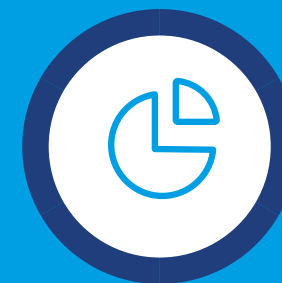
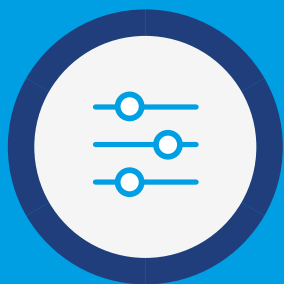


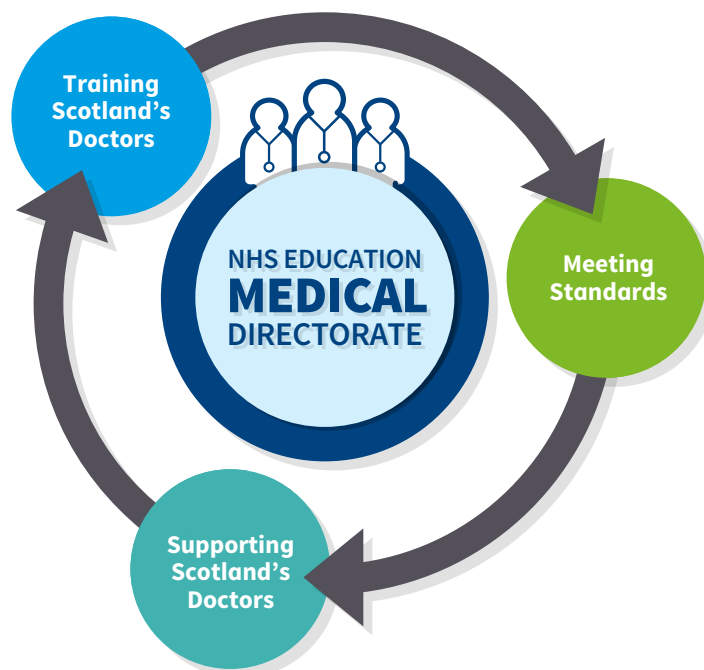
Annual Report 2019

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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

 **5964** TRAINEES 


5126
SUCCESSFUL
ARCPs
ANNUAL REVIEW
OF COMPETENCE
PROGRESSION

542 
SUCCESSFUL
CCTS CERTIFICATE OF
COMPLETION
OF TRAINING

1889
USERS 
REGISTERED WITH FDA
IT PLATFORM

32 SSI SAFETY, SKILLS
AND IMPROVEMENT
MULTI
DISCIPLINARY
WORKSHOPS
DELIVERED TO
400 
NHSSCOTLAND
STAFF 

**MOBILE
SKILLS UNIT**

22 22 SEPARATE VISITS

20 LOCATIONS

20

9 9 HEALTH BOARDS

950 PEOPLE TRAINED
WITH OVER 100 COURSES

950

54 HOSPITAL
VISITS

27 TRIGGERED
VISITS

23 SCHEDULED
VISITS

8 PROGRAMME
VISITS

65 GP PRACTICE
VISITS

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Welcome: Foreword

Welcome to the 2019 Annual Report and our review of another productive year for the Medical Directorate and the Scotland Deanery.



CAROLINE LAMB

Chief Executive



STEWART IRVINE

Medical Director and
Deputy Chief Executive

In this report, we seek to give you an account of what we have accomplished over the past year and where we believe we have enhanced training and medical education in Scotland.

As before we have organised the report under headings that best describe our main activities and in doing so update you how we manage the training of Scotland's doctors, how we meet ensure standards are how we support the continuing education needs of senior doctors in Scotland's NHS.

Against our primary task to successfully recruit, educate and train around 6000 trainee doctors we describe our continued investment in the Turas training management system and the benefits now flowing to trainees as a result. By linking the main Turas data base with our new Turas People, Turas Learn and Turas Portfolio platforms we are now able seamlessly record update data for individual doctors. Better study leave, better Recognition of Trainer support and improved links the Oriel recruitment programme have resulted.

Alongside this we have also introduced single national processes for ARCP reviews, ARCP appeal, less than full time applications, inter deanery transfers and out of programme applications. During the recruitment cycle this year, we filled 98% of foundation year one posts, and 85% of vacant core and specialty training posts. The overall fill of our training establishment was over 95%. While the supply of medical graduates into training remains challenging, we were pleased that we managed to expand the overall numbers of doctors in training in Scotland.

Welcome: **Foreword**

Meeting standards discharging our obligation to manage quality standards on behalf of the GMC is an ongoing priority, involving ourselves and partners in Scotland's Health Boards. Our teams have been active in making many visits to training units across specialties in all parts of Scotland, both in the acute sector and in the community, wherever training takes place.

We continue to support the GMC with their Enhanced Monitoring process and work with other key agencies around the Sharing Intelligence for Health and Social Care Agenda. Another key achievement has been the publication of our quality management visit reports to share our findings with trainers and trainees as well as patients and the public – enhancing transparency and strengthening governance as result.

Beyond the training and education of tomorrow's doctors we continue to invest in Scotland's senior doctors, through continuing professional development activities across a range of clinical areas. Again our overarching goal is to build faculty and capacity to help to ensure Scotland's trainers and doctors in service have the necessary skills.

The portfolio of support we provide ranges from generic teaching skills to bespoke modules for specific purposes, of which you can again read more of in the report.

In closing we wish to reiterate our absolute commitment to safe and effective patient care and in supporting the efforts of our teams and partners in Health Boards and Universities to make that happen through excellent training and education. Therefore we commend the 2019 Annual Report to you as a summary of their much-appreciated work.






Another key achievement has been the publication of our quality management visit reports to share our findings with trainers and trainees as well as patients and the public.



Training our Doctors

Training our Doctors: **Highlights**

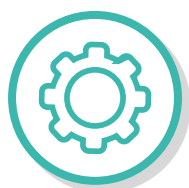
DISCIPLINE	 TRAINEES NUMBER OF TRAINEES IN PROGRAMME	 ARCPs SUCCESSFUL ANNUAL REVIEW OF COMPETENCE PROGRESSION (ARCPs)	 CCTs SUCCESSFUL CERTIFICATES OF COMPLETION OF TRAINING (CCTs)
ANAESTHETICS, EMERGENCY MEDICINE & INTENSIVE CARE MEDICINE	580	553	49
DIAGNOSTICS	222	184	31
FOUNDATION	1625	1581	N / A
GENERAL PRACTICE, OCCUPATIONAL MEDICINE, PUBLIC HEALTH & BROAD BASED TRAINING	1072	1004	247
MEDICINE	859	725	78
MENTAL HEALTH	272	228	30
OBSTETRICS, GYNAECOLOGY & PAEDIATRICS	467	377	40
SURGICAL	602	474	67
TOTAL	5699*	5126	542

*5964 Trainee Establishment

Training our Doctors: **Overview**

The Deanery's training management team has continued to build on the use of single and national processes for core training management functions:

- ARCPs (Annual Review of Competence Progression)
- ARCP Appeals
- LTFT (Less Than Full Time) applications
- IDT / IRT (Inter-deanery transfers / Inter-regional transfers)
- OOP (Out of Programme) applications
- Study Leave



The Performance Support Unit continues to operate at national level providing support to trainees experiencing difficulties in their training.

Regional teams continue to work at local level but with increased cross-regional liaison leading to some national initiatives, e.g. cross-regional / national ARCPs which provide streamlined and efficient review of trainee progress within a specialty across the whole of Scotland.

The benefits are many:

- Transparent process – equitable experience for all trainees
- Expert ARCP panels drawing on experience from up to four regional programmes
- Opportunities for quality assurance and calibration
- Cost-effective and efficient:
 - excellent use of staff time
 - reduced requirement for multiple College externals
 - reduced requirement for multiple Lay representatives

The Performance Support Unit continues to operate at national level providing support to trainees experiencing difficulties in their training. Study Leave for all postgraduate trainees is delivered by a small national team in conjunction with our programme directors.

Training our Doctors: **Overview**

Our administrative teams maintain links with the eight Specialty Training Boards to work cohesively around matters relating to recruitment, progression, curriculum development etc. The training management team holds regular away days for administrative staff from all five offices bringing them together to continue to develop the excellent working relationships we have in place and promote sharing of knowledge and expertise. National away days are also held for our Associate Postgraduate Deans which provide an opportunity for information sharing and networking across regions and specialty groups. Programme Directors attend local events within their regions in which they are kept up to date with developments at NES and national level.

Underpinning the work of the administrative teams is the NES Turas platform, in particular the Training Programme Management (TPM) module. In the last year we have updated the study leave function and improved links to Oriel, the UK recruitment system for doctors in training. Latterly we have updated and improved the functionality for Recognition of Trainers in line with GMC standards.



In the last year we have updated the study leave function and improved links to Oriel, the UK recruitment system for doctors in training.

TPM allows for the management of programmes, trainees, locations and trainers so that trainees are in the correct programme, are placed in approved locations and supervised by recognised / approved trainers.

The strength of the Turas platform is that TPM can work with Turas People, the HR module supporting the new employment arrangements and Turas Portfolio and Learn, allowing learning to be recorded and seamlessly updated for Scottish Foundation trainees.



Training our Doctors: **Overview**



The four devolved nations work together to recruit junior doctors on a national basis using a single online system called Oriel. As this system is reaching the end of its contracted time, Scotland has been reviewing our requirements for recruitment of doctors in preparation for the review and re-provision exercise to take place in 2019 / 20.

This year we again participated fully in UK recruitment, working with lead recruiting bodies across the UK to provide assessment centres and panellists and in supporting the management of applications.

In 2018 we advertised 850 Foundation year one places and filled 830 (98%) and advertised 1175 core & specialty posts and filled 999 (85%).

Overall in 2018 96% of our posts were filled by recruitment against establishment.

Our priority is the assurance that our trainees are progressing as expected and continue to train and work safely for themselves and most importantly for patients.

We oversaw 7688 Annual Review of Competency and Progression reviews, as some doctors have dual specialties and require more than one review. 488 doctors did not have a review because they were out of programme, on parental or sick leave. 7247 (94%) of the reviews were positive or neutral, with a small proportion of trainees requiring additional time or support to continue training.

Training our Doctors: **Overview**

For the training year 2017-2018, 249 completed their training in General Practice and 363 completed training in other specialties.

TYPE	COUNT OF TRAINEE
GP	249
Speciality	363
Grand Total	612

For foundation training, 794 FY1 completed the year and were put forward for full GMC registration. 778 completed FY2 and were then able to progress to specialty training.

TYPE	COUNT OF TRAINEE
FY1	794
FY2	778
LAT	65
Grand Total	1851

In addition, a number of doctors left before completion of training. The majority of these resigned from training (88) or were released from training (25) due to lack of progression. 12 doctors transferred out of Scotland to Deaneries elsewhere in the UK.

August 2018 saw the successful implementation of the Single Employer initiative which means that from August trainee doctors will have the same employer for the entire period of their training (see case study).



Training our Doctors: **Looking ahead**

The following year will see some further and significant changes to Training Management in terms of how we deliver our services to trainees and trainers. The Medical Directorate Executive Team want to build upon our progress and fully implement the single deanery vision for Training Programme Management.

The aim is that all TPM activity will move from a regional model to a single deanery model aligned to Specialty Training Boards. Our Postgraduate Deans and GP Directors will take responsibility for all trainees within a specialty group across Scotland. Sessional medical staff will also be aligned to their respective Dean / Director. The administrative staff will see a change to their roles where they will provide national administrative support to specialty groupings (Specialty Training Boards) rather than to their local regional programmes. This is a huge undertaking for all concerned but the fundamental goal is to ensure consistency, fairness and equity of experience in all of our functions. The “Go Live” date will be 1st Nov 2019 with a transition period commencing in Summer 2019.

We will see further developments in Turas functionality with improved reporting allowing us to monitor movement of trainee numbers better, and the development of a quality module to automate and allow us to manipulate data for interpretation in a consistent and easy to understand way.

The implementation of the changes to how training is delivered in the UK, agreed by the four nations in 2016, will continue. Improving Surgical Training (IST) will conclude its pilot phase and we will see the first trainees starting in the Improving Medical Training (IMT) pilot. The development of post training credentials will be beginning next year, and we will be working with colleagues in Professional Development and the GMC to support the management of delivery of this new way of training.



Training our Doctors: **Thriving in Medicine**



Case Study: **Lead Employer Model for Trainee Doctors**

In August 2018 Scotland moved from 22 Health Board employers to just 4 lead employers for doctors and dentists in training:

- NHS Grampian for the North region
- NHS Lothian for the East region
- NHS Greater Glasgow and Clyde for the West region, and
- NHS Education for Scotland (NES)

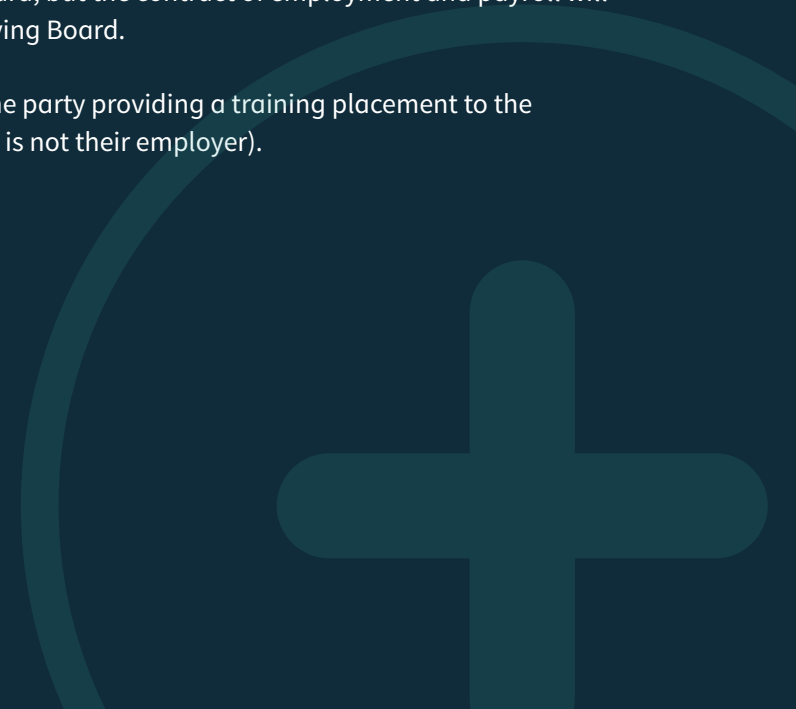
NES became the sole employer for all GP, Occupational Medicine and Public Health trainees, with the 3 other lead employers covering the other specialties and foundation trainees on a regional basis. The lead employer arrangements were implemented to cut red tape and improve the working experience for junior doctors. Prior to the new arrangements, each time a trainee moved from one health board to another, they had to change employer. This was time-consuming and caused problems for things like mortgages, tax codes, access to employee service-based entitlements (e.g. cycle to work, childcare vouchers). It has now been agreed that NES will also become the single employer for all doctors training in 'national' programmes.

The lead employer arrangements were implemented on behalf of Scottish Government by the Scottish Health Boards working in partnership with the BMA.

An Employment Responsibilities Agreement was agreed by all 22 Health Boards. This Agreement sets out the roles and responsibilities of employing Boards, placement Boards and NES in the employment of Doctors in Training.

A lead employer is the NHS Board that will hold the contract of employment and deliver the payroll function for a trainee for the duration of the programme of training. The trainee may be on placement in a different placement Board, but the contract of employment and payroll will remain with the employing Board.

A placement Board is the party providing a training placement to the Doctor in Training (who is not their employer).



Training our Doctors: **Thriving in Medicine**



Case Study: **Lead Employer Model for Trainee Doctors**

NES has developed Turas People, a new application hosted on the Turas platform which supports the implementation of the lead employer model and assists in the information flows between the Deanery, the trainee, placement Boards and employing Boards. The key function of Turas People is to reduce duplication of information for all parties.

Turas People will be used by doctors in training and medical staffing / HR Departments in boards to share information on the placement and employment of doctors in Boards. It enables trainees to:

- Receive an offer of employment letter from the lead employer of their programme of training
- Provide pre-employment information such as references and right to work information not confirmed at recruitment
- Complete the staff engagement form

- Complete pre-employment occupational health documentation, including provision of proof of immunisations and immunisation history
- Track progress with pre-employment checks
- Receive, sign and store their contract of employment
- Access, complete, submit and save forms required during employment (e.g. parental leave forms, maternity paperwork)
- Receive, sign and store amendments to contracts of employment
- Receive information on next placements
- Upload useful documents to personal filing cabinets

Turas People will assist in making the trainee employment journey more straightforward and provides a central place for trainees to access, receive and store employment related information.



Meeting Standards

Meeting Standards: **Highlights**

THE TRAINING YEAR IN NUMBERS

NUMBER OF TRAINEES WITHIN REMIT OF ALL sQMGs

5964

NUMBER OF TRAINING PROGRAMMES WITHIN REMIT OF ALL sQMGs

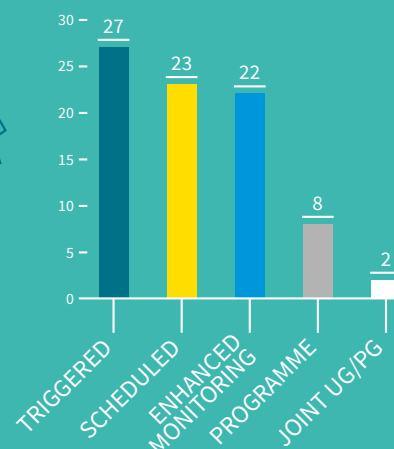
228

VISITS

TOTAL NUMBER OF VISITS
AUG 2017 – END JUL 2018



54



EXAM
SUCCESS!

70.7 % TRAINEE PASS RATE VS 68.1%
ACROSS THE UK AS A WHOLE

NUMBER OF sQMGs HELD
(AUG 2017 – END JUL 2018)

NUMBER OF TPD ENQUIRIES
FOLLOWING QRP

48

53

NUMBER OF DME ENQUIRIES
FOLLOWING QRP

33

NUMBER OF LETTERS OF RECOGNITION
ISSUED FOLLOWING QRP

106

Meeting Standards: **Overview**

Our efforts to continually improve the standard of medical education and training in Scotland have been extensive and rewarding.

As in previous years our overarching aim centres around greater patient safety through better training and our Specialty Quality Management Groups have worked collaboratively with our partners in Scotland's Medical Schools and Health Boards to tackle problems and promote good practice.

Our joint work with the GMC around their Enhanced Monitoring (EM) process, that may be invoked where standards fail to be met within a reasonable period, has brought about real change. The dedicated work of the units and trainers who have turned around the units under EM, as well as the efforts of our own team needs to be acknowledged. Similarly, our contribution to the Sharing Intelligence for Health and Social Care Group has also helped early identification of systems that may be becoming under pressure and allowed action to be taken. All of which again emphasises the clear link between high quality medical training and safe effective patient care.

Our strategic working with Scotland's Health Boards and Scotland's Medical Schools through the Taskforce to Improve the Quality of Medical Education is another notable feature.

Across the training year we undertook 54 panel visits to hospital departments, 48 Training Programme Director enquiries, 33 approaches to Directors of Medical Education and 63 visits to General Practitioner surgeries.

We now publish all our visit reports to share findings not only with those visited, but with other trainees in Scotland and the public. This is a key development for us and an important step towards greater openness and transparency.

We remain committed to improving our internal processes and continue to make positive change through our Quality Workstream with great emphasis on training, consistency and data for robust evidence. To deliver this we have set up 3 new change teams to update and improve our processes.

Whilst the GMC 2018 national review of Scotland gives us confidence in what we are doing, there are many areas where training and education is falling below standards. Our challenge is to understand why this happens and work with our partners to bring about positive change.

Meeting Standards: **Looking Ahead**

2019 into 2020 promises to be another busy year in our efforts to improve quality and meet standards. To better undertake our quality management role on behalf of the General Medical Council, we plan a number changes and enhancements. Better engagement with trainee doctors around our processes is central this and with the help of our Trainee Associates we are currently developing web resources to explain what happens during a Scotland Deanery visit to a site so trainees know what is involved and what we hope to achieve. The resource will allow access to our question sets and provide an impression of how our visits are structured.

Whilst doing this we are also constructing a standardised bank of post visit requirements in order to streamline our reports and clearly make the link between requirements and the specific standards, to which they relate.

Highlighting excellent performance and positive experience is very important to us and an area where we can improve our systems of work. Currently we have a wealth of very positive feedback in our Scottish Training Survey, that for practical reasons we haven't been able to share with trainers, and we hope to develop a mechanism for sharing these positive comments with those who work so hard to deliver excellent training. Our Training Programme Directors (TPDs) are integral to good training and we shortly hope to release a series of short videos to help TPDs understand and develop their role in relation to quality management.

Data and information about the quality of training in Scotland is a vital component of our quality management function and in the year ahead we shall make a number of positive enhancements to our Scottish Training Survey. Importantly and in a bid to shorten the time taken by trainees to complete the return by, we will use factor analysis to remove questions that do not add value to the survey. Alongside this we will introduce consistent approaches to the wording of all questions - piloting proposals in conjunction with small groups of doctors in training. We also plan to undertake a comprehensive review of the benchmarking system we presently employ as some of the benchmark groups, that are joined together, may not give us the clearest indication of poor performance.



Meeting Standards: **Looking Ahead**

In line with previous years, we will continue to invest in training our quality team, making sure that all our visit team members receive training before taking part in visits and that our Lead Visitors are comprehensively briefed and mentored before taking on the responsibility of leading a visit, in the training environment. Further to this we will again organise visit calibration training and report writing skills training to ensure consistency across specialties and our written outputs.

There are many positive changes that we need to consider in our work. Notably the Royal Hospital for Sick Children in Edinburgh is due to relocate early next year, and the new hospital Dumfries & Galloway Royal Infirmary opened in 2018. Our workplan includes visits to all new sites to check just how things are going and if new training environments are meeting standards.

We also hope to continue with our roll-out of Programme Visits, that allow us to assess the standards of training in smaller specialties such as Diagnostic Neuropathology and Paediatrics Perinatal Histopathology that have never been visited and because trainee numbers are so small we do not have enough meaningful data from either trainee survey.

We are also responsible for managing through to resolution all eight requirements and all seven recommendations identified from the Local Education Provider visits during the GMC National Review of Scotland.

We also look forward to the proposed creation of the new subgroup of the Taskforce to Improve the Quality of Education (TIQME) (with DMEs, APGDQs and workstream leads) to work jointly on improvements in training environments that should enable improvement themes such as we have identified from our visits to become part of an agreed strategy to improve the quality of training in Scotland.

One of our main focusses in the near future will be monitoring the introduction of the Improvement in Surgical Training programme. We are very much aware that our responsibilities lie with ensuring the trainees have access to the appropriate training opportunities. Working closely with colleagues on the Surgical STB to ensure these opportunities are being gained as well as monitoring the posts through our visit process and survey data.



One of our main focusses in the near future year will be monitoring the introduction of the Improvement in Surgical Training programme.

Meeting Standards: **Looking Ahead**

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 NES 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.

The introduction of an ACT levy for non-EEA students by the Scottish Government commenced 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 in the allocation process.



Meeting Standards: **Looking Ahead**

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.

The NES Medical ACT team, along with representatives from each medical programme within NHS Scotland, are currently conducting a review of current approaches to delivering undergraduate teaching in primary care in Scotland. The review is also looking 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: **Improvements in Action**

Foundation

During this year the Foundation Quality team have come across several units using short 'drop in' teaching sessions to support Foundation placements. These have, in general, been in surgical units and have been delivered by other specialities who provide care to patients in the surgical wards. Examples are Palliative Medicine, Geriatric Medicine and Pharmacy. The sessions are often late morning or over lunch - 15- 20 minutes - with whoever is around on that ward or neighbouring units. These are welcomed by the trainees who gain a better understanding of subjects relevant to their curriculum as well as being supported in delivering patient care.

GP

The Scotland Deanery Quality visiting process is committed to improving the value of the training experience for General Practice Specialty Trainees across all learning environments. The GMC survey consistently ranks Scotland highly for training experience in GP posts and it is the aim of the Deanery to match this in the hospital setting.

As a result of hospital visiting, the Deanery has promoted the appointment of secondary care GP Champions. These are Consultant Trainers who take an overview responsibility for teaching provision across a hospital or board for GPSTs currently in secondary care posts. NHS Lanarkshire has utilised this to good effect with the GP Champion co-ordinating and promoting teaching for all GPSTs across Lanarkshire hospitals in all departments. This had led to more focused General Practice orientated teaching being widely available to all trainees based in Lanarkshire hospitals. Closer working is being established between Training Programme Directors and a lead GP Educational Supervisor to also include in this teaching GP trainees based in practices creating a bespoke teaching programme for all GPSTs in training within Lanarkshire. This will broaden the clinical teaching available to all. This complements the already well-established day release teaching provided to GPSTs while in general practice posts. Similar schemes are in preparation in other Health Board areas including NHS Ayrshire and Arran. It is the intention of the Scotland Deanery QM-QI process that other NHS Boards be encouraged to create similar bespoke programmes. GPST Champion appointment will be promoted through our visiting schedule.

Meeting Standards: **Improvements in Action**

Anaesthetics, Intensive care medicine and emergency medicine

When a trainee is absent from a department / unit with short notice, for example, sick leave, it can often be difficult to fill the gap on the rota at short notice and this usually must be done internally by moving shifts around, but this does not always resolve the problem. The Anaesthetics Department at the Western General Hospital, Edinburgh have resolved this problem by producing a “disaster” rota. Basically, this is a rota which consist of the trainees listed to be contacted to fill the slot. If you are at the top of the list, you are expected to cover the shift but then move to the bottom of the list and can claim the time back. Everyone is happy with this arrangement: the service gets the slot filled but most importantly the trainees are very happy with this arrangement. They know their place on the list and it also means that extra cover is equitably and fairly distributed.

Diagnostics

The teaching programme in Medical Microbiology in Edinburgh has been running well for several years. It takes place on Wednesday mornings; the content is mapped to the curriculum and the time to attend these sessions is protected from interruptions. Feedback from trainees on a recent visit to the department was that the teaching delivered is excellent, of high quality and is led by specialists in the topic being discussed. On recent visits across Scotland to Aberdeen, Dundee & Glasgow the visit teams found that this teaching programme is well respected so now they link in via video conferencing to these weekly teaching sessions. This represents a good practice example of delivering a high-quality national teaching programme which involves all regions.

Meeting Standards: **Improvements in Action**

Medicine

NHS Lanarkshire is the third largest health board in Scotland serving a population of over 500,000 with three acute hospitals (Monklands, Hairmyres and Wishaw). All three sites were placed on the GMC Enhanced Monitoring Process in 2013 because of concern about patient safety and the training environment. The response led by the Medical Director and Director of Medical Education in NHS Lanarkshire resulted in a rapid improvement in the supportive culture around education, training and patient safety. Several initiatives were recognised by other health boards as examples of good practice, including:

- Early adoption of the Chief Resident model to engage trainees in medical management and to improve communication between trainees and senior management
- A culture of quality improvement with trainee involvement in the development of clinical processes, including handover, which led to improvements in communication and safety
- A junior doctor forum to improve communication of concerns and good practice
- A local health board website to highlight links to the various curricula to help ensure that trainers are aware of the trainee group's training objectives
- Pharmacy teams feedback on prescribing errors to trainees and their educational supervisors and these are used as learning opportunities for trainees
- The management of boarding patients with defined cohorting and clearly defined clinical responsibilities for named medical staff
- A colour coded name badge to identify trainees and their grades, along with a guide to describing expected competencies as part of the "Say No to SHO" campaign

Meeting Standards: **Improvements in Action**

Mental Health

To compliment the weekly local psychiatry teaching sessions held at St John's Hospital which all levels of staff are invited to attend an ECT simulation training programme has been developed. This training has utilised multi professional working and has been created following a successful roll out of simulation training in the Anaesthetics department. Following a recent scheduled visit, we have suggested they create a case study for the SHARE website to share good practice.

Obstetrics, Gynaecology and Paediatrics

There may be challenges in delivering good quality training in small departments due to the fact that a limited caseload may restrict opportunities to address curriculum competencies. The O&G Department at Borders General Hospital is a small unit with just over 1000 births per annum. Despite its small size this unit repeatedly gets multiple green flags in the GMC trainees' survey, it was recently recognised with an RCOG training award. At the latest Deanery visit it was clear that there is a culture that prioritises training opportunities.

How is this done?

Trainers discuss what learning outcomes each trainee requires to complete during their post. GP trainees have a personal learning plan developed at commencement of the post, OPD clinic time is built into their week and they are directed to specific clinics relevant to their learning objectives. There is parallel consulting at out-patient clinics with enough time allowed for trainees to discuss

their patient management with the consultant and complete a case-based discussion (CBD) assessment. The team review patient caseloads in advance and plan for O&G ST trainees to see the same patients at outpatient clinics to provide continuity of care and learning.

There is a very cohesive team structure and all trainers work regularly with the trainees allowing progression to be easily monitored. When specific procedural training opportunities arise, the team will identify trainees who need access to that opportunity and ensure that they are involved. Despite a having a low caseload the department uses everything as a training experience to maximise the trainees' learning opportunities.

Meeting Standards: **Improvements in Action**

Surgery

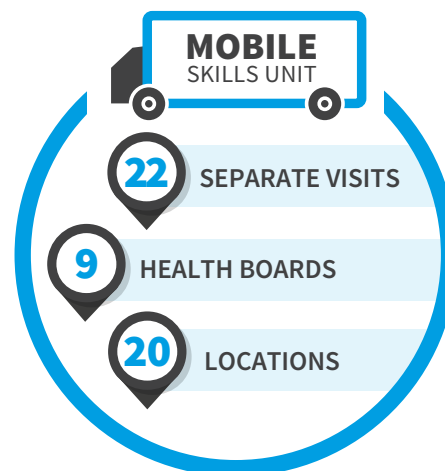
During this year the Surgery Quality team have come across several good practice items we would wish to highlight. At the Royal Hospital for Sick Children in Glasgow the Paediatric Surgery unit demonstrated a robust electronic handover system that was praised by all members of the team. The same team also have a supervised consent process that was welcomed by the trainees. The Oral and Maxillofacial training programme has a What's App feedback group which is co-ordinated by a trainee representative who feeds back to their Training Programme Director and Specialty Training Committee. Finally, with a Local Education Provider's engagement, both at Board and trainer level, with the Deanery and the GMC's Enhanced Monitoring Process has seen vast improvements in surgical training posts with the result of a number of units being de-escalated from Enhanced Monitoring.





Supporting Scotland's Doctors

Supporting Scotland's Doctors: **Highlights**



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.

Scottish Clinical Leadership Fellowship (SCLF)

We recruit to and employ up to 12 SCLFs; medical and dental specialty trainees that spend a year out of programme hosted in a variety of organisations, including NES itself, the Scottish Government, Royal Colleges and the GMC, and contribution to important work in their host organisations. In this last year, pharmacists have joined the SCLF programme for the first time. NES provides a bespoke leadership and development programme for the fellows in this well-evaluated and highly-regarded fellowship that plays a major part in a shared ambition between the Government and the service to identify, develop and nurture a cadre of skilled future clinical leaders.



Training has been designed so it can be delivered within a range of settings wherever needed throughout Scotland.

Supporting Scotland's Doctors: **Overview**

Faculty Development Support Unit (FDSU)

We continue to deliver a range of educational resources to support the initial and ongoing development of trainers:

- In 2018 we established a new one-day Advanced Medical Educator Course for experienced Educational Supervisors with more than 5 years' experience in an educational role
- We have also delivered pre-CCT Trainer workshops to trainees in their final year for Specialty Training with the aim of them being 'trainer-ready' when appointed to a Consultant role
- Collaborative work with the Medical Schools and Health Board DMEs has resulted in the introduction of new, more robust, processes for initial and ongoing Recognition of Trainers. This new, single system approach, utilises existing IT systems and is based on agreed criteria which apply to each of the four named roles
- The Approved Medical Practitioner Training Programme consists of initial training, which is delivered in 2 parts - Part 1 – an online module followed by, Part 2 a face-to-face workshop; and Update training for those already in an AMP role. Update training is now a mandatory requirement for AMPs in Scotland and this must be completed every 5 years
- 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 also deliver the Advance Medical Educator Course and a Supporting Trainees with Difficulties Course

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

Looking ahead



The Faculty Development Alliance aim to develop a new workshop on “*Leadership in Education*” and a range of e-learning modules in the coming year. These resources will complement the menu of resources already available and replace previous e-learning modules.

The development of our new AMP Training Programme will continue during 2019 with further development of existing resources and the design and development of a range of new e-learning resources to support the continuous professional development of AMPs working in Scotland.

Leadership and Management Training

- New content has been developed for LaMP and several new members of Faculty have been recruited to deliver the programme in 2019
- We recruited 12 trainees to Cohort 8 of the prestigious Scottish Clinical Leadership Fellowship (SCLF) that commenced their year-long Fellowship in August 2018
- An evaluation of the Scottish Clinical Leadership Fellowship has been published in the publication BMJ Leader

Looking ahead



We have recruited a further 10 trainees to Cohort 9 of the SCLF to commence their Fellowship in August 2019.

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

General Practice Returner and Enhanced Induction programmes

The GP Returner and Enhanced Induction programmes continue to generate interest with ongoing support provided by NES from initial enquiry through to scheme completion:

- Over 2018, 5 GP Returners have completed, 4 are currently in post with 3 more expected to join the scheme
- Four EI doctors are currently undertaking national assessments
- There has been successful engagement with Primary Care Leads and Scottish Government to further develop the programmes
- Programme information and links are now established on the GP Jobs Scot website:
gpjobs.scot/ ➔
- A CPD Connect allowance has been included within the package to help with access to educational activities

Looking ahead



Following extensive mapping by the RCGP of Australian GP Qualifications against the UK curriculum, we look forward to supporting applicants from Australia to the Enhanced Induction programme through the streamlined CEGPR application process. A social media campaign to publicise the GP Returner scheme in Scotland is planned for early 2019.

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

GP Fellowships

- We recruited to three GP Health Inequality Fellowships, four Medical Education Fellowships and six 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

Looking ahead



The Rural Fellowships provide an important test bed for the development of a rural medical credential, which has been highlighted as one of the prioritised areas for progress in the GMC's proposals for the development of regulated credentials. A proposal for a Rural Emergency Practitioner credential, developed from the acute care GP Rural Fellowship has been developed and is ready to be developed further once plans for implementation of regulated credentials are in place.

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

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
- The redesigned 'Essentials' course has been accredited by the Faculty of Legal and Forensic Medicine and as such attendance at this course means that examiners meet the training standards described by HIS
- We have delivered 'Essentials' courses in a variety of locations and by March 2019 are on track to have exceeded the target of training 100 examiners. We have also adapted the course at the Government's request to include the nurses that support examiners and clients and are contributing to work that will hopefully result in nurses being able to take on the examiner role in time

Medical Appraisal and Revalidation

Training Courses

- We are mandated by Scottish Government as sole provider of appraiser training for clinicians requiring appraisal and revalidation in Scotland. Appraisals can only be conducted by a NES-trained appraiser to ensure consistency in approach and quality
- We currently offer two types of Appraiser training courses – a two-day course which is mandatory for anyone wishing to become a New Appraiser; and a one-day Refresher course for experienced appraisers
- The Refresher courses are designed to support the existing appraiser workforce by offering them a platform to share good practices, network, and refresh / maintain their skills as an appraiser. It is strongly recommended that experienced appraisers attend a Refresher course every five years
- The appraisal year runs from April to March and in the 2018-2019 period, we organised 11 New Appraiser courses and 7 Refresher courses
- From the 7 New Appraiser courses ran so far (at time of writing), 71 clinicians were successfully trained as New Appraisers; and 53 Appraisers successfully attended 5 completed Refresher courses (1 Refresher was cancelled due to low uptake)
- Additionally, 4 Dental New Appraiser courses were run in the same period, training 27 new Dental Appraisers

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

From the 4 remaining New Appraiser courses, we are projecting an additional 53 New Appraisers to be trained. The last Refresher of the 2018 / 2019 programme is expected to be run with 15 Appraisers attending.

We also ran a 1-day Appraiser Course Tutors day, and successfully trained up 12 new course tutors to join the existing tutor panel. Full details and breakdown of the training courses will be available in the Medical Appraisal Scotland annual report later in the year (due in end of July 2019).

Conferences and other National meetings

In addition to the Appraiser Training courses, NES supports the Appraisal and Revalidation process in Scotland by organising the annual Scottish Medical Appraisers Conference (as part of SMEC). This year's theme was "Taking Appraisal Forward", and took place on 26th and 27th April 2018 at the EICC. It was very well attended with positive feedback on the workshops.

An Appraiser Course Tutors Conference was also held on 24th October 2018, attended by the majority of the tutor panel. The day included a presentation from Dr Rob Hendry from the Medical Protection Society, and an experiential workshop.

We also facilitated two National Appraisal Leads, and two National Appraisal Administration meetings to support all the Appraisal Leads and Local Admin teams within the health boards, giving them a platform to discuss and inform on significant issues and share best practice.

SOAR

Scottish Online Appraisal Resource (SOAR) is the centralised online system used in Scotland for managing the Medical Appraisal process. SOAR has been running since 2005 and is used by all doctors working in NHS Scotland. The system is developed and maintained by NES, but the data on SOAR is maintained by users and local health board admin teams to facilitate the appraisal process.

Following the conclusion of the first Revalidation cycle, the focus of development has moved to improving the system infrastructure, and developing features stemming from user feedback. A history of SOAR's development deployment is available on the Medical Appraisal Scotland website:

www.appraisal.nes.scot.nhs.uk/help-me-with/soar/about-soar/deployhistory.aspx ➔

SOAR users are supported via a helpdesk system managed by the Medical Appraisal Scotland team.

Medical Appraisal & Revalidation QA report

As we enter the second cycle of Medical Revalidation, NES was asked by the Scottish Government to take over the responsibilities for the Medical Appraisal & Revalidation Quality Assurance (MARQA) report, previously produced by NHS Health Improvement Scotland.

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

The initial data is collated via SOAR and sent to the health boards for cross-checking local data.

The finalised report was published and circulated on 3rd December 2018. The report is available on the Medical Appraisal Scotland website:

www.appraisal.nes.scot.nhs.uk/i-want-access-to/marqa-reports.aspx ➔

New Appointments

In addition to the activities above, 2018 / 2019 has been a year of change for the Medical Appraisal Scotland team in NES.

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.

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.

Looking ahead



2019 / 2020 marks the beginning of the second (five-year) GMC Medical Revalidation cycle. Collectively there has been a lot of valuable lessons learnt between all the stakeholders. A lot has been achieved, and a lot of work is still to be accomplished and explored.

The full 2019 / 2020 Appraiser training programme has been published; the first MARQA report of the second Revalidation cycle is in the planning stage; Conferences and National meetings have been scheduled; and significant development on SOAR is expected.

A small taste of things to come as we usher in a new chapter for Medical Appraisal in Scotland.

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

The Specialist and Associate Specialist (SAS) Development Programme

- This programme, now established for six years, continues to build on its early successes. There is an experienced team in place raising the profile of SAS nationally, and with representation in each of the Health Board areas also raising the SAS profile locally
 - The third National SAS Conference was held in association with RCPSG in March 2018. This included a host of interactive workshops provided by GMC, MDDUS, BMA, and GDC and was attended by a full capacity of SAS grades (126) from across Scotland. Of the feedback received, 100% would attend a future conference, and 100% would recommend the event to SAS colleagues. The fourth National SAS Conference, scheduled for 26th March 2019, is already fully subscribed; 150 SAS grades are due to attend
 - A series of 8 local SAS educational events were hosted across various health boards organised by the local SAS Education Advisers. A total of 205 individuals attended these meetings – a 44% increase in attendance from 2017
 - 24 applications were made to the SAS development fund, supported by local EAs, of which 92% of applications were approved. Examples of training which deliver new or improved services in the various Health boards including: Diploma in Conscious Sedation for Dentists, Introduction to Dermoscopy course, and Mentalization Based Treatment (MBT) training
- courses with subsequent Eye Movement Desensitization & Reprocessing supervision, all improving access to care and improving the safe, effective service to patients in keeping with Scottish Government's 2020 Vision
- 25 doctors attended our courses on applying for CESR, run jointly with GMC. We supported 9 SAS to progress towards CESR; individuals with clearly identified gaps in training were funded to undertake either supervised secondments or training which should enable them to achieve the competencies they require towards making a successful CESR application
 - The SAS Programme delivered bespoke courses for SAS; 46 individuals attended a jointly run GMC SAS course on Professionalism and Introduction to Leadership; 33 SAS attended a Court Skills course run with Central Legal Office; 120 SAS attended newly organised Quality Improvement training, led by the NES QI team
 - 10 SAS have attended the initial workshop in Leadership and Management with the date for the second workshop scheduled in 2019; a further 21 SAS doctors and dentists have completed the training programme over this year
 - A new page was added to the SAS Development section of the Scotland Deanery website for SAS doctors who are new to the grade. This valuable resource provides information on SAS contracts, Appraisal, Job Planning, CESR, SAS programme funding, and more

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

Looking ahead



We are working with the Organisational, Development, Leadership & Learning team at NES, with a view to offer further training to the SAS Education Advisers who work in each of the Health Board areas. This will continue to develop their skillset to further support and inform local SAS in their boards.

Generic SAS learning needs are being addressed with tailored training courses being developed and scheduled, in response to highlighted training needs.

The SAS Development Programme continues to receive high quality applications with a current focus from individuals pursuing CESR and requiring top up training, as well as tailored secondments to learn skills to develop new clinical services. Feedback from recent applicants and their clinical directors confirms the success of the SAS Programme in developing individuals and improving service delivery and patient care.

Safety, Skills and Improvement

- We delivered 32 multidisciplinary workshops on addressing patient safety within complex healthcare systems using Human Factors and ergonomic principles to 400 NHS Scotland staff
- We produced an e learning module on Why things go wrong (and right) in complex systems to complement existing Human Factors Patient safety training modules
- We tested and verified the application of the 'Always Events' patient centred approach to quality improvement in the homeless population
- We delivered effective clinical handover education sessions to Foundation Doctors throughout NHS Scotland across nine territorial NHS boards
- We developed educational resource to support 80 GP 'First 5s' and 37 GP Cluster Quality Leads to upskill their knowledge and application of Quality Improvement in primary care. This included contextualising the Scottish Improvement Foundation Skills course and developing a generic educational feedback instrument for QI projects
- We refined and tested NES-designed safety culture discussion cards for diverse healthcare environments with a plan to pilot its educational impact with NHS Scotland pharmacy initiatives and conduct further testing and evaluation with over 80 care teams in partnership with colleagues in NHS England and Canada

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

Development work is under way with multi-agency stakeholders to Integrate Human Factors and Ergonomic Principles in all levels of Health and Care Education throughout Scotland and beyond. 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 a Barrier Management method (BowTie Analysis) and testing and evaluating this prospective approach to critically examining and strengthening system barriers to reduce the risks of serious organisational incidents with diverse care teams in Scotland

- 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 70 academic papers are published in international peer review journals to-date, with multiple book chapters and technical reports generated or in preparation, and numerous national and international conference keynote and workshop presentations given

- SKIRC, in partnership with NHS Highland, was awarded a £70,000 'Innovating for Improvement' grant by The Health Foundation. The funding will be used to implement and evaluate a novel preparation resource which uses inexpensive virtual reality technologies to allow patients to experience having an MRI prior to their actual scan. In paediatric patients we intend to show the resource can reduce the need for general anaesthetic in MRI, while in adult patients we intend to show how it can decrease the MRI failure rate for claustrophobic patients through improving the scan completion rate and reducing the presence of motion artefact in the image
- We have engaged a network of over 200 healthcare leaders, practitioners, educators and researchers to commence national development work in identifying and prioritising service areas where the field of Human Factors / Ergonomics can add value in improving care system performance, patient safety and workforce wellbeing
- 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

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

- We have been awarded the prestigious international ASPIRE award for simulation training by the Association for Medical Education (AMEE) for work to enhance clinical skills practice. The 2018 Award for Excellence in Simulation was granted for the “exemplary simulation” education carried out by CS MEN over the last 10 years. CS MEN in partnership with BASICS Scotland and SCSC^{HF} has delivered training to over 12,000 practitioners, in urban and remote and rural areas, who otherwise would not have access to high quality simulation education. A blended approach using online and tele-education helps to enhance and customise learning for busy practitioners
- We have nine online resources available including Safe Communication, Lumbar Puncture and Chest Drains with almost 4000 enrolments in 2018 resulting in over 2000 individuals completing the resources. A new resource on Ear Care has been developed in collaboration with NHS Tayside and was launched in the middle of the year
- The Mobile Skills Unit (MSU) had 22 separate visits to 20 different locations covering 9 different territorial Health Boards. This included two new locations: Campbeltown (NHS Highland) and Fraserburgh (NHS Grampian). It was also hosted by RAF reservists for a training day at RAF Leuchars (Fife). Over 950 people (including nursing staff, medics, dentists, paramedics and emergency services) were trained on the unit with over 100 different courses
- We continue to work in partnership with the Scottish National Blood Transfusion Service and NSS so that the MSU is delivered and deployed to relevant venues and maintained appropriately. We have developed a sustainable, cost efficient model for the logistics of the MSU
- We commissioned and designed a replacement innovative mobile skills unit which was formally launched at Forth Valley Royal Hospital by the Minister for Health and Sport, Jeanne Freeman, OBE MSP
- In partnership with NES Knowledge Services we have developed a simulation bulletin for our network members and other interested educational groups. This is published quarterly and identifies articles related to the use of a specific subject in simulation which have been published in the last three to six months as well as focusing on one article which is reviewed by a subject expert
- In collaboration with the SCSC^{HF} we have developed and published the Scottish SimTech Framework to develop the role and capabilities of simulation technicians throughout Scotland

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

- The Anaesthetist study in collaboration with University of Dundee, (exploring whether cadaveric simulation training offers best clinical performance behaviour during ultrasound guided regional anaesthesia) has developed a step and error matrix concurring validity and reliability and have shown differences in eye tracking data between novices and experts
- Together with BASICS and with support from the Scottish Rural Medicine Collaborative we are piloting the Portfolio Project a new way of training remote and rural health care practitioners. The Portfolio Project offers training to rural GPs, hospital doctors, nurses and paramedics and covers 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
- We collaborated with SCSC^{HF} and BASICS to provide a workshop at SMEC on quality assurance in simulation based education
- We held two Scottish Mastery Conferences at Glasgow and at the Scottish Centre for Simulation and Clinical Human Factors which was attended by a group of delegates from Feinberg Medical School, Northwestern University, Chicago
- Our neonatal short life working group is now complete and together with the North of Scotland Planning Group we were influential in ensuring a national approach to neonatal resuscitation
- We are collaborating with Scotland's Core Surgical Training programmes, to implement a new Simulation Strategy, part of a 2 year UK-wide pilot called Improving Surgical Training



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

Looking ahead

We have brought together our remote and rural experience and our multi-professional network for a short life working group to get consensus on simulation in psychiatry priorities for Scottish psychiatry trainees. There is also a need for training in psychiatric emergencies for all medical and surgical trainees and for remote and rural practitioners. We have set up a short life working group and plan to have a Forum Event on Simulation in Psychiatry to share best practice and identify priorities for the different user groups in 2019. We will be sharing scenarios using the CS MEN template and create access to other learning resources and courses (such as APEX) to prevent duplication of effort.

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**

Quality Improvement

- 2018 celebrated 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 6 Clinicians. We are now proud to have over 250 Fellows each playing their part in stronger clinical leadership across NHSScotland and beyond. An Executive Summary can be found on [the QI Zone](#). ➔ Recruitment for the next cohort will open in February 2019
- December 2018 hosted the annual ScIL networking event marking the graduation for our latest Scottish Improvement Leaders. 135 participants graduated from across public services and showcased their learning and improvement projects. To date we have trained 344 Improvement Leaders with a further 160 undertaking the training. Recruitment for the next 2 cohorts is currently open and will start later in 2019. 4 cohorts of the programme are delivered
- Development is underway for a new suite of online eLearning modules which are free to access and suitable for anyone in the public-sector workforce looking to improve local services. In 2018, we launched 2 modules on the QI Zone with another 2 currently under development ready to launch by March 2019
- 2018 saw the launch of an exciting new funded opportunity to enable 'First 5' GPs in Scotland to become involved in CPD activities to help develop their skills, knowledge and confidence in quality improvement and become an active part in supporting positive changes in primary care delivery. Through Scottish Government funding, we established an educational programme for GPs in their first 5 years of practice. The uptake of places and engagement on the Scottish Improvement Foundation Skills (SIFS) programme, for both GP's in Cluster Quality Lead and First 5 roles, has been higher than expected. By March 2019, 100 GP's will have completed this course
- Delivery of the Scottish Coaching and Leading for Improvement (SCLIP) programme for 2018 / 2019 has 3 planned streams. The first stream is funded by the Chief Nursing Office Directorate in Scottish Government which has commissioned 2 national cohorts to be delivered for staff participating on the Excellence in Care programme, along with further 2 cohorts being delivered on a regional basis. The second stream is to develop the delivery model, so the programme can be delivered regionally, with national and local faculty delivering content together programme to build capacity locally with less time out of the workplace. This approach has been successfully tested by NHS Grampian and is currently being tested by Greater Glasgow and Clyde and NHS Dumfries and Galloway. The third stream includes 2 externally commissioned cohorts for the Belfast Health and Social Care Trust which will have both been completed by March 2019. Recruitment is currently open for next Excellence in Care sponsored cohort where we are encouraging Nursing and Midwifery staff, Allied Healthcare Professionals and Health Care Scientists working within a Leadership role working in a Health and Social Care setting to apply

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

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

- Our Practice-based Small Group Learning (PBSGL) has remained popular in 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 wide 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
- Through Scottish Government funding, we have significantly increased our educational opportunities for General Practice Nurses. Demand for these courses is high and they have evaluated exceptionally well
- Scottish Government funding has facilitated Appraisal Support Workshops across the country to assist GPs in their preparation for appraisal

- We have also received significant investment from Scottish Government to educationally support GPs in their first five years since qualification. This includes PBSGL membership, planning for a dedicated conference and beginning to conduct research to better understand the CPD needs of this group

Looking ahead



We aim to increase the number of PBSGL groups / members in Scotland and to increase the percentage of groups that are inter-professional. We also aim to increase the number of pharmacists and practice nurses participating in PBSGL in 2019 and have plans for creating some marketing videos to support this. We aim to deliver more workshops and skills based training to primary care staff in our centres in Glasgow, Edinburgh and Aberdeen.

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

Grief and Bereavement

- We have continued to add to the [suite of animations](#) ➔ which support practitioners in conversations around death, dying and bereavement. The short length and scenario-based focus of these films enhances learning and relevance within already busy clinical and educational environments. Films launched in 2018 include:
 - [Talking and being with people who are bereaved](#) ➔
 - [Stories for Education: Living with Death](#) ➔
 - [Withdrawal of Active Treatment in an Intensive Care Setting](#) ➔
 - [Supporting Families around the Resuscitation of a Baby or Child](#) ➔
 - [Supporting Families around the Resuscitation of an Adult Family Member](#) ➔

We organised a successful promotional campaign to disseminate information about these new resources in late 2018 across NHSScotland. This saw a 47% increase in film views for the above titles in the seven days following their formal launch. The animations overall have now been viewed over 26,000 times and we continue to receive positive feedback regarding these materials, e.g.

“**Fantastic videos. Use them regularly for teaching.**”

“**Great training resource that would be helpful to many different health and social care professionals.**”

- Two new short films are in development:
 - An animated resource: ‘Breaking the news of a death by telephone’
 - A video capturing the experiences of a multidisciplinary team on dealing with death and bereavement as part of their work. It will consider themes of resilience and wellbeing and is based on films which feature an [Air Ambulance](#) ➔ and [Scottish Mountain Rescue Team](#) ➔ (recently produced by a junior doctor in England)
- We are in the process of developing a range of educational resources for health and social care professionals that focus on LGBT+ considerations around death and bereavement
- We continue to add content and make developments 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. This year there have been over 15,000 users on the site with over 41,000 page views
- 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

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

- We have shared our work at a variety of national / international conferences this year including the International Association for Medical Education Conference, Association for Palliative Medicine Conference and the International Conference on Stillbirth, SIDS and Baby Survival
- We continue to also share information on our work via a quarterly e-Newsletter (>1200 subscribers), through social media and with support from the NES Corporate Communications Team. A recent tweet from the Scotland Deanery Twitter account regarding the new [Stories for Education: Living with Death](#) ➔ animation gathered over 11,300 views and 100 retweets
- We have worked with the Death Certification Review Service to develop [two online educational modules](#) ➔ with a third in production that is due to launch in Autumn 2019

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 and clinical cases for group discussions. Plans are also underway to host NES' first bereavement education conference in Autumn 2019.

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

Remote & Rural Healthcare Alliance (RRHEAL)

- We have continued to deliver monthly education sessions by VC around a host of topics via the RRHEAL VC Education Network and our Rural General Hospital VC Education Network sessions across a wide variety of topics specifically tailored to meet the needs of remote, rural and island practitioners

<https://learn.nes.nhs.scot/902/rrheal/education-networks> ➔

- We have completed initial work on the development of the first Scottish multi professional Rural Practitioner Advanced Level Education Programme in collaboration with the Scottish Rural Medical Collaborative

<https://www.srmc.scot.nhs.uk/> ➔

- We completed our work as part of the international Remote and Rural Recruitment and Retention Making it Work Project which has produced a Workforce Sustainability Framework and a range of practical tools

<http://rrmakingitwork.eu/> ➔

- We have worked with University colleagues to design a new Rural Hospital Practitioner High Dependency and Critical Care Accredited Programme –

- We are working to design and develop the first Rural Health & Social Care TURASLearn site for and with Rural Health & Social Care Support Staff
- We are 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> ➔

Looking ahead



We are leading on the development of a proposal for a Centre of Excellence in Remote and Rural Training and Education with key partners across Scotland. RRHEAL, NES are providing leadership and support in developing this programme of work as part of our statutory responsibilities for NHS Scotland education and the coordination of remote and rural healthcare education developments across Scotland.

This programme of work will be developed in line with The Ritchie Report recommendations for a CoE that will also foster future workforce for remote and rural areas throughout Scotland. A project website has been launched to give access to documents and information relating to this work.

www.ritchiereport.net ➔

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

Practice Manager Development

- We continue to deliver the Practice Managers Vocational Training Scheme. Cohort 14 commenced in September 2018 with 18 participants, a further 13 Managers completed the programme this year
- We organised a survey of Practice Managers in Scotland, obtaining valuable information on current learning needs to support programme development
- We delivered 70 Practice Managers Educational Workshops, with workshops held all territorial Health Boards
- Local co-ordinators organised meetings in all territorial Health Boards, engaging with Practice Managers from across Scotland and providing an opportunity to share best practice

General Practice Nurse Development

- We are delivering and expanding the provision on the General Practice Nurse Programme for 2 cohorts in 2018 / 19 following a positive external evaluation in 2018
 - Cohort 7 – 25 GPNs commenced September 2018
 - Cohort 8 – 30 NQN due to commence Feb 2019
- We undertook a successful GPN Roadshow tour in collaboration with the SG in 2018 visiting every territorial HB area in Scotland engaging with over 400 GPNs informing around the new GPN Transforming Role paper on the GPN refocused Role
- We are delighted to now have 19 Education Supervisors to support the GPN Programme after an additional 6 successfully completed their master's level education at RGU
- GPN CPD is now supported by CPD Connect

Supporting Scotland's Doctors: **Case Studies**



Case Study: **Introducing the new Mobile Skills Unit**

Introducing the new Mobile Skills Unit

The new Mobile Skills Unit (MSU) was launched by the Cabinet Secretary for Health and Sport on the 20 September 2018. This provided an opportunity to invite over 40 members of the Clinical Skills Managed Educational Network (CS MEN) to a launch meeting. This meeting acknowledged their input to the CS MEN over the past 10 years and enabled users to share how the MSU had impacted on their use of simulation for education and training of healthcare practitioners throughout Scotland.

Presentations were given by Jean Ker, Michael Moneypenny, Vimty Muir, Andrew MacGillivray and Colville Laird covering how the MSU had provided added value as well as reviewing the complex system that underpins its success. The meeting finished with a round table discussion the results of which will be used to inform the consultation process across CS MEN to develop priorities going forward.



Supporting Scotland's Doctors: **Case Studies**



Case Study: **Introducing the new Mobile Skills Unit**

The vehicle has a large flexible teaching space and a separate control room. The teaching space can be separated into two distinct areas allowing either two scenarios to run simultaneously or one scenario and a separate debrief area. We listened to our hosts and trainers feedback and the unit has improved storage facilities for all equipment and a larger control room. It has an innovative power management system and has four different power options – 32 amp, 16 amp, 13 amp and a generator (as well as solar panels that will work in preference to all of the above when conditions are suitable). Hosts and trainers continue to be trained on the best way to use the new unit and additionally our staff responsible for the driving, deployment and maintenance of the vehicle have also benefited from bespoke training.

Clinical Skills Unit



In the first one hundred days the unit had a total of 11 visits to six different health boards (Table 1). Fifty-seven separate training sessions have been held, training a total of 542 trainees.

HEALTH BOARD	NUMBER OF VISITS	NUMBER TRAINED
NHS Dumfries and Galloway	1	85
NHS Forth Valley	1	8
NHS Grampian	1	46
NHS Highland	2	107
NHS Lanarkshire	3	222
NHS Western Isles	2	49
Conference	1	25

Table 1: Number of visits and total number of people trained by health board.

Supporting Scotland's Doctors: **Case Studies**



Case Study: **Introducing the new Mobile Skills Unit**

The number of people trained on the new unit according to job family is shown in **Figure 1**. Eighty-seven percent of trainees were from the NHS (Nursing 51%, Medical 21%, Scottish Ambulance 7%, Dentistry 3%, Allied health Professionals 3%, Midwifery 2%). Six percent were from emergency services (coastguard, fire service, police), 3% were members of the public and one venue also trained two social care staff).

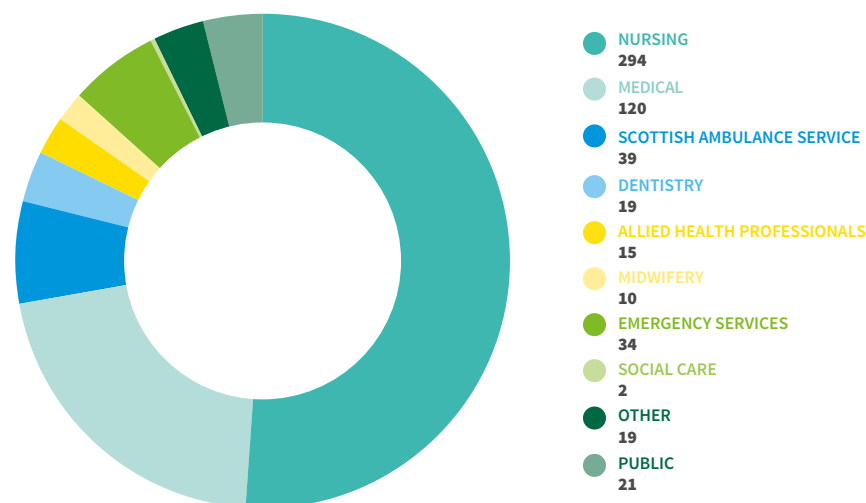


Figure 1: Number of people trained on the MSU by job family

Inside the Clinical Skills Unit



Over half of the training sessions (33) were emergency related – ranging from resus council courses to deteriorating patients and trauma emergencies. Skills training (for example IV cannulation, chest drains, lumbar puncture) accounted for almost a quarter of the sessions (13). There were eight sessions covering team training and two sessions for faculty training. The training sessions varied in duration with some only 2 hours and others 2 days. There was also a mix of who provides the training with six venues using local trainers, four using trainers from organisations that are currently funded by CS MEN and one venue used both external trainers (funded by CS MEN on an ad hoc basis) and externally funded trainers (EMRS).

Supporting Scotland's Doctors: **Case Studies**



Case Study: **Introducing the new Mobile Skills Unit**

User evaluation

To date, we have received 218 completed evaluation forms for the unit (NHS staff 175, Emergency Services 31) from Barra, Forth Valley, Elgin, Fort William, Hairmyres and Wishaw.

Inside the
Clinical Skills Unit



100%

Rated the MSU positively

100%

Thought the MSU was an appropriate learning environment

98%

Agreed that having training on the MSU was of benefit to them

78%

Considered the MSU provided training that they would otherwise not get



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