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01 FOREWORD

Hello and welcome to the Autumn edition of your Deanery Newsletter where we give you a round-up of what's happening in medical education and training. As we now wait to find out how the Covid-19 situation develops our focus remains on working to support trainees and maintaining educational progress, but should the situation deteriorate we have plans to increase communications again and keep trainees and trainers up to date.

First off in this edition, we flag-up next year's Scottish Medical Education conference that will hopefully run and make up for the disappointment of this year's cancellation. Setting aside the cancellation we were delighted to still receive a great number inspirational nominations for the annual Medical Directorate awards, from across Scotland, and we are pleased feature this year's winning nominations.

The Scotland Deanery Quality Annual Report is next showcasing the huge amount of successful work that takes place with our

trainees and training partners to improve the quality of medical education. We then hear from one of the new FY1 doctors who stepped-up to help with the Covid-19 challenge in our hospitals. The piece gives us some insight into the role and how the experience will undoubtedly give these doctors a head-start in real clinical practice and some insight into the functioning of clinical teams – altogether a valuable and worthwhile learning experience.

We also hear from one of our Scottish Clinical Leadership Fellows about their time the Quality Workstream and how analysis and use of data can strengthen the 'voice' of trainees and further improve the Deanery's systems for managing the quality of medical education and training in Scotland. Continuing the theme of trainees as future leaders, we learn more about a series of interviews our Leadership Fellows have conducted with senior public sector leaders, providing a fascinating look into their thoughts and views.



Rowan Parks
NES Acting Medical Director

Graham Haddock, our Acting Deputy Medical Director, then updates on the important work of our Specialty Training Boards, explaining what they do and how their work has resumed in the post-lockdown period. We then highlight the importance of only using valid sources of clinical information and point you to recognised sites that can be relied on. Lastly, there is new guidance about to be launched by the GMC on Decision Making and Consent. Enjoy your read!

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.

Details available here:

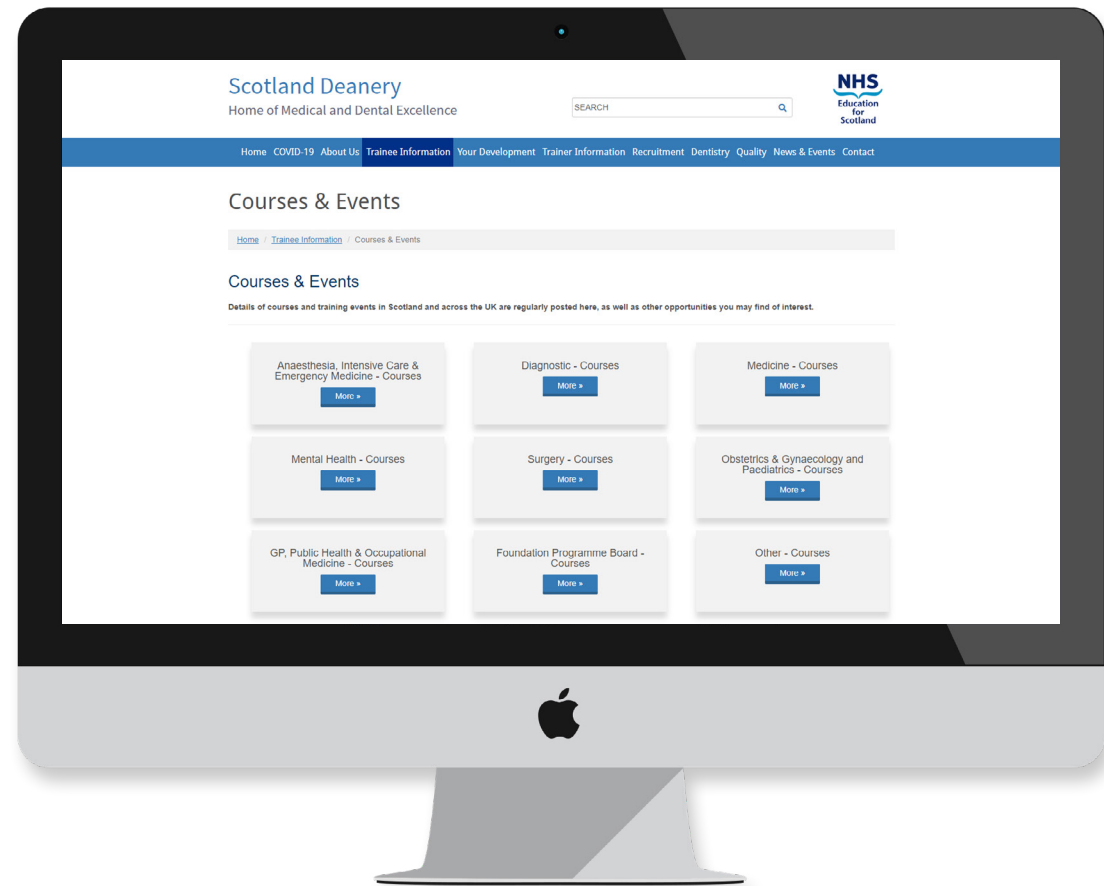
www.nes.scot.nhs.uk/about-us/events.aspx



The Scotland Deanery website has a Courses and Events section here:

www.scotlanddeanery.nhs.scot/trainee-information/courses-events/

This section lists events for medical trainees and trainers which may be of interest. This section is updated regularly with new information as we receive it.



The Medical Directorate is delighted to announce the winners of the 2020 Medical Directorate Awards.



Unfortunately, it was not possible to present these at the annual NES conference earlier this year, but we hope that you will join us in our virtual congratulations to the winners and the runners-up. The nominations were scored by a panel drawn from across the medical education community in Scotland.

The Chair of the awards panel, Professor Alan Denison, said “We received an excellent breadth and depth of nominations this year. Although the nominations were received before the pandemic took hold, all of the nominees have demonstrated commitment to excellence in medical education in Scotland, and it we are very pleased to be able to mark their success.”

Announcing the award winners, NES acting Medical Director, Professor Rowan Parks said “I am delighted to see the incredible contributions of everyone nominated for an award that reflects on their phenomenal input and influence on medical education in Scotland. Congratulations to you all.”

Winner, Outstanding Role Model: Dr Colin Perry



Dr Perry is Clinical Director, Queen Elizabeth University Hospital, and a Consultant in Diabetes and General Internal Medicine. He was nominated for displaying integrity by leading by example; demonstrating exemplary clinical and people skills; being very approachable to all junior doctors and consultants; being invested in and appreciative of the whole clinical team; and being caring and kind.

He has been actively involved in many other roles, including a member of RCPSG Council and many education roles (including Training Programme Director (core medical training), director of electives (University of Glasgow) and hospital subdean QEUH). He is a national authority on diabetes. He established – and actively remains involved with - the Junior Doctor forum.

Joint Runner up: Professor Gerard McKay, Consultant Clinical Pharmacologist, Glasgow Royal Infirmary

Professor Lorna Marson, Consultant Transplant Surgeon, Royal Infirmary of Edinburgh

Highly commended: Sylvia Brown (Consultant Emergency and Colorectal Surgeon), Melanie Clarke (Consultant Paediatric Surgeon), Amanda Connelly (GP Educational Supervisor), Louise Davidson (Consultant Neurologist), Callum Livingstone (Medical Student).

Winner, Innovation in Training: Dr Vicky Tallentire



Dr Tallentire is a Consultant in Acute Medicine and Associate Postgraduate Dean. Her award recognises her success in identifying an opportunity to streamline the delivery of teaching and training to internal medicine trainees (IMT) in Scotland through the development of a national programme – the IMT “boot camp”. Dr Tallentire conducted focus groups with current core trainees to ensure that the boot camp was not only designed to align to the curriculum learning objectives but also addressed trainees’ priorities.

This resulted in a 3-day “boot camp” which includes immersive simulation, workshops on a variety of challenging communication scenarios; and mastery learning of key procedural skills. Dr Tallentire also strongly and effectively supports and empowers trainees to engage in medical education research, teaching and scholarship.

Runner up: Dr Gilly Fleming and Dr Anna Stout (TRAINED: A network of core and specialty trainees in critical care medicine and anaesthesia)



Highly Commended: The Generalist Clinical Mentor Team, ScotGEM Graduate Entry Medicine Programme



Winner, Staff Support: The University of St Andrews School of Medicine Learning Technology Team



This team was nominated for their innovative teamworking and exceptional provision of technological support to staff and students across two Universities and four Health Boards, associated with the ScotGEM medical programme. The team developed a bespoke curriculum management system (Solas), which was designed around the needs of learners and teachers.

For students, Solas interactively links weekly learning outcomes to the clinical case of the week, houses a portfolio, provides a route via which feedback from assessments can be delivered, and includes tools for students to raise concerns and provide feedback. Staff also benefit, with features including curriculum management, attendance monitoring and noting of low level concerns such that early support can be arranged where needed.

Runner up: Tracy McPhee (Medical Education Co-ordinator)

The Scotland Deanery Annual Quality Report is now available to view.

www.scotlanddeanery.nhs.scot/media/398741/quality-annual-report-2020.pdf

The Scotland Deanery Annual Quality Report in which we give a round-up of our Quality Management and Improvement activities over the course of the 2019-20 training year is now available to view.

The report yet again reveals the extent our Deanery staff and colleagues in Health Boards go to, to continually monitor and improve the standard of medical education and training in Scotland.

Our pan Scotland Quality Management approach is now well established and the in-depth knowledge we have built-up around each specialty is reflected in the reports provided by each specialty grouping.

In each case we provide a summary of what has happened and been actioned, where we found good practice and what are the main issues for consideration in the coming year.

Importantly, we reflect our work around sites included within the GMC's Enhanced Monitoring process and report on an overall reduction in Enhanced Monitoring sites from 7 to 6. This is clear evidence that partners are working collaboratively to bring about sustained improvement.

Improving what we do within the Deanery is also important and working with doctors in training to make our process better is key to making sure doctors in training in Scotland have real influence over how training is delivered.

The report highlights our commitment to working with our Trainee Associates and Clinical Leadership Fellows to make this happen. We trust you will gain great insight from the 2020 report.

So far, 2020 has proven to be a challenging year.

There have been innumerable acts of selflessness and charity amongst the medical and wider community. Due to the abrupt cessation of University activity many students across the world were left in the lurch, albeit with a unique and valuable skillset.



Now that the new normal is bedding in, a group which should not go unnoticed are the cohort of Foundation interim year 1 Doctors (FiY1s) in the West of Scotland who along with medical, nursing and allied health students across the world used their time to fulfil their clinical duties ahead of graduating the following summer.

Across the West of Scotland alone two hundred and twenty six individuals volunteered to start their medical career early and join the medical and surgical ward teams. This took place between April and mid-July. Their help was appreciated greatly; assisting with ward rounds, admissions, discharge planning and clinical skills. The high quality of their efforts and enthusiasm has not gone un-noticed especially when starting their Foundation year 1 posts in earnest in the first week of August as they were able to hit the ground running. Along with the challenges of jumping into hospital work prematurely

many of the FiY1s managed to pass their prescribing exam and the complete their Immediate Life Support training. We extend our thanks to all who contributed to the FiY1 role including those who worked to organise and support them and we hope they have settled into their FY1 roles.

“After graduating early and starting work as an FiY1 I was naturally nervous, but the whole team at the RAH were so welcoming that my nerves were quickly settled. The ward that I was assigned to included me into their team instantly and I have had invaluable learning opportunities as a junior. This experience has greatly prepared me for life as an FY1 in August and I’m very appreciative of all the support offered to me.”

Doctor James Cousins RAH Respiratory ward 11

“ In August 2019, I began as a Scottish Clinical Leadership Fellow, hosted by the NES Quality work stream. ”



Following an initial meeting with my mentor, I settled on the broad area of ‘spreading good practice’ as the area that I would be exploring over the year.

I am sure that I am not alone in thinking that the idea of spreading good practice was not the first thought that sprung to mind when I thought about the Deanery. The most likely reason that most doctors in training will have had any direct interaction with the quality workstream is when you are invited to attend one of their visits. However, as I spent the beginning of my fellowship increasing my understanding of the Deanery in general, and the quality workstream in particular, it became clear to that there was plenty of scope to explore the topic.

Before you can spread good practice, you first need to identify it. As this report highlights, one of the strengths of the Deanery is that it gathers vast quantities of data about the training programmes across the country.

This data is collected at various levels from sources including:

- Individual level, via the Scottish Training and Trainers Surveys
- Programme level, via training programme director reports
- National level, via quality management groups.

This gives the Deanery the ability to assess, in both quantitative and qualitative terms, programmes and placements against GMC domains to a very high degree. Analysis of this data allows placements that consistently demonstrate good practice to be identified and celebrated via a ‘Good Practice Letter’.

I identified an opportunity to increase the utility of the data that was already collected via the Scottish Training Survey, by incorporating the free text comments into the training programme director reports.

07 SPREADING GOOD PRACTICE

This small system change would help the trainees' voice to be heard, whilst giving the TPDs a clearer picture of the programmes they are running. Following submission of my proposal to the data team for discussion, it was thankfully approved in February.

If you ever get the opportunity to attend a quality review panel, you will see this data being put into action – I attended the Foundation QRP and was struck by the amount and level of detail that are reviewed for each programme and each placement. It was also very clear that those present cared deeply about the quality of training that was being delivered.

Unfortunately, due to the onset of the pandemic, the projects that I was working on came to an abrupt end.

However, by that stage it was clear that there is no silver bullet that allows the easy and seamless spread of good practice from placements where it exists to placements that might benefit from it. NES supports a range of activities that identify, celebrate and showcase the good practice that exists. These include (but are not limited to):

- Regular Scottish training and trainer survey data, which feeds into the Deanery quality management structures
- Visits to departments
- Annual quality reports
- The Scottish Medical Education Conference (which will be back in 2021).

The pandemic has also led to the rapid change in the way we do things, with a greater reliance on the virtual world. Now, more than ever, we need to harness virtual tools to help spread the positive changes that have come out of the challenges that we have faced.

Unfortunately, this alone does not guarantee the spread and sustaining of good practice – that takes the hard work of the motivated trainers and doctors in training around the country that are keen to improve medical education. This ongoing process will take time and effort but will be worth it in the long run.

Your e-mail address is changing.

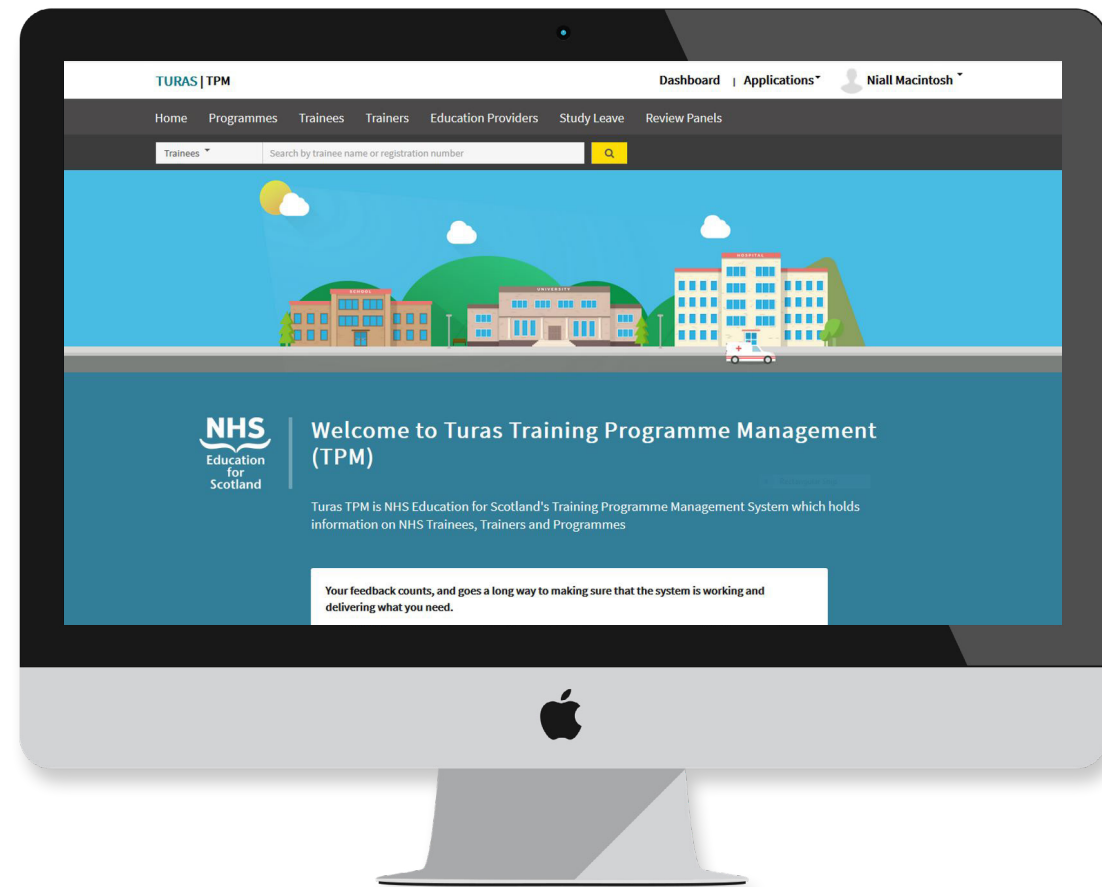
All NHS Scotland e-mail addresses are migrating to a new system.

We will be further updating you regarding this change in the near future via:

- On the Scotland Deanery website
- E-mail
- On Twitter and Facebook using the NES accounts

In the meantime, please see the FAQs regarding this change here:

www.scotlanddeanery.nhs.scot/news-events/trainee-e-mail-addresses-are-changing/



09 LEADING INSIGHTS: LEADERSHIP STORIES FROM THE PUBLIC SECTOR

Nicola Sturgeon, the First Minister of Scotland has expressed her thanks to trainees and NHS staff for all their efforts throughout the COVID-19 pandemic. The First Minister was interviewed on “Leading Insights: Leadership stories from the public sector and beyond”, a podcast series that focuses on the topic of leadership.



Throughout the series Dr Kate Arrow and Dr Thomas Lamont interview senior leaders from the public and third sectors about their careers and leadership advice. Kate and Thomas asked the First Minister the lessons she has learned about herself and leadership during the COVID-19 pandemic. Ms Sturgeon gave advice on how to make decisions and ways to reduce social media silos. She told Kate and Thomas what advice she would give her younger self and explained her ‘in another life job’... watch out J.K. Rowling!

The Leading Insights Podcast series was started by Kate whilst completing the ‘Scottish Clinical Leadership Fellowship’ with the Scottish Government. Kate is an Anaesthetist, and Thomas a registrar in restorative dentistry in NHS Tayside. They were both part of Cohort 8 of the NES Scottish Clinical Leadership Fellowship. The podcast series was started as a way of sharing some of the insights they gained from some senior leaders during their time

as Scottish Clinical Leadership Fellows. Guests so far include: Prof. Jason Leitch CBE (National Clinical Director), Dr Catherine Calderwood (Former Chief Medical Officer), Ms Angiolina Foster CBE (CEO NHS24), Sarah Davidson (CEO Carnegie UK) and Cat Macauley (Chief Design Officer). The leaders describe their roles and their career journeys as well as discussing leadership issues with Kate and Thomas. Topics covered include how to tackle imposter syndrome; working together; dealing with conflict; how to stay true to your own values. Having started by interviewing Healthcare leaders in Scotland, Kate and Thomas will be interviewing leaders from other sectors and areas. Future guests include Dr Navina Evans (CEO Health Education England), Mr James Timpson OBE (CEO Timpson Ltd.), and Pedro Delgado (Head of Europe and Latin America, Institute for Healthcare Improvement). The podcast is available on Spotify, Apple Podcasts and at the following link:

<https://leadinginsights.transistor.fm/>

The NES Safety, Skills and Improvement Research Collaborative recently teamed up with the Chartered Institute of Ergonomics and Human Factors (CIEHF) to co-develop and launch guidance for health and social care organisations on 'Achieving sustainable change: capturing lessons from COVID-19 and beyond'.

The guidance seeks to help people working in health and social care systems capture valuable practice and improvements made during their response to COVID-19. The aim is to contribute to organisational change at a policy, strategic and operational level. If left too late, there is a real danger that positive change is not documented and will be lost as care systems emerge from the pandemic.

While all organisations have the capacity to adapt, learn quickly and demonstrate agility in dealing with complexity and chaos, they can be equally good at forgetting good practice! As leaders change, systems evolve

and technology and regulations advance, new operating procedures are adopted, and corporate memory of good practice can be lost. As a result, organisations spend time, money and energy reinventing the wheel. The leadership and management of the impact of COVID-19 on the health and social care systems required people to work at pace in response to a rapidly changing environment. This affected all levels through to the clinical frontline.

This guide provides an explanation of how 'systems thinking' and organisational learning can contribute to sustainable change during a crisis situation, but also as part of normal everyday work. The guide outlines two key areas in achieving effective organisational learning: Mindset and Action. Related interactive templates are provided to help care teams capture this. The guidance cannot catapult readers from novice to expert. However, it is hoped that it will inspire and challenge thinking.

To access a PDF copy of the NES-CIEHF guidance and the accompanying 'Mindset' and 'Action' templates, please visit:

<https://learn.nes.nhs.scot/33851/human-factors/organisational-learning>

Prof Paul Bowie

Prof Paul Bowie is NES Programme Director (Safety & Improvement) and the CIEHF Healthcare Special Interest Group Co-Lead (Patient Safety).

Email: paul.bowie@nes.scot.nhs.uk

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

Human Factors resources and online network:

www.knowledge.scot.nhs.uk/hfe.aspx

Dr Mark Sujan

Dr Mark Sujan is the CIEHF Healthcare Special Interest Group Co-Lead (Artificial Intelligence)

11 SPECIALTY TRAINING BOARDS

During the COVID-19 pandemic, along with much of NES's educational activity, meetings of the Specialty Training Boards (STBs) were suspended.

The NES Medical Directorate Executive team took the opportunity to review and revise the terms of reference of these key committees during lockdown and meetings have now resumed.



It is clear that many involved in medical education in Scotland, both trainees and trainers, do not know what the STBs do, so we thought that an explanation was required.

There are eight STBs covering different specialty groupings:

- Anaesthetics, Intensive Care and Emergency Medicine
- Diagnostic Specialties
- Foundation
- General Practice, Broad Based Training, Public Health and Occupational Medicine
- Medical Specialties
- Mental Health
- Obstetrics & Gynaecology and Paediatrics
- Surgical Specialties (including Ophthalmology)

The purpose of each STB is to advise and support NES and the wider NHS in Scotland in delivering Foundation, Core and Specialty training. They are non-executive and have a Scotland-wide remit. They provide insight regarding strategic changes to service delivery of specialties within the Board's remit, support the management of NES operational change and, where appropriate, facilitate the planning of education and training both locally and at a national level. They complement the work of the Scotland Deanery which is responsible for managing the delivery of postgraduate medical education and training to individual trainees to standards set by the General Medical Council (GMC) and contribute to the Deanery's quality management agenda.

Each STB has a broad membership to ensure that the best possible advice is available to NES. The membership of each Board includes the Lead Dean Director and Associate PG Deans for the

11 SPECIALTY TRAINING BOARDS

specialties, specialty TPD representatives, a Board Medical Director, Director of Medical Education and Regional Workforce Planning representative to ensure there is a strong link with the service; Royal College representatives; one or more trainees; a Lay representative and an academic representative. SAS doctors have also been invited to join each STB to ensure that the educational needs of this key group of NHS staff is supported and developed.

STBs are therefore well placed to advise NES on a wide range of issues including the provision of regional, cross-regional or national specialty training programmes. They also advise on the overall structure of programmes approved by the GMC and on recruitment to each in line with any national appointment processes in place. They consider the provision of information regarding placements to accommodate academic and sub-specialty training and international medical training fellows as

well as service and geographical needs. In the future we expect that they will also have responsibility for the oversight of GMC regulated credentials.

The STBs advise on the distribution of training placements between and across regions consistent with Scottish Government policy directions and consider the vacancies for recruitment to each programme taking into account anticipated CCT awards, numbers re-entering training, and any requirements to modify the national specialty training establishment set by the Scottish Government. They also have a responsibility to take account of national and local service requirements to ensure service delivery and of Health Board plans for service design or redesign. In addition, STBs have a role in advising NES on a broader range of other issues. They have a key role in supporting and maintaining two-way communications between specialties and NES; in supporting the Deanery's quality

management processes; in assessing plans for changes in curricula and how this might impact on training in Scotland; in supporting educational governance processes in Scotland; in facilitating trainer development; and advising on the risk and benefits of proposed changes to service delivery on the delivery of medical education and training.

Finally, STBs have a newly defined and key role in helping to raise awareness of, and to promote, equality and diversity in medical education. A priority is to explore the issues of differential attainment in different groups of trainees and how we might address this. Hopefully, you can now see why the STBs are an important cog in NES' machinery. They have a wide range of responsibilities and are invaluable in assuring that we continue to deliver quality education for all trainees in Scotland.

Graham Haddock
Acting Deputy Medical Director
Chair, Surgical Specialty Training Board

12 AVOIDING “FAKE NEWS” IN CLINICAL PRACTICE

During the COVID-19 pandemic, avoiding fake news in clinical practice is a huge challenge for all.

Access to good quality assured information is vital at point of care.



The Knowledge Network provides health and social care staff with access to the most up to date research, evidence and guidance needed to support policy, practice and everyday decisions. It is delivered by NHS Education for Scotland (NES). This year NES spent £3.2 million on subscription resources which include evidence summaries, databases such as Medline and the Knowledge Network library to access journals, articles and e-Books.

Evidence Summaries

Evidence summaries are a good place to start when looking for information. Services such as **BMJ Best Practice** and **Dynamed** outline the current evidence related to a clinical condition and recommend actions to take in practice. They are produced by experts after reviewing all the available information from research and experience and are designed to provide quick answers to questions at the point of care.

Many are available as Apps for your mobile, so you can access them offline.

Visit the Knowledge Network:

www.knowledge.scot.nhs.uk

Select **Find the Evidence** to see the range of services:

www.knowledge.scot.nhs.uk/pointofcare

Try BMJ Best Practice and Dynamed in the first instance.

Use the **Help** pages to find out more about the differences between the services:

www.knowledge.scot.nhs.uk/home/help-and-training/evidence-summaries-and-guidance.aspx

12 AVOIDING “FAKE NEWS” IN CLINICAL PRACTICE

Clinical Evidence summaries: at a glance

- Supports clinical decisions at the point of care
- Summarised, validated evidence from diagnosis to treatment
- Access to guidelines, patient information and medicines information
- Quick and easy to use
- Support education, practice and research
- Available for web and mobile platforms

Digital Library

When you need information on a topic **or** to explore a topic in more depth it's a good idea to look in books and journals and databases.

- Ideal starting point is the 'Library Search' on The Knowledge Network:
www.knowledge.scot.nhs.uk
From here you can find all the journals, articles, books and e-Books available to health and care staff in Scotland.

You can access many resources password free if you are on NHSScotland premises. Otherwise you will need to use your NHSS OpenAthens username for full access. Its quick and easy to register and you can sign up at:

www.athensregistration.scot.nhs.uk

We provide free training on how to use the library services and offer **one to one webinar sessions**.

We are also available to provide bespoke webinar training for teams, contact the NES Knowledge Services Help Desk:


knowledge@nes.scot.nhs.uk

or your local [NHSScotland library service](#).

Follow us on Twitter:

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

and sign up for our [Knowledge Nuggets](#) newsletter to keep up to date with Knowledge Network news.



Knowledge Network Webinars


Request 1-2-1 training with NES Knowledge

www.knowledge.scot.nhs.uk

Our webinars help you to:

- Improve your searching skills
- Understand how and when to use library search, evidence summaries & databases
- Keep up-to-date with your field using alerting tools and current awareness

Find the request form on the Knowledge Network homepage under Announcements or contact knowledge@nes.scot.nhs.uk



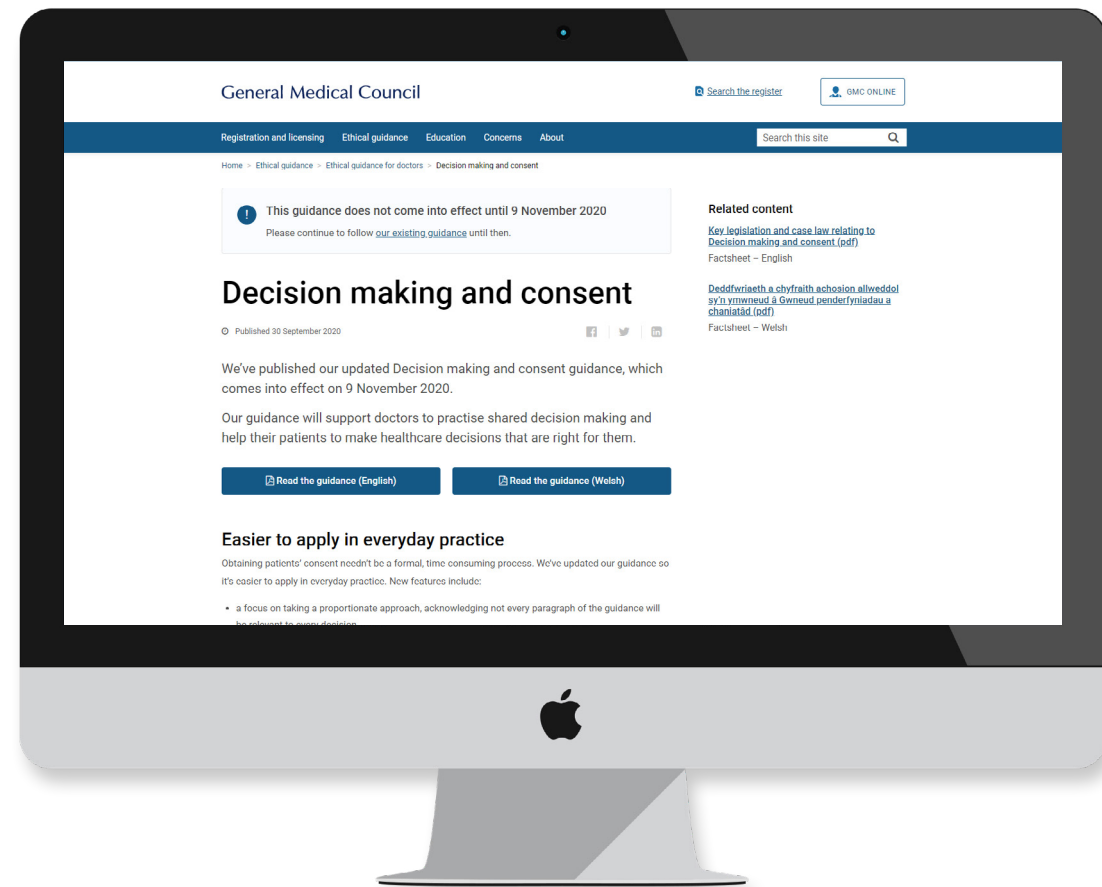
The GMC have published new Decision Making and Consent.

The new guidance comes into effect on 9 November 2020; giving doctors and employers six weeks to familiarise themselves with the guidance.

The guidance provides a framework to help doctors practise shared decision making and support their patients to make healthcare decisions that are right for them.

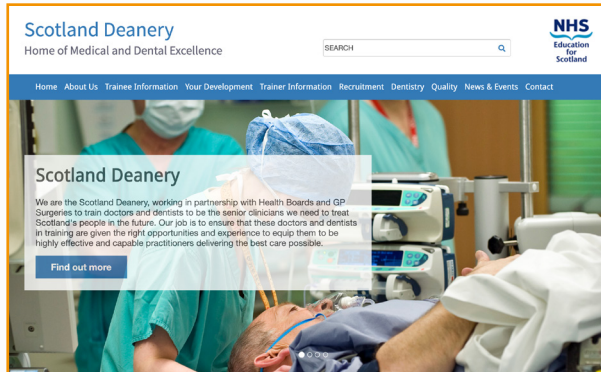
Please see the guidance here:

www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent



14 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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