CORE MEDICAL TRAINING ACCREDITATION REPORT

Aster Medcity Kochi

02-03 July 2018

JRCPTB
Joint Royal Colleges of Physicians Training Board

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ROYAL COLLEGE
of PHYSICIANS
of EDINBURGH

ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Royal College
of Physicians

ACCREDITATION ASSESSMENT

Education Provider Accreditation Visit Report

Purpose
Please note: this report is about the postgraduate medical education and training of doctors and not about the level of service provided.

Purpose of visit
- To improve the quality of education and training
- To ensure that agreed accreditation standards for the delivery of postgraduate physician education are being met
- To identify good practice

Section 1 – Accreditation assessment

Date of last visit: N/A
Current Accreditation status: N/A

Visit Details	
Education Provider/Country	Aster Medcity Kochi, India
Date of visit	02-03 July 2018
Training Programme visited	Core medical training (CMT)
Number of trainees who attended the visit	12
Length of Training Programme	3 years

Visiting Team		
Position		
Medical Director		
Head of School – East Midlands		
Curriculum and Assessment Manager		

People to whom the visit report is to be sent	
Position	
Chief Executive Officer – Aster Hospitals and Clinics, India	
Chief of Medical Services	
Director of Academic Affairs	
CMT Training Programme Director	

Information and Reports received prior to the visit	Received
Self-assessment against agreed accreditation standards	14 May 2018
Attendance at ARCPs	2 July 2018

Trainee Numbers

Start year of CMT	CT1	CT2	CT3	ACCS
2017	12	0	0	0
2018*	12	12	0	0
Total	24	12	0	0
Grand total	36			

Trainees started 1 July 2018 and were not part of the accreditation visit

Section 2 – Follow up from previous Accreditation Assessment visit

N/A

Section 3 – Themed Assessments

Findings against the current UK GMC Standards for Postgraduate Training – where relevant to local education provider (Appendix A)
Reference: GMC Promoting excellence: standards for medical education and training

Theme 1: Learning environment and culture
This theme supports doctors in training to learn by recognising that their potential to develop the appropriate professional values, knowledge, skills and behaviours is influenced by the learning environment and culture in which they are educated and trained.

Training and education should take place in an environment where patients are safe, the care and experience of patients is good, and education and training are valued.

Leadership at the most senior levels (whether in hospitals where care is provided or in education and training organisations) will determine the culture of an organisation and how well it promotes patient safety and values learning.

Standards
S1.1 The learning environment is safe for patients and supportive for learners and educators.
S1.2 The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families

R1.1 Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.
ACHIEVED

R1.2 Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – and help them to develop the skills to communicate with tact, sensitivity and empathy.
ACHIEVED

R1.3 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.
ACHIEVED

R1.4 Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.
ACHIEVED

R1.5 Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.
ACHIEVED

R1.6 Doctors in training must take consent only for procedures appropriate for their level of competence. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.
ACHIEVED

R1.7 Organisations must design rotas to:

a. **make sure doctors in training have appropriate clinical supervision**
    ACHIEVED
b. **support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors**
    ACHIEVED
c. **provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme**
    ACHIEVED
d. **give doctors in training access to educational supervisors**
    ACHIEVED
e. **minimise the adverse effects of fatigue and workload**
    ACHIEVED

R1.8 Handover of care[1] must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.
ACHIEVED

R1.9 Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.
ACHIEVED

R1.10 Organisations must support every learner to be an effective member of the multi-professional team by promoting a culture of learning and collaboration between specialties and professions.
ACHIEVED

R1.11 Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.
ACHIEVED

R1.12 Organisations must have the capacity, resources and facilities (including IT systems to access online learning support and assessments) to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
ACHIEVED

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[1] Handover at start and end of periods of day or night duties every day of the week.

Theme 2: Educational governance and leadership

This theme aims to ensure that organisations responsible for medical education and training have effective systems of governance in place to manage and control quality.

These systems should provide oversight of leaners, treat them fairly, manage their progression and share outcomes of governance systems to make sure that learners have the professional knowledge and skills needed to treat and care for patients.

Standards
S2.1 The educational governance system continuously improves the quality and outcomes of education and training and can demonstrate progress through measurement.
S2.2 The educational governance system makes sure that education and training is fair to all learners

R2.1 Organisations that are responsible for educational governance must have effective, transparent and clearly understood governance systems and processes to manage or control the quality of medical education and training.
ACHIEVED

R2.2 Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.
ACHIEVED

R2.3 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.
ACHIEVED

R2.4 Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – to demonstrate fairness
ACHIEVED

R2.5 Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.
ACHIEVED

R2.6 Organisations must have systems to manage learners' progression, with input from a range of suitably trained individuals, to inform decisions about their progression.
ACHIEVED

R2.7 Organisations must make sure that each doctor in training has access to a <u>named educational supervisor</u> who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes.
ACHIEVED

R2.8 Organisations must have <u>systems and processes to identify, support and manage learners when there are</u>

<u>concerns</u> about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.
ACHIEVED

R2.9 Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.
N/A

R2.10 Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.
ACHIEVED

Theme 3: Supporting learners
This theme aims to ensure that learners receive appropriate educational and pastoral support to be able to demonstrate what is expected of them and achieve the learning outcomes required by their curriculum.
It acknowledges that learners are responsible for their own development and for achieving the outcomes required by their curriculum. This requires them to take part in structured support opportunities. Learners are also expected to make patient care their first concern and not to compromise safety or care of patients through their performance, health or conduct. Learners have a duty to follow the guidance provided by their training providers and to understand the consequences if they fail to do so.

Standards
S3.1 Learners receive the appropriate educational and pastoral support to be able to demonstrate what is expected of them and to achieve the learning outcomes required by their curriculum.

R3.1 Learners must be supported to meet the professional standards and any other standards and guidance required of them to uphold the values and standing of the medical profession. Learners must have a clear way to raise ethical concerns.
ACHIEVED

R3.2 Learners must be encouraged to take responsibility for looking after their own health and wellbeing.
ACHIEVED

R3.3 Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.
ACHIEVED

R3.4 Organisations must treat learners fairly and provide them with equal opportunity to learn.
ACHIEVED

R3.5 Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.
ACHIEVED

R3.6 Doctors in training must have information about academic opportunities in their programme or specialty.
ACHIEVED

R3.7 Learners must receive - and be encouraged to act on - regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme.
ACHIEVED

R3.8 Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.
ACHIEVED

R3.9 Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.
ACHIEVED

Theme 4: Supporting educators
This theme aims to ensure that educators are appropriately trained for their role and receive sufficient support from educational institutions to be able to promote and enable effective learning.

Standards
S4.1 Educators are selected, inducted, trained and appraised to appropriately reflect their education and training responsibilities.
S4.2 Educators receive sufficient support, resources and time to meet their education and training responsibilities

R4.1 Educators must be selected against suitable criteria and receive an appropriate induction to their role.
ACHIEVED

R4.2 Educators should be appropriately trained for their role and be regularly appraised against their educational responsibilities.
ACHIEVED

R4.3 Organisations should support educators to deal effectively with concerns or difficulties that arise whilst carrying out their educational responsibilities.
ACHIEVED

Theme 5: Developing and implementing curricula and assessments
This theme aims to ensure that any developments to curricula and assessments meet the standards required at a postgraduate level.
Assessments also need to be delivered according to postgraduate standards.

Standards
S5.1 Curricula and assessments are developed and implemented so that doctors in training can demonstrate the required learning outcomes at a postgraduate level

R5.1 Postgraduate training programmes must give doctors in training:
   a. **training posts that deliver the curriculum and assessment requirements set out in the approved curriculum**
      ACHIEVED
   b. **sufficient practical experience to achieve and maintain the clinical or medical competencies (or both) required by their curriculum**

ACHIEVED

c. **an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the overall programme**
ACHIEVED

d. **the opportunity to work and learn with other members on the team to support inter-professional multidisciplinary working**
ACHIEVED

e. **regular, useful meetings with their clinical and educational supervisors**
ACHIEVED

f. **placements that are long enough to allow them to become members of the multi-professional team, and to allow team members to make reliable judgments about their abilities, performance and progress**
ACHIEVED

g. **a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible.**
ACHIEVED

R5.2 Assessments must be mapped to the requirements of the approved curriculum and appropriately sequenced to match doctors' progression through their education and training
ACHIEVED

R5.3 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor in training's performance and being able to justify their decision
ACHIEVED

R5.4 Educators must be trained and calibrated in the assessments they are required to conduct
ACHIEVED

R5.5 Educators should ensure assessments are fair and give all learners equal opportunity to pass.
ACHIEVED

Section 4 – Notable Practice

	Notable Practice Note as * any exceptional examples that have the potential for wider use or development elsewhere by JRCPTB
1	The Steering Committee has been fundamental to the success of the programme and effectively functions as the local faculty group (ref. Clinical Medicine, October 2011, pps 438-442)
2	The training of all 21 supervisors was exemplary
3	There is evident commitment to this programme from the highest level of the organisation through to all departments and individuals
4	The curriculum is spiral with specialties being revisited in year 3 allowing trainees to take on increasing responsibility
5	There has been demonstrable improvement in patient safety arising from the implementation of a Rapid Response Team as part of CMT programme
6	There has been successful implementation of an effective 'trainee voice'
7	Academic activities are actively encouraged
8	High level of engagement of trainees and genuine use of the curriculum as a learning tool
9	Organisation of the working day appears to maximise training opportunities
10	There is evident enthusiasm and satisfaction with the training programmes amongst the trainees

Section 4 – Mandatory Requirements

	Mandatory Requirements	Actions/Evidence Required	Reference (Domain and paragraph no.)	Due Date
1	**Curriculum development** Implement Internal Medicine stage 1 (Internal Medicine Training – IMT)	a. Familiarise all faculty with new curriculum b. Attend development session in June 2019 c. Use materials provided to roll out faculty development to all supervisors. d. New starters should use IMT curriculum and assessment framework from 1 July 2019	Theme 5: Developing and implementing curricula and assessments – 5.1.a	August 2019
2	**Sustainability of the programme** Consider and produce a plan to ensure a future supply of fully trained educational and clinical supervisors	Produce and implement succession plan	Theme 4: Supporting educators – 4.1, 4.2, 4.3	July 2020

Section 5 – Recommendations

	Recommendations	Reference
1	**Simulation** Consider the feasibility of developing simulation training to include human factors training.	Theme 5: Developing and implementing curricula and assessments – R5.1
2	**Trainee feedback** Explore opportunities to obtain end-of-year anonymised feedback from trainees about their experience of both the programme and their supervisors.	Theme 1: Learning environment and culture – R1.3
3	**Critical incident reporting** Develop the good practice in the hospital for sentinel event and critical incident reporting by involving CMT trainees in the practical aspects of the process – for example submitting incident reports with their supervisor and seeing the follow up actions.	Theme 1: Learning environment and culture – R1.3
4	**Fair assessment training** MRCP examiners will be required to undertake the Federation fair assessment module in future. Consider extending this to include all educators involved in assessment of trainees (via MRCPUK contact).	Theme 2: Educational governance and leadership – R2.3, R2.4
5	**Initial management of ill patients** Review whether trainees are getting sufficient experience of the initial management of ill patients, particularly on admission.	Theme 5: Developing and implementing curricula and assessments – R5.1

Section 6 – Accreditation Approval

The Aster Medcity Core Medical Training (CMT) Programme is accredited by JRCPTB for 2 years, on behalf of the Federation of the Royal Colleges of Physicians (UK).

Approved by the Federation of the Royal Colleges of Physicians (UK)
Signed by Professor David Galloway
Chair of the Federation Board   Date: