

ACCREDITATION REPORT KIMS HEALTH

23 October 2024

Contents	Page number
Purpose	3
Section 1: Accreditation Assessment	3
Section 2: Follow up from previous Accreditation Assessment	4
Section 3: Themed Assessments	7
Section 4: Notable Practice	15
Section 5: Mandatory Requirements & Recommendations	15
Section 6: Accreditation Approval	17

Appendix 1

October 2024 Self-Assessment by KIMSHEALTH

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: **26-27 October 2021**

Current Accreditation status: **Accreditation Review**

Visit Details	
Education Provider/Country	KIMSHEALTH, Trivandrum, India
Date of visit	22-23 October 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	October 2024
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Background Information to Support Accreditation on This Visit

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

Section 2 – Follow up from previous Accreditation Visit

Action Plan from previous Accreditation visit – 26-27 October 2021

Mandatory Requirement – Summary of concern	Actions/Evidence Required	Follow Up
<p>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.</p>	<p>There will be an interim review of this during the approved accreditation period. R1.4 & R1.5</p>	<p>This has been successfully dealt with. Closed.</p>
<p>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.</p>	<p>There will be an interim review of this during the approved accreditation period. R4.1</p>	<p>On-going. There has been attendance at the Development Day in the UK. There has been some informal on-line training, and some on-site training is planned soon in Palliative Medicine and Geriatrics. However, a more systematic annual process is still required. Trainees have also commented on the need to upskill all existing and new Educational Supervisors.</p>

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<p>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.</p>	<p>There will be an interim review of this during the approved accreditation period. R5.1c</p>	<p>On-going. There has been significant improvement but there remain some issues in some specialties and including Cardiology. Critical Care has been mentioned as an example of good practice.</p>

Recommendations	Findings
<p>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</p>	<p>Closed.</p>
<p>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</p>	<p>Closed.</p>
<p>3. Consider the use of JRCPTB approved interim review forms three to four months before the ARCP to help trainee progression. 5.2</p>	<p>Closed.</p>

<p>4. Trainees would like to explore if further access to UK e-learning for health material could be facilitated. 5.1a</p>	<p>Closed.</p>
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Background Information to Support Accreditation on This Visit

1. Accreditation Self-Assessment
2. ARCP Reviewer Reports

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.

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

PARTIALLY ACHIEVED

Ambulance transfers which are not educationally valid remain a regular commitment for trainees.

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

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.

ACHIEVED

R2.9 Organisations must have a process for sharing information between all relevant organizations 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.

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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.

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

ACHIEVED

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

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.

PARTIALLY ACHIEVED

There remains an on-going year on year challenge to ensure current supervisors are up to date and new education and clinical supervisors are properly inducted into the programme and the use of the ePortfolio.

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

PARTIALLY ACHIEVED

There remains an on-going year on year challenge to ensure current supervisors are up to date and new education and clinical supervisors are properly inducted into the programme and the use of the ePortfolio.

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

ACHIEVED

Theme 5: Developing and implementing curricula and assessments

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

Assessments also need to be delivered according to postgraduate standards.

Standards

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

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

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

ACHIEVED. Noting the significant recent developments in Palliative Medicine.

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

ACHIEVED

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

PARTIALLY ACHIEVED

There has been significant improvement but there remain some issues in some specialties and including Cardiology. Critical Care has been mentioned as an example of good practice.

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 remains an on-going year on year challenge to ensure current supervisors are up to date and new education and clinical supervisors are properly inducted into the programme and the use of the ePortfolio.

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	The exemplary approach to quality in the hospital with a no-blame reporting system. This is reflected by both the willingness of trainees to report incidents and the feedback to trainees post-reporting. In addition, it is reflected in relevant and meaningful Quality Improvement projects undertaken by trainees.
2	The detailed and evidenced Educational Supervisors reports for most trainees.
3	The innovation of an in-house Foundation Programme to prepare people for IMT.
4	The thorough and detailed multi-tiered induction to the organisation and programme.
5	Feedback from the trainees was incredibly positive regarding the entirety of the programme reinforced by the lay representative's comments after the ARCP panel.

Section 5 – Mandatory Requirements

	Mandatory Requirements	Actions/Evidence Required	Reference (Domain and paragraph no.)	Due Date
1	Ambulance transfers which are not educationally valid remain a regular mandatory requirement for trainees.	This must become a genuinely voluntary activity only.	R1.9	Reviewed at both ARCPs in 2025.
2				
3				
4				
5				

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

	Recommendations	Reference (Domain and paragraph no.)
1	There remains an on-going year on year challenge to ensure current supervisors are up to date and new education and clinical supervisors are properly inducted into the programme and the use of the ePortfolio. This could be achieved by a combination of activities such as an annual on-line programme from a College Educational Department, attendance at the Development Day for	R4.1, 4.2 and 5.4

	engaged educational supervisors and regular in-house training and updates on the ePortfolio.	
2	Induction to Department. There has been significant improvement but there remain some issues in some specialties and including Cardiology. Critical Care has been mentioned as an example of good practice.	R5.1c
3	Trainees should put all evidence of assessments in their ePortfolio including results of all examinations undertaken. Educational Supervisors should stress the importance of loading all assessments including exam results on to the ePortfolio.	
4		
5		

