

In this issue:

- ▶ 01 Foreword
- ▶ 02 The Scottish Medical Education Conference 2021
- ▶ 03 Deanery Website COVID-19 FAQs Section
- ▶ 04 Shielding and Postgraduate Training
- ▶ 05 Bereavement Webinar Series
- ▶ 06 New Educational Resources
- ▶ 07 New Guidance on Learning from Adverse Events
- ▶ 08 NES General Practice Nursing
- ▶ 09 NES Medical Websites

Dear Colleague,

Welcome to the September edition of the newsletter. Inside, we point you to the FAQ section of our Covid-19 website where you can find information on a range of topics and issues. The section is continuously updated and summarises the many measures we put in place to maintain training and ensure fair progression.

Looking at the very important issue of 'shielding', Professor Alan Denison, one of our Postgraduate Deans, writes to give an update on what we are doing to support trainees who find themselves in this position. Setting the issue within the context of Government guidance, Alan describes the procedures we have put in place and how we will work closely with Health Boards to assist those who need to transition from a shielding position.

To help Scotland's clinicians improve care of the bereaved we have now launched a monthly programme of webinars hosted by subject experts, who will present and engage in a Q+A session with all those online. Joining details and links to other resources are given.

Next, we review recently published paper on learning from adverse events. In seeking to help organisations understand adverse events from a 'human factors' perspective, the paper outlines a number of key investigation principles that can be used to capture human contributions to adverse events. Human factor approaches are being increasingly used in complex, safety-critical industries and our brief review gives some insight into this fascinating branch of social science.

New ways of working are being introduced across most of our activities and our General Practice Nurse training is no exception.



Rowan Parks
NES Acting Medical Director

The General Practice Nurse team have worked hard to adjust and we are pleased to let you know how they are continuing to support Practice Nurses, and in turn GP patients across Scotland.

I hope you enjoy your read.

Professor Rowan Parks

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

Further confirmation and programme will be available in due course.



THE DEANERY WEBSITE HAS A COVID-19 FAQ SECTION

It is updated regularly with new information as we receive it. This is published under different headings relevant to you.



In this article, Professor Alan Denison, Postgraduate Dean, gives an update on Shielding and what the Deanery is doing to support trainees.

In response to the COVID-19 pandemic, the four UK nations administrations agreed in March 2020 that people at the highest risk of severe illness should follow shielding measures. “Shielding” means not leaving home and minimising contact with other people. Approximately 180,000 people in Scotland were asked to shield.

A number of doctors in training grade posts have been shielding. Other trainees were not formally notified to personally shield but had their work pattern changed for a variety of reasons (such as shielding by proxy).

The Deanery formed a short life working group in May to work collaboratively with employers, placement boards and others to aim to identify trainees who

were shielding (or similar) and to plan anticipatory support. One of the first actions was to develop and circulate a Questionnaire that invited current trainees and those expecting to enter a training programme in August 2020 to let the Deanery know if they were shielding (or similar), and if they thought that they might need adjustments to support their employment and education from August. We are grateful to the several hundred trainees who responded.

In early July, Scottish Government signalled changes to Shielding advice, and confirmed on 23rd July that shielding was to be paused from 1st August, stating that it is “...expected that the vast majority of those who have been asked to shield will be able to return to work.” Accordingly, it is expected that trainees who have been shielding (or similar) will generally move to a pattern of work, education and training that is the same, or similar, to that of their peers. Employers and placement boards remain required to ensure that the workplace remains as safe as possible.

While it is good news that the situation has improved such that shielding can be paused,

it is recognised however that trainees who did declare their shielding (or similar) status in the NES Questionnaire may have ongoing workplace and education needs that are distinct from that of the wider population of trainees. The August rotation provides an opportunity to explore and address both of these. The Deanery has informed placement Boards and training programme directors of the names of those trainees who informed us of their shielding status / wish for adjustments through the Questionnaire, with a view to ensuring that anticipatory and early supportive discussions and planning can occur as they return to training and service. These may include occupational health, risk assessments and TPD-led educational planning discussions. The Deanery has also written to all trainees who completed the Questionnaire, and through the Performance Support Unit will continue to provide additional support as needed. NES and the other statutory education bodies have worked closely to maximise the flexibility required to support all trainees during these extraordinary times, and we will continue to do so going forwards.

On 27th July, the Scottish Government issued Occupational Risk Assessment Guidance. This includes a tool designed to enable staff to undertake their own individual risk assessment (personal clinical vulnerability) with their manager. This, together with a workplace risk assessment (community prevalence of COVID-19, nature of work, need for and availability of PPE etc) will support staff and managers to agree a course of action on working duties.

We are also ready to support trainees in the event that Shielding is reactivated.

The Shielding situation has evolved rapidly in the last month, and we encourage all trainees who have been shielding (or similar), who will be in a training post in August to make contact with their Training Programme Director and with the placement board/ employing board, to ensure that the journey out of shielding is as smooth as possible.

NES appreciates the support and contributions to this work from the Scottish Deans' Medical Education Group, the Scottish Directors of Medical Education Group, Occupational Health and from trainees, including the BMA Scottish Junior Doctors Committee.

Useful Links

[Scotland Deanery 'Support for Trainees'](#)

[BMA 'Briefing on supporting staff who are shielding to return to work'](#)

[Scottish Government 'Coronavirus \(COVID-19\): shielding advice and support'](#)

05 BEREAVEMENT WEBINAR SERIES

A monthly programme of free 1-hour webinars hosted by NHS Education for Scotland (NES) began in July. Each webinar focuses on a different topic related to bereavement and provides an opportunity to hear from a subject expert and also engage in a Q+A session.

The webinars will be relevant to a wide range of staff across health and social care in Scotland. More information and registration links can be found on NES' [Support around Death website](#). Additional dates are likely to be added to the programme over time.

Date / time	Description
Tuesday 15 th Sep 17:00-18:00	Managing bereavement in the workplace: supporting employees who are bereaved and dealing with the death of a colleague.
Tuesday 6 th Oct 12:30-13:30	Supporting children who are bereaved during and after the COVID-19 pandemic.
Nov (date TBC)	Dealing with bereavement as a health and social care worker in remote and rural communities.
Tuesday 8 th Dec 12:30-13:30	Bereavement following substance use.

To be kept informed of future events you may wish to sign up to NES' [quarterly bereavement update e-Newsletter](#) or follow [@NES_Bereavement](#) on Twitter.



NES has recently launched new bereavement-related educational resources which are openly accessible online, including a short animated film and pdf resource.

Coping with death and bereavement as a health and social care professional



This animated film (and [accompanying pdf leaflet](#)) introduces the acronym 'TALK' (Tell, Ask, Listen, Kindness) which was designed to help health and social care professionals cope with death and bereavement. It encourages staff to support each other with simple strategies such as talking to your colleagues, asking how your team are doing, listening to one another and showing kindness to yourself and others.

For more information on these or other related materials on bereavement topics please visit the [Support around Death website](#).

Supporting the spiritual care needs of those who are nearing the end of life



This guidance has been designed to help health and social care staff meet the spiritual care needs of people who are approaching the end of life during the COVID-19 pandemic. It does not provide detailed information on every belief community, rather it outlines key points and principles, and signposts to where you can find more specific information. The resource is also available in a [print-friendly format](#).

The recent publication of a cross-industry White Paper on Learning from Adverse Events by the Chartered Institute of Ergonomics and Human Factors (CIEHF) presents a significant opportunity for health and social care educators, teams and organisations to think differently about our patient safety learning practices.

The purpose of the new guidance document is two-fold:

1. To help organisations understand a Human Factors perspective when investigating and learning from when things go wrong; and
2. To provide key principles that can be applied to help capture the human contribution to adverse events.

While the target audience is safety-critical industries in all sectors, it is specifically aimed at those that do not employ professionally-trained Human Factors specialists. In the NHS there are estimated to be less than 10 of these specialists working in embedded frontline practice in arguably the most complex, safety-critical industry that has ever existed, and with a workforce upwards of 1.2 million. In comparison a pan-European air traffic control body with around 7500 staff employs 40 Human Factors specialists.

The guidance is timely, therefore, and should be of strong interest to many in health and social care, particularly those leading on patient safety education and training, organisational and team-based learning from events, and those advising on the design and implementation of safety improvement activity and policy at all levels.

Guiding principles

Based firmly on fundamental Human Factors principles, the White Paper offers guidance reflective of good practice in organisational and team-based learning from events.

A few examples are outlined:

- **Seek opportunities for learning beyond the actual event**

Near misses, close calls, anonymised reporting systems and sensitivity to weak signals from everyday work all provide opportunity for learning and continuous improvement.

- **Avoid searching for blame**

Focusing on individual failure and blame creates a culture of concealment and reduces the likelihood that the underlying contributor factors related to events will be identified.

- **Recognising that adverse events in complex systems are nearly always systemic**

Serious adverse events can only be understood in terms of the overall socio-technical system in which the event occurred. That means understanding and being open to the possibility of a need for change in any of the components of the system. Investigating why the barriers

07 NEW GUIDANCE ON LEARNING FROM ADVERSE EVENTS

the organisation thought it had in place were not effective in preventing the event, can bring a lot of insight and learning about systemic issues.

- **Recognise the difference between ‘work as imagined’ and ‘work as actually done’**

Investigators and learners must be sensitive to the fact that ‘work-as-done’ often diverges significantly from how work is documented in formal job procedures, disclosed or prescribed. The goal of learning is to improve ‘work-as-done’ and then seek to better align how this is more accurately described and represented in formal work procedures.

- **Understanding the situation and the context in which performance occurs**

Generally speaking, situational factors are largely ‘factual’ and are connected to the circumstances of the incident (before, during and after) in terms of location, space and time. Whereas Contextual factors are mainly focused on the perceptions, beliefs, intentions and values of those involved and the meaning that they formulate

and assign to the specific incident being analysed. These behaviour or motivational factors are not always observable or obvious.

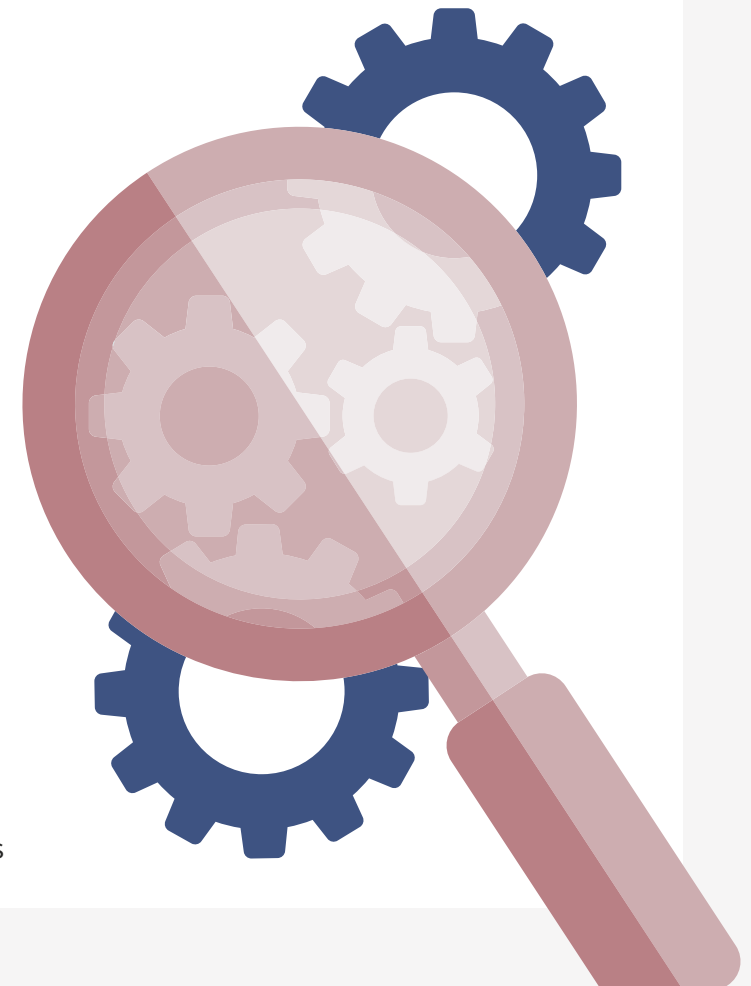
- **Do not confuse recommendations with solutions**

Recommendations should set out what improvement is needed, without defining how that improvement is to be achieved. Solutions are concerned with satisfying recommendations in a way that is practical, effective and sustainable. Good recommendations allow opportunity for a range of solutions. Recommendations should be linked to system performance such that the reason for the change remains understood as the solution is developed and implemented.

- **Accept that learning means changing**

Lessons identified are not the same as lessons learned. If nothing changes in terms of the way the people in the organisation think, behave or react to future events and situations, nothing has been learned. Though change, in itself, does

not mean effective learning—change must be effective in implementing the intent of recommendations, must be understood and accepted by those affected by it, and must be embedded so it is sustained.



Next Steps

For health and social care educators, organisations and policy leaders the challenge will be to determine to what extent our current practices are informed by these statements of good practice and what needs to change.

- Where are the gaps in what we do?
- How and where can we implement these learning principles across health and social care?
- Who needs to be upskilled and to what extent?

The Scottish Government's Openness and Learning agenda offers a good place to start in exploring the relevance and transferability of these learning principles at all levels of health and social care practice and education. For example, a key element of this agenda is to improve the processes and learning related

to Team Based Quality Reviews (TBQRs; previously termed hospital M&Ms or primary care significant event analysis meetings). These reviews serve as the core mechanism for facilitating the process of reporting of adverse events, near misses and learning from everyday practice within the framework of organisational governance and learning. They provide a floor for seeking multiple perspectives (at all levels from frontline clinical teams to the board members) and reviewing cases using a systems approach to identify existing weaknesses for the purpose of collective learning and improvement. TBQRs also serves as a platform where existing output from relevant workstreams or national registries can be shared with the teams that will be able to action them within their context.

To access a copy of the CIEHF White Paper please visit their [website](#).

If you're interested in helping us to translate these principles to health and social care education and practice, please get in touch:

Prof Paul Bowie


Prof Paul Bowie is NES Programme Director (Safety & Improvement) and the CIEHF Healthcare Special Interest Group Lead (Patient Safety). He contributed to the content of the CIEHF White Paper.

 paul.bowie@nes.scot.nhs.uk

 [@pbnes](https://twitter.com/pbnes)

Mr Manoj Kumar

Mr Manoj Kumar is Consultant Surgeon, NHS Grampian and Clinical Lead of the Scottish Mortality and Morbidity Programme.

 m.kumar3@nhs.net

 [@Manoj_K_Kumar](https://twitter.com/Manoj_K_Kumar)

The NES GPN Team has had a demanding time transforming our services to meet the needs of GPNs working in the current pandemic challenged landscape. We have been able to adapt quickly and continue to give GPNs across Scotland the support they require including those newly in post, more experienced GPNs and those who have needed to change their role in some way to support the NHS and patients.



TURAS Learn COVID-19 GPN resource

The COVID-19 TURAS learn resource dedicated to GPNs is [live](#). GPNs can use this site to access guidance, learning resources and find useful links to support them as they adapt to the COVID-19 pandemic. As well as guidance on COVID-19 clinical presentation, remote consulting, infection control and specific advice about the management of different long-term conditions there is also information about resources to support our own mental health and wellbeing as GPNs acclimatising to the challenges of COVID-19.



Peer-to-peer Compassionate Listening Service

Recognising the importance of caring for ourselves, in order to be able to continue to offer an excellent GPN service across Scotland, the NES GPN team have launched a confidential Peer to Peer Compassionate Listening Service. The central aim of this

service is compassionate listening, it is not coaching or counselling, but it is there for GPNs to be able to talk about any professional or personal concerns they may have. The service is not COVID-19 specific but was developed as recognition that these are particularly stressful times. GPNs can [email](#) to book a 20-minute session.



General Practice Nursing Programme

Whilst catching up with delays to the current NES GPN training programmes the team is planning to recruit for cohort 11 in July 2020 with a proposed start date of November 2020. More details will be posted on our NES GPN social media channels ([Twitter](#) and [Facebook](#)) and shared via our GPN Education Advisors and Supervisors networks and the National GPN Professional Lead Groups as soon as they are available.



NES and Alliance podcast

Lynne Innes, our National Coordinator for GPN at NES and Tommy Whitelaw, Carer Voices Project Lead at the Alliance, have recorded a [podcast](#) with the Alliance in which Tommy interviews Lynne about her role supporting GPNs across Scotland and developing nurses new to general practice. They discuss some of the changes and challenges within GPN as a result of COVID-19 and the new skills that NES have provided training for to assist GPNs. Tommy asks about how GPNs still manage to provide person-centred care and focus on ‘what matters to you’ within non face to face consultations. Tommy and Lynne also talk about how social media channels especially Facebook has helped to create a ‘village’ of General Practice Nurses — a great achievement in what was once a very fragmented and isolated workforce.

Behind the scenes

Like many of you, the CPD Connect Team has been put through its paces over the past few months!

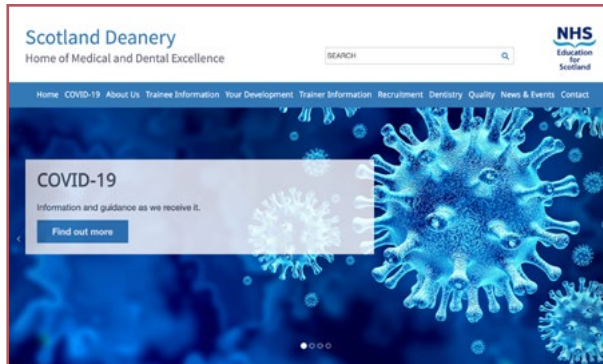
Our commitment to providing ongoing education that enhances GPNs knowledge and skill set, is integral to our being. With great passion we previously provided this by delivering 11 face-to-face courses, on multiple occasions, across Scotland.

COVID-19 put a stop to that for now.

However, we will not be beaten. Resilient as ever we had to form a plan and we have had the joy of collaboratively working with our colleagues across NES in doing so. Colleagues who possibly worked two rows behind us, or four in front, yet we did not know their names. Now they are sharing their expertise in assisting us to re-design on-line versions of our courses. Although this has been a challenging time for us, it has also been an overwhelmingly positive one. We are excited about what the next few months will bring.

09 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.



NHS Education for Scotland
Westport 102
Edinburgh
EH3 9DN

www.nes.scot.nhs.uk

© NHS Education for Scotland 2020. You can copy or reproduce the information in this document for use within NHSScotland and for non-commercial educational purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.

NESD1313 Scotland Deanery Newsletter June 2020 | Designed by the NES Design Team