ACCREDITATION REPORT
(Final)

MMA – Egypt

31 October – 01 November 2018

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ACCREDITATION ASSESSMENT
Education Provider Accreditation Visit Report

Purpose
Please note: this report is about the postgraduate medical education and training of doctors and not about the level of service provided.
Purpose of visit
- To improve the quality of education and training
- To ensure that agreed accreditation standards for the delivery of postgraduate physician education are being met
- To identify good practice

Section 1 – Accreditation assessment
Date of last visit: **not applicable.**
Current Accreditation status: **not applicable.**

Visit Details	
Education Provider/Country	Military Medical Academy – Cairo, Egypt
Date of visit	31/10/18 – 01/11/18
Training Programme visited	Kobbry el Koba Complex and El Maadi Hospital
Number of trainees from each specialty/CMT who attended the visit	Kobbry el Koba Complex – 22 candidates El Maadi Hospital – 22 candidates
Length of Training Programme	2 years

Visiting Team		
Position		
International Medical Director		
Head of School and Chair of Core Medical Training Advisory Committee		
Head of JRCPTB		
People to whom the visit report is to be sent		
President of the Military Medical Academy		
Assistant Defense Attaché for Medical Affairs		
Information and Reports received prior to the visit	Received	
Pre-assessment Accreditation form	**August 2018**	

Section 2 – Follow up from previous Accreditation Assessment visit
Action Plan from previous Accreditation visit – not applicable

Visit Rating	Summary of concern	Recommendation	Follow up
		Not applicable	

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

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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.

NOT ACHIEVED – no formal system of feedback on educational standards and learning.

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.

PARTIALLY ACHIEVED – Reasonable evidence at one site whilst the induction process appears to be implicit and not explicit at the other.

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:

> ACHIEVED (a – e) – but note there is a 24 hour rota routinely.
>
> **a). make sure doctors in training have appropriate clinical supervision.**
>
> **b). support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors.**
>
> **c). provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme.**
>
> **d). give doctors in training access to educational supervisors**.
>
> **e). minimise the adverse effects of fatigue and workload.**

R1.8 Handover of care[1] 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.

PARTIALLY ACHIEVED – candidates receive direct feedback on clinical cases with some opportunity for discussion with no real face to face discussion on overall progression and performance.

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

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

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.

NOT ACHIEVED – on one site there was no real evidence of assessment. The second site had some end of placement assessment.

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.

R2.1	**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.**
	PARTIALLY ACHIEVED – not apparent that the intended governance was systematically applied. A lack of evidence of some of the intended systems.

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 leaners, 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.

R2.2	**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	**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	**R2.4 Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – to demonstrate fairness** PARTIALLY ACHIEVED. This did not appear systematically applied.
R2.5	**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	**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.** PARTIALLY ACHIEVED. There are intended systems which are not systematically applied and do not assess the breath of the intended curriculum.
R2.7	**R2.7 Organisations must make sure that each doctor in training has access to a <u>named educational supervisor</u> 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	**R2.8 Organisations must have <u>systems and processes to identify, support and manage learners when there are concerns</u> about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.** ACHIEVED.
R2.9	**R2.9 Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practice concerns about a learner, particularly when a learner is progressing to the next stage of training.** NOT APPLICABLE.
R2.10	**R2.10 Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.** ACHIEVED.

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of EDINBURGH

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PHYSICIANS AND
SURGEONS OF GLASGOW

Royal College
of Physicians

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	**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	**R3.2 Learners must be encouraged to take responsibility for looking after their own health and wellbeing.** ACHIEVED.
R3.3	**R3.3 Learners must not be subjected to, or subject others to, behavior that undermines their professional confidence, performance or self-esteem.** Partially achieved – no evidence of policy.
R3.4	**R3.4 Organisations must treat learners fairly and provide them with equal opportunity to learn.** ACHIEVED.
R3.5	**R3.5 Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.** NOT ACHIEVED – candidates were not aware of the curriculum.
R3.6	**R3.6 Doctors in training must have information about academic opportunities in their programme or specialty.** ACHIEVED.
R3.7	**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.** PARTIALLY ACHIEVED - little evidence of meaningful feedback on one site. Some feedback on the second site.
R3.8	**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.**

	PARTIALLY ACHIEVED – no evidence of careers advice.	
R3.9	**R3.9 Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.** PARTIALLY ACHIEVED – minimal explicit learning outcomes apart from the examination.	

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 was some evidence of supporting new tutors but did not appear systematic.

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

NOT ACHIEVED – no evidence of appraisal of their educational responsibilities.

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	**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.** NOT ACHIEVED – no evidence that a curriculum is being followed. **b). sufficient practical experience to achieve and maintain the clinical or medical competencies (or both) required by their curriculum.** PARTIALLY ACHIEVED – there is plenty practical evidence experience but no obvious curriculum being followed. **c). an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the overall programme.** NOT ACHIEVED – no understanding of

	curriculum.
	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	**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** NOT ACHIEVED – no evidence of curriculum or assessment used, apart from the examinations.
R5.3	**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** PARTIALLY ACHIEVED - in course assessments do not appear to be properly embedded and Tutors are not appraised.
R5.4	**R5.4 Educators must be trained and calibrated in the assessments they are required to conduct** NOT ACHIEVED – minimal evidence of any significance training in assessment.
R5.5	**R5.5 Educators should ensure assessments are fair and give all learners equal opportunity to pass**. PARTIALLY ACHIEVED – but applies to examinations only.

Section 4 – Notable Practice

	Notable Practice Note as * any exceptional examples that have the potential for wider use or development elsewhere by JRCPTB
1	Very strong culture of patient safety
2	Excellent facilities and IT infrastructure
3	Great depth and varied case mix
4	Robust system of candidate supervision

Section 5 – Mandatory Requirements

	Mandatory Requirements	Actions/Evidence Required	Reference (Domain and paragraph no.)	Due Date
	Not applicable to Level One accreditation.			

Section 6 – Recommendations

	Recommendations	Reference (Domain and paragraph no.)
1	Develop and write a single locally owned curriculum across all sites.	Theme 5
2	This new curriculum should use a simple syllabus and have a formalised system of programmatic assessment. This should contain as a minimum structured supervisors reports and a multi-source feedback (MSF) for candidates. It should clarify the roles of workplace based assessments (WPBAs), local exams and the MRCP. This could be enhanced by using an ePortfolio.	Theme 5
3	Fully implement the effective use of the current log book on all sites.	Theme 5
4	Develop a structured teaching programme that is more interactive and less didactic. This should be clearly linked to point two of the Recommendations and cover all aspects of the curriculum.	Theme 3
5	Ensure that all written assessments of candidates are discussed with and copied to the trainee/student and placed in their log book/ePortfolio.	Theme 3 and 5
6	Introduce a straight forward and open system of feedback based on the performance of trainers and the training programme.	Theme 4
7	Introduce a regular process of training of all trainers to support the introduction of 1-6 Recommendations. Ensure all new Tutors are trained within 3 months of starting as a Tutor.	Theme 4
8	Consider the introduction of a pilot of clinical audit that looks at standards beyond mortality and morbidity on all sites.	Theme 1 and 2
9	Expand the number of examiners and introduce routine PACES teaching.	Theme 2 and 4
10	To consider asking Federation for on-going support to this process of change. Agreed with Professor Tawdy that five members of staff will attend the Development Day in December 2018.	Theme 2

Section 7 – Accreditation Approval

The Egyptian internal medicine programme is accredited at:

LEVEL ONE (preparatory) for two years

Signature:

Dr Gerrard Phillips
Executive Medical Director
On behalf of the Board of The Federation of the Royal Colleges of Physicians (UK)
Date: 17/12/18