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Professor Stewart Irvine
Medical Director

Welcome to the Winter edition of our newsletter and a round-up of what has been happening across the Deanery.

The Scottish Medical Education Conference 2019 is almost upon us and we remind you to save the date in your diary. The opportunity to share excellent educational practice and hear from internationally recognised speakers, should not be missed. Moving on, we feature the new Turas Hub ‘one stop shop’ for trainees. This exciting development will underpin the new lead employer model and should make life easier for doctors in training.

The GMC 2018 Training Environments Survey confirms that there are many challenges in the learning environment. We have summarised the main findings and have analysed the source data to compare Scotland to the rest of the UK. Whilst the differences are not significant, it is relatively reassuring to see that, on most measures, Scotland fairs marginally better – underscoring the benefits of training in Scotland. Undoubtedly there is scope for improvement and much needs to be done.

We then have an update on the Medical Appraisal process and our survey theme continues with a report on the results of the NES National Less Than Full Time trainee survey. The shift towards flexible training will continue and these findings will help us manage this shift to maximum benefit for trainees and other stakeholders.

Next we feature an excerpt from the recent HM Inspectorate of Constabulary report into medical services for victims of sexual crime, in which you will see how our Professional Development Workstream have helped shape the new arrangements and contributed towards new training initiatives.

Lastly, we have an update for you on ongoing CPD for GPs and GP Practice Nurses.

I hope you enjoy the read and look forward to seeing many of you at the Scottish Medical Education Conference in May.

Following on the growing success of this event, NES is delighted to confirm that it will be hosting the

9th National Scottish Medical Education Conference

9-10 May

Edinburgh International Conference Centre

This meeting will be of interest to all those involved in medical education and training, including students, trainees, trainers, managers, those working in primary care, secondary care, Universities, Deaneries and Medical Royal Colleges.

The meeting will aim to outline recent development and explore the many challenges facing undergraduates and postgraduate medical education and training, in a time of tightening resources and evolving regulatory requirements.

There will be a number of parallel conferences:

- Scottish Medical Appraisal Conference
- The Scottish Practice Management Development Network Annual Conference
- 2nd National Nursing and Midwifery and Allied Health Professional Conference
- Dental Conference

The deadline for registering is:

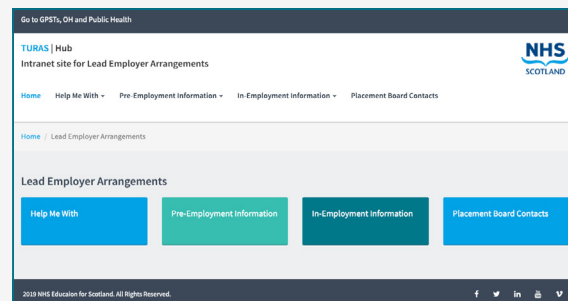


The event website is:

[Scottish Medical Education Conference 2019](#)

The meeting is sponsored by NHS Education for Scotland, and there is **no charge** for participation.

There will be the opportunity for joint sessions highlighting interprofessional learning.



The Turas Hub

<https://hub.nes.digital/lead-employer-arrangements/>

The Turas Hub is the extranet site for all Doctors in Training across NHS Scotland. It is hosted on the Turas Platform and provides a wide range of employment related information for all trainees. The site is continuously updated and refined to ensure it remains a useful source of information for Doctors in Training.

The site provides information on the lead employer arrangements which were implemented in August 2018. There is also information on pre-employment checks, induction, placement Board contacts and

Turas People (the application hosted on Turas that supports information sharing between Boards and doctors in training).

The Hub also signposts further sources of information, such as employing Board sites where employment specific information such as policies can be accessed. For doctors on specialty training programmes in GP, Public Health or Occupational Medicine, NES is their employer and there is a section on the Hub for these doctors in training where information specific to NES employment can be accessed.

Pre-Employment

The site provides information on various stages of the pre-employment check process which all Doctors in Training go through when commencing a new training programme. Prior to starting in post, you will attend local induction in the Board where you will work on your first placement. Local induction paperwork for each Board, including forms that require completion for ID badge etc, can be downloaded on the Turas Hub.

In-Employment

This section contains information on areas such as statutory and mandatory training, performance support and fair warning. It also holds the national payroll and expense forms you may require during your training to make claims.

Placement / Employing Board Information

Under the new lead employer arrangements all Doctors in Training will be employed by a single employer for the durations of each programme of training. Whilst you have a single employing board for each programme, you will continue to rotate around various placement boards as normal. The board where you are working on placement should be your first point of contact for any employment matters – contact details can be found on the Placement Board Contacts page.

Also on the Turas Hub you will find contact details for Occupational Health, Payroll and Maternity Leave.

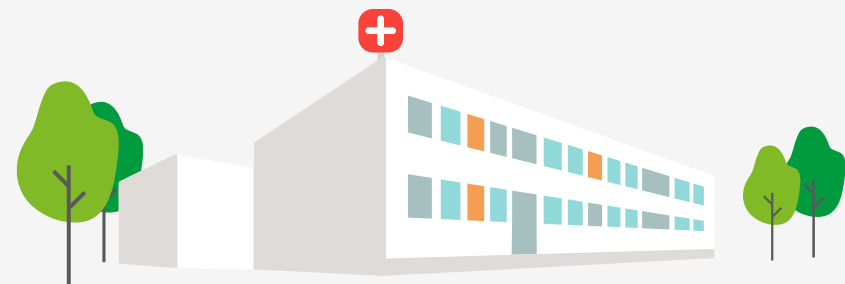
Policies

Whilst undertaking a programme of training you will be subject to the policies of your employing board. These policies, together with other specific information relating to your employing board such as employee benefits, can be found on your employer's intranet site. Links to these sites can be found here:

<https://hub.nes.digital/lead-employer-arrangements/in-employment-information/employing-board-policies/>

HR advice for NES employed trainees on GP, Public Health and Occupational Medicine training programmes can be found here:

<https://hub.nes.digital/nes-policies/>



Drawing on the responses to their national training surveys the GMC summarised that:

- The majority of doctors in training are satisfied with the standard of teaching and clinical supervision they receive. And most of the trainers we surveyed told us that they enjoy their role and the opportunities it brings.
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- Many doctors in training and trainers are satisfied with the support they receive in their role. Around a quarter of trainees told us their working environment fully supports the confidence building of doctors in training.
- Trainers and doctors in training told us that heavy, intense workloads disrupt training and can lead to some trainees working beyond their clinical competence or experience.
- Many GPs are working under pressure; over half of all GP trainers work beyond their normal working hours on a daily basis. This can impact on the delivery of GP training, as well as trainers' health and wellbeing.
- A quarter of doctors in training and a fifth of trainers told us they feel burnt out. Our analysis suggests burnout may be associated with high workloads, the impact of rota gaps, and the lack of a supportive working environment.
- Trainers and trainees in emergency medicine, and trainees in their second foundation year, reported the highest levels of burnout.
- Getting enough time for training and good rota design remain important issues for both trainees and trainers. This includes trainees receiving sufficient notice of their roster, ahead of starting their post – many told us this was not the case.
- The majority of doctors rated handovers and inductions positively – but where they are poor, this may be a signal of wider issues with training, teamwork and patient care.



GMC 2018 TRAINING ENVIRONMENTS SURVEY – SCOTLAND VS rUK

The 2018 results show no major difference in indicators between England, Northern Ireland, Scotland and Wales but using the national training survey online reporting tool we can show how Scotland answered in relation the rest of the UK, across the following themes:

STANDARDS & QUALITY	RESPONSE CATEGORIES	SCOTLAND %	rUK %
Please rate the quality of teaching in this post.	Very Good / Good	73.3	73.3
Please rate the quality of clinical supervision in this post.	Very Good / Good	89.7	88.2
How would you rate the quality of experience in this post?	Excellent / Good	81.4	81.4
TRAINERS (including GPs): Overall, I enjoy my role as an educator.	Strongly Agree / Agree	91.5	92.1
TRAINERS (excluding GPs): Overall, I am satisfied with the training opportunities offered to me as a trainer.	Strongly Agree / Agree	72.6	71.3

GMC 2018 TRAINING ENVIRONMENTS SURVEY – SCOTLAND VS rUK



TRAINING ENVIRONMENT	RESPONSE CATEGORIES	SCOTLAND %	rUK %
<p>(In your post) the working environment is a fully supportive one.</p> <hr/>	<p>Strongly Agree / Agree</p> <hr/>	<p>83.6</p> <hr/>	<p>81.8</p> <hr/>
<p>TRAINERS (excluding GPs): The working environment in my trust / board is a fully supportive one.</p> <hr/>	<p>Strongly Agree / Agree</p> <hr/>	<p>73.6</p> <hr/>	<p>75.0</p> <hr/>
<p>(In your post) the working environment is one which fully supports the confidence building of doctors in training.</p>	<p>Strongly Agree / Agree</p>	<p>73.9</p>	<p>72.9</p>

GMC 2018 TRAINING ENVIRONMENTS SURVEY – SCOTLAND VS rUK



WORKLOAD	RESPONSE CATEGORIES	SCOTLAND %	rUK %
How would you rate the intensity of your work, by day in this post?	Very Heavy / Heavy	36.9	41.2
How would you rate the intensity of your work, by day, in this post (emergency medicine)?	Very Heavy / Heavy	72.4	73.9
In this post, how often (if at all) have you worked beyond your rostered hours?	Daily / Weekly	46.9	48.7
On average in your current post, how often do you work more than your contracted hours?	Daily / Weekly	35.4	38.0
TRAINERS (excluding GP): How would you rate the intensity of your work through the day?	Very Heavy / Heavy	59.2	67.0

GMC 2018 TRAINING ENVIRONMENTS SURVEY – SCOTLAND VS rUK



BURNOUT	RESPONSE CATEGORIES	SCOTLAND %	rUK %
Do you feel burnt out because of your work?	To a very high degree / To a high degree	20.2	24.3
TRAINERS (excluding GP): Do you feel burnt out because of your work?	To a very high degree / To a high degree	17.5	21.4
Does your work frustrate you?	To a very high degree / To a high degree	22.0	25.6
TRAINERS (excluding GPs): Does your work frustrate you?	To a very high degree / To a high degree	27.2	28.8
Do you feel worn out at the end of the working day?	Always / Often	51.0	57.4
TRAINERS (excluding GPs): Do you feel worn out at the end of the working day?	Always / Often	47.2	50.0

GMC 2018 TRAINING ENVIRONMENTS SURVEY – SCOTLAND VS rUK



BURNOUT	RESPONSE CATEGORIES	SCOTLAND %	rUK %
<p>In this post, how often (if at all) did your working pattern leave you feeling short of sleep when at work?</p> <hr/>	<p>Daily / Weekly</p> <hr/>	<p>20.4</p> <hr/>	<p>21.4</p> <hr/>
<p>Is your work emotionally exhausting?</p> <hr/>	<p>To a very high degree / To a high degree</p> <hr/>	<p>34.5</p> <hr/>	<p>39.5</p> <hr/>
<p>TRAINERS (excluding GPs): Is your work emotionally exhausting?</p>	<p>To a very high degree / To a high degree</p>	<p>39.5</p>	<p>42.5</p>

GMC 2018 TRAINING ENVIRONMENTS SURVEY – SCOTLAND VS rUK



TIME FOR TRAINING	RESPONSE CATEGORIES	SCOTLAND %	rUK %
In my current post, educational / training opportunities are rarely lost due to gaps in the rota.	Strongly Agree / Agree	53.6	49.4
In my current post, educational / training opportunities are frequently lost due to gaps in the rota.	Strongly Agree / Agree	18.2	22.3
In my current post, gaps in the rota are dealt with appropriately to ensure my education and training is not adversely affected.	Strongly Agree / Agree	49.9	47.5
The rota design in my current post helps optimise trainee doctors' education and development.	Strongly Agree / Agree	52.2	48.8
TRAINERS (excluding GPs): My trainee(s)' educational / training opportunities are rarely lost due to gaps in the rota.	Strongly Agree / Agree	61.2	54.4

GMC 2018 TRAINING ENVIRONMENTS SURVEY – SCOTLAND VS rUK



TIME FOR TRAINING	RESPONSE CATEGORIES	SCOTLAND %	rUK %
<p>TRAINERS (excluding GPs): My job plan contains enough designated time for my role as a trainer.</p> <hr/>	Strongly Agree / Agree	61.1	53.6
<p>TRAINERS (excluding GPs): I am always able to use the time allocated to me in my role as a trainer specifically for that purpose.</p> <hr/>	Strongly Agree / Agree	39.0	41.5
<p>TRAINERS (excluding GPs): Gaps in the rota are always dealt with appropriately to ensure my trainee(s)' education and training is not adversely affected.</p>	Strongly Agree / Agree	53.9	48.9

GMC 2018 TRAINING ENVIRONMENTS SURVEY – SCOTLAND VS rUK



HANDOVER	RESPONSE CATEGORIES	SCOTLAND %	rUK %
Handover arrangements in this post always ensure continuity of care for patients between shifts.	Strongly Agree / Agree	83.8	82.4
In this post, handovers are used as a learning opportunity for doctors in training.	Strongly Agree / Agree	40.2	40.6
TRAINERS (excluding GPs): In my department, handovers are used as a learning opportunity for doctors in training.	Strongly Agree / Agree	58.4	58.5
Please rate the quality of the induction you received for this post.	Very Good / Good	76.1	72.9
I got all the information I needed about my workplace when I started in the post.	Strongly Agree / Agree	80.3	77.8

GMC 2018 TRAINING ENVIRONMENTS SURVEY – SCOTLAND VS rUK



HANDOVER	RESPONSE CATEGORIES	SCOTLAND %	rUK %
Did someone explain your roles and responsibilities in your unit or department at the start of this post?	Yes	88.9	88.6
I was given enough notice about my rota in advance of starting my current post.	Strongly Agree / Agree	67.6	70.3

You can read the whole report here:

[GMC 2018 Training Environments Survey](#)



New Appointments

Training Manager (Medical Appraisal)

Following Harry Peat's move to the NES Dental team, William Liu has taken over the role of Training Manager (Medical Appraisal) from mid-October 2018. Prior to his move to NES Digital, William was previously the team's Information Manager from December 2006 until February 2017. William will continue to have overall responsibility for SOAR (Scottish Online Appraisal Resource), in addition to the new responsibilities for managing the Appraiser training programme.

National Appraisal Advisor

Following Dr Niall Cameron's retirement from NES, Dr Christiane Shrimpton has been appointed to take up the role of Associate Postgraduate Dean for Appraisal and Revalidation (National Appraisal Advisor). Dr Shrimpton is an Associate Medical Director in Dumfries & Galloway and her specialty is Ophthalmology. She was more recently the Clinical Appraisal Lead in University Hospitals of Morecambe Bay NHS Foundation Trust where she was responsible for the improvement of appraisal processes and training.

Dr Shrimpton will officially start on 1st January 2019 as we usher in a new chapter for Medical Appraisal in Scotland.

Administrative Officer (Medical Appraisal)

Rachel Brand-Smith will take up the Administrative Officer post vacated by Elaine Green following her move to the NES Dental team in mid-October. Rachel joins the Medical Appraisal team from the wider NES Medicine directorate where she has been working on the new NPCCD online system. Her timely arrival (1st January 2019) will help us prepare for the new training programme in 2019/2020.

Medical Appraisal & Revalidation QA Report 2017 / 2018

Each year a Quality Assurance exercise is undertaken to review the progress of Medical Appraisal and Revalidation across Scotland. Previously this report was produced by Health Improvement Scotland (HIS), but NES has taken over this report as we approach the end of the first Revalidation cycle.

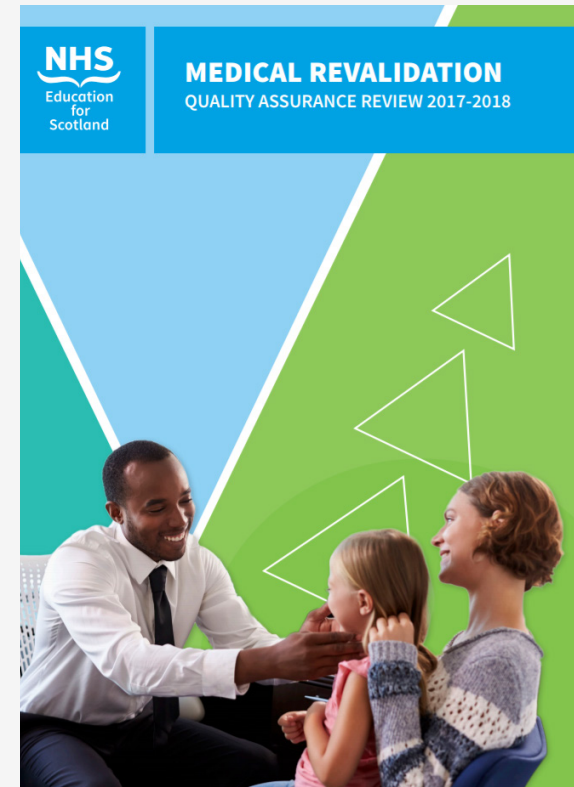
The full report can be downloaded from the Medical Appraisal Scotland website:
<http://www.appraisal.nes.scot.nhs.uk/i-want-access-to/marqa-reports.aspx>

Medical Appraisers Training Programme 2019 / 2020

As agreed nationally for the purposes of Revalidation, all Medical Appraisals in Scotland must be carried out by a NES-trained Appraiser to ensure consistency and quality for doctors. As part of this, we run a number of 2-day “New Appraiser” training courses (assessed) to train doctors in becoming an Appraiser; and a 1-day “Refresher” event to support the existing Appraiser workforce, by offering them a platform to discuss their Appraiser work and share good practice with others outwith their health board area and specialty.

The full 2019/2020 Appraisers Training Programme has been finalised and published.

Full details available on the Medical Appraisal Scotland website:
<http://www.appraisal.nes.scot.nhs.uk>



RESULTS FROM THE NES NATIONAL LESS THAN FULL TIME (LTFT) TRAINING SURVEY 2018



Dr Stephanie Stone and Dr Miriam Brown

RESPONDENT DEMOGRAPHICS	CURRENTLY LTFT	CURRENTLY FT
Total respondents (% total in Scotland)	206 (37)	654 (12)
Female (% of respondents)	176 (85)	402 (61)

Table 1

Within Scotland, 9.3% of trainees currently work less than full time (LTFT) although this number is predicted to rise. All postgraduate Medical trainees within Scotland were invited to complete an online Questback© survey with the aim of evaluating the experience of LTFT training and exploring attitudes towards LTFT training from a LTFT and full time (FT) perspective.

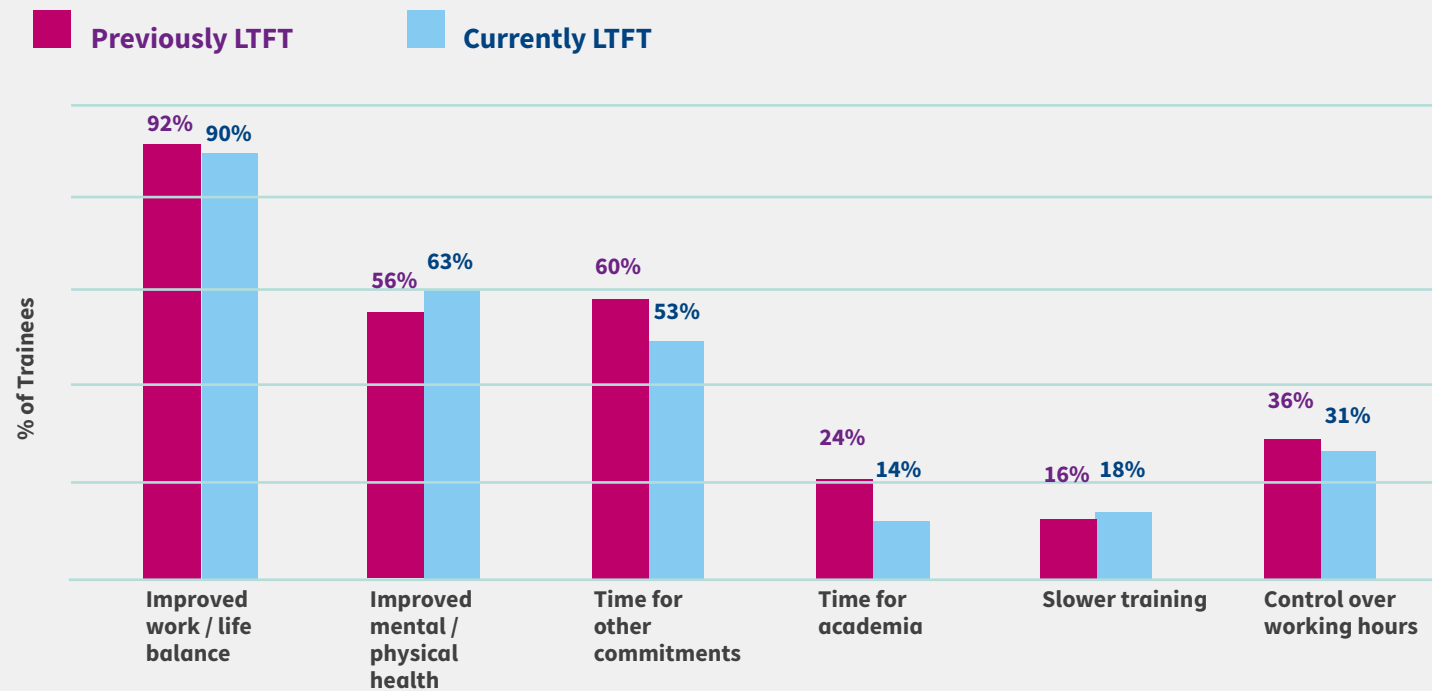
860 trainees responded (15% of all trainees); 206 LTFT and 654 FT trainees. 26 FT trainees had previously worked LTFT. Response rates were equivalent across the 4 regions in Scotland.

RESULTS FROM THE NES NATIONAL LESS THAN FULL TIME (LTFT) TRAINING SURVEY 2018



LTFT training was considered beneficial to work-life balance and trainee health, and LTFT trainees felt it allowed greater control over working hours and time for other commitments. For some, it enabled continuation of training: “If I could not work LTFT, I would have to leave training”. 50% of LTFT trainees felt their choice of specialty was influenced by a perceived ability to work LTFT.

Which of the following do you consider an advantage of working LTFT?



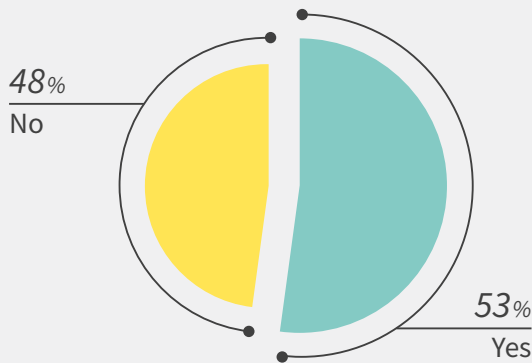
RESULTS FROM THE NES NATIONAL LESS THAN FULL TIME (LTFT) TRAINING SURVEY 2018



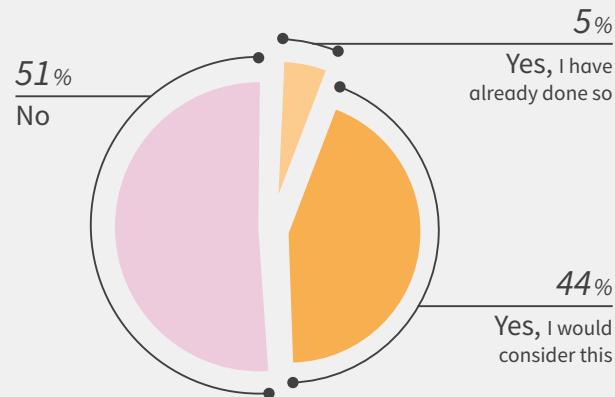
FT respondents were also positive about the perceived benefits of LTFT training to health and well-being. 53% had considered LTFT, and 49% said they would consider coming out of training to facilitate LTFT working. The majority who had considered LTFT training would apply to improve work-life balance, and / or facilitate caring for children. Uncertainty regarding the application process prevented some (40%) from applying, in addition to negative views of LTFT training (25%) and an unsupportive TPD (10%).

There was a perception that LTFT application was unlikely to be successful for reasons of work / life balance alone, and FT trainees desired that LTFT training was more widely available;

Have you ever considered applying to work LTFT?



Have you ever considered coming out of training to facilitate working LTFT?



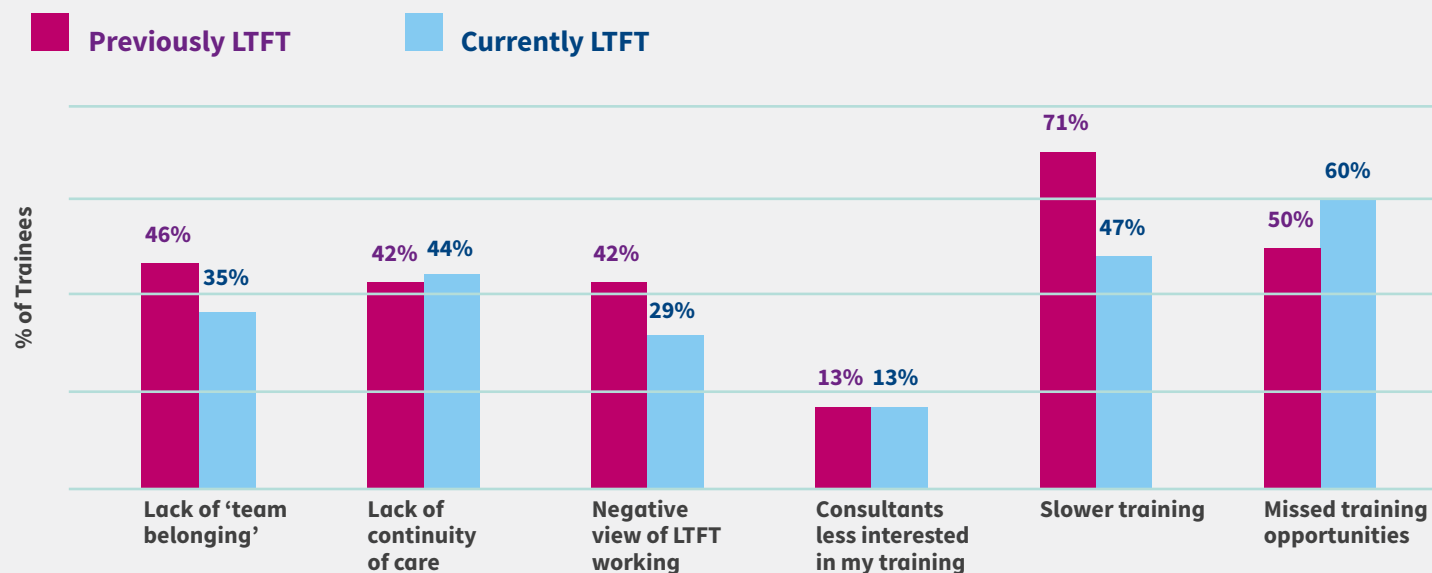
“Every trainee in every specialty should be given the opportunity to work between 50-100% of a rota.”

RESULTS FROM THE NES NATIONAL LESS THAN FULL TIME (LTFT) TRAINING SURVEY 2018



Perceived disadvantages of LTFT training included a slower pace of training and missed training opportunities. 70% of trainees who had previously worked LTFT, returned to FT work to shorten training. 52% of current LTFT trainees felt their access to departmental teaching was negatively affected by working LTFT, and 19% did not feel the extended time in training compensated for this.

Which of the following do you consider a disadvantage of working LTFT?



“ I was told that I would cripple the rota and was being unfair to FT colleagues if I worked LTFT [within that rotation].

(LTFT trainee)

“ You can feel a burden to other colleagues.

(LTFT trainee)

65% of LTFT respondents felt ARCP requirements were not clear for LTFT trainees in contrast to 21% of FT respondents who felt they were not clear for FT trainees. Some LTFT trainees were expected to match FT competencies; “I was told I need to achieve the same number of WBAs and operations as the FT trainees”, and 10% of LTFT trainees had been required to undertake a period

of FT work whilst training LTFT, usually for service provision. Trainees also mentioned inconsistencies in the pro-rata allowance for LTFT trainees between deanery, health-board and specialty: “I am given the option of 50% or 100%... yet a trainee in another speciality on the same rota... is allowed to do 80%”.

14% of all respondents (117) felt LTFT training was viewed negatively within their department. A smaller proportion (6%) had witnessed bullying or harassment towards a LTFT trainee, however 307 (36%) felt LTFT trainees were more vulnerable to being targeted by bullying or harassment.

“ I do not appear to qualify under current rules. Why can we not work LTFT just because we want to get our life back?

(FT trainee)

765 respondents (89%) thought that increasing the availability of LTFT training would reduce the number of doctors leaving the profession, however some FT trainees felt LTFT working was not realistic within their specialty; “I would be delighted if I could work part time, but there seems to be little opportunity. I have thought about and seriously considered changing specialties due to this”. In addition, there was a perception that LTFT training was more acceptable for women; “[I] considered LTFT (80%) as felt ‘burnt out’... but ultimately applied for OOPR post... I do think attitudes towards males taking LTFT for parental responsibilities affected my decision-making process”.

Conclusion

Most respondents viewed LTFT training as advantageous to health and work-life balance. This was tempered by a perceived reduction in training opportunities, negative attitudes towards LTFT trainees, and tensions felt between service provision and LTFT working.

Areas that deserve further investigation include; the consistency of pro-rata allowance for LTFT trainees across Scotland, perceptions of disparate access to LTFT training, and the persistence of an unsupportive culture towards LTFT training within some settings.

Evaluating the arrangements to help departments with vacancies resulting from LTFT training could be helpful. In addition, the quality of training received by LTFT trainees and unintended consequences to training due to increased access to LTFT working also need to be considered.

Acknowledgements: Dr Joy Miller, Karen Miller, Professor Moya Kelly | Contact Details: stephanie.stone@nhs.net

This extract from a recent HM Inspectorate of Constabulary in Scotland report discusses the work that the Medical Directorate has undertaken recently for the Scottish Government:

The report outlined persistent issues with the recruitment and retention of forensic physicians and the resultant challenges relating to sufficient cover, particularly in some areas; and the lack of female forensic physicians featured significantly in the feedback from victims via Rape Crisis Scotland.

The Taskforce commissioned NHS Education Scotland to redesign the Essentials in Sexual Offences Management and Court Skills course to make it more accessible, including for remote and rural locations. The course has been accredited by the Faculty of Forensic & Legal Medicine (FFLM) and provides joint training inputs to both nurses and doctors. Taskforce funding has been provided to train up to 100 additional doctors between 2017-2019. The course has been delivered to 35 new examiners from 11 health boards with a further two courses scheduled for December 2018 and March 2019. Of significance is the fact that 31 of the new examiners are female. Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) welcomes this positive action to recruit more doctors and the particular emphasis on recruiting females.

It should be noted however that, feedback from newly recruited doctors via the Workforce and Training sub-group, indicates considerable enthusiasm for involvement with sexual offences forensic medical examinations but a strong disinclination towards the custody healthcare responsibilities integral to the role. It is clear therefore that simply recruiting more doctors, even where that relates to a significant uplift of female doctors, will not in itself be enough to address the issues relating to doctor availability. The HMICS therefore strongly advocate for further work to consider the separation of the sexual offence examination and custody healthcare functions.

As a result of the directive to health board Executives from the chair of the Taskforce, it is anticipated that all medical staff involved in the delivery of forensic medical examinations will have completed the NES training by March 2019.

The shared work between the NES Psychology and Medical Directorates that underpins the trauma-informed approach to training in the Essentials course was showcased at the recent NES Staff Conference as explained by Associate PG Dean, and Sexual Offences Examiner, Julie Cumming at: <https://vimeo.com/302417266>

The full report can be seen here: https://www.hmics.scot/sites/default/files/publications/HMICS20181203PUB_0.pdf



First5 Funding

As part of The Scottish Government's GP Recruitment and Retention Fund, CPD Connect has received funding in 2018-19 for First5 GPs to access our resources.

There are various resources available to up to 31st March 2019 including:

- 12 month Practice Based Small Group / Learning (PBSGL) Membership
- PBSGL Facilitator Training to enable new groups to be formed
- A conference for First5 GPs in March 2019
- Attendance at workshops and larger events
- Participation in focus groups for research purposes: to identify the learning needs and learning preferences of First5 GPs

Appraisal Workshops for GPs

The Scottish Government's GP Recruitment and Retention Fund has made available, via CPD Connect, the opportunity for GPs to attend an appraisal workshop.

These one-day workshops are being held in several locations across Scotland and have been designed by NES to help GPs identify their learning needs and then construct a self-directed learning plan which meets these needs.

Practical sessions on reflection, quality improvement ideas and projects, and the use of SOAR are featured to help to make appraisal easy and constructive.

CPD for Nurses working in General Practice

As part of NES's ongoing commitment to nurses working in General Practice we continue to maintain the provision of high quality education in the form of short courses including – Introduction to Asthma, Introduction to COPD, Leadership and Cervical Cytology. As always, these courses are extremely popular and in high demand.

However, in addition to providing education, we at CPD Connect, were also keen to allow for the opportunity to network and share best practice in a safe space. This is not always possible on a one-day course where the main focus of the day is understandably on education or training.

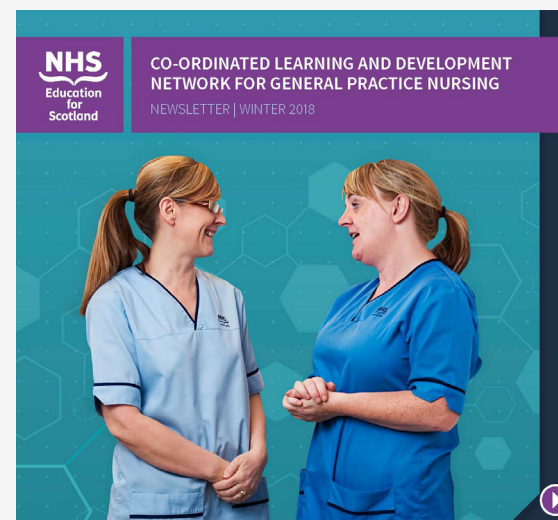
Similarly, unlike our colleagues in secondary care, the opportunity to network or share is often not available to GPNs who are frequently the sole nurse in the practice or working in isolation.

The importance of peer support and sharing of ideas is well evidenced and imperative for both improved patient care and practitioner

wellbeing. The GPN Roadshows certainly allowed time for networking, and the evaluation highlighted the importance GPNs placed on it.

This saw the introduction of our “residentials.” Why not combine high quality education with networking?

Who else, but another GPN, would understand their role better?



CONTINUING PROFESSIONAL DEVELOPMENT FOR GPs AND GP PRACTICE NURSES

Over the year we have developed three residentials, each being repeated on three or four occasions in a variety of locations throughout Scotland. These included a Masterclass in Telephone Triage, a Masterclass in Long Term Condition Management and an Introduction to Minor Illness. The residential aspect of the 2-day courses has rated highly in our evaluation as has the quality and appropriateness of the education which was specifically designed by expert GPs for GPs.

The Long Term Conditions Masterclass is run in collaboration with the British Heart Foundation and the other residentials in collaboration with a variety of expert, external speakers, from a variety of professions - the importance of interprofessional working and learning together being recognised.

At the last Long Term Conditions Residential, a few weeks back, Fiona Whyte from Macmillan Cancer Support presented on cancer as a long term condition. It was inspiring to hear how many people are now survivors of cancer or living positive lives with the condition. This undoubtedly increases GPs workload and further emphasises the need for support and networking.

These popular and successful residentials were largely over-subscribed and there are extensive waiting lists. Consequently, we are in process of developing additional courses for 2019. Watch out for that catalogue coming your way in January or keep an eye out on Portal.

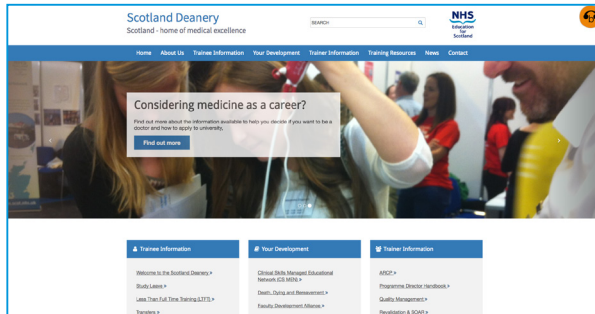
All CPD Connect activities can be booked either by visiting www.cpdconnect.nhs.scot or www.portal.scot.nhs.uk

For further information please email cpdconnect@nes.scot.nhs.uk



NES WEBSITES

Created specifically for the needs of Scotland's Medical trainees and trainers, are the following resources:



The Scotland Deanery Website

The Scotland Deanery, along with our Local Education Providers, is responsible for managing Medical Training and Training Programmes across the four Scottish regions. Here you'll also find details of the Deanery's Quality Management activities, its key staff and locations plus information on Professional Development for doctors.

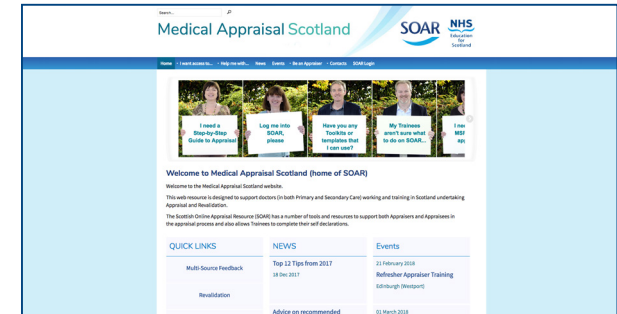
www.scotlanddeanery.nhs.scot



Scottish Medical Training

This site is the principal resource to learn more about how to apply for Foundation, Core and Specialty Medical Training in Scotland. Here you'll find regularly updated information about application windows (how and when to apply), a directory of 50+ GMC-approved medical specialty programmes and first-hand accounts about training from trainees and trainers. There are also useful insights on career direction and what it's like training and working in Scotland.

www.scotmt.scot.nhs.uk



SOAR

Designed for doctors (in both Primary and Secondary Care) working and training in Scotland, for their Appraisal and Revalidation needs. SOAR is used by Appraisers and Appraisees to aid the appraisal process, and for Trainees to complete their self-declarations. Here you'll also find a SOAR user guide, handy FAQ's and examples of Quality Improvement Activities.

www.appraisal.nes.scot.nhs.uk



NES WEBSITES

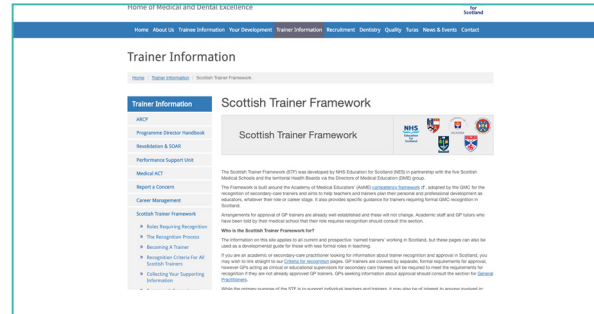


Clinical Skills Managed Educational Network

This site provides information about the Clinical Skills network, which plays a key role in implementing the Clinical Skills Strategy for Scotland. The focus has been on improving patient safety and clinical outcomes by supporting access to high quality, multi-professional skills training and clinical simulation across Scotland.

CS MEN develops online educational resources, manages and deploys a Mobile Skills Unit (MSU) which provides state of the art simulation facilities for remote and rural healthcare practitioners and has built a national network of healthcare educators and practitioners.

www.csmen.scot.nhs.uk



Scottish Trainers Framework

The Scottish Trainer Framework (STF) resource supports trainers working in Scotland, both undergraduate and postgraduate, whether working in primary, other community or secondary care settings. Here you'll find guidance for secondary care trainers requiring formal GMC recognition in Scotland and information about 'training for trainers', the seven GMC 'framework areas' for educational CPD and guidance for trainee doctors looking to develop a broad skills-base that include training. The Scottish Trainers Framework information has moved to the Trainers section of the Scotland Deanery website.

<http://www.scotlanddeanery.nhs.scot/trainer-information/scottish-trainer-framework/>



Please contact us with newsletter feedback and ideas for articles at:
www.scotlanddeanery.nhs.scot/contact/

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This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.

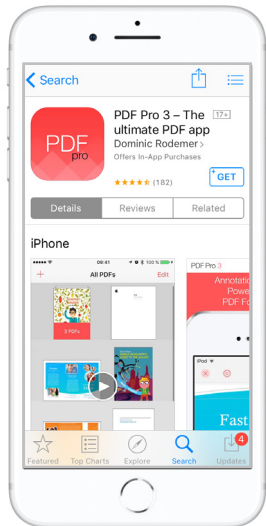


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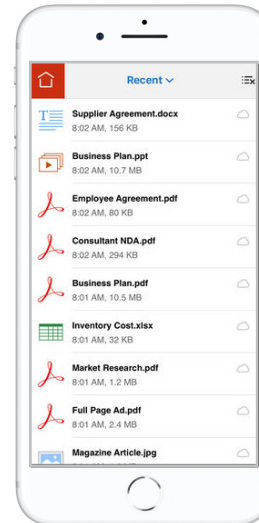
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Click on the blue box at the right hand corner which says "FREE". It will then turn green and the word will change to "INSTALL".

Click once more and the viewer will begin to download and install on your device.

If you have a password set up on your device it may ask you for this now.

Please note: you will need to have adequate free space to install.



Using PDF Pro

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Click on the "Open in..." option, followed by the PDF Pro icon and the PDF will launch in the viewer.

Once viewing in PDF Pro all of the navigational features will be functional, so simply tap the buttons onscreen to get started.