

ACCREDITATION REPORT

KIMSHEALTH, Trivandrum, India

27 October 2021

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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: **October 2019**

Current Accreditation status: **Implementation stage**

Visit Details	
Education Provider/Country	KIMSHEALTH, Trivandrum, India
Date of visit	26-27 October 2021
Training Programme visited	Internal Medicine Training (IMT) – Stage 1
Length of Training Programme	3 years

Visiting Team	
Position	Name
<Redacted>	<Redacted>
People to whom the visit report is to be sent	
Position	Name
<Redacted>	<Redacted>
Information and Reports received prior to the visit	Received
Self-assessment against agreed accreditation standards	October 2021

Trainee Numbers (currently a further 12 are OOP)

Programme year	IMT1	IMT21	IMT3
2021	9	4	5

Section 2 – Follow up from previous Accreditation Assessment visit

	Mandatory Requirement	Actions/Evidence Required	Follow Up
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.	The on-site supervision of first year trainees covering specialty area take out of hours, such as cardiology and neurology, requires review. This has been met in part in cardiology and neurology, but we heard from trainees and trainers this is not consistent. It was suggested moving these specialties to the second year would resolve the problem in a large part.
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.	This has been met.
3	Ensure that an ongoing training the trainers programme for new ES and CS is firmly in place. Consider using UK expert educational input.	Evidence will be reviewed at next visit.	Ensure that an ongoing training the trainers programme for new ES and CS is firmly in place. Consider using UK expert educational input. This has proved problematic during Covid. It was clear that this was an important requirement that now needs to be progressed. A specific concern was raised about whether ACATs and CBDs are done differently in India and the UK and can be looked at during this process.
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.	This has been met.
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.	This has been met.
6	Ensure the excellent hospital policy on privileges and consent is properly implemented by all consultants.	To be reviewed at next visit.	This has been met.

	Recommendation	Follow Up
1	Review the taught programme to ensure it is MRCP(UK) specific and not too specialised.	This has been met.
2	Use the Academy of the Medical Royal Colleges guidance when implementing quality improvement.	This has been met.
3	The steering group is well received but more frequent meetings would be welcomed by the trainees.	This has been met.
4	A short educational induction review 4-6 weeks into the programme would be good practice.	Partially met. Induction to the programme and individual programmes remain patchy.
5	Ambulance duties are very time intensive and of minimal educational value. The appropriateness and frequency of these should be reviewed.	This has been met.

Background Information to Support Accreditation on This Visit

1. Attendance at 2021 ARCP

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.

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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.

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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.

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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. There are still some issues being raised about levels of supervision 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. There are still some issues being raised about levels of supervision 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.

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R1.7 Organisations must design rotas to:

a). make sure doctors in training have appropriate clinical supervision.

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b). support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors.

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c). provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.

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d). give doctors in training access to educational supervisors.

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e). minimise the adverse effects of fatigue and workload.

ACHIEVED

R1.8 Handover of care¹ must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.

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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.

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

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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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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.

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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.

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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.

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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.

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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.

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

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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.

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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.

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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.

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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.

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

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

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

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

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

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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.

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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.

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

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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. Ongoing planning is now required to maintain the standard long term.

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

Educators Appraisal not tested.

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

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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.

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b). sufficient practical experience to achieve and maintain the clinical or medical competencies (or both) required by their curriculum.

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

PARTIALLY ACHIEVED. There are considerable variations between the departments. Some developmental work in this area will be required.

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

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

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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.

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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.

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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.

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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.

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

ACHIEVED. But ongoing training the trainers will be required. See 4.1

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

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Section 4 – Notable Practice

Notable Practice Note as * any exceptional examples that have the potential for wider use or development elsewhere by JRCPTB	
1	Exemplary support for trainees and their health and well-being during Covid emergency
2	A positive change to address balance of work between service and training.
3	Fantastic trainee engagement with the challenges of Covid in the hospital while maintaining commitment to training
4	High quality QIPPs integrated well within the organisation.

Section 5 – 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. This has been met in part in cardiology and neuro, but we heard from trainees and trainers this is not consistent. It was suggested moving these specialties to the second year would resolve the problem in a large part.	There will be an interim review of this during the approved accreditation period.	R1.4 & R1.5	
2	Ensure that an ongoing training the trainers programme for new ES and CS is firmly in place. Consider using UK expert educational input. This has proved problematic during Covid. It was clear that this was an important requirement that now needs to be progressed. A specific concern was raised about whether ACATs and CBDs are done differently in India and the UK and can be looked at during this process.	There will be an interim review of this during the approved accreditation period.	R4.1	
3	Induction to departments is variable. Yet, it is an important safety and educational process. As a minimum there should be written induction available for all new placements. The trainees can be actively engaged in introducing this. However, more face-to-face induction time remains best practice.	There will be an interim review of this during the approved accreditation period.	R5.1c	

Section 6 – Recommendations (These can be developmental even if minimum standard has been achieved)

	Recommendations	Reference (Domain and paragraph no.)
1	All departments need to review processes for the post-take ward round to ensure trainees can present their overnight cases to supervising consultants.	5.1g
2	Trainees would like more general-take experience to be maintained during pure specialty placements. This is in line with curriculum expectation that for at least two-thirds for their time in the programme they should be involved in acute internal medicine.	5.1a
3	Consider the use of JRCPTB approved interim review forms three to four months before the ARCP to help trainee progression.	5.2
4	Trainees would like to explore if further access to UK e-learning for health material could be facilitated.	5.1a

Section 7 – Accreditation Approval

The Internal Medicine Training (IMT) Stage 1 KIMSHEALTH, Trivandrum Programme is accredited at Level 3 by JRCPTB for three years, on behalf of the Federation of the Royal Colleges of Physicians (UK).

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

Date: 25th January, 2022