

# **ACCREDITATION REPORT**

**KIMS Healthcare Management Ltd,  
Trivandrum, India**

**8– 9 October 2019**

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## 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: **February 2019**

Current Accreditation status: **Implementation stage**

Visit Details	
Education Provider/Country	<b>KIMS Healthcare Management Ltd, Trivandrum, India</b>
Date of visit	<b>8-9 October 2019</b>
Training Programme visited	<b>Core Medical Training (CMT)</b>
Number of trainees from each specialty / CMT who attended the visit	<b>12</b>
Length of Training Programme	<b>3 years</b>

Visiting Team		
Position	Name	Email Address
Redacted		
Redacted		
People to whom the visit report is to be sent		
Redacted		
Redacted		
Redacted		
Information and Reports received prior to the visit	Received	
Self-assessment against agreed accreditation standards	September 2019	
Pilot trainee survey	October 2019	

## Current Trainee Numbers

Programme year	CMT1	IMY1	IMY2
2018	12		
2019		6	12
<b>Current total</b>		<b>6</b>	<b>12</b>

## 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.**

PARTIALLY ACHIEVED – Issues were raised about levels of supervision available in specialty areas out of hours.

**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.**

PARTIALLY ACHIEVED – Issues were raised about levels of supervision available in specialty areas out of hours.

**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.**

PARTIALLY ACHIEVED – Hospital has a strong policies for consent and privileges but there was some evidence of individual deviations from protocol.

**R1.7 Organisations must design rotas to:**

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

PARTIALLY ACHIEVED – the workload challenges have been appreciated and new rotas to support both training and service are due to be implemented.

**R1.8 Handover of care<sup>1</sup> 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.**

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<sup>1</sup> Handover at start and end of periods of day or night duties every day of the week.

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.

## **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 learners, 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 named educational supervisor 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.**

PARTIALLY ACHIEVED – See R1.11 as more regular supervisor meetings and input is needed.

### **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.**

PARTIALLY ACHIEVED – See R1.11 more regular educational supervisor contact including discussion on progress, including multi source feedback is needed.

**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 - however, planning is required to maintain this standard long term.

### **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 – However, a review will be needed for the new Internal Medicine stage 1 curriculum

**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.**

PARTIALLY ACHIEVED – see R1.11 more frequent meetings with the educational supervisors are required together with constructive discussion on progress including the MSF.

**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.**

PARTIALLY ACHIEVED – the workload challenges have been appreciated and new rotas to support both training and service are due to be implemented.

**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	<b>Exemplary support throughout the programme from the top of the organization</b>
2	<b>Obvious culture of support and teamworking</b>
3	<b>An academic focus of the organization</b>
4	<b>Support for piloting the trainee survey which has been well received*</b>

## Section 4 – Mandatory Requirements

	Mandatory Requirements	Actions/Evidence Required	Reference (Domain and paragraph no.)	Due Date
1	The on-site supervision of first year trainees covering specialty area take out of hours, such as cardiology and neurology, requires review	An update to be provided to Professor Black after six months and to be reviewed at next visit	Theme 1: Learning environment and culture R1.4; Theme 5: Developing and implementing curricula and assessments: R1.5	April 2020
2	Ensure all educational supervisors have regular planned meetings with trainees in place. These should include feedback on performance, including the MSF. The frequency of meetings should be recorded	Evidence that meetings have taken place to be reviewed at next visit	Theme 1: Learning environment and culture R1.11; Theme 2: Educational governance and leadership: R2.7; Theme 3: Supporting learners: R3.7; Theme 5: Developing and implementing curricula and assessments: R5.1(e)	Sept 2020
3	Ensure that an ongoing training the trainers programme for new ES and CS	Evidence will be reviewed at next visit	Theme 4: Supporting educators: R4.1	Sept 2020

	is firmly in place. Consider using UK expert educational input			
4	Ensure that all trainees and faculty have a full understanding and can deliver the new IMT curriculum, including new mandatory areas such as geriatric medicine	An update to be provided to Professor Black after six months and to be reviewed at next visit	Theme 5: Developing and implementing curricula and assessments: R5.1(a)	April 2020
5	Introduce the proposed new rota timetable as soon as possible	An update to be provided to Professor Black after six months and to be reviewed at next visit	Theme 1: Learning environment and culture: R1.7	April 2020
6	Ensure the excellent hospital policy on privileges and consent is properly implemented by all consultants	To be reviewed at next visit	Theme 1: Learning environment and culture: R1.6	Sept 2020

## Section 5 – Recommendations

	Recommendations	Reference (Domain and paragraph no.)
1	Review the taught programme to ensure it is MRCP specific and not too specialised	Theme 5: Developing and implementing curricula and assessments: R5.1(a)
2	Use the Academy of the Medical Royal Colleges guidance when implementing quality improvement	Theme 5: Developing and implementing curricula and assessments: R5.1(a) and (d)
3	The steering group is well received but more frequent meetings would be welcomed by the trainees	Theme 2: Educational governance and leadership: R2.1; Theme 5: Developing and implementing curricula and assessments: R2.5
4	A short educational induction review 4-6 weeks into the programme would be good practice	Theme 3: Supporting learners: R3.5; Theme 5: Developing and implementing curricula and assessments: R5.1(c)
5	Ambulance duties are very time intensive and of minimal educational value. The appropriateness and frequency of these should be reviewed	Theme 5: Developing and implementing curricula and assessments: R5.1(g)

## **Section 6 – Accreditation Approval**

**The Core Medical Training (CMT) and Internal Medicine Training (IMT) stage 1 KIMS Healthcare Management Ltd is accredited by JRCPTB for two years, on behalf of the Federation of the Royal Colleges of Physicians (UK).**

**Approved by the Federation of the Royal Colleges of Physicians (UK)**

A handwritten signature in black ink, appearing to read 'Gerrard Philips', written over a faint, illegible stamp or background.

Signed by Dr Gerrard Philips

Executive Medical Director for Federation of the Royal Colleges of Physicians (UK)

Date: 5 November 2019

**KIMS Healthcare Management Ltd., Trivandrum, India**

**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**

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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.

**Requirements (See Appendix A)**

R1.1	The hospital has a well-established system of Incident (Variance) Reporting that all employees and members of staff have access to. The hospital closely monitors the process of this reporting, and a blame-free culture is encouraged, in order to identify system faults where they exist. The reporting is entirely transparent (even if the reporting individual remains anonymous). Information on such avenues is provided to all trainees at the Orientation (induction) process.
R1.2	In difficult situations, boards (case-conferences) are proactively constituted. These comprise consultants, administration and the patient/representative. The hospital follows a strict open-disclosure policy when dealing with such issues.
R1.3	Patient Safety Committee examines all Variance/Incident Reporting. Safe Operations Committee escalates to higher administration when necessary. Corrective action taken for a particular safety incident is fed back to the individual concerned. Issues that have institution-wide relevance are discussed at Quality Improvement meetings - these take place on a biannual basis.
R1.4	All trainees have named Educational (ES) and Clinical Supervisors (CS). They have clearly-defined roles, and meet with the trainee at pre-determined intervals. In addition, trainees are encouraged to meet with their ES when there are thought to be concerns regarding levels of clinical supervision in relation to patient safety.
R1.5	ES meets with trainees at regular intervals to assess progress. The closely-knit working environment between ES, CS, Programme Director (PD) and the Steering Committee for training programme, ensures that issues are brought to the fore at an early stage where corrective action can be taken.
R1.6	A well-defined process of informed consenting is in place. The hospital rigidly enforces a Privileging System (overseen by the Credentialing and Privileging Committee) to ensure that procedures can be performed by trainees only under close supervision where necessary.

R1.7	The training rota is carefully designed to maximise exposure to learning opportunities and provide the foundation for acquiring the broad range of knowledge and skills laid out in the curriculum and CIPs. (capabilities in practice). Each trainee has a named ES for the entire 3-year period of training. Progress through the rota is closely monitored
R1.8	Handovers take place during all shifts and the process is closely monitored. They are mandatorily documented in patient Electronic Medical Record (EMR). Handover is a Key Performance Indicator (KPI) for all doctors working in the hospital.
R1.9	As outlined in R 1.7
R1.10	Departmental and interdepartmental meetings and conferences take place at a regular basis. The close-knit working environment fosters collaboration with other healthcare professionals. Clinical Club and Grand Rounds provide opportunities to foment team-work and disseminate information in rapidly-developing fields
R1.11	Trainers are provided time slots and are required to take the necessary time to perform assessments adequately
R1.12	All trainees (and consultants) have access to several online resources – chief among them being UpToDate, PubMed and ClinicalKey. The institute has well-equipped library facilities. ePortfolio can be accessed from multiple terminals across the site. The rota is designed to maximise exposure to learning opportunities and provide the foundation for acquiring broad range of knowledge and skills laid out in the curriculum and CIPs (capabilities-in-practice)

## 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 learners, 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	Trainees are rotated through departments based on a set pattern defined by the curriculum. Department of Academics continuously monitors all trainees in their progress through the clinical areas, in terms of compliance to duty schedules, attendance and handover. Trainees are constantly supervised by consultants. Attendance at in-house teaching programmes such as Clinico-pathological Conference, Mortality and Morbidity meeting, Clinical Club, Grand Rounds, and departmental meetings are closely monitored.
R2.2	Academics Department follows the standards and curricula laid out by the National Board of Examinations (NBE), under whose direction KIMS carries out several training programmes in broad specialties and subspecialty areas
R2.3	Steering Committee for Core medical training meets at pre-defined intervals with and without the trainees, and the proceedings are minuted and circulated. Steering Committed also holds regular meetings with ESs.
R2.4	Covered in the process mentioned above. In addition, ES and PD regularly meet with trainees, both formally and informally
R2.5	All trainees have named ES – a consultant who is responsible for the trainee for the entire duration of the programme. CSs and Patient Safety Committee feedback to ES and Administration about trainee progress and any concerns raised through various check mechanisms in place
R2.6	Clinical and Educational Supervisors monitor trainee progression. Incidence Reporting systems are in place to allow any professional to report adverse events and raise concerns about trainees



R2.7	Each trainee has a named ES for the entire period of their training
R2.8	Patient Safety Committee and Incidence Reporting are cross-checked by Steering Committee and Academics. Academic Committee comprising Resident Representative is in place to address trainee grievances. Corrective measures are instituted when warranted.
R2.9	As above
R2.10	All recruitment takes place through a defined selection process. This is done primarily through direct interview during which qualifications are scrutinized and skills are assessed, and a rank list is generated based on merit.

### 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	The institution encourages a culture of openness. Several mechanisms are in place to raise concerns about ethical dilemmas. This may be done anonymously via reporting systems, or individually by directly reporting to the Administration.
R3.2	Learners have access to hospital employee health benefits, including staff clinic consultations, vaccination services, and psychological support services if required.
R3.3	Trainees are constantly monitored in their professional dealing with patients, and with other members of staff.
R3.4	Trainees are made aware of the availability of various avenues (Academics Committee of the Hospital and Steering Committee of the CMT programme) where their concerns may be voiced. This takes place during the induction process itself.
R3.5	Trainees meet PD ES and CS, and 1 member of the Steering Committee at regular predetermined intervals.
R3.6	The Research Committee provides information and support for all research activities such as manuscript preparation, funding for projects, biostatisticians and library support.
R3.7	All trainees are mandated to meet with PD and ES at predetermined intervals.
R3.8	Please refer to 2.8
R3.9	This is ensured by review of competence progression periodically and at ARCP.

## 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	All educators carry the credited qualifications stipulated by government of India to hold consultant positions in hospitals. Consultants need to be privileged to carry out procedures. Appointments to various academic/clinical positions take place against well-set out criteria. All trainers are given a week-long orientation programme before commencing clinical work, apart from health screening and familiarization with hospital information systems.
R4.2	CSs and ESs receive formal training in assessments/appraisal at programme organized by the Royal College. In addition, the PD provides regular briefings in order to clarify issues, and disseminate information on curriculum changes, etc.
R4.3	ES and CS meetings are held periodically to address any concerns regarding supervisory responsibilities.

## 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	Rotas are designed to allow trainees to gain sufficient exposure and competencies in various areas as set out in the curriculum. Trainees are posted to departments under named clinical supervisors, and work in teams where multi-disciplinary interactions are of prime importance. Study leave, and time to attend conferences and other educational programme are built into the rota. Induction Provided by the Steering Committee, ES and PD at the start of the programme and at the start of individual placements with CS.
R5.2	Assessments are based on a Decision Aid that is individually discussed at the start of the programme with the Director. A Personal Development Plan (PDP) is formulated to take into account personal trainee goals, whilst ensuring that all curriculum requirements are met. Trainee portfolios are constantly monitored to ensure timely entries and satisfactory exposure in order to acquire knowledge and skills.
R5.3	All trainers are at consultant level holding appropriate level of qualification and experience stipulated by strict recruitment norms. All trainers are appraised on an annual basis by Hospital Administration.
R5.4	Educators are encouraged to attend trainer programme dealing with assessment. In addition, they are required to maintain their logbook and obtain minimum CME (continuing medical education) points via participation at national and international conferences. CSs and ESs contribute as examiners at the National Board and MRCP examinations.
R5.5	Training programme are closely monitored by Academics Committee and Steering Committee linked to administration