists various specialties like Anesthesia, Biochemistry, Child Health, Dermatology, and Emergency Medicine. The E-CME section includes links for CME Portal Log-In, Credit Requirements, News, Events, Applications, and Contact. The OMSB Certificate section provides information on Graduates, Completion of Training, and Core Program Certificates. The E-Library section lists resources like UpToDate, MD CONSULT, Springer, and BMJ Learning. The Online Forms section lists various forms such as Application Form, Consultant Evaluation, Registration Form, Leave Form, Request Withdrawal Form, Return from Leave Form, Specialty Transfer Form, and Training Contract Form. The Message Board section features a corkboard graphic with a 'MESSAGE' note. The Education section lists Specialty Specific Lectures, Lectures, Workshops, and Conferences. At the bottom, there is an Academic Calendar for March and a footer with copyright information.

13. OMAN MEDICAL JOURNAL

The Oman Medical Journal is published quarterly and is distributed free to all Medical doctors and allied health professionals in various institutions in the Sultanate. Its aim is to update and inform doctors, researchers and other health professionals by publishing a wide range of peer-reviewed articles in various medical disciplines. The Editorial Board invites any contribution from all who are involved in health care.

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The screenshot shows the homepage of the Oman Medical Journal website. At the top, there is a search bar with the text "Search within Site" and a "GO" button. Below the search bar is the "SEARCH PubMed" logo. The main header features the journal's title in Arabic "مجلة عُمان الطبية" and English "OMAN MEDICAL JOURNAL". Navigation links include "Home / Subscribe / Supplements / Advertise / Feedback / Contact Us" and "العربية". A central menu lists various content types: Editorial, Review Articles, Original Articles, Case Reports, Brief Communications, Letters to the Editor, Clinical Quiz, and News & Events. The current issue is identified as "Volume 22, Issue 8, October 2007". On the left side, there is a logo for the Oman Medical Specialty Board (MSB) and a "Submit a Manuscript" button. Below this, there are links for "About Oman Medical Journal", "Editorial Board", "Instructions To Authors", "Instructions To Reviewers", "Archives", "Discussion Forum", and "Medical Meetings". At the bottom left, there is a large graphic that says "Upload Your Manuscript". The main content area features "Issue's Highlights" with sections for "Editorial" (including "Message From Previous Editor-in-Chief" and "Message From Editor-in-Chief") and "Review Article" (including "Managing Change in Health Care" by Rashid Khalfan Al-Abri, "Childhood Multiple Sclerosis and Related Disorders" by Amna Al-Futaisi, MD, and "Type 2 Diabetes and its characteristics during Ramadan in Dhahira Region, Oman" by Prakash Patel). It also lists "Original Articles" such as "A Retrospective Study of all Uteroscopies performed at the Sultan Qaboos Hospital, Salalah, from August 2001 - August 2006" and "Continuing Medical Education Strategy for Primary Health Care Physicians: Lessons to be Learnt". An "Archives" section on the right side shows a list of past issues with thumbnails.

14. OMSB SEMULATION CENTRE

OMSB will establish the first Simulation Centre for the trainees that aim to achieve excellence in medical education, research and patient's care. The centre will combine training techniques from high-risk professions in Emergency Medicine, Critical Care and Surgical Specialties with the latest medical simulation technologies. It will be fully integrated into the residency training programs of Oman Medical Specialty Board to enhance the practical aspects of the training. It will also provides next generation doctors and other health allied professionals hands-on-training procedures in difficult and potentially dangerous conditions without risk to patients.

The Simulation Center incorporates five types of simulation including *standardized patients*, *human patient simulation*, *virtual reality*, *partial task trainers*, and *computerized simulation*.



15. OMSB SCIENTIFIC COMMITTEE MEMBERS CONTACTS

1. Anesthesia

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