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Welcome to the first edition of your Deanery newsletter for 2023

The days are beginning to stretch out and we can all look forward to spring.



Professor Emma Watson
Executive Medical Director,
NHS Education for Scotland

Pressures across all areas are beginning to ease, but it is still a hugely busy time for all and I thank you for the hard work and your commitment to patients and to your teams. It is important to remember your commitment to yourself – breaks and time off are important, recharging your own batteries is as important as the care you give to others.

Diary dates for 2023 - 27th & 28th of April the next NES Conference. The themes are Collaborating for Improvement in Health and Care Education Delivery. This month we are highlighting a key role in medical training – the Director of Medical Education.

Within Scotland, each of the 14 territorial Health Boards has a Director of Medical Education (DME) who is employed by the Health Board and is responsible for strategic oversight of the delivery of high quality undergraduate and postgraduate education and training. The DMEs are there to help and contact details are provided in the article. Did you know who your DME was and that you could contact them for support?

Also included in this edition is an article on the Scottish Shape of Training Transition Group. The group addresses medical workforce modelling, sets training intake numbers, monitors the training establishment and recruitment and retention of doctors. The article discusses this and the other major responsibilities of this key group. It would be great to get feedback on this and if you would like more information like this in the future. The feedback link is here:

[Deanery Newsletter Feedback 1](#)

A potentially very useful article is next on how the NHS Credit Union could help you with your finances. Please take a look.

Our next article discusses a new and exciting initiative. Practising medicine in rural and remote areas is challenging. Compared to their urban counterparts, doctors practising in these locations may be described as ‘extended generalists’. The article gives information on a new credential in Rural and Remote Health.

Continued...

01 FOREWORD

This credential will help to address the service and patient safety need for doctors working in rural and remote settings. Most of Scotland's Health Boards serve remote and rural populations, have you worked or learned in a remote or rural area? What surprised you the most? Please feedback here: [Deanery Newsletter Feedback 2](#)

Finally, there is an update on General Practice Nursing who provide key roles in primary care and work alongside our doctors and trainees across Scotland. NHS Education for Scotland (NES) General Practice Nursing (GPN) Team, within the Medical Directorate, is privileged to engage with over 1500 GPNs across Scotland. The GPN team Providing the most current, evidence based, person-centred education for them to access and there is an update on current activities in the article.

Remember to keep submitting articles or suggestions for content, take care and take breaks.

Emma

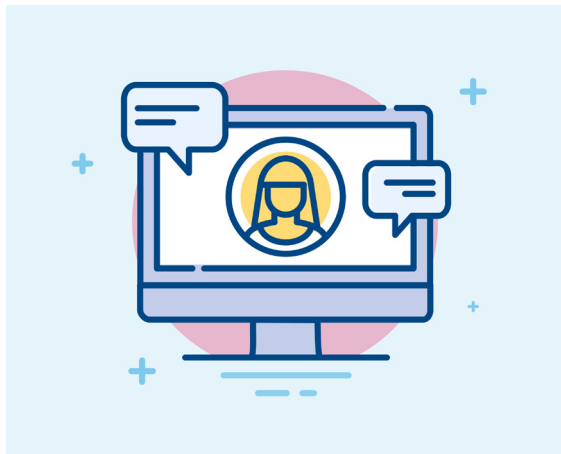
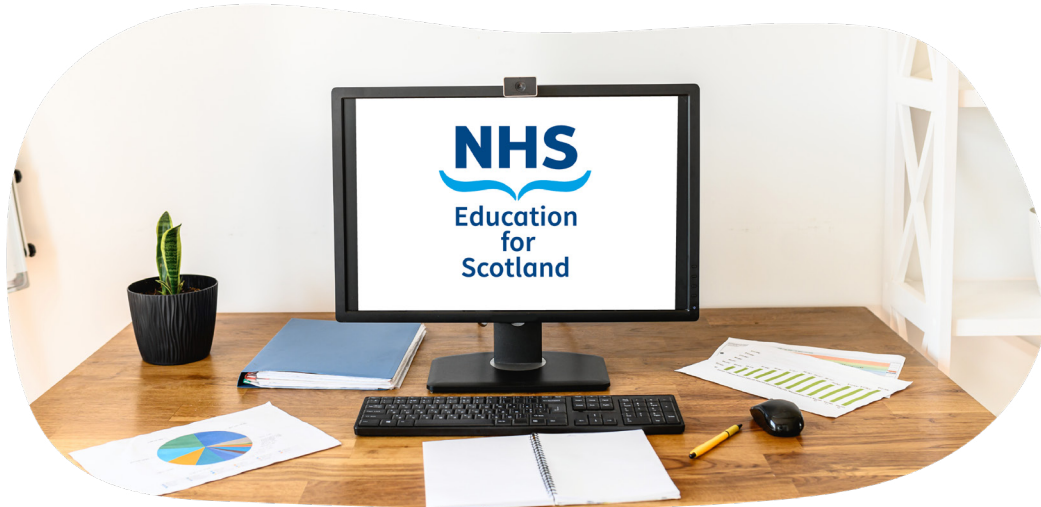


Professor Emma Watson
Executive Medical Director,
NHS Education for Scotland

02 NES ANNUAL VIRTUAL CONFERENCE 2023

Collaboration for Improvement 27 - 28 April 2023

Following on the growing success of the 2022 conference, NES is delighted to confirm that it will once again be hosting the conference virtually over two days in 2023.



This event will be of interest to all those involved in medical education and training, dental education and training, pharmacy education, healthcare scientists, practice management, nurses, midwives, allied health professionals, psychologists, healthcare chaplains, support workers, educationalists and strategic leaders. There will be a number of plenary and parallel sessions by all the health professional groups and an opportunity for joint sessions highlighting interprofessional learning.

The meeting is sponsored by NHS Education for Scotland, and there will be no charge for participation. NES will be using EventsAIR an interactive online events platform to host the NES Annual Virtual Conference 2023. This will allow delegates to join the online conference sessions, view the posters, and network with peers throughout the platform via the instant chat facility. We have created a delegate and speaker experience which is as close as possible to attending an event in person.

03 SPOTLIGHT ON – THE DIRECTOR OF MEDICAL EDUCATION (DME)

Within Scotland, each of the 14 territorial Health Boards has a Director of Medical Education (DME) who is employed by the Health Board and is responsible for strategic oversight of the delivery of high quality undergraduate and postgraduate education and training.



The DME ensures that the Health Board meets the regulatory standards required of a Local Education Provider (LEP) and that medical education is undertaken in a collaborative manner working with the Scotland Deanery and medical schools.

Within each Health Board, the DME is assisted by Associate / Deputy DMEs, Undergraduate leads and a dedicated medical education admin team – supporting all aspects of training and development.

The 2023 theme within NES is collaboration for improvement. The DMEs and the NES training quality workstream leads are the embodiment of this theme. By collaboration, supporting and developing innovative teaching and training, NES and the local education providers are training the workforce of the future.

DMEs will review areas of concern highlighted by either the National Trainees Survey (NTS), The Scottish Trainees Survey (STS) and any notification(s) of concern.

All focus is to support and promote excellence in education.

The GMC quality assure training, the Scotland Deanery quality manage training and the Health Boards quality control medical education and training.

Where clinical units are failing to reach the GMC standards of Promoting Excellence in Medical Education, the DME and their team will work with the local trainers and NES to improve the quality of training.

As training representatives for the Health Board, the DME reach and accountability is far and wide.

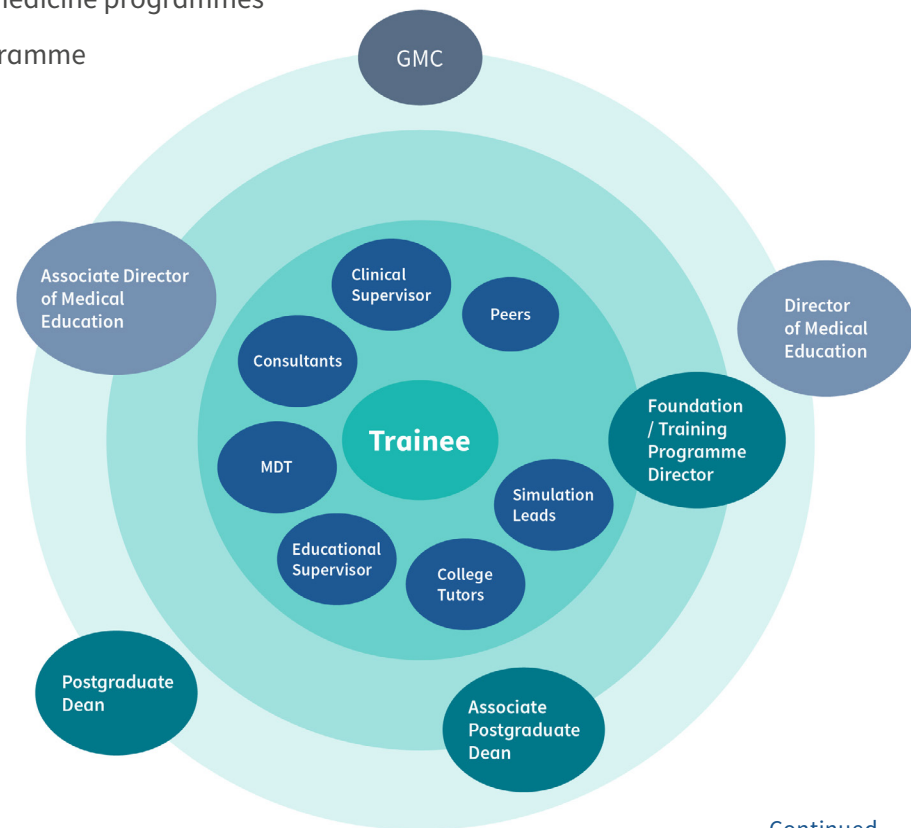
Directors of medical education are involved in all aspects of the continuum of training and education from medical students, Foundation Trainees, Clinical Fellows to Core and Higher Specialty trainees and Trainers.

Continued...

03 SPOTLIGHT ON – THE DIRECTOR OF MEDICAL EDUCATION (DME)

Below is a flavour of what DMEs are accountable for and involved in:

- Postgraduate training at all levels
 - Undergraduate training
 - ACT (Additional Cost of Training) funding for undergraduate activity
 - Trainee and student wellbeing
 - Civility saves lives
 - Peer support
 - Mentoring
 - Clinical Fellows – whilst these doctors are not currently in training, they support training, and many clinical fellows will return to training
 - Recognition of Training (RoT)
 - Trainer training and development
 - Simulation training
 - Undergraduates
 - Postgraduates
 - Interprofessional learning
- Chief residents
 - International Medical Graduates
 - Softer Landing
 - Simulation
 - Widening access to medicine programmes
 - Refugee doctor programme



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03 SPOTLIGHT ON – THE DIRECTOR OF MEDICAL EDUCATION (DME)

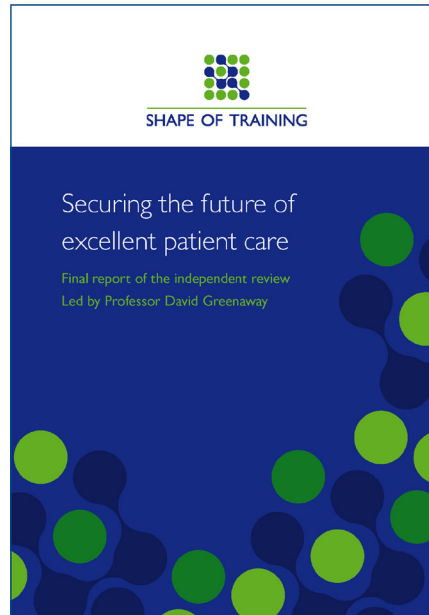
If there is any aspect of your training or employment within your current placement which you would like to discuss with your local DME please get in touch.

Health Board	Name	Email
Ayrshire & Arran	Dr. Hugh Neill	Hugh.Neill@aapct.scot.nhs.uk
Borders	Dr. Olive Herlihy	olive.herlihy@borders.scot.nhs.uk
Dumfries & Galloway	Dr. Pete Armstrong	peter.armstrong@nhs.scot
Fife	Prof Morwenna Wood	morwenna.wood@nhs.scot
Forth Valley	Dr. Kate Patrick	kate.patrick@nhs.scot
Golden Jubilee National Hospital	Vacant	
Grampian	Dr. Kim Milne	kim.milne@nhs.scot
Greater Glasgow & Clyde	Dr. Colin Perry	Colin.Perry@ggc.scot.nhs.uk
Highland	Dr. Helen Freeman	Helen.Freeman@nhs.scot
Lanarkshire	Dr. Ian Hunter	ian.hunter-DME@lanarkshire.scot.nhs.uk
Lothian	Dr. Simon Edgar	simon.edgar@nhsllothian.scot.nhs.uk
Orkney	Dr. Mark Henry	mark.henry@nhs.scot
Shetland	Dr. Pauline Wilson	Pauline.Wilson2@nhs.scot
Tayside	Dr. Max Groome	maximillian.groome@nhs.scot
Western Isles	Dr. Neil MacLean	neil.maclean@nhs.scot

In collaboration with NES, the Scottish DMEs are working to ensure that Scotland is a great place to train and work.

04 SCOTTISH SHAPE OF TRAINING TRANSITION GROUP UPDATE

As a Scottish Clinical Leadership Fellow I have had the opportunity to work within the Scottish Government Health Workforce Directorate this year, and take part in the work of the Scottish Shape of Training Transition Group (SSoTTG).



This group was created in 2014 in response to the publication of the Shape of Training review ([Shape of training FINAL Report \(gmc-uk.org\)](https://www.gmc-uk.org/shaping-the-future-of-training/shape-of-training-final-report)), and is chaired by Dr. John Colvin, SG Senior Medical Advisor. It includes broad stakeholder representation, including NHS Boards, medical directors, the academy of medical royal colleges, directors of medical education, the BMA and NES.

The group addresses medical workforce modelling, sets training intake numbers, monitors the training establishment and recruitment and retention of doctors, and supports initiatives promoting a sustainable service. Many opportunities exist to achieve the goal of sustainable service, including initiatives to increase the supply of medical students, reviewing rota design, improving training environments (using the WeCaRE framework) and utilising ethical international recruitment.

One of the key functions of the SSoTTG is making recommendations to ministers annually on core, run through and medical specialty training numbers. As part of its function, the group gathers together robust medical workforce supply and demand profiles, analyse data on, for example, vacancy numbers, fill rates, recruitment and retention and retiral projections. This enables better identification of service and training requirements of a sustainable medical workforce.

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04 SCOTTISH SHAPE OF TRAINING TRANSITION GROUP UPDATE

Specialty training intake is determined by modelling of the future requirement of trained doctors with a certificate of completion of training (CCT) within each specialty. This year, 152 additional training places were approved by the Cabinet Secretary for Health and Social Care following recommendations made by SSoTTG. These posts will be supported by £37m of Scottish Government funding over the next four years. This represents the largest annual expansion to date, bringing the total number of posts created since 2014 to 725.

Moving away from headcount and towards Whole Time Equivalent (WTE) has been a key priority which has partially informed expansion recommendations for several specialties. It is recognised that a large proportion of trainees are opting to work part time and while this is fully supported by the service and by SG, a move to WTE establishments for all specialties needs considered to manage the future supply and immediate service issues.



The National Workforce Strategy ([National Workforce Strategy for Health and Social Care in Scotland \(www.gov.scot\)](https://www.gov.scot/publications/national-workforce-strategy-for-health-and-social-care-in-scotland/pages/introduction/)), published in March 2022, recommends explicit linking of medical graduate output with training numbers and trained doctor output. Scotland's medical undergraduate intake is growing rapidly in line with the recent Programme for Government commitment and these increases must be aligned with additional places at Foundation level. Across 2021 and 2022, 105 additional Foundation places have been created to accommodate the first of these additional graduates from medical school places created in 2016.

The integration of undergraduate numbers into postgraduate training to trained doctor supply continues to be managed between SG Health workforce and NES, supported by the SSoTTG and Medical Undergraduate Group, and further uplifts are currently being considered.

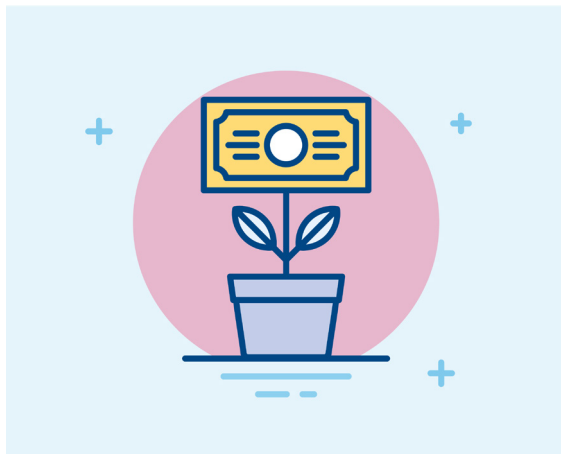
Dr. Nina MacKenzie

Scottish Clinical Leadership Fellow
Scottish Government Health Workforce Directorate | NES Quality Management



NHS Credit Union is Your Credit Union, it's a financial co-operative, owned by and run solely for the benefit of NHS staff and their families.

We were set up in 1998, to grow a saving culture across the workforce and offer ethical lending, we currently have 22,000 members enjoying the benefits.



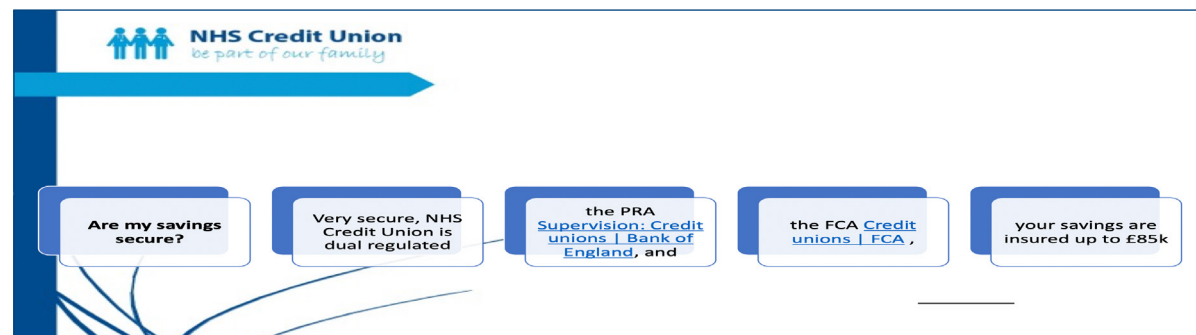
Who is eligible to join?

All NHS staff members in our common bond (Shetland to Sheffield), currently working or retired and family members who live with them are eligible to join, including children and young people.

What is our purpose?

The financial empowerment and wellbeing of our NHS staff and their families.

Regulation & Protections (the same as a bank)



The benefits of NHS Credit Union

The best benefit is your money will be working smart to help you, and while you are helping yourself, you will also be helping your family, colleagues, and friends. It's the simplest form of community wealth building. Membership is for life.

Members enjoy, payroll deduction, instant access to their money (credit union app), and family members who live at your address are eligible to join (direct debit), even, children and young people (for the children you love, & they don't have to live with you).

Continued...

05 THE NHS CREDIT UNION

All profits made are returned into the credit union and are offered to members as an annual dividend, additional regular investment opportunities are also available. A Safe Harbour service for members requiring a higher level of confidentiality around their finances (taking back control from economic abuse). And Free life protection.

Easy to join

Just download our [NIVO app Nivo | NHS Credit Union](#)

More information is also available here: www.nhscreditunion.com/

FREE LIFE PROTECTION

In the sad event that a member dies, their family will be paid out a lump sum

The value is directly linked to member's savings, so the more they save, the higher the payment. Up to a maximum of £5,000

Their loan up to the value of £15,000 can be paid off
*T&Cs apply



06 CREDENTIAL IN RURAL AND REMOTE HEALTH CARE)

“We are excited and enthused that the value and distinctive nature of Rural and Remote Health is being acknowledged and championed through a Credential in Rural and Remote Health. The credential has been developed in partnership with stakeholders across the UK. The team is led by Professor Alan Denison, Postgraduate Dean, and by Dr Pauline Wilson, Associate Postgraduate Dean and Director of Medical Education in the Shetland Islands, in the far north of Scotland”.

Prof Emma Watson

Executive Medical Director at NHS Education for Scotland.



Credential in Rural and Remote Health

Background

In June 2019, the General Medical Council (GMC) agreed a process for the five early adopters for GMC credentials. The five early adopters were:

- Interventional Radiology (Acute Stroke) – Royal college of Radiologists
- Pain Medicine – Faculty of Pain Medicine
- Cosmetic Surgery – Royal College of Surgeons
- Liaison Psychiatry – Royal College of Psychiatrists
- Rural and Remote Health – NHS Education for Scotland

In September 2020, work began on the development of a Credential in Rural and Remote Health focusing on unscheduled and urgent care.

The context of rural and remote healthcare

Practising medicine in rural and remote areas is challenging. Compared to their urban counterparts, doctors practising in these locations may be described as ‘extended generalists’. They provide a wider range of clinical service, sustain a heavy workload and carry a high level of clinical responsibility, all in relative professional isolation. Recruitment and retention in rural and remote areas is challenging, with impact on both rural General Practices, and the staffing of smaller District/Rural General Hospitals (<100 beds) by doctors who possess the extended spectrum of emergency and inpatient clinical skills and competencies to deliver safe care without the wider specialty support available in larger hospitals. This is necessary because Acute and Emergency Medicine Consultants may not practice within these smaller hospitals.

[Continued...](#)

06 CREDENTIAL IN RURAL AND REMOTE HEALTH CARE)

The need for the credential

Although bespoke posts (such as “Rural Practitioner/Emergency Medical Practitioner/Rural Emergency Physician”) have emerged as a pragmatic response to service need, there is currently no shared underpinning competency framework. While appointees commonly have a General Practitioner background, their clinical training and skill levels often vary significantly.

The credential will provide a consistent approach to the training of the “extended generalist” required to provide unscheduled and urgent care in rural and remote hospitals and at the interface with the community. The Credential in Rural and Remote Health (Unscheduled and Urgent Care) aligns with the key principles of the UK Shape of Training Review.

The purpose of the credential

The credential in Rural and Remote Health will help to address the service and patient safety need for General Practitioners as well as doctors in non-training grade positions working in these contexts to extend and enhance the skills not covered in speciality training. In doing so the credential will:

- Provide a supportive training framework doctor wishing to practice in remote and rural areas where there is an expectation that they will provide acute care in rural and remote hospitals and at the interface with community
- Enhance practitioner’s skills and expertise in the provision of emergency medicine at the interface between primary and secondary care. It will support these doctors by providing the competences required to recognise, stabilise and manage an acutely unwell patient, for up to 24 hours if evacuation is necessary, as well as the management of appropriate inpatient cases

- Help to create a flexible and healthy development and training culture for doctors in rural and remote areas
- Support more flexible career development and facilitate credential holders to change career direction.

The scope of the credential

Holders of the credential in Rural and Remote Health will not have the scope of practice equivalent to doctors on the specialist register for other GMC-approved curricula. It is a generalist credential of core emergency skills capable of being delivered in a non-specialist environment, with liaison with specialists as required. Holders of the credential in Rural and Remote Health will be able to undertake clinical roles in small hospitals in a rural and remote context that are in addition to the usual scope of practice of a General Practitioner, including:

- Senior decision maker in acute and emergency presentations

Continued...

06 CREDENTIAL IN RURAL AND REMOTE HEALTH CARE)

- Perform a range of emergency care practical skills
- Interpret a range of emergency diagnostic tests
- Diagnose, assess and manage a range of acute medical, surgical, trauma and psychiatric conditions
- Manage the in-patient care of patients suitable to be cared for in rural hospitals
- Contribute to the safe transfer and retrieval of acutely ill patients who require next level care, alongside specialist retrieval teams.

The credential

Aligned with “**Excellence by Design**”, the Rural and Remote Health credential curriculum is outcomes-based. Progression will therefore depend on capability rather than time. Attainment of the competencies may accordingly be achieved at different times depending on clinical placements as well as pre-credential experience and training.

The curriculum will be delivered through a variety of learning experiences and will allow learners to achieve the capabilities described through a variety of learning methods. There will be a balance of different modes of learning from experiential learning ‘on the job’ to more formal courses. The proportion of time allocated to different learning methods will vary depending on the previous experience of the learner. Training will be constructed to enable learners to experience the full range of educational and training opportunities available and there will be robust arrangements for quality assurance in place to ensure consistent implementation of the curriculum.

Where are we at?

In April 2021, the curriculum for the credential was submitted to the GMC Curriculum Advisory Group. The curriculum is composed of three generic and nine clinical capabilities in practice as well as a range of essential procedural skills supported by an overarching supervision and assessment framework.

In December 2021, the credential team were advised that the Rural and Remote Credential curriculum had been endorsed by the GMC but due to ongoing work on the GMCs framework for credential delivery they were not at the stage to give final approval.

Preparing for delivery

Throughout 2022, the credential team has continued to work with the other early credential adopters and the GMC on how delivery and quality assurances of the credentials will work in practice. High level discussion is ongoing between the GMC and the statutory education bodies as they work to finalise the overarching governance arrangements. It is anticipated that this work will conclude by the end of 2022.

Work is ongoing to have a workable e-portfolio in place by the end of March 2023. This piece of work is central to the quality assurance of the credential and will make it easier for credential learners to collate their evidence.

Continued...

06 CREDENTIAL IN RURAL AND REMOTE HEALTH CARE)

It is hoped that 2023 will see those doctors who already meet the credential requirements awarded with the credential as well as learners embarking on the credential journey.

Conclusion

The credential will provide a consistent approach to the training of the 'extended generalist', who is often required to provide unscheduled and urgent care, both in rural and remote hospitals and directly with patients in their community. The credential will also support a more flexible career development for doctors, allowing holders of the credential to change their career direction or enhance their skills and expertise. Most importantly, it will also provide reassurance to people living in rural and remote areas of the UK that, whatever the challenges of their location, they can expect to receive good and safe care.

Contact details:

nes.ruralremotecredential@nhs.scot



NHS Education for Scotland (NES) General Practice Nursing (GPN) Team, within the Medical Directorate, is privileged to engage with over 1500 GPNs across Scotland.

Providing the most current, evidence based, person-centred education for them to access.



One of our bigger projects over the past few months has been the new GPN Education Pathway. The highly successful GPN Programme, while celebrating its years of success, it was recognised to no longer be sustainable in our current hybrid working world and ever-changing General Practice. Building upon the achievements of the programme and maintaining its ethos, we took all we learned forward to design and deliver a new learning opportunity for more nurses in General Practice.

Our great working relationship with Queen Margaret University in Edinburgh, supported the GPN Education Pathway proposal, its authentic assessment process seamlessly aligned with their marking attributes and assessment regulations. The Pathway has similarities to the GP Specialist training programme which allows nurses a ‘day release’ of 4 hours protected learning time each week and an additional 6 hours per week of work-based learning opportunities. The Pathway is designed around the Four pillars of Practice and the CNOD

Transforming Roles – Papers 5 and 6. On completion of the pathway each learner will receive 60 academic credits at Honours level. Learning from the GPN Programme, we continue with the fundamental components, the highest quality of evidence based person-centred care at the heart of our education which is at the heart of the GPN role.

Unit 1 of the Pathway identifies and develops the importance of strong and robust consultation and communication skills as a core component of the GPN role. Unit 2 focuses on the management of Long-Term Conditions in Primary Care with the inclusion of the CPD Connect respiratory modules, while recognising the social determinants of health and its impact on Public Health. Unit 3 will include the (new for 2023) CPD Connect Diabetes module and full access to the Scottish Improvement Foundation Skills (SIFS) programme.

[Continued...](#)

07 GENERAL PRACTICE NURSING EDUCATION – WHAT’S NEW?

This introduces Quality Improvement (QI) principles to nurses early in their career or allows them to recognise their current practice and how it can positively impact on patient care through Quality improvement (QI).

Ribboned through the 12-month Pathway are the current components of the GPN role in many other areas including Sexual and Reproductive Health, Cardiovascular Disease, Dementia and Frailty, Difficult consultations, and Supporting Self-Management, all enabling nurses to develop their knowledge and skills set.

There is no doubt the Pathway is fast paced and intense, the academic aspects can be challenging for any learner. We create a community of learning with Faculty and Peer support, delivered in a hybrid approach. Based on Blooms Taxonomy and a flipped classroom learning style, the structured formative work supports the 3 summative submissions.

The faculty includes us the NES GPN Team, along with Academic Assessors and Clinical Facilitators who are highly skilled and experienced nurses working in General Practice who engage with NES for this role.

In line with the NMC standards the nurses have clinical support in their employing practice from a named Practice Assessor/ Supervisor who has regular contact with their learner’s faculty.

It is a challenging time for all health care staff and General Practice are under immense pressure, this Pathway offers an opportunity for GPN’s to have Scottish Government funded education with a clear structured approach to their learning. The role of the GPN is a unique and wonderful profession – and the NES education available will undoubtedly have a positive impact on the people we serve and their working teams.

For more information, please contact:

Medicalpracticenurse@nes.scot.nhs.uk

www.gov.scot/publications/developing-general-practice-nursing-role-integrated-community-nursing-teams/

www.gov.scot/publications/transforming-nmahp-education-career-development-paper-5/

www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

www.nmahpdevelopmentframework.nes.scot.nhs.uk/post-reg-framework/four-pillars-of-practice/



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 information on any initiatives and projects you are involved in that you would like to share with your colleagues across Scotland. Also, please **Contact Us** with any feedback on the Deanery Newsletter or Deanery Websites.

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.