

ACCREDITATION REPORT

Aster DM Hospitals, Dubai

26 September 2024

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Appendix 1

July 2024 Self-Assessment by Aster DM Hospitals, Dubai

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: **Sept 2021**

Current Accreditation status: **Implementation stage**

Visit Details	
Education Provider/Country	Aster DM Hospitals, Dubai
Date of visit	26 September 2024
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	July 2024

Background Information to Support Accreditation on This Visit

1. Attendance at 2024 ARCP
2. Self-assessment against agreed accreditation standards – July 2024

Current Trainee numbers

Programme Year	IMY1	IMY2	IMY3
2024	10	11	11

Section 2 – Follow up from previous Accreditation Visit

Action Plan from previous Accreditation visit – Sept 2021

Mandatory Requirement – Summary of concern	Actions/Evidence Required	Follow Up
Develop a plan to deliver all aspects of the new IMT Stage 1 Curriculum. Including Geriatrics, Palliative Medicine and the role of the Medical Registrar.	Actions in progress but evidence will need to be demonstrated at an interim review shortly after start of Year 3 of the programme.	OPEN Mostly met with good progress in many areas. See Recommendations in Section 5.

Recommendations	Follow Up
A top up educational induction for trainees focusing on issues such as use of reflection and PDP development would be advised in the first 4 to 8 weeks.	CLOSE New induction in place.
There is still a need for ongoing PDP for all supervisors. E.g. On reflection and improvement of supervisor reports. We support the plans for collaborative faculty development with other Aster programmes.	CLOSE Online programme from the UK should be instituted on an annual basis for Supervisors who have not undertaken this before. See Recommendations in Section 5.
Continually focus on the greatest possible patient care responsibility at every level for trainees. To continue the progress towards full time employment in the hospitals.	OPEN Good progress in getting full time trainees in the hospitals with a noticeable educational gain. We would encourage continued movement to try and make this the standard model. See Recommendations in Section 5.

Section 3 – Themed Assessments

Findings against the current UK GMC Standards for Postgraduate Training – where relevant to local education Provider (Appendix A)

Reference: GMC Promoting excellence: standards for medical education and training

Theme 1: Learning environment and culture

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

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

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

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators.

S1.2 The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

R1.7 Organisations must design rotas to:

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

R1.8 Handover of 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

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.

PARTIALLY ACHIEVED There clearly has been a movement in the organisation to have a greater multidisciplinary response (not just medical) and it is important for trainees to learn from the experience. This may help to get greater multi professional inputs in the MSFs.

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

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

ACHIEVED

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

ACHIEVED

Theme 2: Educational governance and leadership

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

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

Standards

S2.1 The educational governance system continuously improves the quality and outcomes of education and training and can demonstrate progress through measurement.

S2.2 The educational governance system makes sure that education and training is fair to all learners.

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

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.

PARTIALLY ACHIEVED Have systems available for early identification of trainees who are struggling e.g. multiple exam failures and links to dyslexia screening.

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, behaviour that undermines their professional confidence, performance or self-esteem.

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED A process could be established to learn from UK based alumni to support existing trainees.

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

Theme 4: Supporting educators

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

Standards

S4.1 Educators are selected, inducted, trained and appraised to appropriately reflect their education and training responsibilities.

S4.2 Educators receive sufficient support, resources and time to meet their education and training responsibilities.

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

ACHIEVED

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

PARTIALLY ACHIEVED There is a considerable turnover of supervisors, and the trainees report that the standards of new supervisors can be variable. There was good feedback about the one day top up feedback course provided by the Royal College of Physicians. Organising this on an annual basis for all supervisors and those that would like an update would seem sensible.

Quality improvement is taken very seriously. We think that more in depth training in QIP methodology for all supervisors would help support the current mechanisms.

Consider all opportunities to support and encourage excellence of educational supervision such as supporting applications for Royal College Fellowship or possible scholarships to other developmental opportunities.

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

ACHIEVED

Theme 5: Developing and implementing curricula and assessments

This theme aims to ensure that any developments to curricula and assessments meet the standards required at a postgraduate level.

Assessments also need to be delivered according to postgraduate standards.

Standards

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

R5.1 Postgraduate training programmes must give doctors in training:

a). training posts that deliver the curriculum and assessment requirements set out in the approved curriculum.

PARTIALLY ACHIEVED

There clearly has been a movement in the organisation to have a greater multidisciplinary response (not just medical) and it is important for trainees to learn from the experience. This may help to get greater multi professional inputs into the MSFs.

Palliative medicine is an important part of the curriculum, and we strongly support the moves to develop greater clinical opportunities locally in palliative medicine for the trainees. This should include end of life across multiple conditions.

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

PARTIALLY ACHIEVED Good progress in getting full time trainees in the hospitals with a noticeable educational gain. We would encourage continued movement to try and make this the standard model.

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

PARTIALLY ACHIEVED There is a considerable turnover of supervisors, and the trainees report that the standards of new supervisors can be variable. There was good feedback about the one day top up feedback course provided by the Royal College of Physicians. Organising this on an annual basis for all supervisors and those that would like an update would seem sensible.

Quality improvement is taken very seriously. We think that more in depth training in QIP methodology for all supervisors would help support the current mechanisms.

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

ACHIEVED

Section 4 – Notable Practice

	Notable Practice Note as * any exceptional examples that have the potential for wider use or development elsewhere by JRCPTB
1	Whole organisational culture around patient safety is exemplary.
2	The regular meetings of the governing body which clearly engages supervisors and deals with any issues works well.
3	Educational Supervisor reports are now impressive and of a good to exceptional quality, with some superb examples.

Section 5 – Mandatory Requirements

	Mandatory Requirements	Actions/Evidence Required	Reference (Domain and paragraph no.)	Due Date
1	N/A	N/A	N/A	N/A

Section 5 – Recommendations (These can be developmental even if minimum standard has been achieved)

	Recommendations	Reference (Domain and paragraph no.)
1	Online programme from the UK should be instituted on an annual basis for supervisors who have not undertaken this before.	4.2, 5.4
2	Good progress in getting full time trainees in the hospitals with a noticeable educational gain. We would encourage continued movement to try and make this the standard model.	5.1b
3	Palliative medicine is an important part of the curriculum, and we strongly support the moves to develop greater clinical opportunities locally in palliative medicine for the trainees. This should include end of life care across multiple conditions.	5.1a
4	There clearly has been a movement in the organisation to have greater multidisciplinary responses (not just medical) and it is important for trainees to learn from the experience. This may help to get greater multi professional inputs in the MSFs.	1.10, 5.1a
5	Have systems available for early identification of trainees who are struggling e.g. multiple exam failures and links to dyslexia screening.	2.8
6	A process could be established to learn from UK based alumni to support existing trainees.	3.6
7	Consider all opportunities to support and encourage excellence of educational supervision such as supporting applications for Royal College Fellowship or possible scholarships to other developmental opportunities.	4.2

