

INTERNAL MEDICINE TRAINING STAGE 1 - ACCREDITATION REPORT

Landspítali University Hospital of Iceland

7th June 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: **June 2018 – Accreditation Assessment**

Current Accreditation status: **SUCCESSFUL WITH CONDITIONS**

Visit Details	
Education Provider/Country	Landspítali University Hospital, Iceland
Date of visit	7 June 2021
Training Programme visited	Internal Medicine
Number of trainees from each specialty/IMT who attended the visit	IMT 1 (1), IMT 2/3 (5)
Length of Training Programme	3 Years

Visiting Team		
Position	Name	Email Address
<Redacted>	<Redacted>	<Redacted>
<Redacted>	<Redacted>	<Redacted>
<Redacted>	<Redacted>	<Redacted>
People to whom the visit report is to be sent		
<Redacted>	<Redacted>	
Information and Reports received prior to the visit	Received	
Self-assessment against agreed accreditation standards	Yes – 27 May 2021	
Last accreditation visit or developmental visit report	Accreditation Assessment visit – 05-07 June 2018 ARCP and Supplementary Report – 6 June 2019 Survey of Icelandic trainees carried out in 2020	

Section 2 – Follow up from previous Accreditation Assessment visit

Action Plan from previous Accreditation visit – June 2018

Mandatory Requirement - Summary of concern	Recommendation	Follow up
<p>Annual leave Some trainees expressed difficulties in booking/reserving annual leave via email and may wait for long periods of time for approvals.</p>	<p>Implement a process of approving annual leave with advanced notice.</p>	<p>Not a curricular issue but it was noted that a new computer system was in place.</p> <p>CLOSE</p>
<p>Debriefings Some trainees experienced a lack of 'de-brief' process following traumatic cases. Although it was noted that professional support is available.</p>	<p>Clarification to be provided to trainees on the professional support provided and to review in detail the current provision.</p>	<p>A support and counselling team had been found to be useful with examples of cases provided.</p> <p>CLOSE</p>
<p>Induction for Trainees Noted that a clear induction programme has been implemented, noted that further developments will be advantageous for trainees.</p>	<p>To enhance the induction programme, additional definitions for the trainee job role, work environment and local arrangements, as not all trainees are from Iceland.</p> <p>Additional reminders and explanations of abbreviations would be beneficial.</p>	<p>Much improved since previous visit, twice a year with two days of generic and three days of specific induction.</p> <p>CLOSE</p>

<p>Induction for Trainers Develop induction programme for new ES/CS undertaken a new role.</p>	<p>Develop and demonstrate both induction and ongoing training for supervisors (CS and ES) in all curricular requirements including WBAs, reports and the ePortfolio.</p>	<p>Good progress made but more capacity probably needed. OPEN</p>
<p>ARCP Panels Improve the submission and record evidence for Educational Supervisors reports. Implement a formal feedback system for SLEs and WPBAs</p>	<p>Ensure Educational Supervisor reports reflect agreed objectives, show judgements and link progress with PDPs.</p>	<p>Educational Supervisor reports have been improved. CLOSE</p>
<p>WPBAs Refrain from bunching of assessments.</p>	<p>Emphasise the need to spread assessments throughout the year, developing cross year check points. Aim for 1-2 WPBAs per month. MCRs should be completed every time trainees change rotation.</p>	<p>There was real evidence of improvements in this area. CLOSE</p>
<p>Clinical skills training Address concerns of PACES examinations through clinical skills training.</p>	<p>Development of clinical skills procedural training in simulated environments.</p>	<p>Achieved. CLOSE</p>
<p>SLE – sign off Both trainees and trainers experienced frustrations in the ‘sign off’ of SLEs</p>	<p>Ensure expectations are communicated to trainees and trainers at the start and throughout the duration of the programme.</p>	<p>Good Evidence provided. CLOSE</p>

<p>Teaching programme Trainers experience a variety of different teaching modes, ensuring all trainees, especially CT1s having access to the teaching programme.</p>	<p>To increase the interactions on the teaching programme, it should reflect the latest cutting- edge ideas as well as regular clinical teaching, making it more relevant to examination and clinical teaching. These changes will contribute to increasing the pass rate for PACES.</p>	<p>There is a teaching programme running 4 times a week, with a move to an online platform. CLOSE</p>
<p>Trainee recruitment Challenges concerning the expectations of the programme, ensuring trainees know what to expect throughout the programme</p>	<p>Develop clearer expectation via the job advert and programme description when recruiting</p>	<p>Good evidence provided. CLOSE</p>
<p>Curriculum development Development of Internal Medicine curriculum</p>	<p>Transfer to the new Internal Medicine curriculum, assessments and methodology of approving entrustments.</p>	<p>Completed. CLOSE</p>
<p>Post-take Ward Round Feedback Noted that not every patient is seen by a Consultant, therefore limited feedback is given to trainees.</p>	<p>Reflect and develop Acute Emergency admissions and how this can facilitate training, developing MAU guidance.</p>	<p>See requirements at end of report. OPEN</p>

	Recommendations	Findings
1	<p>Rota management</p> <p>The Accreditation Team felt that the current rotation structure (2-8/52) was too short. We recommend (8-10/52) should be a minimum and attached to a particular Specialty continuously. Noted that in the UK it is (16/52).</p> <p>Demonstrate improvements and increase durations in rota management. Consider implementing 'Rota Guidelines'.</p>	<p>An ongoing challenge which is being addressed. Efforts have been made to make placements longer, which has improved the over-all structure, but because of frequent absences this does get altered. There is a need for stronger and more efficient administrative support.</p>
2	<p>ARCP Panels</p> <p>To continue strengthening the ARCP process, the Accreditation Team recommend considering the following:</p> <ul style="list-style-type: none"> • Allow sufficient time for ARCP Panel and if necessary divide into two sessions. • Educate and further develop ES and CS through the ARCP observations that will enable broadening of knowledge base amongst trainers. • In general, improve the quality of evidence to sufficient standards and record on ePortfolio. • Ensure recommendations and timescales are clearly communicated to trainees. • Encourage trainees with non-standard outcomes, 2 months to update. 	<p>Exemplary. The organisation of delivery of the ARCP process has been reviewed and improved in line with suggestions.</p> <p>Educational support has been improved with more regular local supervision training.</p>
3	<p>Develop higher specialty training(HST) in GIM</p> <ul style="list-style-type: none"> • This will be critical to the success of internal medicine training in Iceland. At present, there is concern that many trainees although they are highly motivated do not have the incentive to complete CMT as they may often complete their HST in the US or Scandinavia where there is no requirement to have completed CMT and acquired MRCP(UK). The aspiration should be to switch to the new Internal Medicine Training (IMT) curriculum as soon as possible so that after 3 years of IMT stage 1 the Icelandic trainees can go on to complete higher training with 2 years in Iceland and 1 year in UK leading to a CCT in IM. 	<p>Achieved.</p>
4	<p>Sustainability of the programme</p> <ul style="list-style-type: none"> • Consider increasing training for the Faculty and trainers, ensuring the programme remains sustainable. 	<p>Good ongoing progress.</p>
5	<p>PACES</p> <ul style="list-style-type: none"> • Consider access to PACES preparation teaching courses. 	<p>Achieved. Trainees have implemented preparatory PACES training.</p>

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

Comment: However, we note that recently there have been fewer meetings with senior leadership in the hospital.

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

Comment: Good evidence provided.

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

ACHIEVED

R1.4 Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the

individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.

ACHIEVED with requirements

Comment: There was some evidence through the survey and discussions that more junior trainees could feel unsupported between midnight and 8 am. It was noted though that there was senior emergency medicine and critical care support available in the hospital. Reviewers were particularly uncomfortable with IMT Yr 1 trainees running the acute take straight out of Foundation.

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

ACHIEVED with requirements

Note comments above regarding 'out of hours' care.

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

ACHIEVED with requirements

Comment: There was evidence from both the 2020 trainee survey and from discussions with trainees themselves of lack of a systematic, organisation wide approach to consent. Different departments both within and without medicine have different policies and understanding about consent procedures. There should be a standardized process as a minimum across the whole of medicine, but ideally for the whole hospital.

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.**

ACHIEVED

Comment: Note the challenge of rota gaps.

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.

ACHIEVED with requirements

Comment: There appeared to be a safe written and meeting structure in place for handover. For patients admitted after midnight, these are not reviewed with the trainees by the admitting consultant. As a result learning opportunities are missed and patient safety may not be addressed. One possible way to address this may be to allow an hour of handover/overlap in the morning.

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

ACHIEVED.

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

ACHIEVED with requirements.

Comment: We received evidence about difficulties in multi professional working between physicians, emergency medicine doctors and orthopedic doctors.

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.

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

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.

Comment: We note the efforts that have been made to structure effective governance in Iceland in the last few years.

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 with requirements

Comment: Trainees perceived a lack of engagement with senior management; particularly of late.

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.

ACHIEVED.

R2.8 Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.

ACHIEVED.

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

ACHIEVED.

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

ACHIEVED

Theme 3: Supporting learners

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

Standards

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

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

ACHIEVED

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

ACHIEVED.

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

ACHIEVED

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

ACHIEVED.

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

ACHIEVED.

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

ACHIEVED.

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

ACHIEVED.

<p>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.</p> <p>ACHIEVED</p> <p>Comment: Good evidence and examples.</p>
<p>R3.9 Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.</p> <p>ACHIEVED</p>
<p>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.</p> <p>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.</p>
<p>R4.1 Educators must be selected against suitable criteria and receive an appropriate induction to their role.</p> <p>ACHIEVED.</p>
<p>R4.2 Educators should be appropriately trained for their role and be regularly appraised against their educational responsibilities.</p> <p>ACHIEVED.</p> <p>Comment: We did not specifically test appraisal processes.</p>
<p>R4.3 Organisations should support educators to deal effectively with concerns or difficulties that arise whilst carrying out their educational responsibilities.</p> <p>ACHIEVED.</p>

<p>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.</p> <p>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.</p>

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.

Comment: Evidence was given that the placements in geriatrics while appropriate as mandated by the curriculum are too focused on slow stream rehabilitation at an offsite hospital, and not on acute assessment and comprehensive geriatric assessment.

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

ACHIEVED.

Comment: We wish to see specific data on numbers required by the curriculum during the ARCP process. This is essential for year 3.

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

ACHIEVED.

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

ACHIEVED.

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

ACHIEVED.

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

ACHIEVED with requirements.

Comment: We noted the effort being made to meet this expectation but challenges remain in part due to rota gaps.

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

ACHIEVED.

Comments: Note the previous comments about post take ward rounds and missed training opportunities. The support during the other 16 hours of the day was exemplary.

<p>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</p> <p>ACHIEVED.</p>
<p>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</p> <p>ACHIEVED.</p>
<p>R5.4 Educators must be trained and calibrated in the assessments they are required to conduct</p> <p>ACHIEVED.</p>
<p>R5.5 Educators should ensure assessments are fair and give all learners equal opportunity to pass.</p> <p>ACHIEVED.</p>

Section 4 – Notable Practice

	Notable Practice Note as * any exceptional examples that have the potential for wider use or development elsewhere by JRCPTB
1	The Induction and local faculty development programmes put in place are excellent.
2	There is evidence of really good engagement with the multi-source feedback process.
3	There were multiple comments about how supporting and helpful those running postgraduate medicine in Iceland are.
4	There has been a significant cultural change to understanding and supporting structured training.
5	The highly effective Chief Registrar role was noted.

Section 4 – Mandatory Requirements

Mandatory requirements will be reviewed by the external ARCP reviewer in 2022.

	Mandatory Requirements	Actions/Evidence Required	Reference (Domain and paragraph no.)	Due Date
1	Out of hours support - A comprehensive review of the out of hours support between midnight and 8am. Particularly for the most junior IMT trainees.	An update report before the 2022 ARCPs.	Theme 1: Learning environment and culture – R1.4, R1.5	June 2022
2	Patient reviews - Ensure that patients admitted after midnight are reviewed by a consultant in the presence of the admitting trainee; as both an educational and patient safety issue.	An update report before the 2022 ARCPs.	Theme 1: Learning environment and culture – R1.8 Theme 5: Developing and implementing curricula and assessments – R5.1g	June 2022
3	Consent - The development of a single process for consent; as a minimum all physician specialties to protect both trainees and patients.	An update report before the 2022 ARCPs.	Theme 1: Learning environment and culture – R1.6	June 2022
4	Data for final year ARCP - Ensure that the ARCP panel have adequate data on clinical activity for the final year.	An update report before the 2022 ARCPs.	Theme 5: Developing and implementing curricula and assessments – R5.1b	June 2022
5	Accountability at Board level – Need for greater engagement of trainees with senior clinical and hospital leadership.	An update report before the 2022 ARCPs.	Theme 1: Learning environment and culture – R1.1 Theme 2: Educational governance and leadership – R2.2	June 2022

6	Trainee Survey - Survey data should always be feedback to trainees and should also form the basis for a discussion with the TPD.	An update report before the 2022 ARCPs.		
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Section 5 - Recommendations

	Recommendations	Reference (Domain and paragraph no.)
1	Use of English in the ePortfolio – Greater use of English particularly by Educational Supervisors would support externality at ARCP panels and would be very important if trainees wish to enter the UK for higher training.	Theme 2: Educational governance and leadership – R2.9
2	Faculty Development – Extremely well received but there appeared to be a wish for greater capacity.	Theme 4: Supporting educators – R4.1, R4.2
3	Geriatric placements – Evidence was given that the placements in geriatrics while appropriate as mandated by the curriculum are too focused on slow stream rehabilitation at an offsite hospital, and not on acute assessment and comprehensive geriatric assessment. We suggest a review of the current geriatric placements.	Theme 5: Developing and implementing curricula and assessments – R5.1
4	Multi-professional working - We were concerned to hear reports of difficulties at times between medical, orthopedic, and emergency medicine teams. Policies are in place but some people appear not to be aware of them, or the policies may not be specific enough. We would advise that a short term working party of consultants from the relevant departments might be helpful.	Theme 1: Learning environment and culture – R1.10

Section 6 – Accreditation Approval

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

Date: 29th June 2021