Aster MIMS HOSPITAL
We'll Treat You Well
KANNUR

Malabar Institute of Medical Sciences Ltd.,

GOLD GUIDE

EDITION - 2025

GUIDELINES FOR INTERNAL MEDICINE TRAINING (IMT)

ACCREDITED BY THE FEDERATION OF
THE ROYAL COLLEGES OF PHYSICIANS (UK)

Malabar Institute of Medical Sciences Ltd.
Chala East, Kannur - 670621, Kerala, India, E : mimskannur@asterhospital.com

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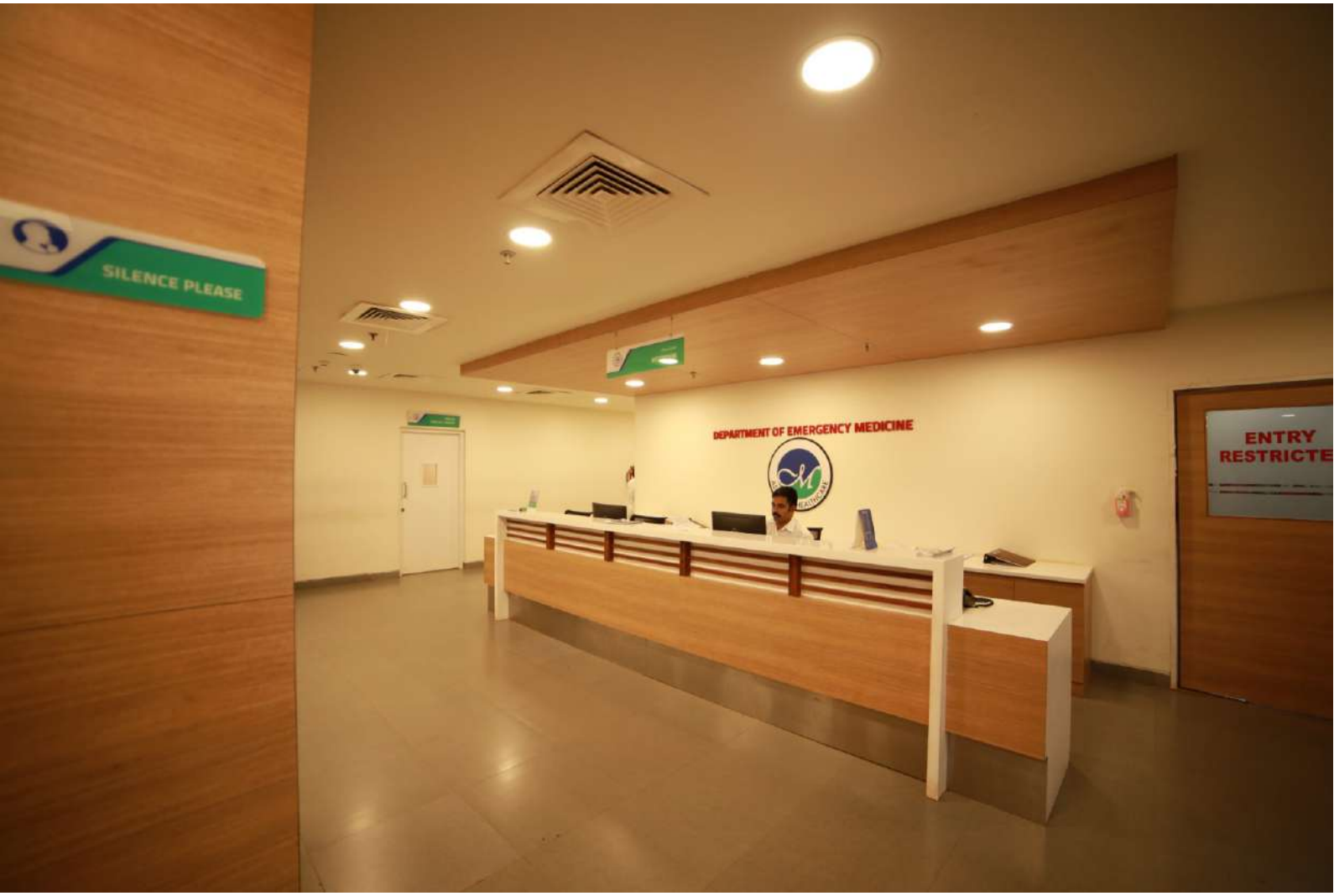


Founding Chairman & Managing Director

> We are driven by the six values that have been instilled in our DNA: Passion, Respect, Integrity, Compassion, Excellence and Unity.

Dear Asterians,

Heartiest welcome to the Aster DM Healthcare family!

We began this incredible journey 35 years back in Dubai on 11th December 1987 with a single doctor clinic, and subsequently added more clinics, pharmacies, and hospitals. We are now a family of 24,300+ Asterians spread across 7 countries and taking care of about 20 million patients a year. Our story of incredible growth, from strength to strength, both in India as well as in the Gulf countries, has been possible due to dedicated Asterians who have joined us in the journey and made Aster a great organization.

We are going through one of mankind's biggest challenges - the COVID 19 pandemic, and throughout the journey, Asterians have supported each other as well as the patients with utmost commitment and I would like to appreciate all Asterians who stood by us through thick and thin. We are in a noble profession that enables us to comfort people around us who are in pain, which is a rare opportunity that we get every day as a part of our job. It has been proven time and again that people with passion and dedication have the potential to achieve their personal as well as professional goals at Aster, as we are a fast-growing organization.

Today, you are joining us to become a part of this journey which has a 'Caring Mission with a Global Vision' to serve the world with accessible and affordable quality healthcare. We are at the forefront of providing quality healthcare and with our brand promise "We'll Treat You Well".

The culture at Aster is largely comprised of care: for each other and our patients through empathy and assistance. We are driven by the six values that have been instilled in our DNA: Passion, Respect, Integrity, Compassion, Excellence and Unity, all of which represent our organization.

I sincerely hope that we shall be able to provide you an environment to nurture professional and personal growth which transforms you into a Proud Asterian and reach our shared vision to make Aster a global brand.

Warm regards,

Dr. Azad Moopen
Founding Chairman & Managing Director

SECTION 1

INTERNAL MEDICINE TRAINING AT MALABAR INSTITUTE OF MEDICAL SCIENCES LTD. (ASTER MIMS KANNUR)

Internal Medicine Training (IMT) forms the first stage of specialty training for most doctors training in medical specialties, i.e. those specialties managed by the Joint Royal Colleges of Physicians Postgraduate Training Board, UK (JRCPTB). This document has been designed to provide guidance for Trainees, Supervisors, Tutors and Programme Directors. The body of the document has been extracted from the approved UK curricula. For details of the curriculum of the IMT, one may kindly refer to the Royal College of Physicians website (jrcptb.org.uk). Malabar Institute of Medical Sciences Ltd., (ASTER MIMS Kannur) will deliver IMT in collaboration with JRCPTB, UK.

Purpose of the curriculum

The purpose of IMT Stage 1 curriculum is to produce doctors with the generic professional and clinical capabilities needed to manage patients presenting with a wide range of medical symptoms and conditions. They can be entrusted to undertake the role of the Medical Registrar in the NHS following successful completion of the IMT Stage1 and they are qualified to apply for higher specialty training.

IMT Stage 1 is a three-year programme which includes mandatory training in Internal Medicine, Geriatric Medicine, Intensive Care, Outpatients and Ambulatory service. There will be critical progression point at the end of each year to ensure trainees have the required capabilities and trainees will be required to meet all curriculum requirements including passing the full MRCP UK examination by the time of completion.

High level curriculum outcomes

Capabilities in Practice

The 14 capabilities in practice (CiPs) describe the professional task or work within the scope of Internal Medicine. Each CiP has a set of descriptors associated with that activity or task.

Of the 14 CiPs, 6 are considered generic and cover the universal requirements of all specialties as described in GPC framework. Satisfactory sign off will indicate that there are no concerns before the trainee can progress to the next part of the assessment of clinical capabilities.

The eight clinical CiPs describe the clinical task or activities which are essential to the practice of Internal Medicine. The clinical CiPs reflect the professional generic capabilities required to undertake the clinical task.

Learning outcomes- capabilities in practice (CiPs)

Generic CiPs

1. Able to successfully function with Hospital organizational and management systems.
2. Able to deal with ethical and legal issues related to clinical practice.
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behavior and professional judgement.
4. Is focused on patient safety and delivers effective quality improvement in patient care.
5. Carrying out research and managing data appropriately.
6. Acting as a clinical teacher and clinical supervisor.

Clinical CiPs

1. Managing an acute unselected take.
2. Managing an acute specialty-related take.
3. Providing continuity of care to medical in- patients, including management of comorbidities and cognitive impairment.
4. Managing patients in an outpatient clinic, ambulatory or community setting, including management of long-term conditions.
5. Managing medical problems in patients in other specialties and special cases
6. Managing a multi- disciplinary team including effective discharge planning

7. Delivering effective resuscitation and managing the acutely deteriorating patient

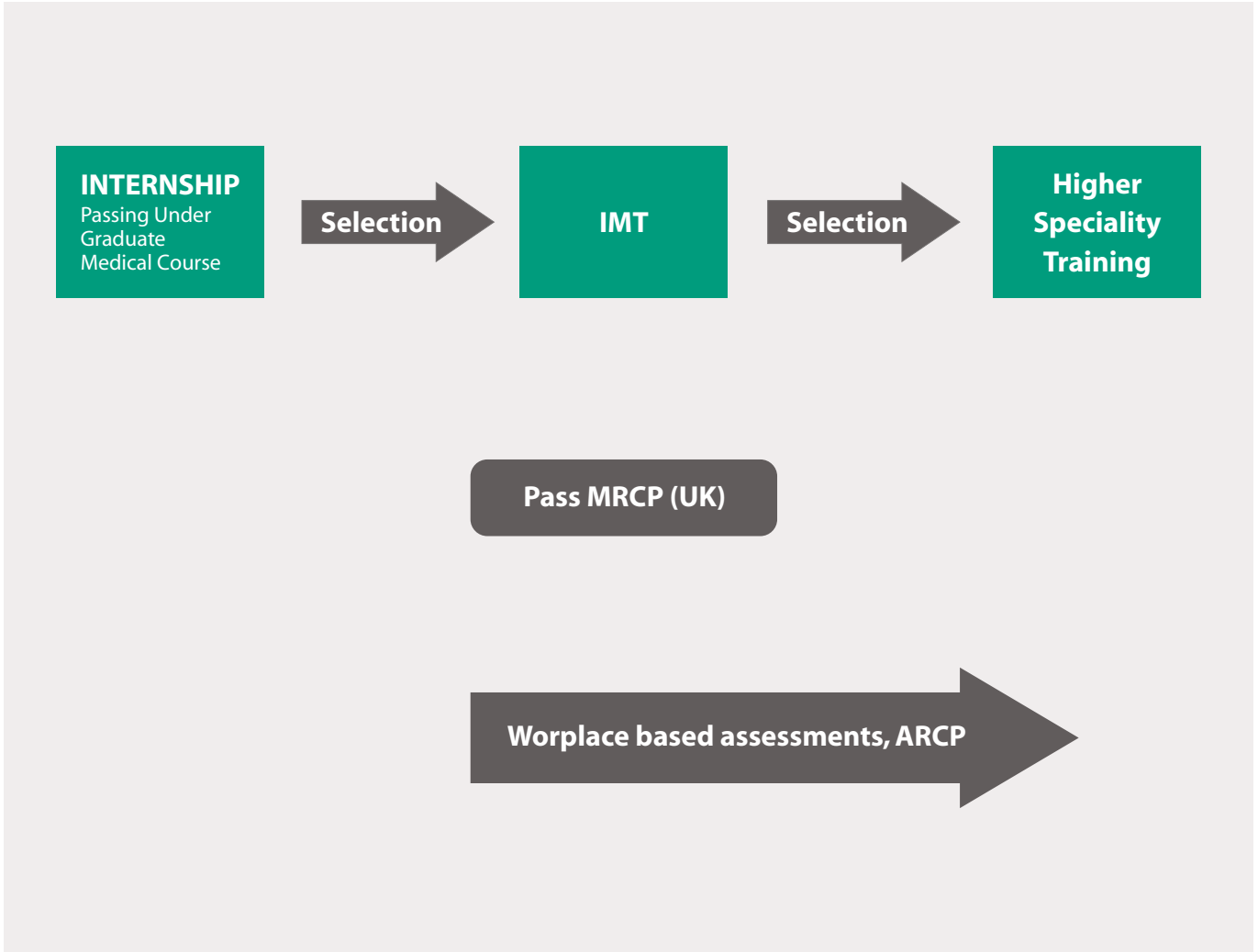
8. Managing end of life and applying palliative care skills.

Training Pathway

Entry into Internal Medicine Training is possible after successful completion of internship in India, following undergraduate medical course in a Medical College recognized by the Medical Council of India (Kerala Medicla Council).

The training pathway for Internal Medicine Training will last generally for three years. The IMT programme is designed to deliver core training by acquisition of knowledge and skills as assessed by workplace based assessments leading to MRCP (UK). The training programme is broad based consisting of a number of placements in medical specialties. These placements must include direct involvement in the acute medical emergencies for at least two-thirds of the time, as well as care of patients with chronic diseases. Trainees completing core training will have a solid platform from which to continue into Higher Specialty Training.

Trainees will enter and complete the full IMT programme including workplace-based assessments, the MRCP (UK) examination and success in the Annual Review of Competence Progression (ARCP). The three components of the MRCP(UK) examination including PACES can be sat in centres in India. The MRCP(UK) PACES examination is designed to test the clinical knowledge and skills of trainee doctors who hope to enter higher specialist training.Trainees must have passed the Part 1 written examination within the last 7 years before taking PACES. The examination sets rigorous standards to ensure that trainees are competent across a range of skills and ready to provide a high standard of care to patients. In PACES, candidates are assessed for their ability to carry out essential clinical skills. There are five clinical stations where there are either patients with a given condition, or trained stand-ins (surrogates). At each station, there are two independent examiners. These are senior physicians who have been recruited and trained to carry out PACES. These examiners will observe and evaluate the candidates' performance.



Features of the IMT programmes

Trainee led : The ePortfolio is designed to encourage a trainee centered approach with the support of educational supervisors. The ePortfolio contains tools to identify educational needs, enables the setting of learning goals, reflective learning and personal development. On enrolling with JRCPTB, trainees will be given access to ePortfolio for Internal Medicine stage 1. The ePortfolio allows evidence to be built up to inform decisions on a trainee's progress. The trainees main responsibilities are to ensure the ePortfolio is kept up-to-date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their personal development plan, recur their reflections on learning and recur their progress through the curriculum.

Supervision: Each trainee has a series of educators with clearly defined roles and responsibilities overseeing their training which includes, Clinical Supervisors, Educational Supervisors, IMT programme Director, Academic Director & Medical Director, Malabar Institute of Medical Sciences Ltd, The Supervisors main responsibilities are to use ePortfolio evidence such as outcomes of assessments, reflections and personal development plans to inform appraisal meetings. They are also expected to update the trainees record of progress through the curriculum, write end of attachment appraisals and supervisor's reports. Supervisors can sign off and comment on curriculum capabilities to build up a picture of progression and to inform ARCP panel of experts.

Competency based: Trainees must achieve desirable competencies at the end of the programme.

Appraisal meetings with supervisors: Regular appraisal meetings and review of competence progression are set out in the ePortfolio.

Workplace based Assessments: Regular workplace based assessments are conducted throughout the training with an ARCP. Trainees undergo ARCP at the end of each year during the programme.

Enrolment with JRCPTB

Trainees are required to register (enroll) for specialist training with the JRCPTB at the start of their IMT programme. In order to do this, Malabar Institute of Medical Sciences Ltd., (Aster MIMS Kannur) is granted administrative rights to the e-portfolio and is responsible for collecting trainee fees due and adding trainees programmes and posts. The list of all trainees given access to the e-portfolio and undertaking the training programme will then be provided by Malabar Institute of Medical Sciences Ltd, (Aster MIMS Kannur) to the JRCPTB enrolments lead, who will enroll the trainees. Payment for the cohort of trainees will then be collected from Malabar Institute of Medical Sciences Ltd., (Aster MIMS Kannur) by the JRCPTB Enrolments Lead. Trainees will not be recommended for a certificate of completion of IMT until all enrolment fees due have been paid in full.

The Malabar Institute of Medical Sciences Ltd, (Aster MIMS Kannur) Gold Guide

"The Malabar Institute of Medical Sciences Ltd., (Aster MIMS Kannur) Gold Guide" sets out the local arrangements, in agreement, between JRCPTB, UK and Malabar Institute of Medical Sciences Ltd, (Aster MIMS Kannur), Kerala, India for running the Internal Medicine Training at Malabar Institute of Medical Sciences Ltd., (Aster MIMS Kannur) Kannur, Kerala. The Malabar Institute of Medical Sciences Ltd, (Aster MIMS Kannur) Chala, Kannur will be the location where the trainees undergo their training. This guide is prepared by the steering committee of the program at Malabar Institute of Medical Sciences Ltd, (Aster MIMS Kannur) to provide guidance to all the stakeholders of this programme.

The guide is written under the following headings :

Section 1 : Introduction and Background

Section 2 : Specialty Training: Policy and Organization

Section 3 : Key Characteristics of Specialty training

Section 4 : Selection of Trainees

Section 5 : Structure of Training

Section 6 : Progress in training and the ARCP

Section 7 : Being an IMT Resident and an employee

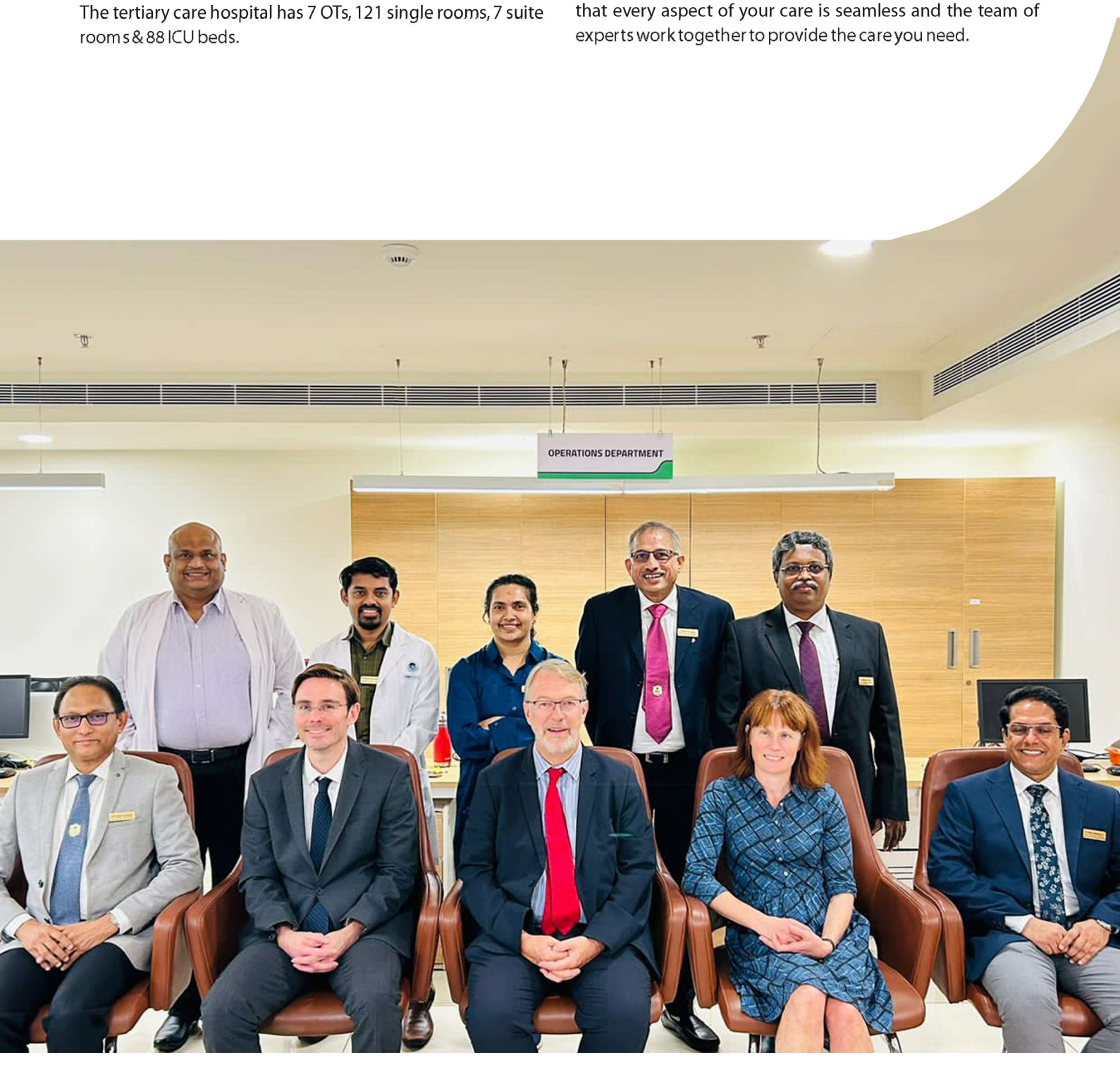
SECTION 2

INTRODUCTION & BACKGROUND

Malabar Institute of Medical Sciences Ltd, (Aster MIMS Kannur)

Launched in February 2019, Malabar Institute of Medical Sciences Ltd, (Aster MIMS Kannur) Sprawled across 2.5 acres of vast space in the beautiful coastal city of Kannur, the crown of Kerala. The 300-bedded multi-speciality hospital is first of its kind in the healthcare landscape of the culturally rich city. The tertiary care hospital has 7 OTs, 121 single rooms, 7 suite rooms & 88 ICU beds.

Aster MIMS Kannur is complemented by medical experts, Clinicians, nurses, technologists & support staff who bring in professionalism that has no parallel. The hospital is set to move forward with its commitment to strengthening the health care system of the city. Aster MIMS's world-class, Centres of Excellence (COE) are an amalgamation of experienced doctors, state of the art technology, and the highest level of patient care and treatment. Our COE's ensure that every aspect of your care is seamless and the team of experts work together to provide the care you need.



Aster Vision

"A Caring Mission with a Global Vision to serve the world with Accessible and Affordable Quality Healthcare"

Aster Mission 2030

People Excellence

Be among the Global Best Employers by 2030 where every Asterian finds purpose and aspires to be the best in providing care for our customers

Service Excellence

Establish Aster as one of the most trusted healthcare providers globally, through the creation of holistic healthcare experiences for 500 million patients by 2030 through their journey from illness to wellness

Clinical Excellence

While establishing several Global Centers of Clinical Excellence across the group, transform Aster Medcity, Kochi & Aster Hospitals, Bangalore to be the most recognized destinations for referral of patients from around the world by 2030

Technology, Digital Transformation & Innovation

Be one of the most technologically driven Healthcare companies to provide seamless omni-channel patient experience across the geographies through Innovation by adopting state of the art business models for Digital Transformation

Brand Equity

Be one among the globally recognized healthcare brands and the most preferred provider in markets that we operate through patient trust and ambassadorship

Sustainability & Community Connect

Build a sustainable future for Aster by defining a path that creates shared values benefitting the organization, community and the environment Through community connect, be the leader in giving back to the societies we serve across the world by touching 1 million lives a year, with a network of 100,000 committed and passionate Aster Volunteers

Business Performance

Become one among the 5 most valued healthcare companies in the world with the growth strategy of 20 : 20 : 20 covering the core and non-core areas of healthcare.

Aster Brand Promise We'll Treat You Well

We live by this promise that sums up what we do and why we exist. This is our guiding philosophy in our interactions with patients, doctors, employees and society at large.

Aster Values

EXCELLENCE

Surpassing current benchmarks constantly by continually challenging our ability and skills to take the organization to greater heights

ALBERT EINSTEIN

RESPECT

Treating people with utmost dignity, valuing their contributions and fostering a culture that allow each individual to rise to their fullest potential

MAHATMA GANDHI

COMPASSION

Going beyond boundaries with empathy and care

MOTHER TERESA

PASSION

Going the extra mile willingly, with a complete sense of belongingness and purpose while adding value to our stakeholders

STEVE JOBS

INTEGRITY

Doing the right thing without any compromises and embracing a higher standard of conduct

NELSON MANDELA

UNITY

Harnessing the power of synergy and engaging people for exponential performance and results

H.H. SHEIKH ZAYED BIN SULTAN AL NAHYAN

"Inspired by the Vision of the legends as part of our DNA, we constantly strive our best to provide **Quality Healthcare at Affordable Cost** to our patients, as part of **a Caring Mission with a Global Vision** while consistently trying to deliver our brand promise **We'll Treat You Well.**"

Dr. Azad Moopen, MD, FRCP
Founder Chairman & Managing Director, Aster DM Healthcare

Our Culture Philosophy

Our winning Aster Cares culture focuses on creating superior customer and people experiences resulting in achievement outcomes. We're focused on building a culture where

- Listening & empathy towards our patients, people and stakeholders are emphasized
- People can express themselves to find meaning & feel fulfilled
- Ownership & excellence are our guiding stars

Each one of you also plays an important role in shaping and renovating our culture, by ensuring these behaviours drive your mindset and actions. Let's collectively strengthen our Aster Cares Culture!

Diversity & Inclusion

A diverse workplace aims to create an inclusive culture that values and uses the talents of all its employees

Overview of Diversity & Inclusion at Aster*

Gender

59% Represent our Female workforce in the group

Enabling : 42% F & 58% M
Nursing : 87% & 13% M
Parameds : 53% F & 48% M
Doctors : 41% F & 59%

Generation

Boomers (Age 56-74) : 2%
Gen X (Age 40 - 55) : 18%
Millennial's : (Age 24-39) : 76%
Gen Z (Age 19-23) : 4%

Nationality

71 Nationalities across the Group

Top 15 Nationalities: Indian, Filipino Pakistani, Omani, Saudi, Jordanian, Nepalese, Egyptian, Sudanese, Syrian Iraqi , British, Lebanese & Palestinian

People of Determination

Employees : 38

Next Steps

Gender : Increase 20-30 % women for AGM & above
Generation : Increase 15% Gen Z hires
Nationality : Increase 30% nationality mix in GCC
People of determination : Increase 10% frp, previous year

What does the FUTURE hold for us?

At Aster we are focused on Digital transformation & Innovation to provide the best patient care and seamless patient Journeys!

Ambition House

- To be recognized as the Best Healthcare Services Provider globally and our hospitals to be featured in Newsweek's list of Global Best Hospitals
- To expand our patient base globally through world class clinical excellence provided by our facilities and breaking geographical barriers for our patients' welfare through digital health tools
- To emerge as one of the top valuable healthcare organizations in the world

LEARNING & DEVELOPMENT CULTURE

Aster drives a high-performance culture through continuous, blended learning & development interventions like in person and virtual workshops, individual development plans, offering study leaves and education support. Just like learning is a lifelong process, skill development is a continuous process too. It transforms individuals into professionals. At Aster, we focus on the all-round development of our employees both on the business and technical/ functional front.

The learning interventions are driven by

the Corporate L&LD team who focuses on capability building for the Top 200 talent (Band 4+) across the group and for Corporate functions headquartered in GCC, along with critical group wide interventions The Business L&D team who drive the development priorities for every vertical and business unit, with a higher focus on front line employees to front and mid-level management

As Aster, we provide a plethora of learning opportunities for our employees. Starting with the highly customized onboarding program (The Asterian Way) to various functional, behavioral, leadership & clinical programs, learning is always on the go here! Aster's customized Learn Management system – My Learn – is being leveraged to drive personalized learning experiences.

Aster Edvantage:

Aster EDVantage, a Digital Health & Innovation Learning intervention predominantly designed for all employees, to not only imbibe an adaptive, digital mindset but also be able to foresee future possibilities in their arena using Artificial Intelligence & applications and Digital Healthcare. The blended certification journey includes webinars developed and delivered by Aster DM doctors and internal experts, videos, and research articles.

How to be Successful at **Aster**?

At the heart of each touchpoint is a conversation that helps you grow

DEFINE: The first step of the performance management cycle is goal setting for the organization, teams and each employee. It also includes defining the expected competencies, behaviors & capabilities

DRIVE: The second step is to partner with the employees and ensure that ongoing feedback and support is provided to them throughout the financial year to successfully deliver on the assigned tasks.

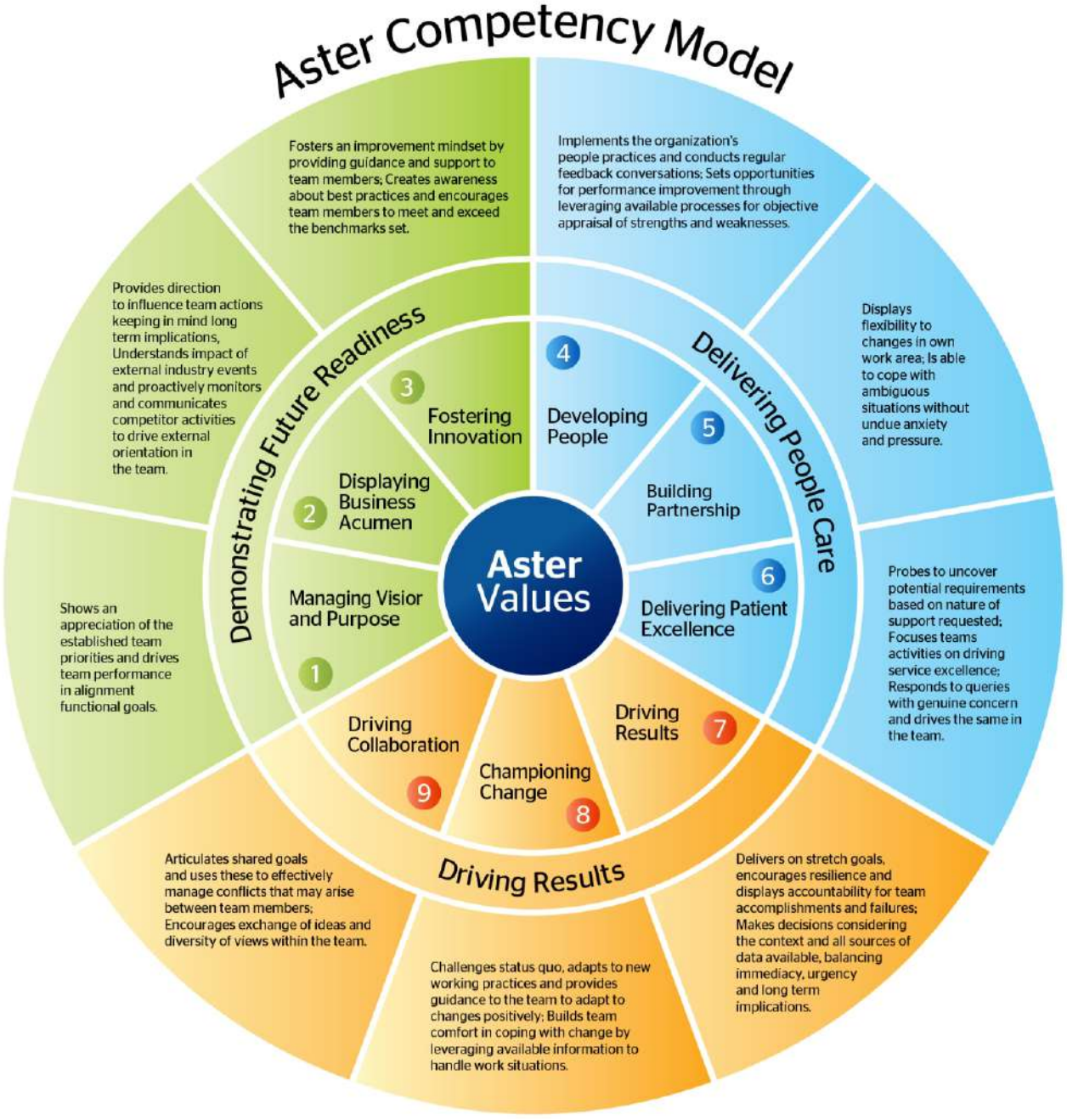
DISCUSS: The third step is to appreciate the achievements, acknowledge the challenges and suggest an action plan.

DEVELOP: The last step of the performance management cycle is to work on a development plan with learnings from the experience of the previous year and ensure preparedness as the next cycle begins.

Enhance your

Knowledge & Skills

At Aster DM Healthcare, each Asterian is responsible for their own learning and development. Each Line Manager/ Supervisor co-owns this development journey along with L&D and HR teams for support and implementation.



All learning and development initiatives are designed, to develop our people's knowledge, skills and attitude, keeping in line with our organizational competencies.

Awards & Accolades

Dr. Azad Moopen

Chairman & Managing Director

- Recipient of the **"Padma Shri"** Award, the 4th highest civilian award by the Government of India for being recognized across countries for his contributions in 2011
- Honored with the **'Pravasi Bharatiya Samman'** by the Government of India in 2010
- Awarded by **Harvard Business Council for Organizational Excellence in 2021**
- Honored with the prestigious **'Lifetime Achievement Award'** at 10th FICCI Healthcare Excellence Awards in 2018
- Honored with a Doctorate for Philanthropy by Amity University in 2022

Our Accreditations

Building Bridges through

Community Connect

Empowering Communities to drive the Spirit of Volunteerism through Social Impact Interventions in Healthcare, Environment, Education, and Social Uplifting through Sustainable Practices.

www.astervolunteers.com

HR Policies

Click to read Policies

Statutory Policies

1. Whistle Blowers
2. Anti Sexual Harassment
3. Anti Discrimination
4. Code of Conduct

Performance Management

1. Probation Policy
   - Performance Review Process
   - Promotion Guidelines
   - Performance Improvement Plan
2. Competency Framework
   - Competency Assessment Process

Employee Mobility

1. Relocation and Mobility Policy
   a. Domestic Mobility
   b. Global Mobility
   c. Intra/Inter-Country Transfer Process
   d. Relocation Assistance
2. International Travel Policy

HR Operations

1. Visa Policy
2. Health Insurance Policy
3. Life Insurance Policy
4. Working Hours & OT Policy
5. Leave Policy
6. Employee Actions and Disciplinary Actions Policy
   - Grievance redressal stages
7. Onboarding Policy
8. Exit Policy

Aster Connect

1. Aster Connect
2. Performance
3. IJP
4. People Resource Center

SECTION 3

SPECIALTY TRAINING: POLICY & ORGANIZATION

Academics

The Malabar Institute of Medical Sciences Ltd., (Aster MIMS Kannur) runs a number of postgraduate programmes in (Dr NB and Diploma DNB in various Medical and Surgical specialties and Training Programmes in Critical Care and Emergency Medicine.

The courses offered are as follows :

1. Post Doctoral (Super specialty) courses (DrNB) in 3 specialisation. Cardiology,Nephrology, Critical Care.
2. Post MBBS Diploma Course from National Board of Examination in 4 subjects.
3. Fellowship course in Critical Care Medicine.
4. Masters of Emergency Medicine (George Washington university,USA)
5. BLS, ALS and PALS in collaboration with American Heart Association (AHA)

The division of internal medicine along with its well-established medical specialties are the main stay in the running of the IMT programme. The internal medicine department is a well-staffed unit with its mix of senior and junior consultants and reputed former teachers from various medical collages. To promote patient care and teaching programme, MIMS Kannur is having highly reputed Physicians in Internal Medicine Department with Academic orientation alongwith super specialty consultants proven their academic and clinical skills.

The reputed specialties include Acute Care, Intensive care, Geriatrics, Family MedicineNeurology, Cardiology, Rheumatology, Radiology & Laboratory Medicine, Emergency Medicine, Physical medicine and Rehabilitation, Dermatology, Endocrinology, Nephrology, Psychiatry and Oncology. Majority of these disciplines are staffed by highly reputed and experienced faculty with excellent teaching experience.

MIMS Kannur has a well-established skill acquisition lab.The candidates are provided training for various invasive procedures which are recommended in the curriculum (on joining the programme a "Decision Aid" listing the necessary skills to be acquired by the trainee, which will guide the trainees to use the services of the skill lab most effectively).They will be guided by experienced teachers for this and as a mandatory requirement the Trainees will acquire BLS and ACLS in the Simulation Lab.

Eligibility for the IMT programme

Candidates must hold MBBS degree from any of the recognized National or International Medical Institutions which are listed as per the Indian Medical Council Act, 1956. Candidates must have completed the mandatory internship and after that have acquired permanent registration from the Medical Council of India (MCI) or State Medical Council (SMC).

Preference will be given to candidates who possess the following:

MRCP Part 1 or

MBBS with 1 year of work experience in Internal Medicine.

Candidates with high NEET score.

Equivalence of MRCP (UK) with MD / DNB

Government of India Gazette notification equating MD/DNB Degrees awarded by the recognized universities and institutions equivalent to overseas postgraduate qualifications. Ref : Notification published in the Gazette of India dated 10.03.2008 (see below).

INDIAN MEDICAL COUNCIL ACT, 1956,

The THIRD SCHEDULE-Part II

The said Schedule under the heading "Part II Recognition Medical Qualification Granted by Medical Institutions outside India not included in the Second Schedule", after the entries relating to the qualification Doctor of Philosophy (Ph.D.) in Medical Sciences (Dagestan Medical Institute), U.S.S.R."

All post graduate medical qualification awarded in Australia and recognized for enrolment as medical practitioners in the concerned specialties in that country;

"All post graduate medical qualification awarded in Canada and recognized for enrolment as medical practitioners in the concerned specialties in that country;

"All post graduate medical qualification awarded in New Zealand and recognized for enrolment as medical practitioners in the concerned specialties in that country;

"All post graduate medical qualification awarded in United Kingdom and recognized for enrolment as medical practitioners in the concerned specialties in that country;

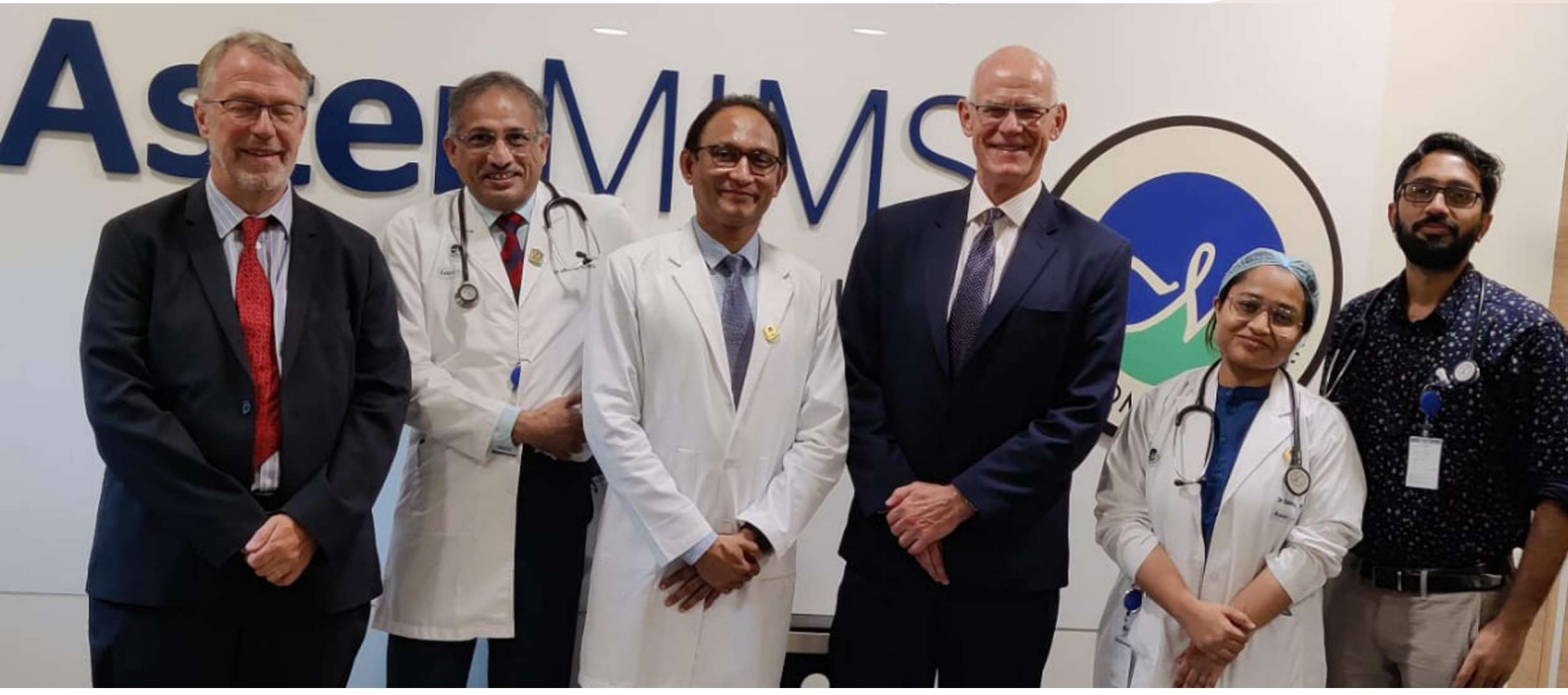
"All post graduate medical qualification awarded in United States of America and recognized for enrolment as medical practitioners in the concerned specialties in that country;"

Equivalence as a Teaching Faculty with National Board of Examinations

MIMS Kannur has faculty positions as per the norms of the National Board of Examinations. The criteria for a teaching faculty in an NBE accredited institution is as follows:

Senior Consultant : Should have a minimum of 10 years of experience after qualifying MD/MS/ DNB/Fellowships of Royal Colleges (UK/ Australia/Canada)/American Board in the specialty concerned.

Consultant: Should have a minimum of 6 years of experience after qualifying MD/MS/ DNB/Fellowships of Royal Colleges (UK/ Australia/Canada)/American Board in the specialty concerned.



SECTION 4

KEY CHARACTERISTICS OF SPECIALTY TRAINING

IMT Program at Aster MIMS Kannur is an "Uncoupled" training programme, where there are three years of core training followed by open competition for higher specialty training posts and progression to completion of training (provided the trainee satisfies all the competency requirements).

4.1 Academic Director

Academic Director is the Head of all Academic Programme in the organization, giving adequate directions for starting and conduct of Academic Programmes. Academic Director will give advice on starting of clinical programmes including IMT. He will be actively involved in curriculum development and training. He leads the training of the trainers of all Academic Progammes. He is also the member of Institutional ethics committee.

4.2 Programme Director (PD)

IMT at Aster MIMS Kannur is led by the Programme Director assisted by a locally constituted IMT committee of Aster MIMS Kannur to oversee the process of implementation of the prescribed curriculum. Programme Director [PD] is appointed to guide this group and to act as the main point of contact with the curriculum and education provider.

The training programme will be supported by a lead manager/administrator.This person possesses an excellent understanding of how postgraduate medical training is delivered locally and will be a member of the coordination group. They will make all arrangements and write management policies to implement the ePortfolio. The PD will work closely with the manager/administrator in setting up the programme and implementing all aspects of the programme, in particular, ARCPs, recruitment and individual trainee issues.

4.3 Main roles and responsibilities of Programme Director:

- Provides support to clinical supervisors within the programme.
- Participates in all academic activities (conferences, CMEs, seminars etc.) organized by various organizations

Takes into account collective needs of the trainees when planning programmes.

- Contributes to the annual assessment outcome process.
- Helps the trainees who are in need of help and support in all aspects of training.
- To ensure that there is a policy for career management which covers the needs of all trainees in the programme.

4.4 Educational and Clinical Supervisors

Aster MIMS Kannur explicitly recognizes that supervised training is a core responsibility in order to ensure both patient safety and the development of the medical workforce to provide for future service needs. The commissioning arrangements and educational contracts/agreements developed between Aster MIMS Kannur and the JRCPTB will be based on these principles.

Aster MIMS Kannur will develop locally based specialty trainers to deliver educational and clinical supervision and training in the specialty. This will be supported by the education department of the Royal College of Physicians of London. In doing so, clear lines will be drawn regarding their accountability as an employer as well as an educational supervisor.

Clinical supervisors will demonstrate their competence in educational appraisal and feedback and in assessment methods, including the use of the specific in-work assessment tools approved by the JRCPTB. Trainers involved in appraisal and assessment of trainees must also be trained in these areas. Such training is undertaken through a range of training modalities e.g. facilitated programme, online or self-directed learning programme.

All trainees will have a clinical supervisor for each placement or post in their specialty programme. In some elements of a rotation, the same individual may provide both clinical supervision and education supervision, but the respective roles and responsibilities will be clearly defined.

It will be essential that trainers and trainees have an understanding of human rights and equality legislation. They must embed in their practice behaviors which ensure that patients and caregivers have access to medical care that:

- Is equitable
- Respects human rights
- Challenges unlawful discrimination

- Promotes equality
- Offers choices of service and treatments on an equitable basis

  Treats patients/caregivers with dignity and respect.

4.5 Educational Supervisor

The Programme Director will designate Educational Supervisors who will be responsible for overall supervision and management of each trainee during the tenure of the course.They will be responsible for the trainee's educational agreement.The educational supervisor regularly meets with the trainee to help plan their training, review progress and achieve a agreed learning outcomes.

4.6 Clinical Supervisor

Each Trainee will have a Clinical Supervisor during each placement. A clinical supervisor is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged for that placement.

SECTION 5

SELECTION OF TRAINEES

Applying for IMT at Aster MIMS Kannur, Kerala, India Guidelines for filling the application

- Application has to be submitted online.
- Details for submitting Application will be available in the website / advertisement released for the purpose.
- The IMT programme commences on 15th September every year.
- The application will be invited in the month of April/May.
- The selection process will be completed by June / July and there is a fee is Rs.1000/- for application.
- The total no of candidates per year is limited to 6 awaiting list will be maintained for a period of six months.

Application is divided into 5 parts

- Personal
- Eligibility
- Fitness
- References
- Competences

Personal

The candidate is expected to provide personal information such

- Name
- Address
- Contact details
- National Identity Card (Aadhar / Election ID or any other ID Cards issued by the government)

Eligibility

Candidates must hold an MBBS degree from one of the recognized National or International Medical Institutions which are listed as per Indian Medical Council Act, 1956.

Candidates must have completed the mandatory internship and after that have acquired permanent registration from the Medical Council of India (MCI) or State Medical Council (SMC).

Candidates will indicate their MCI registration status and provide their right to work in India. Candidate should be a citizen of India.

Fitness

- Declaration of your Medical Fitness.
- Declare if you have been involved in any criminal offense or if there is any pending case against you.

References

There should be two references one from a Clinical Referee and the other from an Academic referee as detailed below.

1. ***Clinical Referee*** : should be a practitioner who can comment on the clinical skill of the candidate.
2. **Academic Referee**: must be from the candidate's medical school either a professor, senior lecturer, lecturer, reader, director of clinical studies or a person holding an honorary medical school contract as advised by your medical school. The referee should have ideally known the candidate for one year, at least for a minimum of six months and should be aware of the performance of the candidate during all years spent at the Medical School.

Competence

Selection Process

The competency of the candidate will be decided based on the in house selection process scoring. All candidates with PG degree in Internal Medicine or a pass in MRCP Part I will be automatically eligible for the interview (The number of candidates to be called for the interview will be decided by the Selection Committee). Weightage will be given to candidates with high NEET score, MRCP Part I passed and candidates with PG Degree / work experience for more than 2 yrs in Medicine / Allied specialty.

Interview Process

The total marks for the interview will be 100 and the details are as follows :-

1. Clinical Examination and Viva: 60 marks
2. MRCP Part I Pass - 10 Marks
3. Additional PG Qualification - 10 Marks
4. National Prizes, Distinctions, Scholarships etc.- 5 Marks

5. Presentations or Posters at National, International, Regional meetings, Publications - Mention Pub Med, Peer Reviewed, First Author, Co-author or others. 5 Marks

6 Work Experience more than 2 yrs / Teaching experience of 2 yrs - 10 marks

STRUCTRURE OF INTERVIEW

During Interview the candidate will be assessed on six independent aspects by two interviewers at three stations. A maximum of 10 marks will be awarded by each interviewer..

Station 1 : The candidate's application will be reviewed and all documents will be verified. Marks for other achievements will be awarded at this station, apart from discussion regarding the candidate's suitability and commitment to IMT. (40) Marks.

Station 2 : The candidate will be given a clinical scenario and will be asked questions related to this scenario. The discussion will be along the following lines. The time duration will be 30 (Marks) :

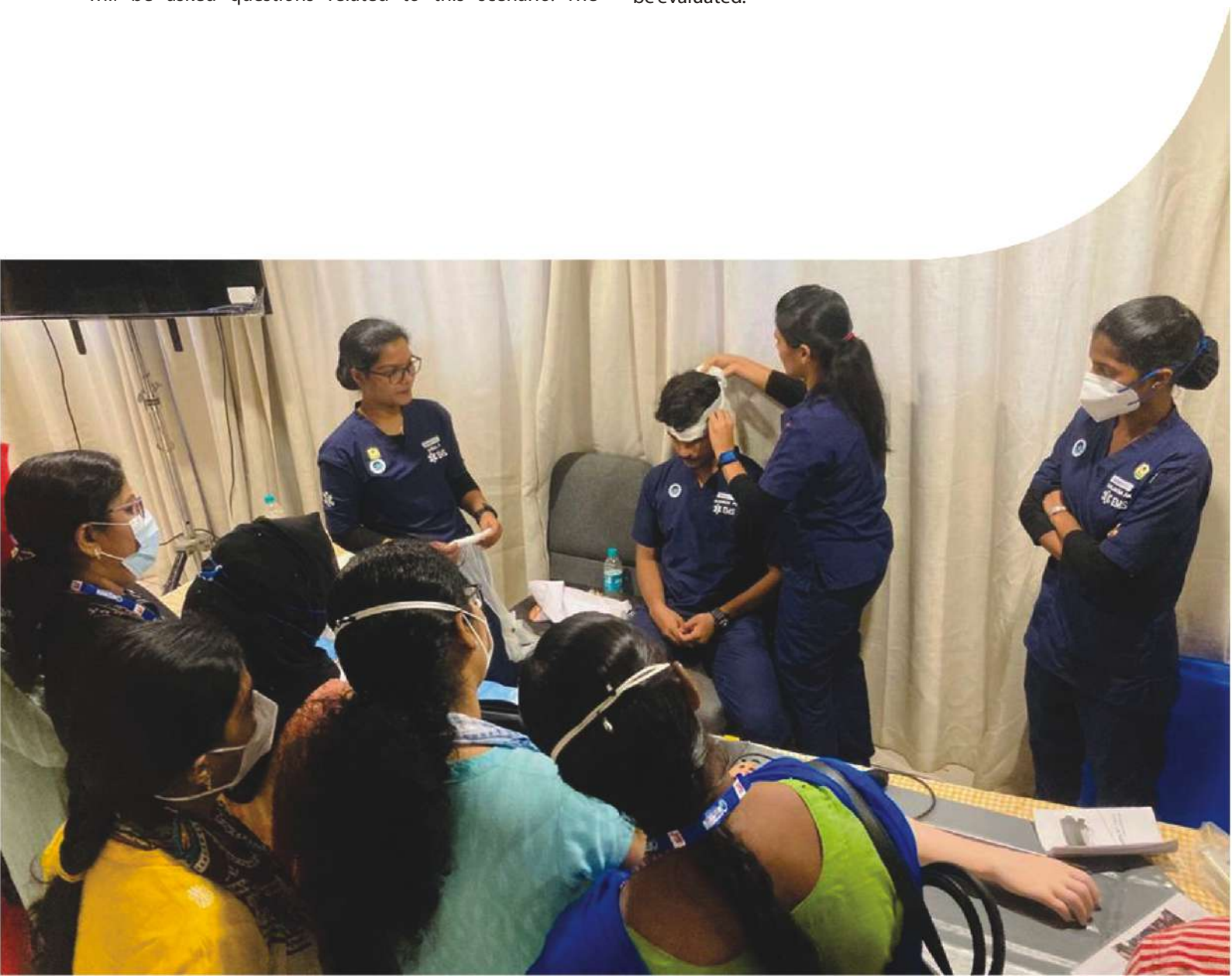
1. Possible next steps
2. Possible potential treatments
3. Additional information to be gathered
4. Communication skills

Station 3 :

a. Ethical Scenario: Deals with consideration of the moral, ethical, legal issues of a particular situation.

b. Professionalism and governance -The discussion will be prompted by a short question and the candidate will need to provide demonstration and understanding of the professionalism and governance in that given situation.The time duration will be 30 (Marks).

Awareness of the candidate with Good Medical Practice will be evaluated.



SECTION 6

STRUCTURE OF TRAINING

The UK Internal Medicine Training programme is the basis of Curriculum *(please refer to RCP website: mrcpuk.org)*

During their training

1. Trainees will be called PG Residents.
2. They will receive a contract of employment from HR
3. The contract rules will be the same as that of the other PG Residents in Aster MIMS Kannur.
4. They will be paid a stipend as fixed by the institution.
5. They will rotate through the major specialties viz. Cardiology, Gastroenterology, Nephrology, Neurology and Respiratory Medicine apart from Internal Medicine, Critical care, Pain Medicine, Emergency Medicine & Critical Care Medicine under supervision.
6. Candidates will need to complete ACLS and BLS training before joining for the Internal Medicine Training at Aster MIMS Kannur, or at least obtain these within the first 3 months of joining the programme.
7. When on duty they will be attached to a Specialist in Internal Medicine or Allied Specialities.
8. Under their Supervision Trainees will see all Medical (Including Sub Specialties) cases, write history, treatment plan and medication.
9. Duty hours will be applicable as per the Organizational policy for PG Residents including Night duties.

Rotational Posting of Candidates

Internal Medicine	7 months
Cardiology	4 months
Nephrology	3 months
Respiratory Medicine	1 months
Neurology	4 months
Medical Gastroenterology	3 months
Critical Care Medicine	3 months
Rheumatology & Pain Medicine	1 month
Oncology	1 month
Emergency Medicine Department	3 months
Geriatrics	4 months
Radio Diagnosis	1 month
Dermatology & Psychiatry	1 month

In case the Trainee wishes to be attached to Medical specialties like Endocrinology, this can be arranged at the expense of some other posting.

Examination:

- All three components of MRCP examination including PACES should be completed before the end of the training.
- For more details please refer to the website of "MRCP examinations".

Tuition Fees

Trainees need to pay tuition fees as a single instalment every year at the commencement of each academic period which is nonrefundable.

Additional fee will be levied for

1. Examinations (to be paid to MRCP, UK)
2. Fee for any other extra training
3. Enrollment with JRCPTB & eportfolio.

Misconduct of Candidates

Misconduct by the trainees has to be reported to the Programme Director. Necessary actions will be taken with the help of the IMT Committee & Medical Director.

SECTION 7

PROGRESS IN TRAINING & ARCP

7.1 Progressing as a trainee physician

The UK IMT curriculum approved by the General Medical Council (GMC) for UK specialty training defines the standards of knowledge, skills and behavior that must be demonstrated to achieve progressive development towards the award of the UK Certificate of Completion of Training (CCT). The curriculum is mapped against the GMC's standards in Good Medical Practice, which forms the basis of all UK medical practice. The programme at Aster MIMS Kannur replicates as much of the UK curriculum as possible and when accredited by JRCPTB is considered 'equivalent' by JRCPTB.

Competences, knowledge, skills and behavior take time and systematic practice to acquire and to become embedded as part of regular performance. Implicit, therefore in a competence-based programme of training must be an understanding of the minimum frequency of practice, level of experience and time required to acquire competence and to confirm performance in the specialty.

The assessment frameworks for specialty training complement the approved curricula and should deliver a coherent approach that supports the trainee in developing competences in a sustainable way, through a combination of workplace-based assessments, both formative, such as supervised learning events (SLEs), and summative, such as assessments of performance (AoPs) and examinations. This approach is designed programmatically to allow the clinical and professional performance of trainees in everyday practice to be assessed.

The emphasis on workplace-based assessments aims to address this through assessing performance and demonstration of the standards and competences in clinical practice. It means that trainers and trainees must be realistic about undertaking these assessments, and that educational supervisors must ensure that appropriate opportunities are provided to enable this to happen effectively. Trainees gain competences at different rates, depending on their own abilities, their determination and their exposure to situations that enable them to develop the required competences. The expected rate of progress in acquisition of the required competences is defined in the IMT curriculum. This will enable reasonable timeframes and resources for support and remediation to be set so that trainees are aware of the boundaries within which remediation can and will be offered. There are occasions where progress in training cannot be achieved because of events external to training, such as ill-health. This will lead to training time being suspended (the training clock stops) and the prospective core training programme end date will be reviewed at the Annual Review of Competence Progression (ARCP). The decision to suspend training time is an important one and needs to be formalized with written agreement from the Programme Director at Aster MIMS Kannur.

Curricula and assessment systems evolve and develop over time. In order to ensure that trainees receive the most relevant and up- to-date training and assessed using the most appropriate tools, they will be required to move to the most recent curriculum in their specialty and use the most recent assessment tools. As part of any developments, implementation plans for the transition of trainees to new curricula and assessment systems will be published.

7.2 Assessment of progression

Structured postgraduate medical training is dependent on having a curriculum that clearly sets out the competences of practice, an assessment framework to know whether those competences have been achieved and an infrastructure that supports a training environment in the context of service delivery. The three key elements that support trainees in this process are formative assessments and interactions (e.g. SLEs and other supervisor discussions), summative assessments (e.g. assessmentsofperformanceandexaminations) and triangulated judgment made by a named educational supervisor. These three elements are individual but integrated components of the training process. While the formative elements are for use between trainee and educational supervisor, they will aid the supervisor in making their informed judgment so that together with the other elements they contribute to the ARCP.

Assessment is a formally defined and approved process that supports the curriculum. A trainee's progress in training programme is assessed using a range of defined and validated assessment tools, along with professional and triangulated judgments about the trainee's rate of progress. A review (ARCP) results in an "Outcome" following evaluation of the written evidence of progress and determines the next steps for the trainee. A satisfactory outcome confirms that the required competences have been achieved.

7.3 Educational Agreement

All trainees should have an educational agreement for each training placement, which sets out their specific aims and learning outcomes for the next stage of their training, based on the requirements of the curriculum for the specialty and on their most recent ARCP outcome. This should be the basis of all educational review discussions throughout all stages of training. The educational agreement will need regular review and updating.

The trainee's educational supervisor must ensure that the trainee is aware of and understands the trainee's obligations as laid down in the educational agreement, including (but not exclusively): awareness of the trainee's responsibility to initiate workplace-based assessments, awareness of the requirement to maintain an up-to-date educational portfolio, understanding of the need to address areas identified in the trainee's educational portfolio including undertaking and succeeding in all assessments of knowledge (usually examinations) and performance in a timely fashion based on the recommended timescale set out in the specialty curriculum and awareness of the need to engage in processes to support revalidation.

7.4 The educational supervisor and educational review

All trainees must have a named educational supervisor who should provide, through constructive and regular dialogue, feedback on performance and assistance in career progression.

Educational review is mainly a developmental, formative process that is trainee-focused. It should enable the training for individual trainees to be optimized, taking into account the available resources and the needs of other trainees in the programme. Training opportunities must meet the JRCPTB standards.

Appraisal is a continuous process. As a minimum, the educational section of appraisal should take place at the beginning, middle and end of each phase of training, and should be documented in the educational portfolio. However, educational review can be undertaken more frequently and this should be the case where a previous assessment outcome has identified inadequate progress or where there are specific educational objectives that require enhanced supervision.

The educational supervisor is the crucial link between the educational review and workplace-based assessment processes since the educational supervisor's report provides the summary of the assessment evidence for the ARCP process. The outcome from the educational review underpins and provides evidence to Aster MIMS Kannur about the performance of Trainees and evaluated at ARCP. This is supported by self-declaration evidence from the trainee as an employee about any relevant conduct or performance information.

The educational supervisor may also be the clinical supervisor (particularly in small specialties and small training units). Under such circumstances, the educational supervisor could be responsible for some of the workplace-based assessments and producing the structured report as well as providing the educational review for the trainee.

Great care needs to be taken to ensure that these roles are not confused. Indeed, under such circumstances, the trainee's educational supervisor should discuss with the Programme Director, a strategy for ensuring that there is no conflict of interest in undertaking educational review and assessment for an individual trainee.

The purpose of educational review is to: help identify educational needs at an early stage and agree educational objectives that are SMART (Specific, Measurable, Achievable, Realistic, Time bound), provide a mechanism to receive the report of the review panel and to discuss this with the trainee, provide a mechanism for reviewing progress, and a time when remedial action can be arranged and monitored. This will assist in the development of the skills of self-reflection and self-appraisal that will be needed throughout a professional career.This will also enable learning opportunities to be identified in order to facilitate a trainee's access to these mechanisms for giving feedback on the quality of the training and make training more efficient and effective for a trainee.

During educational review discussion with educational supervisor, trainees must be able to raise concerns without fear of being penalized. Patient safety issues must be identified by clinical incident reporting and reflective notes should be maintained in an educational portfolio, in addition to being reported through organizational procedures when they occur. However, where it is in the interests of patient or trainee safety, the trainee will be informed that the relevant element of the educational review discussion will be raised through appropriate clinical governance/ risk management reporting systems.

The educational supervisor and trainee should discuss and be clear about the use of an educational portfolio. Regular help and advice should be available to the trainee to ensure that the portfolio is developed to support professional learning.

Regular feedback will be provided by the educational supervisor regarding progress in training as part of educational review meetings. This will be a two-way process in the context of an effective professional conversation. Trainees should discuss the merits or otherwise of their training experience and identify factors that may be inhibiting their progress. Records should be made on the trainee's educational portfolio of these regular educational review meetings, and these must be shared between trainee and educational supervisor.

The educational review process is the principal mechanism whereby there is an opportunity to identify concerns about progress as early as possible. Concerns should be brought to the attention of the trainee during educational review meetings. Account should be taken of all relevant factors that might affect performance (e.g. health or domestic circumstances) and these should be recorded in writing. An action plan to address the concerns should be agreed and documented between the educational supervisor and trainee.If concerns persist or increase, further action should be taken and this should not be left to the ARCP process.

Direct contact should be considered with the Program Director, the lead for professional support, trainee support groups and the Medical Director, alerting them to these concerns.

7.5 Annual Review of Competence Progression (ARCP)

Purpose of the ARCP

The ARCP provides a formal process that uses the evidence collected by the trainee, relating to progress in the training programme. It should normally be undertaken on at least an annual basis for all trainees in specialty training, and it will enable the trainee, the Programme Director and Aster MIMS Kannur to document that the competences required are being gained at an appropriate rate and through appropriate experience. The process may be conducted more frequently if there is a need to deal with performance and progression issues outside the annual review. It is not in itself a means or tool of assessment.

The ARCP fulfills the following functions:

1. Provides an effective mechanism for reviewing and recording the evidence related to a trainee's performance in the training programme or in a recognized training post,
2. Provides a means whereby the evidence of the outcome of formal assessments, through a variety of workplace-based assessment tools and other assessment strategies (including examinations that are part of the assessment system), is coordinated and recorded to present a coherent record of a trainee's progress
3. Provides a final statement of the trainee's successful attainment of the curricular competences for IMT and thereby the completion of the training programme
4. Enables the Programme Director to present evidence to JRCPTB so that it can award the trainee a certificate of completion of JRCPTB accredited IMT equivalent training

The ARCP process is applicable to all trainees, whose performance must be assessed to evaluate progression. Trainees who resign from a programme should normally have their progress made up to their resignation date reviewed by an ARCP panel and an appropriate outcome should be recorded. If a review is not undertaken, this should be recorded.

7.6 ARCP: Assessment

This section deals with the elements of the ARCP that are designed to review evidence and arrive at a judgment, known as an outcome of progress. It does not address the important processes of educational review and programme planning, which should respectively precede and follow from the ARCP process.

Assessment strategies will vary between curricula but will contain a variety of elements. These include items from the following non- exhaustive list of well-constructed and fit- for-purpose professional examinations that explicitly map back to the curriculum:

- Direct observation of procedural skills (DOPS)
- Case note reviews
- Case-based discussion (CBD)
- Multi-source feedback (MSF)
- Assessments in clinical skills facilities
- Clinical evaluation exercises (mini-CEX)
- Direct observation of non-clinical skills (DONCS)
- Self-reflective learning logs

Workplace-based assessments are grouped into formative, structured SLEs (assessments for supervised learning events) and AoPs (assessments of performance). A summary of the assessments undertaken along with a summary of the outcomes of these assessments should be collected for each period of training. Assessments are spread throughout the time period under review. These summaries will be provided as part of the educational supervisor's report to the ARCP panel.

Logbooks, audit or quality improvement

reports/projects, research activity and publications, document of other sorts of experience and attainment of skills that trainees may need to demonstrate. They are not in and of themselves assessment tools but are a valid record to demonstrate progress. Information about these areas should be retained in a specialty specific educational portfolio, which all trainees must maintain to record their evidence about training and performance in training. The portfolio will also form the basis of the educational and workplace-based assessment process as well as of the annual planning process. Trainees should familiarize themselves with the relevant specialty curriculum, assessment arrangements and other documentation requirements needed for the assessment of their progress (and the supporting educational review and planning processes) at the start of the training programme. When changes are made to the assessment system or expectations for trainees, it is the responsibility of the faculty to notify trainees and trainers of the new requirements so that the changes can be implemented.

Trainees must also familiarize themselves with the requirements of the UK's GMC's Good Medical Practice.

Trainees must:

- Maintain a portfolio of information and evidence, drawn from the scope of their medical practice

- Reflect regularly on their standards of medical practice and take part in regular and systematic clinical audit and/or quality improvement
- Respond constructively to the outcome of audit, appraisals and the ARCP process.
- Undertake further training where required by the Programme Director, engage with systems of quality management and quality improvement in their clinical work and training, participate in discussion and any investigation around serious untoward incidents in the workplace, and record reflection of those in their educational portfolio
- Inform PD/Program Manager / Academic Director if they receive a criminal or civil conviction or a police caution

If genuine and reasonable attempts have been made by the trainee to arrange for workplace- based assessments to be undertaken but there have been logistic difficulties in achieving this, the trainee must raise this with their educational supervisor immediately since the workplace-based assessments must be available for the ARCP panel. The educational supervisor should raise these difficulties with the PD. Between them, they must facilitate appropriate assessment arrangements within the timescales required by the assessment process.

7.7 ARCP: Educational Supervisor's Report

The purpose of the report is to provide a summary of progress including collation of the results of the required workplace- based assessments, examinations and other experiential activities required by the specialty curriculum (e.g. logbooks, evidence of research activity, publications, quality improvement activities and audits). Educational supervisors and Trainees should familiarize themselves with the relevant curriculum and assessment framework.

Through triangulation of evidence of progression in training and professional judgment, the named educational supervisor will contribute a structured report to the ARCP. This report must:

1 Reflect the educational agreement and objectives developed between the educational supervisor and the trainee

2 Be supported by evidence from the workplace-based assessments planned in the educational agreements

3 Take into account any modifications to the educational agreement or remedial action taken during the training period for whatever reason

4 Provide a summary comment regarding overall progress during the period of training under review, including (where possible) an indication of the recommended outcome supported by the views of the training faculty

The report should be discussed with the trainee prior to submission to the ARCP panel. The report and any discussion that takes place following its compilation must be evidence-based, timely, open and honest. If such a discussion cannot take place, it is the duty of the educational supervisor to report the reasons to the ARCP panel in advance of the panel meeting.

If there are concerns about a trainee's performance, based on the available evidence, the trainee must be made aware of these concerns and they should be documented in their educational portfolio. Trainees are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and taking the agreed action. The discussion and actions arising from it should be documented. The educational supervisor and trainee should each retain a copy of the documented discussion.

7.8 ARCP: Collecting the Evidence

Programme Director (PD) will make local arrangements to receive the educational portfolio from trainees, and they will give them and their trainers at least six weeks notice of the date by which it is required. Trainees should obtain all necessary components. The educational portfolio must be made available at least two weeks before the date of the ARCP panel meeting. Trainees will not be "chased" to provide access to their educational portfolio by the required date. As a consequence, if trainees have not documented attained competences, they will not be able to progress.

As part of their documentary evidence for each ARCP, trainees must submit an updated documentation form giving accurate demographic details for use. It is up to the trainee to ensure that the documentary evidence that is submitted, including their educational portfolio, is complete. This must include all required evidence (including that which the trainee may view as negative). All clinical assessments of progress and performance should be included in the evidence available to the ARCP panel and retained in the trainee's educational portfolio so that they are available for discussion with the educational supervisor during educational review sessions.

It is important to ensure that all relevant evidence is provided to the ARCP panel. This includes details of all areas in which the trainee has worked as a doctor (including voluntary) as well as details of any investigations that have yet to be completed. (Reflective notes around completed investigations should have already been included in the educational portfolio).

Where the documentary evidence submitted is incomplete or otherwise inadequate so that the panel cannot reach a judgment, no decision should be taken about the performance or progress of the trainee. The failure to produce timely, adequate evidence for the panel will result in Outcome-5 (see section 6.12).

It may be necessary for the PD to provide an additional report, for example detailing events that led to a negative assessment by the trainee's educational supervisor. It is essential that the trainee has been made aware of this and has seen the report prior to its submission to the panel. This is to ensure the trainee is aware of what had been reported; it is not intended that the trainee should agree the report's content. Where the report indicates that there may be a risk to patients arising from the trainee's practice (and this has not already been addressed), this risk needs to be shared immediately with the PD and the Program Administrator. The trainee needs to be made aware that this will happen.

Trainees may submit as part of their evidence to the ARCP panel a response to their trainer's report or to any other element of the assessment documentation for the panel to take into account in its deliberations. While it is understood that for timing reasons, such a document will only be seen by the ARCP panel in the first instance, it should be expected that the contents of any document will be followed up appropriately. This may involve further consideration by the PD. The ARCP panel is constructed to look at matters of educational performance, assess progression in training and provide an opinion to the PD in relation to revalidation However, the evidence provided to the panel may relate to other issues and concerns such as clinical safety or perceived undermining within the hospital. While the panel is not in a position to investigate or deal with allegations of this nature, it will bring such matters to the attention of the PD in writing immediately following the panel meeting for further consideration and investigation as necessary. Panels must take such allegations very seriously. Trainees must ensure they are familiar with these educational and clinical governance/risk management arrangements and follow these policies, including reporting their concerns. All Education Supervisors must make such policies known to trainees as part of their induction.

7.9 The ARCP Panel

The ARCP panel has the following objectives:

1. Consider and approve the adequacy of the evidence and documentation provided by the trainee, which at a minimum must consist of a review of the trainee's educational portfolio including a structured report from the educational supervisor(s), documented assessments (as required by the specialty curriculum) and achievements. The panel should provide comment and feedback where applicable on the quality of the structured educational supervisor's report.
2. Consider the time out of training during the assessment period and from entry to the programme and to determine whether the training duration needs to be extended provided that adequate documentation has been presented, make a judgment about whether the trainee's progress has been satisfactory and whether they can progress to the next level of training. Trainees who are full time and receive Outcome 1 (see section 6.12) will progress to the next level.
3. Consider suitability to progress to the next stage of training or confirm training has been completed satisfactorily.

7.10 Composition of the ARCP Panel

The ARCP panel has an important role, which its composition should reflect. It should consist of at least three panel members appointed by the training committee.

The Academic Director, Programme Director (PD) and Educational Supervisors are all appropriate panel members. The panel could also have a representative from Aster MIMS Kannur to enable employers to be assured that the trainees they employ are robustly assessed and are safe to deliver care in their service.

The panel should have input from a lay member and two external advisors, one from another IMT equivalent site and one external assessor provided by JRCPTB from the UK. They must be trained for their roles. The lay advisor will primarily review the process followed by the ARCP panel and the conduct of the panel, as measured against accepted general good practice for ARCP panels and the standards that are set in the Gold Guide. The lay advisor should not be asked to judge whether the ARCP

outcome awarded to the trainee is appropriate or whether the trainee has made satisfactory progress. The lay advisor may be asked on occasion to contribute a lay perspective to inform elements of the ARCP panel's activities but the role is to ensure the process is followed correctly, not to give an opinion on the outcome or the trainee's progress. The lay advisor is not performing the role of panel chairperson but has responsibility (along with all the panel members) to ensure that the conduct of the review conforms to good practice.

The PD or their nominated deputy must be present at any panel meeting involving cases where it is possible that a trainee could have an outcome indicating unsatisfactory progression, which may require an extension to training.

If either the lay member or an external advisor has concerns about the outcomes from the panel, these will be raised with the PD for further consideration, who may decide to establish a different panel to consider further the evidence that has been presented and the outcomes recommended.

All members of the panel (including the lay member and those acting as an external advisor) must be trained for their role. Educational and clinical supervisors should declare an interest if their own trainees are being considered by a panel of which they are members. Where there are any concerns about satisfactory educational progress, they should withdraw temporarily from the process while their trainee is being considered and the panel should be constituted such that in that situation it remains quorate in accordance with panel composition.

7.11 How the ARCP panel works

The panel will be chaired by the Programme Director.

The process is a review of the documented and submitted evidence that is presented by the trainee. As such, the trainee is not always required to attend the panel. However, the PD may wish to have trainees present on the day to meet with the panel after its discussion of the evidence and agreement as to the outcome(s).

Trainees must not be present while the panel is considering the outcomes. Where the PD, educational supervisor or academic educational supervisor has indicated that there may be an unsatisfactory outcome(s) through the ARCP process, the trainee will be informed of the possible outcome prior to the panel meeting. After the panel has considered the evidence and made its judgment, if an unsatisfactory outcome is recommended, the trainee must meet with either the ARCP panel or a senior educator involved in the training programme at the earliest opportunity.

The purpose of this meeting is to discuss the recommendations for focused or additional remedial training if so required. If the panel recommends focused training towards the acquisition of specific competences (Outcome 2) [see section 6.12] then the timescale for this should be agreed with the trainee.

If additional remedial training is required (Outcome 3) [see section 6.12], the panel should indicate the intended objectives and proposed timescale. The framework of how a remedial programmes will be delivered will be determined by the PD. The remedial programmes will be planned by the PD, taking into account the needs of other trainees in the specialty and in related programmes, and it must be arranged with the full knowledge of the employer to ensure that clinical governance aspects are addressed.

This additional training must be agreed with the trainee, trainers and Aster MIMS Kannur. The information transmission will be shared with the trainee. Agreement to it being shared is a requisite of joining and continuing in the training programme.

The panel should systematically consider the evidence as presented for each trainee against the specialty or sub-specialty curriculum and the assessment framework.

Details of placements, training modules etc. completed must be recorded on the ARCP form including where trainees continue to hold a training slot but are out of the programme. At the ARCP, the core training programme end date should be reviewed and adjusted if necessary, taking into account such factors as statutory leave, sickness or other absence of more than 14 (normal working) days in any year prior agreement with the PD .

7.12 Outcomes from the ARCP

The initial outcome from the ARCP may be provisional until quality management checks have been completed. The outcome(s) recommended by the panel for all trainees will be made available by the PD to:

a the trainee who must sign and return it within ten working days. The trainee should retain a copy of the signed form in their educational portfolio. Where electronic systems are used, digital signatures will be acceptable. The trainee is signing the document to demonstrate that they have been informed of the outcome, not that they agree with the outcome. Signature of the outcome does not change the trainee's right to request a review or appeal.

b the PD (and/or the trainee's educational supervisor) who should meet with the trainee to discuss the outcome and plan the next part of their training documenting the plan fully.

the trainee's educational supervisor who should use this to form the basis of further educational review and workplace-based assessment that the educational supervisor undertakes on behalf of Aster MIMS Kannur. It is the educational supervisor's responsibility to raise any areas of concern about the trainee's performance that link to clinical governance as documented by the ARCP process, with the Programme Director (or their nominated officer).

c JRCPTB who maintain outcome documents as part of the minimum data set to substantiate its recommendation of a final certificate of completion.

All trainees should receive standard written guidance relevant to their outcome, which as appropriate should detail the duration of any extension to training, requirements for remedial action, and reference to the review and appeal processes.

The panel will recommend one of the six outcomes described below for each specialty/ sub-specialty for each trainee, including those on integrated clinical/academic programmes.

OUTCOME 1

Satisfactory progress: Achieving progress and the development of competences at the expected rate

Satisfactory progress is defined as achieving the competences in the IMT curriculum at the rate required. The rate of progress is defined in the IMT curriculum (e.g. with respect to assessments, experiential opportunities, examinations etc). (It is

possible for trainees to achieve competences at a more rapid rate than defined)

For the following outcomes (Outcomes 25), the trainee is required to meet with the panel after the panel has reached its decision.

OUTCOME 2

Development of specific competences required: Additional training time not required

The trainee's progress has been acceptable overall but there are some competences that have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.

OUTCOME 3

Inadequate Progress: Additional training time required

The panelhas identifiedthata formaladditionalperiod of training is required which will extend the duration of the training programme. Where such an outcome is anticipated, the trainee must attend the panel. The trainee, educational supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision). It will, however, be a matter for Aster MIMS Kannur to determine the details of the additional training within the context of the panel's recommendations, since this will depend on local circumstances and resources. Where such additional training is required because of concerns over progress, the overall duration of the extension to training should normally be for a maximum of one year, unless exceptionally, this is extended at the discretion of Programme Director but with an absolute maximum of two years additional training during the total duration of the training programme. The extension does not have to be taken as a block of 1 year, but can be divided over the course of the training programme as appropriate. The outcome panel should consider the outcome of the remedial programme as soon as practicable after its completion.

OUTCOME 4

Released from training programme: With or without specified competences

The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress. The panel should ensure that any relevant competences which have been achieved by the trainee are documented.

An outcome 4 may also be recommended in some circumstances where there has not been additional training, for example for disciplinary reasons or where the trainee has exhausted all attempts at passing an exam without having received additional training time.

OUTCOME 5

Incomplete evidence presented: Additional training time may be required

The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel. If this occurs, on the face of it, the trainee may require additional time to complete the training programme. The additional time begins from the date the panel should have considered the matter. The trainee will have to supply the panel with a written account within five working days as to why the documentation has not been made available to the panel. The panel does not have to accept the explanation given by the trainee and can request the trainee to submit the required documentation by a designated date, noting that available "additional" time is being used in the interim. If the panel accepts the explanation offered by the trainee accounting for the delay in submitting the documentation to the panel, it can choose to recommend that additional time has not been used. Once the required documentation has been received, the panel should consider it (the panel does not have to meet with the trainee if it chooses not to and the review may be done "virtually" if practicable) and issue an assessment outcome.

Alternatively the panel may agree what outstanding evidence is required from the trainee for an Outcome 1 and give authority to the Chair of the panel to issue an Outcome 1 if satisfactory evidence is subsequently submitted. However if the Chair of the panel does not receive the agreed evidence to support an Outcome 1 then a panel will be reconvened.

OUTCOME 6

Gained all required competences: Will be recommended as having completed the training programme.

The panel will need to consider the overall progress of the trainee and ensure that all the competences of the curriculum have been achieved prior to recommending the trainee for completion of the training programme to the relevant Royal College.

SECTION 8

BEING AN IMT TRAINEE & AN EMPLOYEE

8.1 Accountability issues for

Aster MIMS Kannur, PD & Trainees

Trainees in specialty training are pursuing training programmes under the management of the PD and are also employees in Aster MIMS Kannur. In fulfilling both of these roles, they incur certain rights and responsibilities.

While the PD is responsible for managing the delivery of training to postgraduate trainees, this is always in the context of trainees being the employees of Aster MIMS Kannur. As a result, trainees have an employment relationship with Malabar Institute of Medical Sciences Ltd., (Aster MIMS Kannur) and are subject to our policies and procedures.

It is important therefore that Aster MIMS Kannur is fully aware of the performance and progress of all doctors, including trainees in their employment. In addition, there must be a systematic approach to dealing with poorly performing trainees. In this context, the relationship between Aster MIMS Kannur and the PD must be clearly defined.

The PD is responsible for the trainee's training and education while in recognized training posts and programmes. The PD does not employ postgraduate trainees but commissions training from Aster MIMS Kannur, normally through an educational contract with the unit providing postgraduate education.

Through this contract, the PD has a legitimate interest in matters that relate to the education and training of postgraduate trainees in the employing environment.

Aster MIMS Kannur will ensure that mechanisms are in place to support the training of trainees so that problems may be identified to be addressed at an early stage For this clinical responsibility is tailored to a realistic assessment of the trainees' competence so that patient safety remains paramount and the trainees are not put at risk by undertaking

beyond their competence. This should include, for example (but not exclusively),

1. Introduction to key team members and their roles,
2. Clarity about any of the geographic areas where a trainee might need to work,
3. A working understanding of the equipments that might be required

(especially in an emergency situation),

4. Access to and requirements for the use of protocols and guidance documents,
5. Out-of-hours arrangements and clearly defined supervisory arrangements, including an identified educational supervisor and sufficient and appropriate clinical supervision for every trainee,
6. Clearly defined and timely training arrangements for trainees, with objectives agreed early in their training placement with their educational supervisor,
7. Regular opportunities to continue to plan, review and update these objectives,
8. Regular assessment of competence, undertaken by trained assessors and handled in a transparent manner, with substantiated and documented evidence of poor performance and conduct where and when this is necessary,
9. Where necessary, the support to deliver defined and agreed additional remedial training

8.2 Transfer of Information

The basic structure of specialty training programmes is a rotational experience that allows trainees to develop and demonstrate competences in a range of clinical settings and environments. Trainees rely on the integrity of the training programme to support their growth and development within it.

Trainees must maintain an educational portfolio that is specialty specific and covers all aspects of their training. They must share this with their educational supervisors as they move through their rotational programme, as part of the ongoing training process. The transfer of educational information from placement to placement in the training programme is fundamental to the training process and is applicable to every trainee.

Trainees also have an important employee relationship with Aster MIMS Kannur. In situations where Aster MIMS Kannur has had to take disciplinary action against a trainee because of conduct or performance issues, it may be that the employment contract ends before these proceedings are completed, in which case it may be appropriate for the employment contract to be extended while investigations are in progress. It is in the trainee's interest to have the matter

resolved, even if they move on or have already moved on to the next placement in the rotation.The PD will usually help to facilitate this.

It will be essential in such circumstances for the educational supervisor and at the trainee's next placement to be made aware of the ongoing training and these are addressed.

Where a trainee has significant health issues that may impact the education process and these are under occupational health review commissioned by Aster MIMS Kannur, the trainee's consent to share such review reports will be necessary.

It is also essential, for the sake of patient safety and to support the trainee where required, that information regarding any completed disciplinary or competence issue (and a written, factual statement about these) is transferred to the next employer. This should make reference to any formal action taken against the trainee, detailing the nature of the incident triggering such action, any allegations that were upheld (but not those that were dismissed) and the outcome of the disciplinary action along with any ongoing or planned remedial training. Information about any completed disciplinary procedure that exonerated the trainee will not be passed on.

The ARCP process that incorporates educational and clinical supervisor reviews should ensure that Aster MIMS Kannur is aware of the progress and performance of all its employees who are in postgraduate training.

Where a trainee has identified educational or supervisory needs that must be addressed as a result of the disciplinary process, information concerning these will be transferred by the PD to the educational supervisor in Aster MIMS Kannur.

In all of these circumstances, the trainee has the right to know what information is being transferred and the right to challenge its accuracy but not to prevent the information being transferred.

In all professions, it is recognized that employees may sometimes encounter difficulties during their career. These may show up in various ways (e.g. in terms of conduct, competence, poor performance, ill health or dropping out of the system). Although it is recognized that the cost of training doctors is high and that their retention is therefore often cost effective, it cannot be at the expense of patient safety, which is of paramount importance.

Where personal misconduct is unconnected with training progress, Aster MIMS Kannur may need to take action in accordance with local HR policy and Standing order of the Organization.The PD should be involved from the outset.

The end of an employment contract does not necessitate the discontinuation of a disciplinary process. Any warning or suspension notice would cease to have effect once employment with Aster MIMS Kannur ends but an inquiry should still proceed all the way to a finding. The range of responses to a disciplinary finding will, however be limited by the expiry of the employment contract. For example, Aster MIMS Kannur will not be able to dismiss an ex- employee or ask that a subsequent employer do the same. Any proven offence by a trainee must be recorded by Aster MIMS Kannur and should be brought to the attention of the relevant PD to its any impact on the training programme.

The PD should be aware of any disciplinary action against a trainee, at the earliest possible stage, and act on the information accordingly. Once a finding has been reached, the PD will need to consider whether it is appropriate to arrange further training placements and the terms of those placements. If it is not appropriate to arrange further placements because the findings preclude further training, removal from the training programme is the natural consequence.

The PD will seek assurance from Aster MIMS Kannur.

through the educational contract that trainees will be managed in accordance with the best employment practice.

The PD must not be involved as a member of a disciplinary or appeal panel in any disciplinary procedures taken by Aster MIMS Kannur against a trainee but may provide evidence to the panel and advise on training and education matters if required.

Termination of a trainee's employment contract after due process will mean that specialty training is discontinued and the training number is relinquished. An ARCP outcome will not be awarded in such circumstances.

8.3 Poor performance & incompetence

In the first instance where there are issues around poor performance and professional incompetence, Aster MIMS Kannur should advise the PD of any trainee who is experiencing difficulties as well as the action being taken to support and remedy any deficiencies.The PD and Aster MIMS Kannur must work closely together to identify the most effective means of helping/supporting the trainee while ensuring that patient safety is maintained at all times. Educational and informal but clearly identified and documented action should be taken wherever possible, prior to invoking formal measures.

On occasion, a trainee might make or be involved in a critical or serious, isolated medical error. Such situations may lead to a formal investigation and are stressful for all staff involved. The PD must be kept informed in writing at each stage of any such investigation and should ensure that all support is offered to the trainee throughout the process.

Where a trainee is expected to move to another training placement before the inquiry has been completed, the PD will ensure the continuing involvement of the trainee in the inquiry process.

8.4 Poor performance & the KMC (Kerala Medical Council)

At times, the performance of a doctor may be poor enough to warrant referral to the KMCs fitness to practice process. Trainees, in common with all doctors, may be subject to fitness to practice investigation and adjudication by the KMC. Significant fitness to practice concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety.

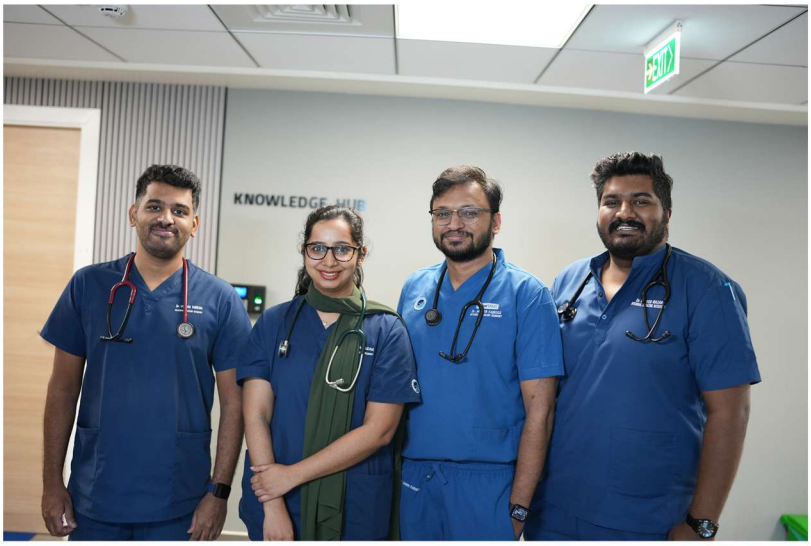
The following applies to trainees absent from training when they would be expected to be in training:

- The trainee must advise Aster MIMS Kannur and the PD if the absence is owing to ill health or maternity/ paternity leave.
- If the trainee is taking time off from the training programme for sickness, or maternity/paternity leave and the sum of these absences exceeds 14 days in any 12-month period, then a review of training should be undertaken and the expected end of training date adjusted.

Payment in respect of ill health, maternity/ paternity absence remains the responsibility of Aster MIMS Kannur.

CONCLUSION

This gold guide has been prepared for the guidance of trainees, supervisors, tutors and programme directors, and underpins the training programme delivered through IMT at Malabar Institute of Medical Sciences Ltd., (Aster MIMS Kannur), Kannur Kerala. The body of this document has been extracted from the approved UK curriculum and includes the syllabus requirements for IMT by collaborating with JRCPTB. The IMT programme at Aster MIMS Kannur shows the academic and professional commitment of Aster MIMS Kannur to provide world class education to young doctors aspiring greater heights in the practice of Internal Medicine.



How big is our ORGANIZATION?

Medcare Orthopaedics & Spine Hospital
Dubai - UAE

Medcare Women & Children Hospital
Dubai - UAE

Aster Hospital
Al Qusais, Dubai - UAE

Aster Hospital
Muscat - Oman

Aster Medcity
Kochi, Kerala - India

Aster MIMS
Calicut, Kerala - India

Aster RV Hospitals
Bangalore - India

Aster Aadhar Hospital
Kolhapur, India

Access Clinics

Medcare Hospital
Sharajah - UAE

Aster Hospital
Doha - Qatar

Aster Sanad Hospital
Riyadh - Saudi Arabia

Aster Wayanad Speciality Hospital
Kerala - India

Aster CMI Hospital
Bangalore

Aster MIMS Hospital
Kannur

Aster Clinics

Aster Pharmacies

Ramesh Hospital
Andhra Pradesh - India