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Dear Colleague,

Sadly, this edition, just as with the recent Spring edition, is dominated by the Covid-19 crisis and the resulting impact on training and education. This is entirely appropriate as we really appreciate the scale of the disruption being caused right now and wish to reassure you with access to our latest thinking and decisions.

First off, we give you more information about our Professional Support Unit and what they can do for any of you who may be struggling with the very challenging circumstances, whether that be high clinical demands, wider societal difficulties, or a combination of both. Whatever you may be worried or anxious about, we are able to confidentially listen to you and try to help you through our deep understanding of the training system and challenges you face. Next, we provide a link to our Covid-19 Frequently Asked Questions webpage where you can get information and learn of more about our position on a range of relevant topics.

We constantly update the page and other the Covid-19 pages on the Scotland Deanery Website, to let you know how training will be impacted and just what we are doing in response, including those aspects we agreed with the other statutory education bodies across the UK, our regulator (the GMC) and other key stakeholders.

We then give you some news about our efforts to support the wider service and relieve some of the additional strain now being placed on both trained and trainee doctors working in hospitals and the community. We outline for you, our role in Implementing an interim Foundation Year 1 (FiY1) role for final year medical students that have graduated and in supporting and enabling the voluntary return to clinical roles of currently trainees out of programme. Alongside this we share details of how we have translated expressions of interest from retired doctors who have volunteered to return to service and support the Covid-19 effort in Scotland.



Rowan Parks
NES Acting Medical Director

Next, we feature the important and innovative work of our Patient Safety Team who are making a significant contribution to the Covid-19 response. Their niche skills and expertise in Human Factors have been used in the rapid development of guidance on the design and use of work procedures for health and social care teams, who need to care for Covid-19 patients. A valuable intervention as was the part they played in the UK government effort to design, build and manufacture novel ventilator machines, at great pace, for use in the Covid-19 crisis. This followed by news of Covid-19 relevant education and training resources our GP Practice Nursing Team have put in place to support colleagues in General Practice.

With cautious optimism, it now appears that the first wave of the pandemic crisis will shortly be over and, whilst recognising that further waves and the consequent pressures may yet impact on the NHS, it is now time we give some thought to how we might be able to recover our work programmes and re-establish our activities.

We will take this forward sensitively with our partners in service and work closely with all stakeholders to make sure the views and interests of all stakeholders are considered.

The impact of the virus on medical education is still unfolding, but I am increasingly confident that we can successfully mitigate against many of the difficulties faced. The willingness and enthusiasm of colleagues, both here in Scotland, and across the UK, to come together with solutions is most encouraging and I now firmly believe we can recover and look forward with a degree of optimism.

I wish you all well.

Professor Rowan Parks



Rowan Parks
NES Acting Medical Director

**THE 10TH CONFERENCE
IS PLANNED TO GO
AHEAD AGAIN ON
THE 27 AND 28 MAY
2021 WITH A FULL
PROGRAMME.**

**Further confirmation and programme
will be available in due course.**



03 PROFESSIONAL SUPPORT AND COVID-19

We are living in unprecedented times. Uncertainty and rapid changes to the way we live and work can be very unsettling. The NHS Education for Scotland Professional Support Unit remains open for business to help doctors in training.

Many doctors in training will be worried about how changes in work patterns, redeployment and delays in examinations will affect their training progress. The Scotland Deanery has some common questions and answers and a link for enquiries at: www.scotlanddeanery.nhs.scot/covid-19/covid-19-faq/

Your Clinical and Educational Supervisors and Foundation and Training Programme Directors are also available to help you.

You might be worried about how this illness might affect our own wellbeing and the health of those close to us. This will especially be true of those of you who work in front line clinical areas caring for high-risk patient groups.

Many people are finding the changes enacted to allow social distancing are very challenging. Perhaps you are separated from loved ones or missing friends who normally support you. It is important to use telephone and video calls to keep these human contacts going.

We also need to take time to take care of our own mental health and wellbeing. Thank other team members at work and look out for each other's welfare. Making sure that the working day ends with a period of brief reflection can be very beneficial. Give yourself a virtual pat on the back for 3 things you have done well during your shift.

Eat well and regularly, take time to listen to music or read and use your allowed exercise time every day you can to walk, run or cycle outside in the fresh air. We are all in this for the long haul and need to find an ongoing balance between work and non-work life that we can sustain.

It is human and normal to be worried at this time and being anxious does not reflect badly on you as a doctor or as a person. If you are worried, stressed or just feel the need to talk we have people available to listen and try to help. If you want to arrange to speak to someone you can do so by emailing: PSU@nes.scot.nhs.uk.

We also have several other resources that may be helpful available at: www.scotlanddeanery.nhs.scot/covid-19/professional-support/

Remember the Professional Support Service is there to help you.

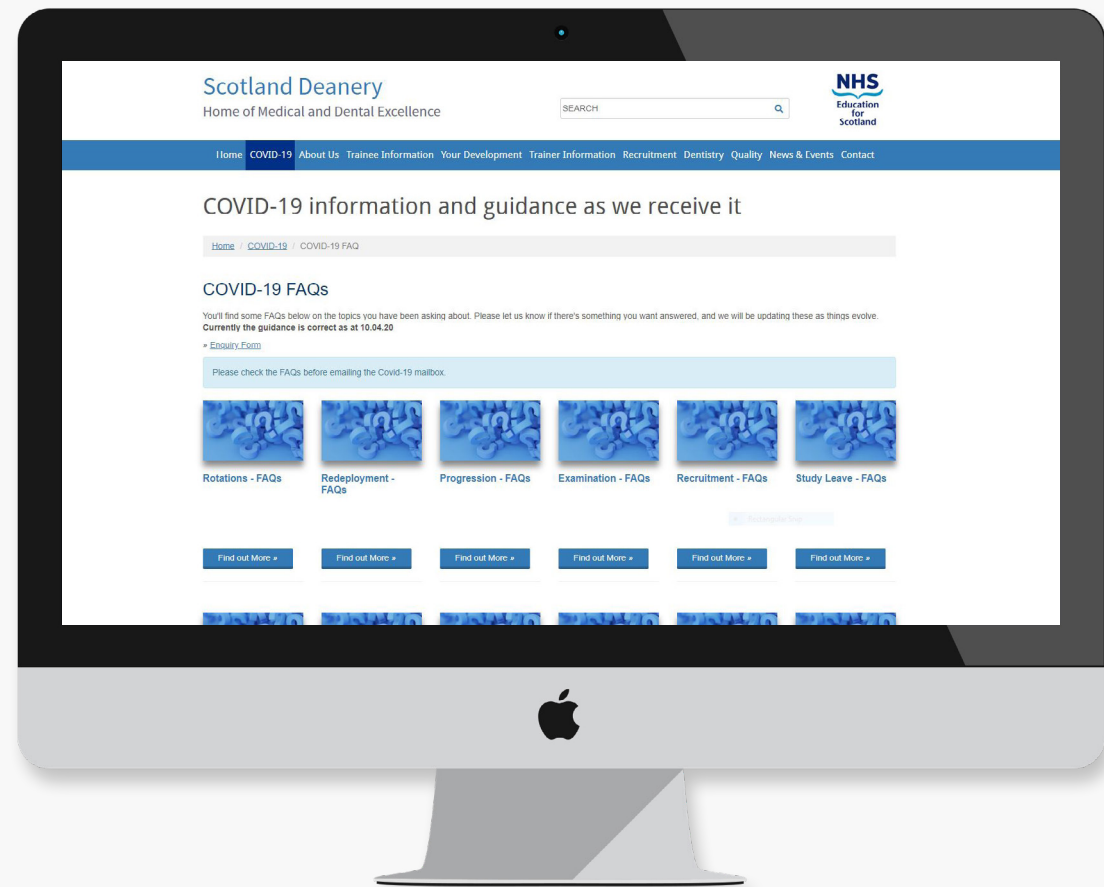


THE DEANERY WEBSITE HAS A COVID-19 FAQ SECTION HERE:

www.scotlanddeanery.nhs.scot/covid-19/covid-19-faq/

The FAQ section is updated regularly with new information as we receive it under different headings relevant to you.

Deanery COVID-19 Enquiries e-mail address:
deanerycovid-19enquiries@nes.scot.nhs.uk



NHS Education for Scotland (NES) is supporting the expansion of the medical workforce in Scotland to support the service response to the pandemic in three ways:

1. Implementing an interim Foundation Year 1 (FiY1) role for final year medical students that have graduated, are in receipt of provisional registration from the GMC and wish to take up this role.
2. Supporting and enabling the voluntary return to clinical roles of trainees that are, for a variety of reasons, out of programme (OOP). This is mainly, but not exclusively trainees that are out of programme for research (OOPR).
3. Managing the process of translating expressions of interest to support the pandemic crisis that have come through the NES Covid-19 Accelerated Recruitment Portal (CARP) from 'retired returning' doctors who have been given temporary registration and licence to practice by the GMC.

The interim Foundation Year 1 (FiY1)

In order to maximise the service contribution that can be made by final year medical students who have graduated and provisionally registered, it has been agreed that these doctors would be offered appointment as Foundation interim Year 1 (FiY1) doctors. These are short-term posts and doctors occupying these posts will become FY1s when they join their respective Foundation training programme in August 2020.

There has been a UK-wide agreement that graduates could apply to undertake a FiY1 post in either the region of their medical school or aligned to the Foundation School to which they had been allocated from August. To facilitate this choice, Foundation allocations were brought forward by the UK Foundation Programme Office (UKFPO) to early April.

NES has worked rapidly and extremely closely with the four Scottish graduating medical schools, the UKFPO and the service through Health Boards' Directors of Medical Education to identify the applicants for FiY1 posts, the capacity within Boards for placement and supervision, and arrangements for support and mentorship for this new and inexperienced grade of doctor.

Despite significant challenges, collaborative working between service, universities and the Deanery have resulted in the first cohorts of provisionally registered doctors undergoing the first of a series of induction events on 14th April (only 14 days following the issuing of a letter from the Chief Medical Office to students outlining this plan) and commencing in the workplace on 22nd April.

A total of 575 final year students in Scotland have applied through the UKFPO for FiY1 posts and the first cohort of 515 have started in post in Scotland in the week commencing 20th April.

05 EXPANDING THE MEDICAL WORKFORCE: NES'S ROLE

Redeployment to service of Doctors in Training that are Out of Programme

The Covid-19 crisis triggered four-nation agreement that doctors in training who are currently out of programme (including for research) would be approached to consider if they would be willing to return to support healthcare provision at this time of extraordinary pressure on acute services. The ability to deliver on this reflects the willing engagement of those doctors in training who are impacted, but also of the universities and research institutions, funding bodies, Deaneries and the service (Health Boards).

At the time of writing 100 Doctors in Training have been redeployed to service (97 have interrupted their OOP and three have deferred starting until August 2020).

Accelerated recruitment of 'retired medical returners'

The GMC have given temporary registration and licence to practice (LtP) to doctors that have a Scottish residential address that have relinquished registration or LtP up to six years ago as well as those that have retained registration but relinquished LtP. These doctors were invited, should they wish, to register their expression of interest in contributing to the service by accessing the Covid-19 Accelerated Recruitment Portal (CARP). This captures their areas of specialty, what kind of contribution the doctor would want to make, and where.

A process for prioritisation of all applicants through the CARP (including doctors) has evolved rapidly in collaboration with Boards.

Initial priorities have been agreed, and these were for recently retired anaesthetists, intensivists, respiratory physicians, general physicians, emergency medicine doctors and general practitioners. NES is responsible for progressing all pre-employment checks for applicants based on priorities expressed by Health Boards.

A total of approximately 16,500 expressions of interest from a range of professions have been received through the CARP in the three weeks since it went live, including over 1300 doctors and we are working at pace with Health Board colleagues to ensure that as many of these 'retired returners' as are required are deployed in the service.

Well-designed procedures such as checklists, flow diagrams or written instructions describe a logical, step-by-step way of doing things at work and are essential tools for helping teams to deliver safe, efficient and person-centred care.



Common and diverse examples of where procedures are necessary to support the performance of important work tasks include:

- Individual and team handovers
- donning, doffing and disposal of personal protective equipment (PPE)
- ordering laboratory tests
- triaging patients
- hand washing
- taking blood from patients
- using medical devices.

Work procedures are useful tools because they are a means of:

- agreeing and standardising how things are done

- reducing reliance on our memory
- ensuring recommended good practice is followed
- strengthening communication and team working
- reducing risks (the chances of something going wrong) to as low-as-reasonably-practical for patients, team members, our organisations and others.

Amid the global coronavirus pandemic, the importance of well-designed work procedures cannot be overstated in helping us to respond and adapt quickly to this complex situation, but also in supporting us now when we begin to look at care service re-designs and new ways of working in future as we transit to the anticipated 'new normal'.

About work procedures

Sometimes known as standard operating procedures (SOPs) or maintenance procedures – they are distinct from ‘clinical procedures’ such as, for example, a biopsy test, epidural anaesthesia, or oxygen therapy.

Procedures are closely related to but are slightly different from:

- **Guidelines** (these contain evidence-based good practice statements)
- **Policies** (these outline guiding principles)
- **Protocols** (these define procedures to be followed)

However, all of them would benefit from the same approach to design, introduction and use by teams and organisations.

However, we know that the effective design and regular use of every day work procedures is often a challenge for many care teams – for example, they’re often cited as a significant contributory factor following patient safety incidents. Too often, we see examples of where procedures are not needed, or are never used, hard to follow, difficult to find, or are unrepresentative of how care teams really perform the work involved.

For a work procedure to be fully accepted and used, the relevant care team should be involved from the start and throughout the design process. Members must all agree that it is needed to support work performance and then actively participate in its development – ultimately, they must believe that its use would be better than what is currently being done. Without involvement or agreement by the team, it will be difficult to properly develop, introduce and sustain a new procedure when it’s needed in routine or rare work situations.

The use of a human-centred design approach helps ensure that work procedures are developed with and for the people using them – thereby capturing their needs and preferences and helping to make them easier to develop and more usable while reducing any related risks, stress or frustrations.

During early April 2020, the NES Patient Safety team led an expert grouping of over 50 UK and international clinicians, managers, scientists, engineers, quality improvement advisers, risk managers and human factors specialists from a range of organisations, including the chartered institute of ergonomics and human factors (CIEHF), in the rapid development of guidance on the design and use of work procedures for health and social care teams (including NES).

Summary of key principles in the design and use of work procedures:

How do we Improve the Design and Use of Work Procedures?			
Create	Test	Use	Review
<ul style="list-style-type: none"> • Ensure it's needed • Involve the whole team at every stage • Identify the hazards • Capture how your work is really done • Make it easy-to-follow 	<ul style="list-style-type: none"> • Ask people who will use it to test it out • Use feedback to improve it • Repeat until everyone is happy with the procedure 	<ul style="list-style-type: none"> • Train people in the use of the procedure. • Spend time putting the procedure into practice • Make sure it's easy to find • Share it with others 	<ul style="list-style-type: none"> • Review the procedure regularly • If it's not being used, understand why • Update it if it no longer reflects how you really work

The guidance will be of use for care professionals and teams in every sector to support their current and future working practices and in contributing to, for example, ongoing patient safety, quality improvement and workforce wellbeing initiatives. But it is also of high relevance to care educators, and those in training at all levels, where gaining experience of leading the effective co-design, testing, implementation and review of work procedures is an important professional skill to master in preparation for everyday practice.

To access the full guidance on the design of work procedures, please click [here](#).

For more information e-mail: paul.bowie@nes.scot.nhs.uk



[@pbnes](#)

[@HFHealthcareUK](#)

The NES General Practice Nursing (GPN) team have reorganised their normal programmes and delivery of education during these unprecedented times.

This is to support the GPN workforce learning needs. This has included developing an ongoing series of webinars on a range of topics. Along with this there has been continuous support through the NES GPN Social Media platforms. This includes a private NES GPN Facebook group which has over 1030 members of the GPN workforce across Scotland. This was established 1 year ago. There is also a NES GPN Twitter account – please follow us [@GpnNes](https://twitter.com/GpnNes).

It was therefore a delight for us as a team to receive the very positive affirmation from a GPN working in Scotland. She speaks about her experience working as a GPN during the COVID-19 pandemic in this article and the support that NES has been providing for the GPN workforce.

Please see link here:

www.nursingpractice.com/covid-19/covid-19-has-met-united-front-scotland



THE GPN AND CPD CONNECT TEAMS HAVE PRODUCED WEBINARS TO SUPPORT GPNS DURING THE COVID-19 PANDEMIC.



To date the team have delivered webinars in:

- Total Telephone Triage
- Remote Consultation Skills; Supporting People in the Management of Long Term Conditions
- Diabetes & COPD / Bronchiectasis, Management Through Remote Consultations
- NHS Near Me for General Practice Multi-Disciplinary Teams

Approximately 2000 attendees were recorded and although the target audience was GPNs in Scotland, GPs and other healthcare professionals also attended from across the UK.

Feedback has been excellent, and the delegates seem to have appreciated the team being available to answer questions live and reported feeling connected to the NES team, through these webinars and social media.

Links to the recorded presentations are available here:

<https://learn.nes.nhs.scot/28943/coronavirus-covid-19/remote-consulting>

A further webinar on **Anticipatory Care Planning and Supporting End of Life Care** is scheduled for 21 May at 2pm.

Please follow us on our social media channels as this is the easiest way for us to get this information out as far and wide as we can.



[@CPDConnect](#) and [@GpnNes](#)



[NES GPN](#)



CPD Connect



General Practice Nursing

The importance of considering and implementing fundamental HF design principles in the manufacture of medical equipment is critical in making these devices safe for patients and user-friendly for staff.

The NES Patient Safety team was part of a consortium of specialists who contributed expert knowledge to the rapid development of Human Factors (HF) guidance for novice UK designers and manufacturers of ventilators for use with Covid-19 patients.



Over the course of 5-days during early April 2020, the Chartered Institute of Ergonomics and Human Factors (CIEHF), at the request of the UK Government, brought together at extreme short-notice more than 60 volunteer HF and clinical specialists from many different organisations. They worked together as a virtual team at a hectic pace to identify the essential HF issues that novice designers and manufacturers of ventilators need to know about.

The capabilities, needs, preferences and limitations of users and the requirement for devices to function in different care locations and contexts (e.g. field hospitals or non-ICU settings) are of great significance and need to be accounted for in the design process to reduce risks and for usability reasons.

The following key topics formed the basis of the swiftly-produced HF guidance:

- **User interface** – well-design user interfaces (e.g. visual display screens and panels) are important in reducing ‘use errors’, increasing efficiency and contributing to a better user experience.
- **Users of ventilators** - manufacturers need to understand who will be using the devices and ventilators need to be usable by novices as well as experienced users.
- **Environment of use** - designers need to consider the social and physical environment in which the device will be used, which is likely to be in a stressful and highly pressurised and complex care setting.
- **Task** - designers need to scope and articulate clearly the tasks for which the device is going to be used, and how it is going to be used – this has to be done based on operational realities faced by those staff at the ‘sharp-end’ (work-as-done) rather than from other perspectives on what should be done in principle (work-as-imagined) as envisaged by designers, healthcare leaders and policymakers.

- **The Risks** - manufacturers need to understand the risks related to the use of devices e.g. where user interactions are identified that can lead to patient harm or other adverse occurrences then it needs to be determined if these can be designed out or safeguards can be designed in.
- **Instructions for use** - designing instructions for use is problematic as there needs to be a balance between completeness and usability. It is unlikely users will read a lengthy document during time-critical periods, so therefore it is useful to distinguish between different purposes of documentation and then design different types of documentation e.g. a comprehensive user manual supported by brief written or graphical procedures and job aids.
- **Training** – The requirement for training can be significantly reduced through good user design, although users still need to understand the risks associated with a safety-critical task, the critical steps

that are involved, and how to properly interact with the device, especially during abnormal and non-routine situations. Training and subsequent learning can build competence and confidence. Ideally it is experiential rather than the simple transfer of knowledge from one person to another.

Human Factors design thinking and approaches are routinely applied in the day-to-day operations of other safety-critical industries such as in the nuclear, transport and petrochemical sectors.

However, generally speaking, in healthcare we have yet to fully recognise and embrace its importance to, for example, improving the safety of patient care processes, medical device usability, design of care buildings, digital technology or workforce wellbeing – although we are making some progress in Scotland: www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4094847/nes-rccsd-hfe-report.pdf

In this time of international crisis and uncertainty, it was particularly important, therefore, for the HF discipline to be recognised and consulted over such a crucial and high-profile issue.

Hopefully, this potentially augurs well for more formal policy adoption of HF methods at all levels of health and social care practice and education in the future.



Box 1. About Human Factors

Human Factors (also known as Ergonomics) is a science discipline that examines the design of individual work system components (e.g. people and technology) and interactions with each other, taking into account human capabilities and characteristics, with the goal of jointly optimising system performance and human well-being.

Box 2. About the Chartered Institute of Ergonomics and Human Factors (CIEHF)

The CIEHF is the UK-based **professional society** and accreditation body for qualified **ergonomists** and human factors specialists, and those involved in user-centred design.

The aim of CIEHF is to make life, work and society better and safer through the application of Human Factors design principles and approaches.

<https://www.ergonomics.org.uk/>

To access the Ventilator Design Guidance and other HF resources, please visit the CIEHF Covid-19 response site here:

<https://covid19.ergonomics.org.uk/>

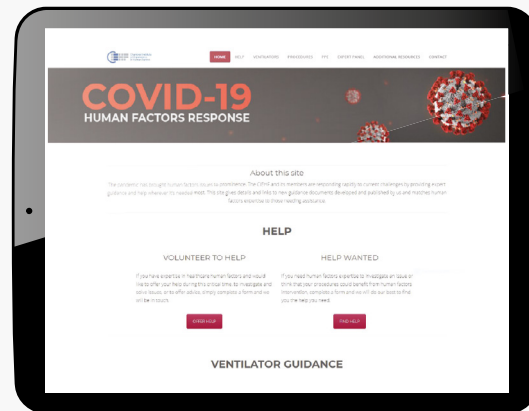
For more information e-mail:

paul.bowie@nes.scot.nhs.uk



@pbnes

@HFHealthcareUK



A NEW RESOURCE HAS BEEN LAUNCHED BY NES TO SUPPORT MEDICAL AND OTHER STAFF (ACROSS ALL HEALTH AND CARE SETTINGS).

The resource will help staff manage situations where a person's family or close friends are unable to see them before they die.

It is hoped that the content will help frontline staff feel more prepared and confident to do the best that they can during circumstances which can be challenging and upsetting for everyone involved.

The resource presents some general principles, tips for keeping in touch with families and information on the use of phone and video calls; all measures which it is hoped can bring comfort to the person who is dying, and those who are close to them, in their bereavement.

It also highlights the importance of staff looking after themselves, their colleagues and teams; and seeking help and support for their wellbeing if they need it.

NES is working on other materials related to end of life and bereavement care which will continue to be added to the [Turas Learn COVID-19](#) and [Support around Death websites](#).

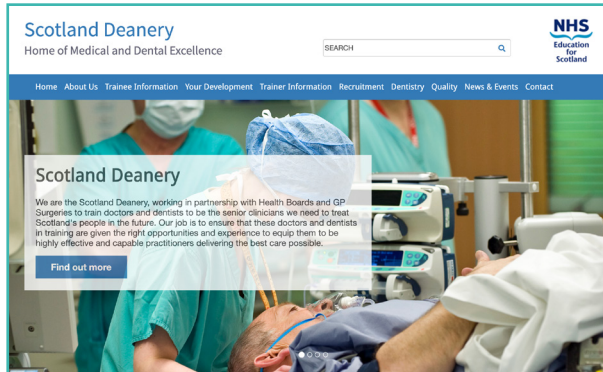
Access the resource [here](#).

Access the print friendly version [here](#).



11 NES MEDICAL 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

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

Social

Join the conversation



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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