



## Core Medical Training Accreditation Visit Report: Iceland

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Visit Details		
Education Provider/Country	Iceland	
Date of visit	6-9 June 2016	
Training Programme visited	Core Medicine	
Number of trainees from each specialty who attended the visit	17 CMT trainees	
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Visiting Team		
Position	Name	
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People to whom the visit report is to be sent		
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Accreditation Approval		
With effect from (insert final sign off date) the Icelandic Core Medical Training Programme is accredited by JRCPTB for 24 months, on behalf of the Federation of the Royal Colleges of Physicians.		
Approved by the JRCPTB/ MRCP(UK) International Executive		
Signed by Professor David Black Medical Director, JRCPTB		Date: 22 <sup>nd</sup> July 2016
Approved by the Federation of the Royal Colleges of Physicians		
Signed by Professor Derek Bell Chair, Federation Board		Date: 22 <sup>nd</sup> July 2016

## 1. Introduction

Following a pilot programme in 2014, Core Medical Training (CMT) was formally introduced in Iceland in August 2015. Designed as a three-year programme, trainees follow the majority of the JRCPTB-owned CMT curriculum (with variation to reflect patient demographic needs). In order to complete CMT off all competences outlined in the curriculum, together with the attainment of the MRCP(UK) diploma, is required.

At present there are 36 trainees on the programme. The majority are at CT1 or CT2 level. A small number are CT3 trainees, having transferred from the previous programme.

Landspítallinn is the only University Hospital in Iceland. Split across two sites (Fossvogur and Hingbraut), it provides tertiary and acute care with 760 beds. Approximately 108,000 patients per annum receive some form of hospital care (approximately 26,000 admissions). The CMT programme is primarily delivered across these two sites, however two trainees are posted at Akureyri Hospital in the north of Iceland, and there is another rotation at Landakot Geriatric Hospital, which focusses largely on rehabilitation rather than acute care.

Trainees undertake a series of rotations and spend time in a mix of acute and out-patient settings.

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

## 2. Purpose of the visit

The purpose of this visit was to assess the standard of Core Medical Training in Iceland, with a key output being a recommendation as to whether the JRCPTB, on behalf of the Federation, could accredit this training programme.

The content of this report is formed on the basis of faculty presentations, meetings with senior clinical managers and closed meetings with trainees and supervisors. The Faculty were asked to provide documentation in advance of the visit, including a self-assessment form based on the requirements of the General Medical Council Publication 'The Trainee Doctor'.

This report is based on targeted questions and observations, and is therefore not exhaustive.

## 3. Visit Findings

### a. Notable Practice

GMC Domain	Notable Practice	
Domain 1 – Patient Safety	1.2	The trainees made the patients their primary concern and it was apparent that situations considered unsafe would be escalated immediately. The trainees felt well supported by their supervisors and no trainee believed that they were asked to undertake procedures/ or manage situations in which they did not feel clinically competent. All supervisors were cited as being accessible and trainees did not feel concerned about having to call in seniors if they were on-call at home.
	1.6	There is a commendable process for the management of the ward round, which has been implemented across both hospital sites and provides definitive roles and responsibilities for various members of the clinical and nursing team, including the trainees. The trainees in particular saw this consistency of approach as incredibly positive
	1.7	Whilst the ARCP process lay outside of the focus of this visit, there was clear evidence that trainee needs, including those related to health, were being managed in an excellent manner with pastoral and health interventions being considered appropriately.
Domain 2 – Quality Management, review and evaluation	N/A	There is development needed in this area, however; the Accreditation Team do wish to commend the Faculty in particular for the amount of work that has been done in the past 10-12 months. There has been demonstrable effort, including changes to legislation to ensure that there is a mechanism for management of the quality of postgraduate training in Iceland.

GMC Domain	Notable Practice	
Domain 3 – Equality, diversity and inclusion	3.4	See also 1.7 - provision was available for trainees that had health or other needs.
Domain 5 – Delivery of approved curriculum including assessment	5.1	The Accreditation Team particularly wish to commend the programme for the out-patient experience received by trainees on this programme. The trainees particularly valued the 4-8 week blocks of out-patient experience. Additionally trainees were able to develop, and demonstrate, an ability to work independently and run their own clinics whilst having senior support readily available as needed.
	5.4	There was a structured programme for teaching that spanned the week. This took the form of protected teaching sessions (such as Thursday PM) as well as ward-based teaching, medical masterclass/MRCP Part 1 and 2 sessions and a ‘grand-round’ style approach. These sessions were largely held at Fossvogur hospital. Trainees on other sites were able to stream some of these sessions. The access to teaching for those on site is noted as excellent, however widening access is listed as an area for development.
Domain 6 – Support and development of trainees, trainers and local faculty	6.6	The Faculty, trainees and trainers should be commended on their engagement with the ePortfolio and associated WPBAs. The introduction of Core Medical Training has required a complete cultural and educational shift and whilst there is still the need for improvement in some areas, the achievement to date should be noted.
	6.23	The Icelandic training provides an excellent study leave package which trainees are aware of, and feel supported in taking
	6.30-6.31	As noted elsewhere, trainees and supervisors are clearly engaged in this process, with excellent results. This should be commended.

## b. Areas for development

GMC Domain	Areas for Development	
Domain 1 – Patient Safety	1.3	All trainees had named educational supervisors but this was not evident for clinical supervisors. Whilst trainees are supervised clinically they are not assigned named clinical supervisors. The Accreditation Team believe that this may be more of an issue around communication and formalisation, rather than actual lack of clinical supervision.
	1.4	Whilst trainees noted no concerns over the obtaining of consent, development was needed in the development of the use of skills-labs, simulation and a more formal approach to the teaching of procedural competences. One trainee cited the ‘see one, do one, teach one’ approach as being prevalent. However, trainees did feel they were able to seek appropriate help and adequate supervision should they need it.
	1.5	Rota management was cited as an area needing development by both trainees and the faculty. Management of gaps was a particular challenge. It was noted that with effect from August 2016 rotas would be devolved to smaller clusters, rather than sitting as a primary responsibility of the Chief Resident.  Some trainees expressed concern over the potential for burnout. However, there was consensus that no trainee was ever be made to work additional shifts though the current structure meant that the Chief Resident often ended up having to cover rota gaps. All rotas are EWTD compliant.  <i>Recommendation: Conduct a review of the duties of the Chief Resident role, considering in particular the more administrative aspects such as responsibility for rota planning, covering shifts etc.</i>

GMC Domain	Areas for Development	
Domain 1 – Patient Safety	1.6	Whilst the management of ward round is exemplary, there is little formal structure to handover. Trainees were keen to express that they did not consider this to be a patient safety issue as they always ensured that an informal handover was undertaken. However, it was acknowledged that this could be ‘corridor discussion’ and needed much improvement.
Domain 2 – Quality Management, review and evaluation	2.1-2.3	<p>Previously there was no central scrutiny over training programmes in Iceland. Legislation has been changed to support the creation of a centralised committee, which will have responsibility as outlined below:</p> <p><i>“According to Article 15 of: “The Regulation on the education, rights, and obligations of medical doctors and criteria for granting of licenses to practice medicine and specialist medical licenses, No. 467/2015” the Evaluation and Competence Committee on Clinical Training is responsible for the evaluation and governance of training programmes in Iceland. “</i></p> <p>The process of centralised quality assurance is a new one, and so will remain an area for development.</p>
Domain 3 – Equality, diversity and inclusion	3.3	<p>There is currently no real provision for trainees to work less than full time at present. Due to the rate of maternity leave within the programme this is currently under review. Trainees would welcome the opportunity to work flexibly, and expressed concerns about retention in the future.</p> <p><i>Recommendation: In line with Icelandic employment legislation, and contractual obligations, the Faculty are encouraged to consider the feasibility of introducing less than full time training opportunities.</i></p>
Domain 5 – Delivery of approved curriculum including assessment	5.1-5.4	The <i>Evaluation and Competence Committee on Clinical Training</i> will have responsibility for the management of programme delivery. This will continue as an area of development as the committee matures.
	5.1	There is a need to formalise practical skills exposure (ie move away from the ‘see one, do one, teach one’ approach). Work is being done to develop simulation between Icelandic and UK – based colleagues.
	5.4	<p>The teaching programme offered appears comprehensive; however there is a challenge of access for all trainees. The majority is delivered at Fossvogur Hospital and some trainees cited difficulty in attending/ or having access to a reliable streaming services.</p> <p>Additionally work will need to be done to introduce PACES teaching very soon as it is expected that the first cohort of trainees will be sitting diets in late 2016/early 2017</p>
Domain 6 – Support and development of trainees, trainers and local faculty	6.1	<p>Due to the lack of standardised rotation start there is not the opportunity to host centralised induction. The Faculty are currently considering this. However; trainees and trainers felt well inducted into the use of ePortfolio.</p> <p>It was also noted that, due to the number of hospitals in Iceland, all trainees will have undertaken their medical school and Foundation attachments in the same place and were already aware of the procedures/policies/location of facilities.</p>
	6.10	As noted earlier, rota provision needs further development

GMC Domain	Areas for Development	
Domain 6 – Support and development of trainees, trainers and local faculty	6.12	The Accreditation Team felt that the current rotation structure (4-8/52) was too short. Trainees agreed that c.8-10/52 should be a minimum. It was noted that with effect from August 2016 there was a plan to group rotations by specialty so, for example, a trainee would undertake 16/52 in Gastroenterology, comprising of what would have previously been two separate in-patient and out-patient rotations. The trainees felt that this would be a positive change.
	6.13	Chief Resident role: the role appeared to offer good developmental opportunities but there was concern about being able to manage the non-clinical duties, such as rota planning alongside attainment of curriculum competences. It was noted that the responsibilities around rota planning were under review, but consideration to other duties of the role may also be beneficial.
	6.14	There appeared to be a slight difference of opinion between the educational supervisors and trainees over access to Quality Improvement Projects. There was some confusion over a) the requirements and b) access to time for such projects. The Accreditation Team suspects that this may be a communication/perception issue as trainees were clearly engaged and the supervisors believed that they were encouraged to develop in this area.  Additionally there was a little confusion amongst trainees as to whether any time to undertake such projects was available in the CT1 year. The appeared to be some suggestion of difference in approach, but this may well be due to the fact that programme has just started.
Domain 7 – Management of education and training	7.1-7.3	As mentioned elsewhere, the <i>Evaluation and Competence Committee on Clinical Training</i> and other interventions, such as the responsibility for medical training sitting with the Chief Medical Officer should be the mechanisms for ensuring these requirements are met in the future.

### c. Areas of Significant Concern

GMC Domain	Areas of Significant Concern	
Domain 1 – Patient Safety	1.3	It was acknowledged by trainees, educational supervisors and Faculty that there continues to be an issue of the management of patients admitted via the Emergency Department (ED) at Fossvogur Hospital. At present there is no Medical Assessment Unit, and whilst efforts have been made to co-locate medical trainees/consultants alongside ED colleagues, there remains an issue over management of patients awaiting ward admission.  Trainees cited this as their only patient safety issue. It appears there is no clear guidance on the lead service for patients in this short-stay unit. Whilst patients here are treated by medical trainees, there is a lack of clarity over whether responsibility for these patients remains with the ED consultants, or passes to the medical team. As such, trainees sometimes feel confused over management plans, don't always know who their lead consultant is, and cite 'political issues' as a barrier to resolving this problem.
Domain 8 – Educational resources and capacity	8.1-8.6	The team have concerns about the management/administrative capacity of the programme, especially if expansion of other specialties occurs. The Accreditation Team believe this poses a potential threat to the sustainability of the programme.

## 4. Mandatory Requirements

The following recommendations are considered mandatory with fulfilment being considered essential for the future development of the training programme.

For ease of use these recommendations have been themed, rather than referenced against 'The Trainee Doctor' specifically.

Visit Rating	Summary of concern	Recommendation
Area of Significant Concern	Development of a process for managing medical admissions from the Emergency Department	<p>There must be clear, agreed guidance for the management of patients awaiting admittance to a medical ward, via the Emergency Department.</p> <p>As a priority it is essential for there to be clear reporting and escalation lines so that trainees and consultants are clear as to which service has responsibility for the patient at which stage in their hospital stay.</p> <p>Whilst the Accreditation Team are unable to advise as to the physical location of the unit, it seems that the development of a formal 'Medical Assessment Unit' managed by consultant Physicians may be most appropriate, in the medium to longer term.</p>
Area of Significant Concern	Non clinical staffing for programme	<p>At present there is a deficit in appropriate management/administrative support for this programme. The Faculty should be applauded for the work they have done in developing and maintaining the programme but the Accreditation Team are concerned about sustainability. Appropriate staffing is needed for duties including:</p> <ul style="list-style-type: none"> <li>• Management of ARCP/other training meetings</li> <li>• Induction arrangements</li> <li>• Arranging and managing training sessions (including records of attendance)</li> <li>• Continued development of policies and procedures, as per the newly-developed Icelandic Gold Guide</li> <li>• Rota planning and programme management</li> </ul>
Area for Development	Named Clinical Supervisors	All trainees must have named clinical supervisors for all placements.
Area for Development	Development of procedural competence	Development of the teaching of practical procedures is essential. This should include consideration of the use of skills-labs, simulation and bedside teaching and observation.
Area for Development	Rota management/working patterns	<p><u>Induction</u></p> <p>For various reasons there is no formal induction process. Whilst the Accreditation Team understands why this is, we recommend an audit of the various forms of induction to ensure a comprehensive induction is being delivered, with any gaps being managed appropriately.</p> <p><u>Length of placements</u></p> <p>All rotations must be for a minimum of 8 weeks, although 12 is preferable. The Accreditation Team support the idea of combined in- and out-patient rotations, attached to a specialty to achieve this aim.</p>
Area for Development	Handover	A formalised handover process needs to be introduced to ensure that all staff, at all levels, are provided with up to date information on the management of patients.

Visit Rating	Summary of concern	Recommendation
Area for Development	Wider education and training	<p><u>Quality Improvement Projects/Audit</u></p> <p>QIP is an essential part of the curriculum because of the significant educational value to both the trainee and organisation. Discussions were had around the development of a bank of QIPs and the Accreditation Team see this as an excellent place to start. We understand that trainee share access to the Learning to Make a Difference materials via RCPL which is certainly a beneficial start.</p> <p><u>PACES teaching</u></p> <p>A formal PACES teaching structure must be introduced – whether delivered in country, or via arrangements with Scotland as suggested by some Faculty, in order to ensure readiness of the trainees to sit PACES in accordance with their progression through training.</p>

## 5. Accreditation Status

In accordance with Appendix 2 the visiting team recommend:

### **SUCCESSFUL: WITH CONDITIONS**

Based on the findings of the visit, with due consideration being given to the recommendations and work already done to address some of the areas identified under 'Areas for Development' the Accreditation Team recommend accreditation for a period of **24 months**, subject to a satisfactory informal visit at **12 months**.

The 12 month is expected to take place at the same time as ARCPs in June 2017, and will specifically evaluate the progress made against the recommendations in this report. Additionally either the informal or accreditation visit must include ability for the team to visit the other sites used as part of the training programme.

### Additional comment

It is clear to the visiting team that a significant amount of work has been done, in a short period of time, to introduce Core Medical Training in Iceland. The standard of training being delivered appears to be high and it is clear that there is a significant, positive amount of engagement amongst the Faculty, trainees and supervisors. Whilst there are areas for development, the achievements noted to date are substantial and the Icelandic Faculty, along with the trainees and supervisors, should be congratulated on the progress made to date.



## JRCPTB ACCREDITATION AND QUALITY MANAGEMENT

### EDUCATION PROVIDER SELF-ASSESSMENT

#### **Evidence against the UK GMC Standards for Postgraduate Training – where relevant to local education Provider**

Refer: [The Trainee Doctor](#) (Appendix A)

#### **Domain 1 - Patient safety**

Standard: The responsibilities, related duties, working hours and supervision of trainees must be consistent with the delivery of high-quality safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

**Ref: *The Trainee Doctor - page 12***

- 1.1 It is impossible to provide adequate medical training unless doing so in the context of safe and good patient care. This is firmly set out at appointment and reviewed regularly by local and national standards: “Góðir Starfshættir lækna”, “Starfslýsing B and C, LSH”
- 1.2 All trainees have a named Educational Supervisor during their Core Medical Training. Clinical Supervisors will be assigned to every trainee at every post . Appropriate senior supervision is available for all posts at all times.
- 1.3 All trainees have named Educational and Clinical Supervisors at every post. All supervisors have been trained according to GMC standards. Senior support is ensured for every post with clear contact pathways.
- 1.4 Adequate supervision is ensured at all times. Trainees work according to local and national guidance and regulations: “Góðir starfshættir lækna”, Healthcare Practitioners Act: 34/2012, 43/2014, “Lög um Réttindi sjúklinga 97/1997” .
- 1.5 Shift and on-call rotas are fully compatible with the European Working Time directive ensuring adequate rest periods (See sample rota).
- 1.6 Formal handover arrangements have been structured at every changeover (see documentation of Trainee QI projects)
- 1.7 Through a structured supervision and assessment process, the identification of trainees in difficulty or concerns about trainee performance is made possible. Evidence is reviewed regularly through a structured processes of appraisal and Annual Review of Competence Progression (ARCP). A structured pathway for the support of trainees in difficulty has been developed: “A reference Guide to Core Medical Training in Iceland”
- 1.8 In keeping with the pathway in our Reference Guide immediate steps are taken to investigate and inform trainee Educational Supervisors, Programme Directors, and other responsible bodies, both to support the trainee and to ensure patient safety: “A Reference Guide to Core Medical Training in Iceland”, “Góðir Starfshættir Lækna”.

- 1.9 Information about trainees important for their development is shared in accordance with their educational agreement, signed in ePortfolio at appointments, and with their full knowledge through the process of formal appraisal, supervisor's reporting and ARCP.

## Domain 2 - Quality management, review and evaluation

Standard: Training must be quality managed, monitored, reviewed, evaluated and improved.

**Ref: The Trainee Doctor - page 15**

- 2.1 Shift patterns and on-call rotas for both trainees and supervisors are compatible with the European working Time Directive (See sample rota). Trainees and supervisors are required to know and work according to: "Góðir starfshættir lækna", the Health Care Practitioners Act 34/2012, 43/2014", "Lög um Réttindi Sjúklinga 97/1997". This is in addition to the local guidance Landspítali has published (Starfsmannastefna Landspítala, Siðareglur Landspítala)
- 2.2 According to Article 15 of: "The Regulation on the education, rights, and obligations of medical doctors and criteria for granting of licenses to practice medicine and specialist medical licenses, No. 467/2015" the Evaluation and Competence Committee on Clinical Training is responsible for the evaluation and governance of training programmes in Iceland. By adhering to the structure and assessment processes of Core Medical Training GMC standards are also met.
- 2.3 Trainees have various defined forums to feed back on the quality of their training and supervision. These include written assessment forms on supervision and clinical posts, regular meetings with the Chief Medical Office of LSH and the Programme Directors for feedback on the quality of training, the delivery of the curriculum, and the programme in general. Supervisor training provided meets the GMCs recognition and approval of trainers.

## Domain 3 - Equality, diversity and opportunity

Standard: Training must be fair and based on principles of equality.

**Ref: The Trainee Doctor - page 16**

- 3.1 All training posts are fully compatible with Icelandic, and European employment law. Data on Equality and diversity is available specifically for Landspítali: "Mannauðsstefna Landspítala". Icelandic laws include: "Lög um Mannréttindasáttmála Evrópu 62/1994", "Lög um jafna stöðu og jafnan rétt kvenna og karla 10/2008", "Lög um heilbrigðisstarfsmenn 34/2012, 43/2014".
- 3.2 IGNORE  
Information about Core Medical Training in Iceland is openly accessible through the training programmes' website ([www.landspitali.is/visindi-og-menntun/menntun-heilbrigðisstetta](http://www.landspitali.is/visindi-og-menntun/menntun-heilbrigðisstetta)) The information includes the Curriculum, the appointment process, information on the assessment process, appraisal, ARCP and working patterns.
- 3.3 IGNORE
- 3.4 Appropriate reasonable adjustments are made for trainees with disabilities, special educational needs or other needs. Landspítali's policy is set out in "Mannauðsstefna

Landspítala”. Educational Support is provided by the Department of Education and Development (See available written material)

- 3.5 In accordance with the Human Resources Policy of Landspítali (Mannauðsstefna Landspítala), and through the structured CMT appointment process, data on equality and diversity is collected and made readily available.
- 3.6 Data on appointed medical staff if collected and published “Mannauðsstefna Landspítala”.
- 3.7 Fairness and full applicability to all our trainees is always taken into consideration. They have formal ways to communicate to Supervisors, Programme Directors, and the senior management of the Hospital and training programme through regular meetings and formal assessments. Senior trainees also attend Training Programme Directors’ meetings regularly where all major changes are discussed.

## Domain 4 - Recruitment, selection and appointment

Standard: Processes for recruitment, selection and appointment must be open, fair and effective.

**Ref: The Trainee Doctor - page 18**

- 4.1 IGNORE
- 4.2
  - a) Training posts are advertised in national newspapers and openly on-line. The advertisement always includes detailed information about the training posts available, person specifications and requirements, along with a detailed description of the application process given to applicants (See: Starfsauglýsing, information about selection process)
  - b) Person specifications and criteria used take into account the level of training of applicants (FY2), and is fully comparable with such criteria set for CMT appointment within the UK
  - c) Applicants are selected through scoring of their application form and structured CMT interviews, which are conducted in an identical way to CMT appointments in the UK
  - d) A simple appeals process is in place, see: “a Reference Guide to Core Medical Training in Iceland”
  - e) Only relevant information is collected in accordance with CMT interviewing guidance for the UK
- 4.3 All panel members have completed the on-line eLearning CMT training pack (eLearning for Health)
- 4.4 IGNORE
- 4.5 All trainees and appointees are made fully aware of all choices and training opportunities within the programme on appointment and regularly throughout their training. A wish list is submitted yearly where they choose and rank their posts. The selection process is open and based on length of training and time of response.

## Domain 5 - Delivery of approved curriculum including assessment

Standard: The requirements set out in the approved curriculum and assessment system must be delivered and assessed.

**Ref: The Trainee Doctor - page 20**

- 5.1 All trainees have a balanced combination of exposure to out-patient, in-patient, and work on the acute medical take. Through their clinical-and educational supervision, care is taken to cover all necessary aspects of the approved curriculum. (See sample on-call rota)
- 5.2 The practical structure of the training programme takes into account every trainee's requirements to have exposure to a wide range of medical specialties, which allows exposure to every aspect of the curriculum. Competencies within the CMT curriculum have been mapped against training posts in different specialties. (see mapping document and sample on-call rota)
- 5.3 IGNORE  
This content forms part of the regular teaching programme (See teaching schedule) and is stressed during trainees' regular developmental appraisal meetings ("Góðir Starfshættir Lækna")
- 5.4 Trainees are provided with study leave, and a sizable budget, to attend external educational events and courses. They also have regular protected timetabled teaching activities most days of the week (See: "Teaching Programme"). These are supported by their appraisal meetings.
- 5.5 N/A – Applies to Foundation Training
- 5.6 The Curriculum and the ARCP Decision Aid are freely available on the training programme's website ([www.landspitali.is/visindi-og-menntun/menntun-heilbrigðisstetta](http://www.landspitali.is/visindi-og-menntun/menntun-heilbrigðisstetta))
- 5.7 The ARCP Decision Aid ensures trainees' awareness of the necessary assessments to undertake in order to progress. This is included in and supported by use of the ePortfolio.
- 5.8 All assessments are held on the ePortfolio and trainees are encouraged to share the outcomes with their Clinical Supervisors and also discuss them with their Educational Supervisors at their regular educational meetings and appraisals.
- 5.9 All assessors are experts in their clinical fields. Clinical-and Educational Supervisors have been trained according to GMC standards.
- 5.18 Trainees are provided with regular feedback at their following occasions: During and following work-place-based assessments, during educational meetings and appraisal meetings, during on-the-job learning opportunities, and at ARCP. All appropriate feedback is documented in their ePortfolio and care taken to provide structured feedback with specific aims.
- 5.19 A valid yearly Multi Source Feedback is a mandatory requirement for all CMT trainees and is contained in the ARCP Decision Aid.
- 5.20 All trainees have access to an ePortfolio, which is monitored and discussed by their educational supervisor at appraisal meetings. Trainees are encouraged to partake in reflective practice and record all such activities, learning, and training in their ePortfolio.

## Domain 6 - Support and development of trainees, trainers and local faculty

Standards: Trainees must be supported to acquire the necessary skills and experience through induction, effective educational and clinical supervision, an appropriate workload, relevant learning opportunities, personal support and time to learn. Trainers must provide a level of supervision appropriate to the competence and experience of the trainee. Trainers must be involved in, and contribute to, the learning culture in which patient care occurs. Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and sufficient time to train, supervise, assess and provide feedback to develop trainees. Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.

**Ref: The Trainee Doctor - page 25**

6.1	All trainees are provided with an induction at commencing the training programme, which covers the curriculum, educational agreement, and the assessment system. All trainees are provided with a named Educational-and Clinical Supervisors who have been trained to GMC standards. See: "Induction Programme"	6.21	Processes for trainees in difficulty are available on the training programme's website and in the Reference Guide to CMT Training. This information and named contacts are given at induction (See: "Induction Programme")
6.2	All trainees meet their Clinical Supervisor within two weeks of starting a post for an induction appraisal meeting. Part of the meeting is the completion of a Personal Development Plan for the upcoming post.	6.22	Ignore
6.3	All trainees have a named Educational Supervisor for the whole of their training period.	6.23	Information on study leave and a guide to suitable courses is available on the programme's website and is presented at induction (See website and "Induction Programme")
6.4	All trainees sign an Educational Agreement with their Educational Supervisor at their first meeting.	6.24	Trainees are able to fully take advantage of their study leave and budget.
6.5	All trainees have access to an ePortfolio (JRCPTB CMT ePortfolio)	6.25	The process for application is available on the website and is presented at induction (See: "Reglur um námsleyfi")
6.6	All trainees have regular appraisal meetings with their Clinical Supervisor, including at induction, mid-term (optional), and at end of each post. This is in addition to meetings with Educational	6.26	All trainees are required to participate in a research project and present their progress annually as set out in the ARCP Decision Aid. Further Academic work towards a higher degree is highly recommended and supported.

	Supervisors throughout their training.		
6.7	Trainees have regular meetings with the Programme Directors, the Medical Director of Landspítali, and other members of the Board. They are also required to complete an anonymous survey by the end of each post.	6.27	All trainees are required to participate in a research project and present their progress annually as set out in the ARCP Decision Aid. Every trainee has a research supervisor and the programme employs a research project coordinator.
6.8	Regular appraisals, feedback both ways between trainees and supervisors and documentation in the ePortfolio ensure continuity between posts.	6.28	Ignore
6.9	All Educational Supervisors are trained to provide careers advice and meet regularly with their trainees. The Human Resources Department at Landspítali provides further support (Starfsmannafjónusta LSH)	6.29	In addition to the formal teaching programme, training and teaching takes place as part of clinical work within a teaching hospital. This is documented and assessed using work-place-based assessments and documented in the ePortfolio
6.10	All trainees and posts are required to comply with the European Working Time Directive. Training follows a structured curriculum and supervision is ensured. Regular assessments of pressures at work are undertaken (See Trainee QI project)	6.30	All Clinical-and Educational Supervisors have been trained to meet GMC standards for trainers.
6.11	All trainees are supervised during ward rounds, out-patient work, doing procedures, and on-take. They have a named Clinical Supervisor for each post and responsibility.	6.31	<p>a) Progress is ensured and documented according to the curriculum, ARCP process, and assessment system in the ePortfolio</p> <p>b) The giving of feedback is part of supervision training provided and documented</p> <p>c) Progress is documented in the ePortfolio and confirmed through the ARCP process</p> <p>d) Developmental needs are identified with the trainee through Personal Development Plans and formal regular appraisal.</p> <p>e) Supervisors give and document careers advice as part of appraisal and</p>

			educational meetings.
			f) The identification and processes around trainees in difficulty are covered during supervision training and at induction.
6.12	Work at Landspítali is based on Team Structure. Placement with each team is now at least 16 weeks, from August 2016 onwards	6.32	The introduction of work-place-based assessments and their requirement ensures this. Both trainees and supervisors are actively encouraged to take advantage of all learning opportunities through supervision training and the assessment process.
6.13	The focus of the training is to meet the standards of the curriculum. This is set out in the ARCP Decision Aid, which must be adhered to.	6.33	All supervisors have had the same training and have regular meetings to discuss and re-visit training strategies and needs.
6.14	All trainees are required to complete a quality improvement project and participate in research, which will include an element of audit. Separate clinical audit is encouraged. (See ARCP Decision Aid)	6.34	All Supervisors have had formal training to meet GMC standards. Their role, requirements, and responsibilities as trainers are described in their job description (Starfslýsing C – LSH). More recent job descriptions include dedicated time for training (Starfslýsing TÞÁ)
6.15	Occupational Health Services are available to all trainees who require it. They may refer themselves or by their Educational Supervisor.	6.35	IGNORE
6.16	Generic Professional Skills are incorporated into the CMT Curriculum and are required to be demonstrated throughout through the appraisal-and assessment system and documented in the ePortfolio.	6.36	The Director of Postgraduate Training is appointed through a formal application process with set criteria (See: job advertisement and description). All Trainers with additional roles have at least completed educational supervision training. And participate in regular appraisal activities.
6.17	Trainees work in multidisciplinary teams and assessments are carried out by the MDT members as appropriate (for example MSF)	6.37	IGNORE
6.18	All staff must adhere to the Ethical and Professional Code (Starfsmannastefna Landspítala). Openness and fairness is	6.38	IGNORE

encouraged through the use of regular feedback, anonymous surveys and MSF (See also “Starfsmannakönnun Landspítala”)

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|------|--|------|---|
| 6.19 | Confidential counseling is available to all trainees in need through Occupational Health.  | 6.39 | Both Clinical-and Educational Supervisors have had formal training with the structure of CMT training as a reference. |
| 6.20 | Less than full time training is very rare in Iceland, but the relevant information about taking a break, illness, maternity/paternity leave etc. fully comply with Icelandic law and are presented at induction (See: “Induction Programme”) |      |   |

## Domain 7 - Management of education and training

Standard: Education and training must be planned and managed through transparent processes that show who is responsible at each stage.

*Ref: The Trainee Doctor - page 32*

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|-----|---|
| 7.1 | IGNORE  |
| 7.2 | As described in: “a Reference Guide to Core Medical Training in Iceland”, the Medical Director at Landspítali is responsible for the delivery of Postgraduate Training. The CEO of Medicine also sits on the Board of the Hospital and is the direct superior of the Director of Postgraduate Training. The responsibilities, accountability, and processes around underperformance are described in the Reference Guide, and through the above structure readily discussed at Board level. |
| 7.3 | These are clearly described in the Reference Guide to Postgraduate Training in GIM in Iceland.  |

## Domain 8 - Educational resources and capacity

Standard: The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

*Ref: The Trainee Doctor - page 34*

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| 8.1 | The focus of the training programme is to meet the standards of the curriculum. The competencies in the curriculum have been mapped to the different placements and posts to ensure adequate exposure to all necessary aspects of the curriculum. This includes in-patient work, out-patient work, and the acute take in addition to scheduled teaching activities. |
|-----|---|



- 8.2 All trainees have access to the internet, their ePortfolio and the electronic patient record. There is effective IT support. Trainees are provided with on-line teaching material.
- 8.3 The ratio of trainers to trainees is very modest. Most Educational Supervisors have one trainee, at the most two. There is ample availability of trained Clinical Supervisors.
- 8.4 Clinical teaching and training is a defined responsibility of every consultant employed by the teaching hospital (Starfslýsing C). More recent job descriptions include dedicated time for doctors taking on supervision or educational roles (Starfslýsing TÞÁ)
- 8.5 Educational Resources are readily available. Every trainee has easy access to the internet and they are provided with written and on-line teaching material (Medical Masterclass). They are also provided with access to further on-line libraries and resources for free (for example [www.uptodate.com](http://www.uptodate.com), the Hospital Library's access to Journals etc.)
- 8.6 There is ample availability of meeting rooms and the suitable teaching accommodation at all hospital sites. This does include modern audiovisual aids, including technology for videoconferencing.
- 8.7 Following the implementation of Core Medical Training in Iceland, a simulation centre has been developed. This includes a skills lab and facilities to run simulation training suitable for CMT training. This forms a regular part of the structured teaching programme (See: "Hermikennsla – Dagskrá") The requirement for skills lab training and simulation training is detailed in the ARCP Decision Aid.

## Domain 9 - Outcomes

Standard: The impact of the standards must be tracked against trainee outcomes and clear linkages should be made to improving the quality of training and the outcomes of the training programmes.

### *Ref: The Trainee Doctor - page 36*

- 9.1 Information on progress is collected through the ARCP process and on trainee exit from programme. This information is documented and will be used to improve the quality of training.
- 9.2 The information on the training programme will be readily available on the training programme's website, along with results from trainee surveys on different aspects of the training programme. In Iceland there is only one Postgraduate Training Programme in GIM, but trainees will be able to compare these results with the results from other specialties and with the results from other CMT programmes in the UK.
- 9.3 IGNORE

## **PROCESS FOR INTERNATIONAL ACCREDITATION OF POSTGRADUATE PHYSICIAN EDUCATION IN JRCPTB ON BEHALF OF THE FEDERATION OF THE UK MEDICAL ROYAL COLLEGES**

Accreditation is the recognition granted to an institution that meets the standards or criteria established by a competent authority or association. Its general purpose is to promote and ensure educational programme quality.

In this case the association is the Joint Royal Colleges of Physicians Training Board on behalf of the Federation of the three Physician Royal Colleges in the UK. The purpose is to promote and ensure high quality physicianly education and programme quality.

### **1. THE STANDARDS**

Standards which have general application for medical education internationally have been defined, however these will usually need to be modified or supplemented according to regional, national and institutional needs and priorities. For the purposes of JRCPTB accreditation, these will be based on:

- Published and evaluated UK GMC generic standards of education. These will be adapted as appropriate for the relevant country.
- They will also be modified to reflect the curricula being followed whether this is
  - a. JRCPTB/GMC approved UK curricula (such as Core Medical Training) or
  - b. a locally determined curriculum.

The standards will always be agreed as long as possible in advance prior to starting the accreditation process.

### **2. THE ACTUAL ACCREDITATION PROCESS**

- 2.1** At least twelve weeks prior to an accreditation visit, the proforma set of standards will be sent to the appropriate body and a pro-forma will require completion. This will need qualitative and quantitative information against each of the relative standards. (There will be a word limit of 100 words against each standard to ensure that the size of the response is kept to a manageable limit.)
- 2.2** The completed pro-forma must be returned to JRCPTB at least 4 weeks prior to the accreditation visit. It will be reviewed internally by the Medical Director or the Deputy Medical Director and the team undertaking the visit. This process serves to identify areas of particular focus during the actual visit.

### **2.3 THE VISITING TEAM**

As a minimum there will normally be at least two senior physician educators from the UK and one experienced administrator in postgraduate medical education sourced from JRCPTB or a Deanery/LETB partner.

Other potential members of the visiting team are at the discretion of JRCPTB. Including medical educators, doctors in training, regulators or lay members; these would all be from the local home country of the programme being visited.

### **2.4 ACTION PLANNING**

The site being visited will be responsible for making all local arrangements including accommodation and transport. JRCPTB will make arrangements for travel to and from the UK. On each site being visited it would be normal to see at least 12 doctors in training and up to a 12 educational supervisors as the norm. Numbers may be varied depending on the size of the programme by JRCPTB in advance.

## **2.5 HOW THE VISIT RUNS**

Visits overseas will normally occur at the same time as the ARCP process, if this is being undertaken. Thus as a single site it is likely to be two days, the first day providing externality to the ARCP process and the second day the visit to the main training site.

The normal programme for the second day is:

- Presentation or presentations on the current state of delivery of postgraduate physician education and the local activities for the accreditation process.
- Private meeting of the accreditation team with the doctors in training for at least an hour.
- Private meeting with Educational Supervisors lasting at least one hour.
- 30 minutes for the visiting team to consider their relevant findings.
- Feedback on the main points from the visit to the senior educators and relevant senior managers.
- A short visit to review the educational facilities locally.

## **2.6 TRAINING OF THE VISITING TEAM**

All visitors will have undergone UK equality and diversity training within the last three years. All visitors will be experienced in undertaking quality management/accreditation visits or will have undertaken a programme of JRCPTB training prior to the visit.

## **2.7 FOLLOW UP**

The first draft of the report will be written within four weeks of the visit by the administrator in conjunction with the clinicians. It will then be returned to the lead educator at the site being considered for accreditation for any factual corrections with a two week turn-around time.

The report will then be formally considered at the JRCPTB/MRCPUK International Executive meeting when either the Medical Director or the Deputy Medical Director of JRCPTB must be present. A final report with recommendations will then be approved at the JRCPTB Management Board or equivalent, with representation from all three Royal Colleges. This process should take at most six months after the accreditation visit.

## **2.8 OUTCOME**

The outcome of accreditation may be:

- No accreditation
- Full accreditation for a set number of years (no more than 3 in the first instance)
- Accreditation for a shorter period of time than 3 years

It will contain mandatory requirements and recommendations for development.

The organisation being accredited will provide an annual follow up against all mandatory requirements and recommendations.

JRCPTB and the Federation reserves the right to remove accreditation at any time if it believes that the standards are no longer being met or satisfactory progress has not been made with mandatory requirements.

The outcome of the accreditation process including all requirements will be publicly published:

- a. On the JRCPTB website
- b. On the website of the accredited organisation

## **2.9 CONFLICTS OF INTEREST**

Avoidance of conflicts of interest and the integrity of such a process is fundamental to its success. There must be no suggestion of real or even apparent conflicts of interest. JRCPTB will charge a fee to cover the costs of the process and travel to and from the country where the accreditation takes place. While the local organisation

will arrange local travel and local accommodation, under no circumstances must any fee, gift or any other inducement be offered to any member of the visiting or accreditation team. Such an action would lead to both termination of the process and withdrawal of any current accreditation.