

Annual Report 2018

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Who we are

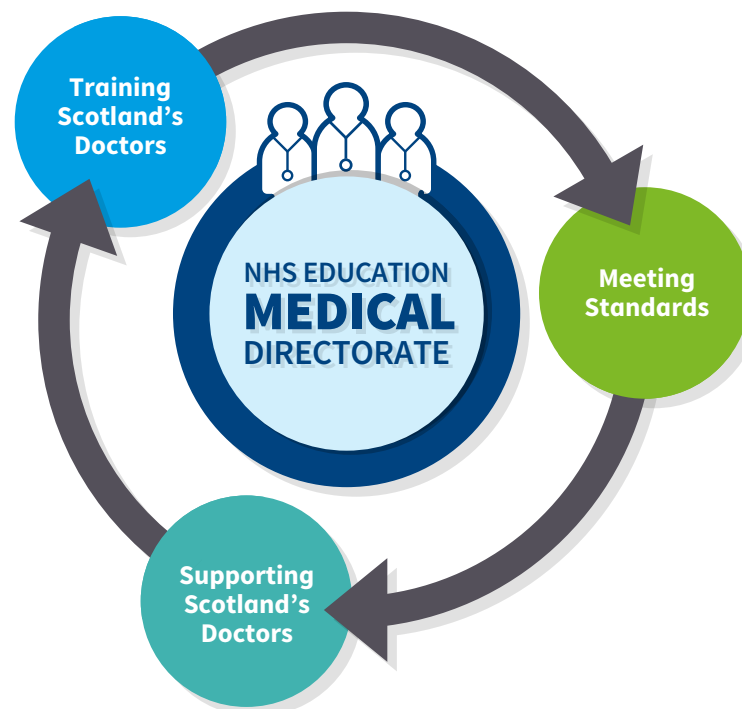
The NES Medical Directorate's primary responsibility is the education and training of doctors in Scotland. Working with a range of stakeholders our work covers undergraduate, postgraduate and the continuing professional development of Scotland's medical workforce.

We are also responsible for the appraisal and re-validation of all doctors in Scotland as well as a number of cross cutting and multi-professional programmes, including patient safety, quality improvement of patient care and the development of Scotland's remote and rural workforce.

Most of our focus is on the training of Scotland's 6000 postgraduate trainee doctors who deliver care every day while in hospitals and general practices within NHS Scotland. We oversee this training, making sure it meets the regulatory standards of the GMC and that trainees make the right progress.

Through distribution of Additional Cost of Teaching (ACT) funding, we support the undergraduate medical education and training delivered by Scotland's 5 medical schools: making sure significant resources are used properly to underpin the clinical teaching of medical students in hospitals and general practices.

The continuing development of doctors is another key task and we support many educational and training initiatives for fully trained Consultants, General Practitioners and Associate Specialists. Alongside this we lead on multi-professional training schemes for pharmacists, general practice nurses and general practice managers, whilst having a pivotal role in relevant research through our involvement in the Scottish Medical Education Research Consortium.



About Us

Our overarching aim is to deliver first-class medical education and training for Scotland to ensure safe, effective care for patients, both now and in the future.

Working with all our partners, we aim to achieve this by:

- 1** Organising and providing excellent training programmes that attract high quality doctors to Scotland.
- 2** Meeting and exceeding all regulatory standards through consistent application of best practice and the principles of continual improvement.
- 3** Supporting the ongoing educational and training of Scotland's trained doctors, together with those who support their work.






Highlights

 **6000** TRAINEES 

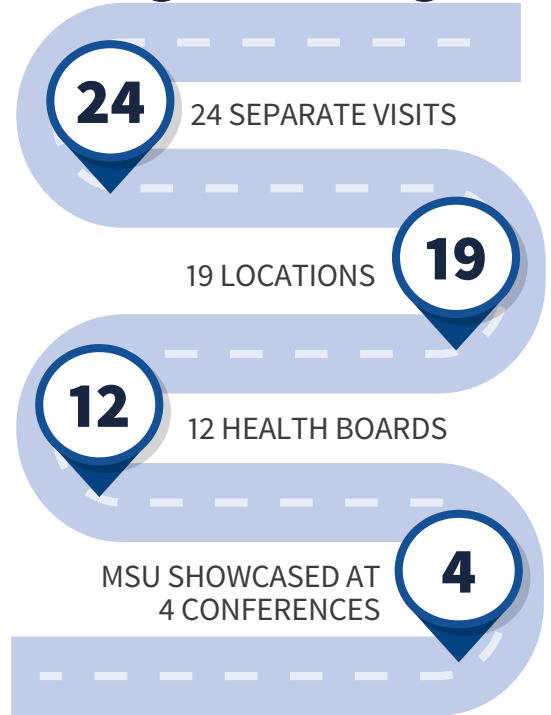

5230
 SUCCESSFUL
ARCPs
 ANNUAL REVIEW
 OF COMPETENCE
 PROGRESSION

566 
 SUCCESSFUL
CCTS CERTIFICATE OF
 COMPLETION
 OF TRAINING


1889
 USERS
 REGISTERED WITH FDA
 IT PLATFORM

5000
 ENROLMENTS
 ON SIX ONLINE
 CLINICAL SKILLS
 RESOURCES
 RESULTED IN
2881
 COMPLETIONS
  


MOBILE
 SKILLS UNIT



69 HOSPITAL VISITS **32** TRIGGERED VISITS **22** SCHEDULED VISITS **10** PROGRAMME VISITS

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Welcome

Welcome to the 2018 Annual Report and our review of another productive year for the Medical Directorate and the Scotland Deanery.

As before, we aim to give you an account of what we have achieved and some impression of the value we have added to medical education and training in Scotland. Organised under the headings of training Scotland's doctors, meeting standards and supporting Scotland's doctors we describe the year's key events and achievements.

Our core mission to successfully recruit, educate and train 6000 trainee doctors remains at the heart of all we do. To achieve this, we have continued to build Turas, our digital platform, working with our teams to make sure support for trainees is robust and consistent across Scotland. Notably we have now moved all Foundation trainees within the Scottish Foundation School onto the platform and introduced a new single process for Annual Review and Progression (ARCP) as well other uniform approaches to flexible working, transfers and appeals. Recruitment, as in the rest of the UK, remains challenging, but despite this we have managed to expand our numbers and recruit more trainees than in 2017.

The Quality Management of our training is a priority and we continue to improve our work in this important area. Ongoing efforts to drive our variation and secure consistency saw the introduction of new question guides that are now used on all Deanery visits to Health Boards, to maintain focus and uphold training in relation to GMC standards. We continue to work closely with Health Board partners to make improvements and it has been most heartening to see 2 Health Boards removed from the GMC Enhanced Monitoring process, over the course of the year.



CAROLINE LAMB
Chief Executive



STEWART IRVINE
Medical Director & Deputy
Chief Executive

More widely we continue to invest in Scotland's doctors, by supporting knowledge and skills across a range of areas. By building faculty capacity, we help to ensure Scotland's trainers have the necessary skills and expertise to impart excellent training, ranging from generic teaching skills to bespoke modules for specific purposes, of which you can read more of in the review.


Further to all of this, we are pleased to note the favourable outcome of the GMC's National Review of Scotland, with many key Scotland Deanery systems and processes found to be working well.

Along with our partners in the wider NHS and in Scotland's 5 medical schools, we continue to be absolutely committed to safe and effective care of patients both now and in the future. Our committed teams continue to make sure this happens, and we commend the 2018 Annual Report to you as a summary of their much-appreciated work.



Training our Doctors

Training our Doctors: **Highlights**

DISCIPLINE	 TRAINEES NUMBER OF TRAINEES IN PROGRAMME	 ARCPs SUCCESSFUL ANNUAL REVIEW OF COMPETENCE PROGRESSION (ARCPs)	 CCTs SUCCESSFUL CERTIFICATES OF COMPLETION OF TRAINING (CCTs)
ANAESTHETICS, EM & ICM	591	552	57
DIAGNOSTICS	232	218	29
FOUNDATION	1639	1581	NA
GP/OH/PH	1100	966	237
MEDICINE	873	811	112
MENTAL HEALTH	278	254	33
OBS/GYNAE & PAEDS	475	368	47
SURGICAL	612	480	51

Training our Doctors: Overview

The last year has seen the use of new single processes around Annual Review and Progression, flexible working, transfers and appeals. The Performance Support Unit is now fully operational and working across Scotland to provide more standardised and best practice support for doctors experiencing difficulty in their training.

We have been central to the plans for regional employment, where trainees will have one employer during their programme.

There are still regional strengths of local knowledge and support for our trainers and TPDs, but we continue to work nationally to develop consistent approaches with closer working with Specialty Training Boards in particular.

We have continued to see our digital platform Turas expand with the Scottish Foundation School moving onto the new Portfolio, allowing integrated information flow across the training system, the online learning platform and the portfolio for recording training achievements without repetition and with a single sign on.

So much of what we do is invisible to the trainee doctor, but we have worked with trainee reps and our talented Scottish Clinical Leadership Fellows to find out how we can improve contact and minimise repetitive data sharing.



We have focused on creating a suite of video case studies showcasing trainees in specialties across Scotland, to highlight the benefits and challenges of training in Scotland.

We had a six month residency on the Guardian website giving further airing to what makes Scotland a great place to train. This should help anyone looking for advice and more information on training and what to look for, and to assist anyone from outside Scotland in getting an idea of what training here is like.

We recruited more trainees than last year as we have expanded our numbers, but we still have gaps in some specialties and rotas, so we are monitoring the Scottish Targeted Enhanced Recruitment Scheme in General Practice, where bursaries are awarded to trainees taking up post in more remote and harder to fill programmes.

It has been a challenging year in balancing priorities within financial constraints, but our teams across Scotland continue to provide our trainees with advice and expert support, working with our Board colleagues and other Deanery teams. We are continuing to learn and improve with our trainees' help.

Training our Doctors: **Looking ahead**

Next year will be our year of improving communication and partnership working with our Board colleagues and trainees. The introduction of single employer in August will mean that trainees will be less burdened with employment checks and tax issues, and that any additional support will follow them from placement to placement as their employer remains the same.

We need to ensure that this does not mean an increase in forms, communications and repetitive information provision. Trainees should still be able to do something once like notify sickness, and the systems should flow behind the scenes to ensure key personnel are informed. We are working closely with Boards to ensure information is available to those who need it, but is secure and confidential otherwise.

With the development of the three Regional Boards in Scotland, we are learning to work more closely in planning and workforce development with our Board colleagues and Scottish Government.

As the Scotland Deanery has been in place for 5 years we have mature single processes which are due for review. We also want to focus on meeting the agenda for improving junior doctors working lives, working with Scottish Government, Board and BMA colleagues, to make sure our doctors in training are supported and able to balance training, working and home circumstances effectively.



We are working closely with Boards to ensure information is available to those who need it, but is secure and confidential otherwise.

Training our Doctors: **Looking ahead**



We have reviewed and revised our GP training to accommodate the 100 additional training posts so that we have improved, focused training in relevant specialties for our 1200 GP trainees.

We are also striving to expand the opportunities for training in primary care specialties and settings, with more placements for Foundation doctors in primary care settings.

We have reviewed and revised our GP training to accommodate the 100 additional training posts so that we have improved, focused training in relevant specialties for our 1200 GP trainees. Improving Surgical Training is piloting the new curriculum, part of the changes to training structure to be delivered by the Shape of Training Programme. Other specialties, for example core psychiatry, are due to follow.



Thriving in Medicine



Case Study: Helping trainee doctors to thrive

The deanery has developed a suite of information (available on the Scotland Deanery website) to help trainee doctors to thrive and enjoy their career in medicine:



[www.scotlanddeanery.nhs.scot/
trainee-information/thriving-in-medicine](http://www.scotlanddeanery.nhs.scot/trainee-information/thriving-in-medicine)

Recognising that working in medicine is both rewarding and challenging, this has been developed to support doctors in training fulfil their potential and was led by Professor Clare McKenzie (Postgraduate Dean – East region) and Dr Lesley Curry (Scottish Clinical Leadership Fellow). The focus is on thriving in the unique environment of clinical medicine by improved personal resilience which can benefit trainees themselves as well as the experience of those they are working with and the patients they are treating. The team are clear that being resilient is not about being tough and hardy and recognise that the resources are equally relevant for trained doctors as well as those in training.

Personal resilience development involves encountering challenges or adversity and absorbing these into your own experience, then being able to use these experiences as you move forward throughout your career.



Thriving in Medicine



Case Study: Helping trainee doctors to thrive

As well as the web resource, the team developed a three-module course (TiMe – Thriving in Medicine) which was piloted in Autumn 2017 for FY1 and FY2 doctors in the East Region. The aim of the course was to provide these new trainees with an insight into the emotional demands of working in medicine and the NHS, and to provide them with a personal toolkit which would enable them to respond positively to challenges. With analysis of the feedback, changes will be made to the course to make it more widely available.

The deanery recognises that training to become a doctor can be many or all the following:

- Stimulating
- Challenging
- Rewarding
- Daunting
- Intellectually demanding
- Emotionally demanding
- Stressful

The guidance provided by the deanery is intended to support trainees' personal reserves for the challenges of working in medicine. The web pages and training courses cover the following topics:

- Recognising Pressure
- Thought Processes and Emotional Intelligence
- Growth Mindsets
- Links to further online resilience resources
- Stress Management
- Positive Relationships, Reflections & Goals
- Health & Wellbeing
- Time Management
- Links to Further Help and Support (websites and books)
- Dedicated support for doctors (BMA, Doc Health, Doctor Support Service)
- Where to find help if you are overwhelmed or distressed



Meeting Standards

Meeting Standards: Highlights



TRAINING PROGRAMMES
WITHIN REMIT OF THE sQMG

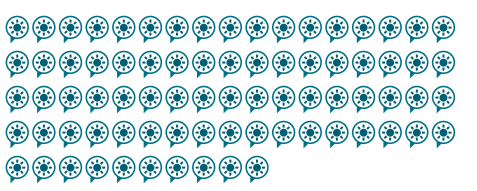


TRAINEES
WITHIN REMIT OF THE 8 sQMGs



AUGUST 2016 - END JULY 2017

FOLLOWING QUALITY REVIEW PANEL



78
LOCAL APD ENQUIRIES

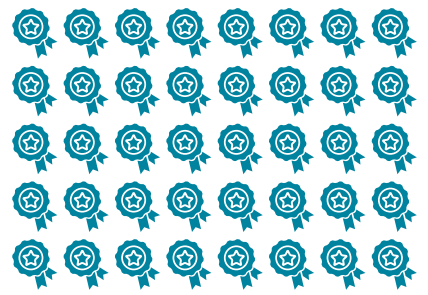


9
DME ENQUIRIES



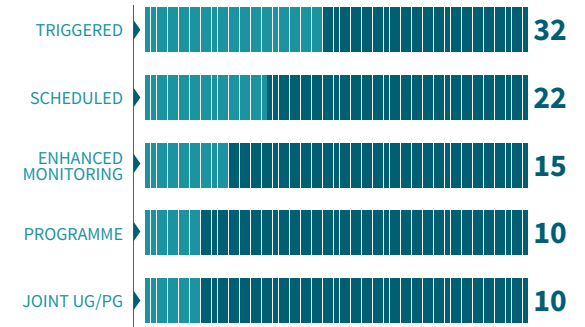
56
LETTERS OF RECOGNITION

SPECIALTY QUALITY MANAGEMENT GROUP MEETINGS



HELD BETWEEN AUGUST 2016 - END JULY 2017

40



VISIT REPORTS

Meeting Standards: Overview

2017 was a busy and productive year, culminating with the GMC National Review of Scotland that took place in the last 3 months of the year. Ahead of the visit we were very focussed on our systems making sure we could demonstrate how we quality manage education and training on behalf of the GMC in Scotland.

Initial feedback from the visit confirmed that our quality system is working well and how we are working effectively with partners in health boards and medical schools to uphold GMC standards.

Amongst the many updated operating procedures and new tools was the introduction of new question guides to be used on all Deanery visits. Based on recently published GMC questions guides our new questions set delivers consistency of approach and ensures all standards are covered as part of our visiting process.

Working jointly with the GMC we also saw progress in training sites subject to the GMCs Enhanced Monitoring process, with two sites improving sufficiently to be removed from the measure. This being testament to the earnest work put in by trainers in the sites involved who strove to turn the situations around.

Joint quality management visiting with medical schools has continued, helping to us to consistently apply the shared GMC standards that now cover undergraduate and postgraduate and medical education. The initial success of this pilot is the platform for further roll out and collaborative working with medical school partners.

We introduced changes to the Scottish Training Survey, our four times per year end of post quality survey, that has resulted in fewer, more incisive comments. These comments also have a 250 character restriction. New guidance, which encourages trainees to only leave comments which add further insight beyond their closed-end responses, began in the November/December 2017 survey run resulting in 439 comments split evenly between positive and negative. This is a much-reduced number that has really helped us to focus on what adds to the intelligence we hold about training, allowing our senior clinicians more time to carefully consider each comment within the context of what else is known. The quality of comments by trainees continues to be very high and, working with Scotland's Directors of Medical Education, we continue to sensitively follow-up all areas of concern.

Over 2017 we actively contributed to Sharing Health Intelligence for Health and Care Group that looks across Scotland's Health Board areas to identify any early signs of system stress. Using data from our surveys we have been able to offer comment on the state of training and education in individual health boards and add significantly to the combined assessments for each health board.

Meeting Standards: Overview

Medical Additional Costs of Teaching (ACT)

The management of Additional Costs of Teaching (ACT) for undergraduate medical students within NHS Scotland continues to be a key responsibility for NHS Education for Scotland (NES).

Medical ACT work is supported by an annual budget of approximately £75 million which is fully distributed each year by NES via the Medical ACT allocation model to the Health Boards in Scotland to allow them to meet the additional costs of teaching medical students within the NHS.

The NES Medical ACT team continues to work with groups within the Medical ACT infrastructure including Regional ACT Groups, the Medical ACT Working Group and ACT officers to improve the quality of undergraduate teaching within NHS Scotland, review relative levels of hospital and GP teaching activity and ensure Medical ACT funding remains responsive to changing curricula and Scottish Government medical workforce policies. The newly established Medical ACT Governance Group (MAGG) oversees the management of the Medical ACT model and distribution of funding to ensure Medical ACT funding delivers value for money.

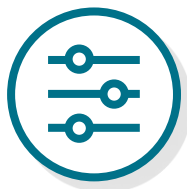
A key change this year was the introduction of an ACT levy for non-EEA students by the Scottish Government in August 2016. Prior to the introduction of the levy, only Scottish Funding Council funded students were included in the allocation process despite all students being taught in NHS locations. Following commencement of the levy, all students (SFC number + overseas non-EEA) are included the allocation process.

The additional funds generated by the levy are currently used to deliver the Medical Education Package:

- A widening access initiative, aimed to assist more students from deprived backgrounds to enter the medical profession (commenced in August 2016).
- A pre-medical entry programme aimed at providing students with the experience and qualifications required to meet entry level requirements to study medicine at university (commenced in August 2017).
- The Scottish Graduate Entry Medicine (ScotGEM) programme. A four year graduate entry medical programme with a focus on rural medicine and healthcare to support the recruitment and retention of doctors in these areas. The programme is joint between St Andrews and Dundee Universities.
- A 'return of service' bursary available to all ScotGEM students from autumn 2018.

Health Boards continue to report annually to NES on the use of ACT funding, the distribution of ACT funding to directorate budgets and the number of ACT funded sessions in job plans. These accountability reports allow for a comparison of the local distribution of funding with the teaching activity identified through the MoT data, significantly improve transparency and ensure value for money.

Meeting Standards: **Overview**



The review will... inform the development of a consistent approach to measuring and resourcing undergraduate teaching in primary care through Medical ACT.

Moving forward, the Medical ACT team will be conducting a review of current approaches to delivering undergraduate teaching in primary care for all medical schools in Scotland. The review will also look at the associated costs in all Health Boards to inform the development of a consistent approach to measuring and resourcing undergraduate teaching in primary care through Medical ACT. The review is in response to Scottish Governments vision of increasing the number of primary care and remote and rural placements in all Medical Schools.



Meeting Standards: **Looking ahead**

2018 promises to be another year of change and improvement. The significant vote of confidence given to our quality system, by the GMC, is now the catalyst for further development and refinement of the way we work and how we effect quality improvement in Scotland.

That our quality management approach and quality control in Scotland's health boards are both now thought to be working well, we plan to shift our emphasis from reactive scrutiny to longer term improvement, carried out in partnership with health board colleagues.



We plan to shift our emphasis from reactive scrutiny to longer term improvement.

To underpin this, we plan to reorganise our quality workstream and its meeting structure to focus more on improvement and supporting boards to make sustainable changes, whilst still driving up internal performance through comprehensive training and system refinements.

Going forward we also plan to proactively publish visit reports and action plans as a matter of routine to help to ensure openness, transparency and engagement with all stakeholders including: trainees, trainers and patients. This development bringing us into line with other Deaneries in the UK.



Feedback from doctors in training



Case Study: Feedback from doctors in training really matters!

As trainees, we think all of us can be forgiven for sometimes having a fairly loose understanding of management and training structures within Scotland. Health Boards, NHS Education for Scotland (NES), Royal Colleges, the GMC: all very important, but the complexity of the organisations and their various interactions can be somewhat confusing, and quite frankly, we have often felt we have enough to get on with.

To counter this some of us last year took up positions as Trainee Associates within the Quality Management Team at NHS Education for Scotland. The Quality Management Team's remit is to review every training environment where Foundation, GP or Specialty Trainees work, and ensure that the training on offer meets the standards set by the GMC, Royal Colleges and, most importantly, the expectations of trainees themselves.

It can feel frustrating when we don't feel we are being trained as expected or jobs don't provide the opportunities we believe that they should. The Quality Management Team exists to address this. However, what we as Trainee Associates hadn't appreciated was how essential a role we as trainees play in this process, and the enormous power to effect change that is contained within the GMC National Training Survey (NTS) and the Scottish Training Survey (STS).



The Quality Management Team's remit is to review every training environment where Foundation, GP or Specialty Trainees work.



Feedback from doctors in training



Case Study: Feedback from doctors in training really matters!

(Those are the surveys they have us complete at the end of the block when we're frantically trying to get our last few Workplace Based Assessments (WPBAs) and reflections done while working full-time and sitting exams etc.)

With these survey responses the Quality Management Team are able to review every learning environment and assess whether they are meeting the standards expected of them. Structured questions as well as free text comments give us an idea of the good and not so good experiences of trainees. However, without this feedback from trainees we have very little information to go on and have no way of knowing which settings might be struggling. Furthermore, if not enough trainees respond to a survey for a particular site then it is also very hard to interpret the results as the NTS requires a minimum of three trainee responses and the STS five before information is made available to the Quality Management Team.

If problems are identified through analysis of the survey data, then visits to the hospital or training programme are arranged – urgently if needs be. These visits are an essential part of what the Quality Management Team at NES does. The survey information is vital in flagging up potential problem areas at a site, but it is often only by going there and talking directly to the people involved that specific difficulties can be identified and addressed.

During these visits we talk to all the trainees and clinical supervisors working in a particular setting, as well as allied health professionals and nursing staff. The groups are seen separately and anything discussed is confidential. If we find issues, we raise these to the highest levels and insist upon review and improvement where required.

First hand we have been able to see and be involved in this process. We have both been impressed by the dedication of the Quality Management Team to ensure good training is available to all, and also the action of trainers to work with us to ensure this is the case.

Postgraduate Medical training in Scotland is already excellent, but there is always room for improvement and inevitably some areas struggle more than others.

This is a rallying cry to the trainees who might feel they don't have time to complete their NTS or STS, because the fact is: the ball's in your court! If your feedback isn't there, then we can't do our jobs properly, and any problems that you moan about to your friends in the pub after yet another horrendous shift will just continue.

Dr. Alastair Hurry and Dr. Patrick Hughes



Supporting Scotland's Doctors

Supporting Scotland's Doctors: **Highlights**

FDA
IT PLATFORM



1889

REGISTERED

4
REFRESHER
COURSES TRAINING



70
CLINICIANS

2ND
NATIONAL
SAS
DEVELOPMENT DAY

WORKSHOPS PROVIDED BY:

- ▶ GMC ▶ BMA ▶ NES
- ▶ RCPSG

MOBILE
SKILLS UNIT

SHOWCASED AT



4

CONFERENCES

FULL
CAPACITY OF

SAS
GRADES

ATTENDED FROM
ACROSS SCOTLAND

MOBILE
SKILLS UNIT

- 24** SEPARATE VISITS
- 12** HEALTH BOARDS
- 19** LOCATIONS

5000
ENROLMENTS

ON SIX ONLINE
CLINICAL SKILLS
RESOURCES RESULTED IN

2881
COMPLETIONS
IN 2017

13
APPRAISER
COURSES TRAINING



181
CLINICIANS

Supporting Scotland's Doctors: **Overview**

To maintain high levels of healthcare provision and patient safety it is important that training is a continuous activity for healthcare professionals within the NHS.

To achieve this the NES Medical Directorate Professional Development workstream exists to develop and deliver a range of uni-professional and multi-professional activities in support of doctors in training, their trainers, and the wider trained healthcare workforce.

Training has been designed so it can be delivered within a range of settings wherever needed throughout Scotland. The development of remotely accessed flexible training allows NES to offer training which covers most NHS staff, allowing the balance to be struck between a highly skilled workforce with minimal time out of the workplace.

Faculty Development (Train the Trainers)

- We deliver a Trainer's Workshop as an 'entry-level' train the trainers course for all trainers to support the GMC's Trainer recognition requirements, and to support GMC approval for GP trainers; the Scottish Prospective Educational Supervisor's Course, Approved and Experienced Educational Supervisor Workshops
- We have developed a new one-day Trainer Workshop Plus (TW+) for experienced Educational Supervisors with more than 5 years' experience in an educational role
- We have piloted a new pre-CCT Trainer workshop. This workshop is offered to trainees in their final year for Specialty Training with the aim of them being 'trainer-ready' when appointed to a Consultant role
- We also deliver a Supporting Trainees with Difficulties Course and a Training Programme Director Course
- Significant progress has been made in recent months towards the introduction of a new, more robust, process for the initial Recognition of new Trainers; and development of a new Quality Management/Quality Improvement process
- Since its introduction in 2016 as the main booking Portal for access to the Scotland Deanery's Train the Trainer resources, the FDA IT platform now has 1,889 registered users
- We have rewritten the Approved Medical Practitioner Training Programme material for Part 1, Part 2 and Update training. Train the trainers courses ran in late 2017 and courses with the new material will be offered in 2018

Supporting Scotland's Doctors: **Looking Ahead**

Looking ahead



A review of new course content for the Trainer Workshop and LAMP will be undertaken by their respective faculty groups. We have committed to working towards providing places on the trainee LaMP programme for at least 80% of the average number of CCTs per year; with an increased faculty it is expected that this target will be achieved in 2018. Roll-out of the new processes which support Recognition of Trainers will take place early in 2018.

Leadership and Management Training

- A review of the content of the LaMP programme was undertaken and new content developed for introduction in 2018 and several new members of Faculty have been recruited to deliver an increased number of courses
- We recruited 11 trainees to Cohort 7 of the prestigious Scottish Clinical Leadership Fellowship (SCLF) that commenced their year-long Fellowship in August 2017
- An evaluation of the Scottish Clinical Leadership Fellowship has been published in the publication BMJ Leader:

<http://bmjleader.bmj.com/content/2/1/40> ➔

Looking ahead



We have recruited a further 12 trainees to Cohort 8 of the SCLF to commence their Fellowship in August 2018. Cohort 8 will involve the largest range of organisations to host Fellows to date, including NES, the Scottish Government, Royal Colleges, other special and territorial Boards, regional workforce groups, and medical school groups.

Supporting Scotland's Doctors: **Looking Ahead**

GP Fellowships

- We recruited to three GP Health Inequality Fellowships, four Medical Education Fellowships and ten GP Rural Fellowships
- The GP Rural Fellowships are co-funded between NES and participating Health Boards and published evidence confirms an important recruitment and retention impact on rural practice in Scotland

Appraisal and Revalidation

- We are mandated by Scottish Government as sole provider of appraisal training for clinicians requiring appraisal and revalidation in Scotland. Appraisals can only be conducted by a NES-trained appraiser
- We currently offer two training products – a two-day course which is mandatory for anyone wishing to become a new appraiser, and a one-day refresher course for experienced appraisers. We recommend that experienced appraisers attend a refresher course every five years
- The appraisal year runs from April to March and in the 2016-2017 period we facilitated 13 New Appraiser courses, training 181 clinicians, and 4 Refresher courses, training 70 clinicians. Course delegates come from both Primary and Secondary Care

Looking ahead



When the GMC introduced revalidation it was on a five year cycle and the first full cycle has now completed. This has provided useful experience for all stakeholders and is enabling reviews and refinements to the structure and operation of the appraisal and revalidation process.

Supporting Scotland's Doctors: **Looking Ahead**

The Specialist and Associate Specialist (SAS) Development Programme

- The programme has been established for five years, and continues to build on its early successes. There is an experienced SAS team in place with representation in each of the Health Board areas, raising the profile of SAS both locally and national
- The second National SAS Development day was held in association with RCPSG March 2017. This included a host of interactive workshops provided by GMC, BMA, NES and RCPSG and was attended by a full capacity of SAS grades (130) from across Scotland
- Eight SAS Education Advisers (EAs) organised local meetings in their local Health Boards, with 119 individuals attending overall
- 53 applications were made to the SAS development fund, supported by local EAs, of which 94% of applications were approved. Examples of training which deliver new or improved services in the various Health boards include skin surgery, Echo, and Breast Ultrasound / aspiration; all improving access to care and improving the safe, effective service to patients in keeping with Scottish Government's 2020 Vision
- 14 doctors attended our courses on applying for CESR, run jointly with GMC. Six individuals with clearly identified gaps in training were supported by the SAS fund to undertake supervised secondments which should enable those individuals to achieve the competencies they require to make a successful CESR application. This work was presented in poster format at SMEC 2017.
- The SAS Programme delivered bespoke courses for SAS; 25 individuals attended a new course for SAS jointly run with GMC on Professionalism and Introduction to Leadership; 35 SAS attended a newly developed Court Skills course run with Central Legal Office; 17 Dentists had bespoke training on "Adults with Incapacity"
- 13 SAS have attended the initial workshop in Leadership and Management, supported by the SAS Programme, with the date for the second workshop scheduled later in 2018; a further 16 SAS doctors and dentists have completed the training programme over this year
- The SAS Development Programme organised a survey of all SAS Doctors and Dentists in Scotland, obtaining vital information on their current training needs and providing evidence to demonstrate the on-going need for SAS funding.

Supporting Scotland's Doctors: **Looking Ahead**

The Specialist and Associate Specialist (SAS) Development Programme

Looking ahead



The SAS Education Advisers in each of the Health Board areas are to receive formal training from the Careers Management team. This should provide the EAs with additional skills to support the doctors or dentists who may be considering a SAS post or who may wish to move from a SAS post back into training. Generic SAS learning needs are being addressed with tailored training courses being developed and scheduled, including Quality Improvement in 2018. The SAS Development Programme continues to receive increasing numbers of applications and will continue to support the specific training needs of individual SAS in order to learn new or improved skills that will enable them to improve patient care.



Supporting Scotland's Doctors: **Looking Ahead**

Safety, Skills and Improvement

- We deliver effective clinical handover education sessions to Foundation Doctors throughout NHS Scotland (>591 last year attendees across 10 NHS Boards)
- We deliver multidisciplinary workshops on addressing patient safety within complex healthcare systems using Human Factors and ergonomic principles (38 workshops)
- We produced an introductory e-learning module on Human Factors/ Ergonomics
- We tested and verified the application of the 'Always Events' patient centred approach to quality improvement
- We developed educational resource for safety and quality improvement methods in primary care to support vocational training and the new Scottish GP contract
- We refined, tested and evaluated a safety checking system for the general practice work environment
- We delivered a Good Practice Guide to provide educational support for Morbidity & Mortality meetings
- We organised a national conference "**The Past, Present and Future for Research Development in Simulation Based Education in Scotland**". Over 65 delegates attended from throughout NHS Scotland. Plenaries, short communications, posters and small group work identified a robust platform on which to build a more integrated collaborative strategy for research in simulation based education. This led to the establishment of the Safety Skills and Improvement Research Collaborative (SKIRC)
- The establishment of the SKIRC further enhances the international reputation of the Medical Directorate in the fields of Safety, Clinical Skills, Improvement and Human Factors sciences. SKIRC related directorate outputs have strongly influenced healthcare policy and practice in these areas and led to various developments to support undergraduate and postgraduate education, continuing professional development, appraisal in support of medical revalidation and national initiatives to improve the quality and safety of patient care. Over 60 academic papers are published in international peer review journals to-date, with multiple book chapters and technical reports generated, and numerous national and international conference keynote and workshop presentations given
- We worked in partnership with NSS so the Mobile Skills Unit (MSU) is now housed and deployed by colleagues at Scottish National Blood Transfusion Service

Supporting Scotland's Doctors: **Looking Ahead**

Safety, Skills and Improvement (continued...)

- We offer online training – over 5000 enrolments on six clinical skills resources hosted on LearnPro resulted in 2881 completing the resources in 2017. The Safe Communications online resource was reviewed and updated and covers five modules on safety and communication issues in health care practice, safe communication with patients and colleagues, issues related to safety with organisation and safe communication practices utilising different mediums
- The MSU had 24 separate visits to 19 different locations covering 12 different territorial Health Boards and was showcased at four separate conferences. This included three new locations including a first visit to England and the army barracks at Strensall where Scottish Reservists had a week-long training exercise covering pre-hospital life support, trauma management and medical diagnosis consultations. The MSU was showcased with NHS Grampian as evidence of excellence in supporting training as part of the GMC national review of training in Scotland
- We reviewed the Clinical Skills Managed Educational Network (CSMEN) Simulation Based Educators Framework – this tool for quality assuring clinical simulation programmes has now been mapped against GMC, GDC, NMC, HPCP, Academy of Medical Educators and ASPIH standards
- With NES NMAHP we developed and launched a self-directed module for AHPs – ‘Developing and maintaining clinical skills’
- We collaborated with BASICS to provide a workshop at SMEC using innovative educational tools to address skill decay in remote and rural health care practitioners
- We collaborated with colleagues in Medical Simulation in relation to mastery learning and procedural skills for core medical trainees
- We were awarded a grant of £70,000 in collaboration with the University of Dundee by British Journal Anaesthetists and Royal College of Anaesthetists to explore whether cadaveric simulation training offers best clinical performance behaviour during ultrasound guided regional anaesthesia
- The CS MEN continues to be world leading in clinical skills simulation as evidenced by membership of ASPIRE committee, international invites for both plenary talks and for training workshops and an international award is now named after the Clinical Lead in recognition of her contribution to clinical skills simulation
- Recruitment to cohort 11 of the Scottish Quality and Safety Fellowship is underway. From 2017, two Fellowship places are funded through the Vale of Leven Improving Care Legacy, which was established to commemorate those patients and families who suffered as a result of the C. diff outbreak at the Vale of Leven Hospital in 2007/08

Supporting Scotland's Doctors: **Looking Ahead**

Safety, Skills and Improvement (continued...)

- A new virtual learning programme for the Scottish Improvement Foundation Skills (SIFS) programme has been delivered using online technology to public service staff, ensuring staff are not taken away from their workplace. Since August 2017, four cohorts have completed, five are in progress and planning is underway for future cohorts. Recruitment for the next intake will open later in 2018
- We have trained 238 Improvement Leaders through the Scottish Improvement Leader (ScIL) programme across public services. A further 143 are currently undertaking the training and planning is underway for the next intake. Recruitment for the next three cohorts will open on 20th April 2018. ScIL has been endorsed by the Institute of Continuous Improvement in Public Service (ICIPS). All those completing the programme now automatically become professional members in recognition of the level of QI learning provided and its application.

Looking ahead



Looking ahead: In partnership with National Fleet Support Unit (NSS) we have developed a robust and innovative specification for the delivery in July of a new Mobile Skills Unit. A bigger unit with improved storage and an updated audio visual system will enhance the learning experience. Improved power options including an onboard “silent” generator and solar panels makes the unit truly mobile and still able to travel throughout Scotland using ferries and roads.

A joint initiative between CS MEN and BASICS Scotland has secured funding for and delivery of a portfolio of training to remote and rural practitioners for emergency medicine training. This training will cover a broad range of pre-hospital emergency medicine skills including trauma management, cardiac and neonatal resuscitation, paediatric and obstetric emergencies, as well as skills for dealing with deteriorating patients. The Portfolio Project will offer training to rural GPs, hospital doctors, nurses and paramedics, and is run by BASICS Scotland with the support of CS MEN, the Scottish Rural Medicine Collaborative (SMRC) the Emergency Medical Retrieval Service (EMRS), the Scottish Multi-Professional Maternity Development Programme (SMMDP) and local resuscitation training officers.

Supporting Scotland's Doctors: **Looking Ahead**

Safety, Skills and Improvement (continued...)

Looking ahead



We are developing a “SimTech” Framework – with the Scottish Centre for Simulation and Clinical Human Factors – developing a framework to develop the role and capabilities of simulation technicians throughout Scotland – this is an iterative process using a Delphi model to develop it. A national database for simulation based educators faculty will be developed improving and enhancing standards.

Development work is under way with multi-agency stakeholders to Integrate Human Factors and Ergonomic Principles in Health and Care Education throughout Scotland. We are Developing with stakeholders e-learning resources for sepsis prevention, recognition and treatment for NHS Scotland. We are also developing teaching resources related to the Barrier Management (BowTie) and analysing a prospective method of reducing serious organisational incidents



Supporting Scotland's Doctors: **Looking Ahead**

Continuing Professional Development (CPD) for Primary Care professionals and teams

- Our Practice-based Small Group Learning (PBSGL) has a high penetration into General Practice in Scotland with almost 40% of Scotland's GPs being members of PBSGL groups, as well as a growing number of pharmacists and nurses in General Practice and Primary Care
- We are supporting the development of PBSGL in other parts of the UK as well as in Denmark
- We deliver 'Cradle-to-Grave' CPD events across Scotland as well as a range of face-to-face events and opportunities for peer review of criterion-based audit, significant event analyses and consultation skills to primary health care staff.

Looking ahead



We aim to increase the number of PBSGL groups in Scotland from 425 to 450 and to increase the percentage of groups that are inter-professional from 23% to 25%, as well as increasing the number of pharmacists and practice nurses by 10% in 2018. We aim to deliver more workshops and skills based training to primary care staff in our centres in Glasgow, Edinburgh and Aberdeen, and offer these in Dundee and Inverness for the first time.

Supporting Scotland's Doctors: **Looking Ahead**

Grief and Bereavement

We launched two e-learning modules on Medical Certification of Cause of Death, produced in conjunction with Healthcare Improvement Scotland. One module focuses on common mistakes and another on the management of deaths in the community.

We continue to add content to the Support Around Death website which provides a range of information for health and social care professionals related to care before, around the time of and after a death.

We have continued to add to the suite of short animations which support practitioners in conversations around death, dying and bereavement. The latest film to launch 'Withdrawal of Active Treatment within an Intensive Care Setting' joins others on e.g. 'Talking to children who are bereaved', 'Discussing dying' and 'Breaking the news of an intrauterine death', which collectively have been watched over 11,000 times.

We host quarterly learning events for the NHS Board Bereavement Lead and Strategic Coordinator network across Scotland, providing opportunity for the sharing of best practice regarding bereavement care/ education on a national basis.

We have shared our work at a variety of national/ international conferences, e.g. Scottish Medical Education Conference, an International Association for Medical Education Conference and Developing Excellence in Medical Education Conference (DEMEC). Positive reaction received, e.g. 66% of participants who provided feedback on NES' DEMEC 2017 bereavement workshop indicated that the session had exceeded their expectations.

Looking ahead



We will launch NES's bereavement national training framework for medical staff and will be continuing to develop educational resources for a toolkit of materials to support the implementation of the framework. This will include e.g. a mobile app to support bereavement related communications, clinical cases for group discussions and new film resources on dealing with patient death as a junior doctor and supporting families around the time of a resuscitation. It is hoped that NES's work on developing a course for obstetric trainees regarding intrauterine death with the Stillbirth and Neonatal Death Charity may lead to this training being made available on an ongoing basis.

Supporting Scotland's Doctors: **Looking Ahead**

Practice Manager and Practice Nurse Development

- We continue to deliver the Practice Managers Vocational Training Scheme and Practice Managers Educational Workshops.
- We continue to deliver the General Practice Nurses Programme and Educational Workshops including cervical cytology; asthma and hypertension current guidelines.
- We have delivered multi-disciplinary workshops on the fundamental safety science and Human Factors & Ergonomics concepts important to ensuring safer health care systems and improving human wellbeing and Fatal accident inquiry (FAI) learning events.

Remote & Rural Healthcare Alliance (RRHEAL)

- We launched new education network for rural practitioners centred on education for a network of rural practitioners concerned with developing their acute care skills around high dependency and critical care in rural hospital settings:
[RRHEAL High Dependency /Critical Care for rural Practitioners Network](#) ➔
- We have continued to deliver monthly education sessions by VC around a host of topics via the:
[RRHEAL VC Education Network](#) ➔
- Our Rural General Hospital VC Education Network has delivered a series of ten session across a wide variety of topics specifically tailored to meet the needs of RGH practitioners:
<https://learn.nes.nhs.scot/899/rrheal/education-networks/rghe-education-network> ➔
- We were pleased to be early adopters of NES TURAS Learn and a host of educational resources can be accessed here:
<https://learn.nes.nhs.scot/786/rrheal> ➔

Supporting Scotland's Doctors: **Looking Ahead**

Remote & Rural Healthcare Alliance (RRHEAL)

Looking ahead



We are celebrating 10 years of providing remote and rural inclusive education to remote and rural practitioners across Scotland. We are focussed on the development and delivery of accessible, affordable and sustainable education solutions that meet the changing needs of the remote and rural healthcare workforce, and have a range of programmes underway and more planned for 2018.

Forensic Medical Examiner (FME) Training

- We deliver a suite of courses to support the training and education of FMEs including 'An Introduction to Forensic Medicine Examination' course, an 'Up-date Conference for FMEs and an 'Essentials in Sexual Offences Management & Court Skills' course. (full title 'Essentials in Sexual Offences Examination and Clinical Management (Adults and Adolescents)
- We have as part of the Workforce and Training subgroup of the Taskforce to Improve Services for Rape and Sexual Assault Victims, been commissioned by the Scottish Government to redesign our approach to supporting the development of Sexual Offences Examiners. As a result we have substantially reworked our 'Essentials' course, to provide a blended learning experience and make it more flexible, portal and accessible
- We delivered 'on-island' training in Shetland in January, including to four FMEs and anticipate that we will train a further 48 FMEs at a course in Glasgow at the end of March 2018, including three from Orkney. Our target for the year was to train 50 FMEs

3 important 10 year anniversaries!



Case Study 1: Working with RRHEAL

RRHEAL has developed expertise in delivering high quality healthcare education at distance using technology and has established a range of practical video-conferenced education networks and digital training resources to help rural practitioners with skills maintenance and development.

Dr Kate Dawson, a GP in Benbecula, has been involved in many RRHEAL VC Education Sessions over the past years, both as a presenter and participant. Kate is a GP in Benbecula, and as well as general practice, provides clinical sessions in dermatology and is a clinical lead for local community hospitals. She also covers out of hospital care.

“We don’t have a big population, but because we are based on an island, the scope of the practice we have is very large, so we are really providing very holistic care with strong teams.”

“I have an interest in frailty and in-patient safety and quality improvement. So, I’ve also been doing a little bit of research around that.”

“I got more involved in RRHEAL supported VC sessions when I was asked to present on ‘How do we improved access to other rural GPs?’ I am really interested in how to access multi-disciplinary team assessment of frail elderly patients in rural areas and I believe rural and rural practitioners and community hospitals are well placed to do that if they are properly resourced.

KATE DAWSON
GP in Benbecula



The services are all there it’s just how you reorganise how you run those services.

RRHEAL gave me a fantastic platform to speak to other rural clinicians across the whole of Scotland. As part of that I realised there were a lot of really interesting and engaging presentations going on online that I could access myself.”

“We all struggle with remoteness, so having a community of practice is really important”

3 important 10 year anniversaries!



Case Study 1: Working with RRHEAL

The Benefits

- VC education sessions are a good way of getting remote and rural practitioners together. We all struggle with remoteness, so having a community of practice is really important. Allowing rural clinicians to gather together for the opportunity that education affords them also creates a virtual point to set up a community of practice.
- It's also useful if there are any 'add-ons'. For example, things like having video clips of previous presentations, having the slides there, allowing some sort of social chat, access to other people's opinions and discussion following the sessions.
- The big benefit for me was being able to talk about what I am passionate about and I have brought back lessons which have had a positive impact on the services we provide
- For example, as a result of networking, I got involved with a trauma network and that has been really useful and had a big impact on how we run our trauma services in our community hospital
- We wouldn't have had access to this without the IT and support from RRHEAL.



3 important 10 year anniversaries!



Case Study 2: 10 Years of CS MEN

Our Achievements

- 26 funded Research and Development projects on topics covering skills development, enhancing skills maintenance, preparation for procedure and non-technical skills as well as contributing towards 3 MD/PhDs and 3 Masters funding. This led to 16 peer reviewed publications including an AMEE prize winner and Royal Pharmaceutical Society award.
- Current funding for a PhD student – Realist Evaluation of MSU.
- Organised and run 4 national research and development conferences.
- CS MEN established a process for defining key quality standards for clinical skills education and established a quality assurance process for clinical skills education resources. To improve standards in clinical skills and simulation CSMEN developed a Simulation Based Educators framework mapped to GMC and Academy of Medical Education teaching standards .
- Developed a template for Scenario Simulation.
- Developed a process for producing online learning resources ensuring they are developed by subject experts and peer reviewed, are multi-professional and based on best practice and best evidence and relevant nationally. This resulted in 8 online learning resources with input from 9 territorial health boards and 5 HEIs freely available to any health care practitioner.
- Organised more than 40 multi-professional workshops (run by clinical lead and regional champions)

Inside the Clinical Skills Unit



- The mobile skills unit has been on the road since 2009 and was developed to support the delivery of clinical skills training and education to all healthcare practitioners, the emergency services and members of the public and to help address the inequity of access to high quality multi-professional education across both geographical and professional boundaries. There has been a total of 148 visits for clinical skills and simulation training plus 18 conferences in 51 different locations. The MSU has visited and provided training on 13 of the Scottish islands. Over 1100 separate sessions have been run on the MSU with 7891 people trained on 882 separate courses (covering pre-hospital (111) skills (454), drills (247) and performance (80).

3 important 10 year anniversaries!



Case Study 2: 10 Years of CS MEN

Dr David Hogg and the teams at Arran Medical Group and Arran War Memorial Hospital ran an excellent Emergency Care Week with the Mobile Skills Unit in January 2017 and were awarded the Gordon Nixon Award. The programme progressed through paediatric, obstetric and adult sessions and this is an excerpt of his report on RuralGP.com.

Preparation:

“For familiarisation with the kit and the unit the CS MEN run excellent Faculty Development Courses to introduce potential hosts to the simulation equipment and also the daily setup and operation of the unit. We found the course to be fun, interesting and useful – not only for the operation of the unit but for generic skills in running simulations and delivering effective feedback”.

Quality Assurance

“The unit also comes with relatively idiot-proof set up instructions, as well as an A-Z guide of equipment and a very helpful troubleshooting guide as well as template for scenarios and links to nationally agreed simulation based educator frameworks. This is all covered in the Faculty Development Course and the MSU team also make themselves available by phone to help sort out any urgent problems during a visit”.

Training – a mix of local and national

“The unit can be used by local teams to deliver training; however, we would highly recommend requesting input from the ScotSTAR transfer teams (Paediatric Retrieval Team, Scottish Multiprofessional Maternity Development Programme and Emergency Medical Retrieval Service). In addition, we invited a number of clinicians at Crosshouse Hospital – to whom we usually refer our cases – and their involvement was crucial both in clarifying local protocols and also understanding some of the challenges that we face in the rural and community hospital setting when referring to them and their teams. Over the week the programme progressed through paediatric, obstetric and adult sessions, alternating between simulation and workshop training (10-14 clinicians per session) and we also held lunchtime ‘drop-in’ update sessions on topics such as sepsis, diabetic ketoacidosis, drug overdose and ECG interpretation; and our First Responders were also invited to an evening session”.

3 important 10 year anniversaries!



Case Study 2: 10 Years of CS MEN

Clinical Skills Unit visit to Arran: All sessions will be held at Lamlash Fire Station

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	PICU/Paed	PICU/Paed	Maternity/Obstetric Emergencies (SEMCC)	EMRS	EMRS
LED BY:	ScotSTAR PICU team and local staff	ScotSTAR PICU team and local staff	SDMMDP team	EMRS	EMRS
AM	0900-1200 Unit setup/meet PICU	0900-1200 Simulation Session	Starts 0845 SEMCC course (all day)	0900-1200 Simulation session	0900-1200 Simulation session
LUNCH					
	1300-1400 Plenary ▪ Seizures in Children ▪ Sever asthma in Children	1300-1400 Plenary ▪ Meningococcal ▪ Septicaemia & DKA in Children		1300-1400 Workshops GPs ABGs & CXRs Nurses/SAS Tips for ScotStar retrievals	1300-1400 Workshops GPs Burns & DKA Nurses/SAS ECG Refresher
PM	1430 - 1730 Simulation session	1430 - 1730 Simulation session		1430 - 1730 Simulation session	1430 - 1730 Simulation session
1900 - 2100		(Fire Training)		First Responders	

3 important 10 year anniversaries!



Case Study 2: 10 Years of CS MEN

During the week, over 540 training hours were delivered to Arran's GPs, nurses, nursing assistants and paramedics/technicians. Collated feedback was generally very positive and indicated an enthusiasm for doing more simulation training in the future.

“Multidisciplinary colleagues worked together in simulations, and this reflected the nature of work on Arran in our community hospital. Our teams enjoyed working in the same multi-disciplinary setup that we usually work in. The quality and experience of our Faculty – comprising experienced consultants, nurses and paramedics – was clearly appreciated by participants, along with the relevance of the teaching”.

David Hogg, Arran 2017



3 important 10 year anniversaries!



Case Study 3: Quality Improvement

This year celebrates 10 years of the Scottish Quality & Safety Fellowship. The Fellowship supports healthcare staff to learn about leadership and how to improve the delivery of safe patient care.

10 years ago, we started with just 4 Clinicians. We are now proud to have 222 Fellows each playing their part in stronger clinical leadership across NHSScotland and beyond.

Dr Kate Dawson, a GP in Benbecula, one of the islands in the Hebridean archipelago, tells us about her experience as a Cohort 7 SQS Fellow.

“I’ve been here for the best part of 27 years. I’m also the Clinical Lead for the community hospitals, a position that I have held for around 5 years. A couple of years ago, I completed the Scottish Quality and Safety Fellowship.

Why did I do that? Well, the story goes back a few years. I was becoming increasingly frustrated with the low morale, variations in care and many significant events where there were systematic failures in delivering care to patients. I thought, that with a team of well-qualified, and committed clinical staff, we should be able to do better. I took myself to Paris, to the International Forum of Quality and Safety in Health Care, to see if there were answers.

I ended up meeting a bunch of Cohort 6 Fellows, and they told me about the Fellowship, about all the knowledge out there about improving care, and the support from NES for increasing Quality Improvement capacity within NHS Scotland.

I then had a few barriers to overcome. As a GP, I am not employed by the board, and my Clinical Lead role is under an enhanced service contract with the health board. The costs for travel, accommodation and back-fill were not covered by the programme, and the partners in our small practice were unable to support my study leave without doing extra work or hiring locum staff.

In the end, the Head of Clinical Governance and the Director of Public Health supported my application at health board level, and the Medical Director agreed to cover some of my costs, for which I am extremely grateful.

The Fellowship itself was like a light going on. I love maths, spreadsheets and statistics, and the data lectures showed me proven methods for getting the best from data, to demonstrate improvement in processes. It also gave me insights into my own strengths, methods for developing ideas, designing projects, and looking at the culture of quality and safety, human factors and communication. Loads of new skills attained from attending the residential workshops.

3 important 10 year anniversaries!



Case Study 3: Quality Improvement

Since then, I have not moved on in my employment BUT I have moved on inside my head. I am very involved in our locality cluster, using run charts to track improvements in antibiotic prescribing and in lab test requests, getting all the local practices looking for unwarranted variation, and spreading their good practice to others. Now, when I have a great new idea, I'm more effective at communicating and collaborating, generating ideas, supporting students, colleagues, patients and families.

We have introduced many patient-focussed changes in our community hospital. I have also mentored a couple of colleagues through other QI programmes. The biggest impact so far is to use my project as the topic of a RRHEAL lecture, and now practices across rural Scotland are looking to see how they can undertake comprehensive assessment of frail patients in their own surgeries.

So, I may not be famous, but I feel that I am fermenting change locally and regionally, supporting QI acolytes and building teams that use improvement methodology as a mainstream way of thinking about their jobs.

I still have lots to learn, the pile of books to read is ever larger, and I'm always finding amazing projects that others have done, that I marvel at. Other members of cohort 7 have also had their lives changed, sometimes with new roles, or new projects, but always with a QI vision."





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