**Scotland Deanery Newsletter**

Issue 40 | October 2023

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16. **Foreword**

**Welcome to the latest edition of the Deanery newsletter.**

We have another bumper newsletter and we focus on careers this month. Our first article asks us to hold the dates of the 25th and 26th April 2024 for the NES Virtual Conference. This fantastic event goes from strength to strength and even if you can only attend part of it, please make the time to do so.

The next item discusses a rich and varied training journey for Dr. Mia Sheridan who is now a practicing GP. Mia discusses what motivated her to choose GP training and why she loves this career.

***“Medical Careers Team evenings are about to be launched by our APGDs who look after careers. The next item asks you to please hold these dates in your diary and there will be further information available soon***.”

Doctors in Training may experience an unforeseen or significant change in their personal circumstances which means they require a transfer out of their current region or Deanery. The next item explains the process for Inter Deanery or Inter Regional Transfers.

Again, on the theme of careers, most trainees embarking on a training programme will progress through the “standard” training pathway; however others may opt to take up a SAS grade post, either in the short-term or as a long-term career option. This article discusses the options available.

Another trainee written article comes next, this time a discussion of a short life working group set to objectively assess the junior medical staff workload and its impact on training. The results are well worth a read.

GPST training in Orkney is the subject of a really engaging video next. Please take a look, you will not be disappointed.

A call to action is next and we have Dr. Priya Sharma who will be sending out a survey on Neurodiversity and Mental Health of trainee Doctors in Scotland in early November. I hope you are able to take the time to give your input.

Our Scottish Clinical Leadership Fellows have been doing some great work recently and Dr. Alice Harpur, former SCLF, takes us through environmental sustainability in the next article and how we can all play our part.

In our final article, Dr. Gillian White discusses her very engaging story of her journey in becoming a junior doctor after starting out in Dentistry. Please remember to keep submitting articles or suggestions for content.

If you have work you would like to highlight in this newsletter, contact [**Scotland Deanery**](https://www.scotlanddeanery.nhs.scot/contact/).



**Professor Emma Watson**Executive Medical Director, NHS Education for Scotland

1. **NES Conference Flyer**

[**NES Conference Flyer**](https://scottish.sharepoint.com/:b:/s/4nes/SPDS/ESP4C58OIdBFiVA1OGcht9EB6zJ_DE-QOh45a00d863qlg?e=JAui4i)

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1. **GPST Training Journey**

Mine has been the long road to general practice but it has been a rich, fascinating and rewarding journey. Throughout my time in foundation training, locum work and core medical training I found I enjoyed a variety of specialities including paediatrics, palliative care, acute medicine and geriatrics. In my final year of CMT I thought hard about what I wanted to do next in my career and what would keep me interested for the long haul. A taster week in general practice cemented it for me. The balance of acute and chronic illness, lots of patient contact, being able to follow people through their lives and health journey’s, getting to know their family members and truly looking after people from cradle to grave really appealed. With 90% of all patient contacts with the NHS happening in primary care it’s such an important specialty and one that is evolving all the time.

I commenced GP training LTFT in August 2018 with a young son at home and settled in quickly with an excellent training practice in Forth Valley. I then did hospital rotations in paediatrics, A&E and psychiatry which helped fill knowledge gaps and refresh my skills after several years in adult medicine. I learned how to examine and manage unwell children, acquired lots of useful skills in A&E including minor injuries management and also what is appropriate to be seen in an emergency setting and what could be better managed in general practice. I saw acutely unwell patients with psychiatric presentations and also learned a lot about managing depression both with medication and non pharmacologically.

***“Throughout training I had consistent support from my educational supervisor at my practice who met with me throughout my hospital placements and kept me on track with portfolio targets, helped me hone my consultation style and ensured I had opportunities to fill knowledge gaps.”***

Once in ST3 I was further supported to complete my RCA exam which was the temporary covid-friendly version of the CSA. Training days at the Golden Jubilee were extremely useful to consolidate learning in subjects such as ENT and orthopaedics as well as a very important ST3 day on locum work, being a partner, tax, appraisal, medicolegal cases and general life admin as a GP.

Leaving GP specialist training I felt well equipped to start work as a fully-fledged GP working 6 sessions a week and being able to enjoy time with my young family (now increased to two young boys) as well as work in other roles – I’m currently a crowd doctor at Murrayfield stadium looking after rugby fans and concert goers alike. I have joined a lovely practice and only last week celebrated one of the partners retirements with patients sending in cards and gifts having known her since the 90s. They regaled tales of her looking after their elderly parents in their final few days, to supporting them through early parenthood and beyond.

General practice offers you that variety, a good work life balance, scope to have a portfolio career, a job which includes lifelong learning and caring for people, and forging wonderful relationships  with families through the generations.



**Dr. Mia Sheridan**



1. **Medical Careers Team Evening Webinars**

The NES Careers Team is launching a series of evening Webinars aimed at helping both trainees and trainers to plan their Careers and to support Professional development. These will run once a month from 5pm – 6pm and for some we have indicated who we think the most relevant target audience is - but they are open to all. Details of how to register for the webinars will follow nearer the time but please “save the dates”. With so much more remote working, we appreciate that many of us no longer have the corridor conversations that are so useful so additionally, we will run a drop in” ask the APGD” session for the 30 minute before each webinar so if you have any general Careers questions, please use this time to do so.

The proposed timetable is:

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For more information please contact: [**TDWS@nes.scot.nhs.uk**](mailto:TDWS@nes.scot.nhs.uk)



1. **Inter-Regional Transfers (IRT) & Inter-Deanery Transfers (IDT)**

Doctors in Training may experience an unforeseen or significant change in their personal circumstances which means they require a transfer out of their current region or Deanery. This could, for example, be due to disability, ill health, mental health, primary carer responsibilities, parental/guardian responsibilities, or a committed relationship. In August 2022, a further criterion was introduced whereby Doctors in Training can apply for a transfer for any reason without having to demonstrate a change in personal circumstances which supports the Enhancing Junior Doctors’ Working Lives initiative.

There are two processes to facilitate and support transfers. The **Inter-Regional Transfer (IRT)** process and the **Inter-Deanery (IDT process**). The two processes can often be confused, and we hope this brief article will help provide clarification and further information on both the IRT and IDT routes.



**Inter-Regional Transfers (IRT)**

This process is for Doctors in Training who wish to transfer **from one region to another** **within Scotland**. This process is managed centrally by the IRT team in the Scotland Deanery and there are two application windows for a transfer in either February or August. The applications will be considered by strategic leads of the NES Medical Directorate. If eligible, the IRT team will contact the Deanery Administrator who will check with the Programme Director whether an IRT can be facilitated. For applicants who are eligible, but cannot be accommodated due to training capacity, the IRT team will check monthly with local teams on whether capacity has become available. The applicant will remain on the ‘waiting list’ until the next application window when the applicant would then require to re-apply if still looking for a transfer.

Further information on the IRT process can be found [**here**](https://www.scotlanddeanery.nhs.scot/trainee-information/transfers/inter-regional-transfer/).

If you have any queries with regards to the IRT process, please contact [**irt@nes.scot.nhs.uk**](mailto:irt@nes.scot.nhs.uk).



**Inter-Deanery Transfers (IDT)**

This process is for Doctors in Training who wish **a** **transfer in or out of their current Deanery**. This can include trainees who are currently in Scotland and wish to move to another part of the UK, or trainees currently in another part of the UK who wish to transfer to Scotland. This process is managed centrally by the National IDT Team in London on behalf of the four nations. There are again two application windows to transfer in either February or August. The applications will be considered by the National IDT Team and, if eligible for a transfer, Deaneries will receive ‘vacancy declarations’ of incoming and outgoing applicants to advise on whether they can facilitate an IDT. The Deanery Administrator will contact Programme Directors to check whether an IDT can be accommodated. Eligible applicants, who are not offered an IDT, will be placed on a ‘waiting list’ until the next application window when the applicant would, again, require to re-apply if desired.

Further information on the IDT process can be found [**here**](https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/inter-deanery-transfers-idt).

If you have any queries with regards to the IDT process, please contact the Scotland regional contacts [**nes.idt@nhs.scot**](mailto:nes.idt@nhs.scot).



**Please note:**

* At no time during the application or allocation process should Doctors in Training contact the region or Deanery in which they have applied for a transfer into.
* Programme Directors are not obligated to accept a transfer and will consider a number of factors such as training and service capacity when reaching a decision.
* Trainees must have 12 calendar months remaining in training to be eligible to apply.
* There is a separate process for Foundation Transfers, further information on this can be found [**here**](https://www.scotlanddeanery.nhs.scot/trainee-information/transfers/foundation-transfers/).
* The IRT and IDT processes listed above do not apply to Dental or Military Doctors in Training.
* The Scotland Deanery aim to match the IRT process against the IDT process to ensure fairness and consistency in approach. The IRT process is reviewed periodically in line with any upcoming changes to the IDT process.

1. **SAS – the alternative career pathway**

Most trainees embarking on a training programme will progress through the “standard” training pathway; however others may opt to take up a SAS grade post, either in the short-term or as a long-term career option. This could be to support work-life balance; for caring or childcare commitments; to enable a portfolio type medical career or to combine with non-medical interests; or for health, exam or personal reasons.

In considering a move away from the “standard” training pathway it is important to explore the many positive career options which are available, including LTFT working and SAS grades, and decide which is the right path for each person’s own needs and career goals - both in the short and long term.

Some taking up a SAS post may have already completed several years of training and will use these skills in their new role; others may be less experienced and will continue to develop their skills while in post; other SAS may aim to pass exams or to gain further experience in a specialty before applying for a training number.



To be eligible for a Specialty Doctor post, individuals require:

* a minimum experience of 4 years’ full-time postgraduate training (or equivalent if working less than full time) of which at least 2 years have been in a Specialty Training programme or LAT post or equivalent, if from non-UK.

The introduction of the [**Specialist**](https://www.msg.scot.nhs.uk/pay/medical/specialist-doctors-associate-specialists) grade provides potential opportunities for experienced Specialty Doctors and others to progress to a more senior SAS role in Scotland. Health Boards and departments may identify the need to establish a new Specialist post; these clinicians will work with a degree of autonomy providing expertise in their specific area of practice and competence.



To be eligible for a Specialist post, individuals require:

* a minimum of 10 years medical work since obtaining a primary medical qualification, of which a minimum of 6 years should have been in the relevant speciality in the Specialty doctor or closed SAS grades, or equivalent years’ experience in a relevant specialty from other medical grades including from overseas, and
* to meet the criteria in [**Generic capabilities framework**](https://www.nhsemployers.org/system/files/2022-09/Generic-capabilities-framework-for-new-specialist-grade.pdf).

Taking up a SAS role can be a very positive career choice, offering a very rewarding and flexible career, developing specialist areas of interest, practicing autonomously, and taking on leadership, education, and other roles. SAS make a valuable contribution to the medical workforce in NHS Scotland; NES and the SAS Development Programme offer SAS grade doctors and dentists working in Scotland access to ongoing training opportunities and support. There is funding available from the [**SAS Development Programme**](https://www.scotlanddeanery.nhs.scot/your-development/specialist-and-associate-specialist-doctors-and-dentists/sas-development-fund-application-process/)which enables Specialty Doctors/ Specialist grades to develop skills and knowledge relevant to their clinical roles or to develop in extended roles such as in Medical Education.

In Scotland, the SAS [**training needs survey 2021**](https://www.scotlanddeanery.nhs.scot/media/640106/training-needs-analysis-survey-2021-report.pdf) indicated that around 12% of SAS are already on the Specialist register; a similar proportion indicated their intention to apply for [**Certificate of Eligibility for Specialist Registration**](https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/specialist-application-guides/specialist-registration-cesr-or-cegpr) (CESR). From 30 November 2023, the GMC is to be renaming the CESR pathway the “Portfolio pathway”. Guidance from the GMC is available on  [**Changes to how doctors demonstrate the standard required for specialist and GP registration – GMC (gmc-uk.org)**](https://www.gmc-uk.org/registration-and-licensing/join-the-register/applying-for-specialist-or-gp-registration/changes-to-how-doctors-demonstrate-the-standard-required-for-specialist-and-gp-registration). SAS with clearly identified gaps in their portfolio of evidence may apply to the SAS Development Programme for funding to support top-up training towards specified gaps in their competencies.



If you are considering entering the SAS grade, you may wish to speak to your clinical team to explore any potential local opportunities, as well as discussing with NES [**Careers team**](https://www.scotlanddeanery.nhs.scot/trainee-information/careers/) and your own health board’s local SAS Education Adviser, as listed at [**Specialty, Specialist and Associate Specialist Doctors and Dentists**](https://www.scotlanddeanery.nhs.scot/your-development/specialist-and-associate-specialist-doctors-and-dentists/)



**Dr. Lynne Meekison**

1. **Junior Doctors Workforce Review – Obstetrics & Gynaecology RIE**

Following a deterioration in the National and Scottish Training survey results across all cohorts of trainees and a triggered Deanery visit in 2021, our Clinical Directors commissioned a short life working group to objectively assess the junior medical staff workload and its impact on training. We recruited medical students to collect quantitative prospective data by recording task requests from incoming bleeps or other sources. Interruptions and whether or not junior doctors achieved natural breaks were recorded. Qualitative data was obtained by doctors being shadowed completing a feedback form on their experience of the shift, and by medical students submitted comments on their observations.

The data demonstrated that there is a huge disparity in workload across the on-call bleeps. Sources of calls and times of day associated with particularly high workload intensity have been identified and this will form the basis of developing strategies to promote a more effective training environment and to improve the wellbeing of our junior doctor workforce in Obstetrics & Gynaecology.

***“Medical students involved reported this was a rewarding exercise that gave them more insight into our specialty and role of a junior doctor.”***

This work was presented to the MedEd Team in NHS Lothian and to the Scottish DME Group. Our method of data collection and results generated was met with great interest and will now be trialled in other departments within NHS Lothian that have been highlighted as being areas of high workload intensity for junior doctors.

Thanks to Dr Flo Fankam, Dr Rosie Townsend and Dr Alex Rice; Consultants who led and had oversight of this work.



**Dr Laura Stirrat**ST7 Obstetrics & Gynaecology, Trainee Representative STB



1. **GPST Training in Orkney**

A person wearing glasses and a blue shirt

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Dr Ume Onengiye-Ofori has been living and working in Orkney since 2020. She had moved from Canada and quickly settled into Orkney life, her children at local schools and her husband works for Orkney Islands Council.

Her trainer, Dr Holly Tyson, has helped guide her through the GP training program and she plans to qualify in 2024.

Orkney has lots of training opportunities, indeed 3 out of the 5 GMS surgeries undertake training and all practices host students.  Following CCT, most GPs stay on the island, developing specialist interests and achieving a broad level of skills necessary to practice in a remote environment.



Please see her story here: **[Dr. Ume Onengiye-Ofori](https://vimeo.com/866279788" \t "_blank)**



1. **Neurodiversity and Mental Health of Trainee Doctors in Scotland**

During my time in training, I have witnessed poor mental health including burnout and stress affecting my colleagues. I have read this so many times that it feels like a cliché to be repeating it. However, these issues continue to affect the professional and personal lives of doctors and their families. From experience, doctors are not always aware of the support services and networks available to them.

I have also observed a growing number of colleagues being diagnosed with or thinking that they may have a neurodiverse condition. We know that those with neurodiverse conditions are more susceptible to experience other forms of mental health difficulties.

NES will be sending out a short 10 minute survey for you to complete on my behalf, around the beginning of November. It would be much appreciated if you could complete this when it is circulated.

***“My aim is to ascertain the prevalence of mental health difficulties and neurodiverse conditions among doctors in training and understand how these issues affect them.”***

The results of this survey will enable me to drive service improvements that will support the psychological wellbeing of an increasingly diverse workforce in the NHS in Scotland that is currently working under immense pressure.



I would also welcome any thoughts or feedback and can be contacted on **[priya.sharma@nhs.scot](mailto:priya.sharma@nhs.scot" \t "_top)**.



**10. The forces that influence sustainable change**

**Background**

In 2022, Scottish Government released its ‘[**NHS Scotland Climate Emergency and Sustainability Strategy’**](https://www.gov.scot/publications/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/). The strategy details five workstreams that will help NHS Scotland to achieve net-zero greenhouse gas emissions by 2040 or earlier where possible. To achieve this goal, it will be necessary for all staff groups across NHS Scotland to consider how they can plan and deliver more environmentally sustainable care at an individual, team or organisational level.

A brochure of a city

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To develop an understanding of the current experiences of healthcare professionals who are trying to incorporate sustainability into clinical planning and practice, a group of [**Scottish Clinical Leadership Fellows**](https://www.scotlanddeanery.nhs.scot/your-development/scottish-clinical-leadership-fellowship-scheme/scottish-clinical-leadership-fellowship-scheme-medical-and-dental/) completed a [**forcefield analysis exercise**](https://learn.nes.nhs.scot/2338/quality-improvement-zone/qi-tools/force-field-analysis) which aimed to:

1. Identify the barriers and facilitators to the design and delivery of environmentally sustainable care across NHS Scotland
2. Formulate a set of recommendations that would mitigate the barriers and strengthen the facilitators to change.



**Methods**

The forcefield analysis undertook 1-hour virtual semi-structured interviews with 20 individuals involved in sustainability work from 12 healthcare organisations across Scotland. The project team grouped the barriers and facilitators identified in the interviews into 24 themes and applied a weighted score to each using a scale of 1 = low impact on change, and 5 = high impact of change.



**Results**

The barriers and facilitators identified to the design and delivery of sustainable healthcare in NHS Scotland, alongside their weighted scores, are displayed below.

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**Recommendations**

Based upon the barriers and facilitators identified, the project team formulated a set of 10 recommended actions that could be taken to strengthen the facilitators and overcome the barriers, so that the design and delivery of sustainable healthcare in NHS Scotland is more likely to succeed. These included:

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**How can the learning apply to you?**

As you think about how to make your own clinical practice more environmentally sustainable, you may find that some of the barriers and facilitators we identified resonate with you, and perhaps you’ll have others to add.

As a next step, it may be helpful to think about some actions you could take to strengthen the facilitators or overcome the barriers you are encountering, so that your own efforts to deliver more environmentally sustainable care are more likely to succeed.

We also believe that the recommendations we have made are applicable to individuals, teams and organisations across NHS Scotland, so we’d encourage you to consider if there is one or more that you could put into action?



**Alice Harpur, Emily Turner, Gary Paul, Katie Jobling, Kirsty Crowe, Luis Loureiro Harrison, Patrick Farrell and Richard Tran**

Scottish Clinical Leadership Fellows 2022/23

[**alice.harpur@nhs.scot**](mailto:alice.harpur@nhs.scot)



**11. Dentistry first: My journey to becoming a Junior Doctor**

Over the past year working as a Foundation Doctor, colleagues have often asked me the same questions:

Firstly - “Can you do Patient X’s bloods/cannula/radiology requests/discharge letter?”

Secondly - “Have you done something before Medicine?!”

The short answer: Dentistry.

The slightly longer answer…



**Undergraduate Journey: Part One – The University of Glasgow (2010-2016)**

I enjoyed my time at Dental School, especially working with children and patients with complex medical or additional support needs. I was drawn towards Oral and Maxillofacial Surgery (OMFS) and shadowed the Glasgow OMFS Team, as my 3rd year elective. After watching my first 12-hour head and neck cancer operation - I was hooked! I was amazed by the surgical team’s ability to help their patients continue to eat, speak, and minimise any facial disfigurement by carefully resecting their tumour and re-constructing the defect with tissue they had harvested from other places in the body.

With this new interest in head and neck cancer, I studied an intercalated BSc in Clinical Medical Science after my 4th year of Dentistry. I was excited to investigate the role of the Human Papillomavirus in young patients with Head and Neck Cancer. This was my first experience of medical research. The highlight of this year was a trip to London to give my first oral presentation at a national conference. I would recommend anyone in medical or dental school to consider an intercalated year!



**Working as a Dentist**

I worked for one year as a Foundation Dentist in General Dental Practice and then continued my training through two years of Dental Core Training. During this time, I rotated in posts in the Public Dental Service and OMFS teams in Glasgow and St John’s, Livingston. I gained experience in new skills such as sedation, paediatric and additional support needs dentistry and the basics of oral and maxillofacial surgery. It was a great way to ensure working in OMFS was something I could see myself enjoying for many years prior to committing to the specialty.

To be eligible to apply for Oral and Maxillofacial Surgery Higher Specialty Training (ST3), candidates must be dual qualified in Dentistry and Medicine and have successfully completed MRCS by date of offer. This can be achieved by various pathways as demonstrated in the figure below.



**Figure 1 - OMFS Training Pathways**

**Image credit to British Association of Oral and Maxillofacial Surgery Website.**[**https://www.baoms.org.uk/professionals/careers\_in\_omfs.aspx**](https://www.baoms.org.uk/professionals/careers_in_omfs.aspx)



**Undergraduate Journey: Part Two – The University of Glasgow. (2019- 2022)**

I was able to directly enter year three of Medical School because of my Dentistry degree. Our year group was hit with COVID-19 related changes. However, previous experiences working in OMFS made me feel useful on clinical placements. I enjoyed the opportunity to develop my paediatric interests during placements with the Craniofacial and ENT airway teams at Glasgow’s Royal Hospital for Children.

I maintained relationships with OMFS Teams in Scotland and continued my academic interests. I was elected the Scotland Representative for JTG BAOMS and formed Glasgow University’s first Oral and Maxillofacial Surgery Society, working with a team of first and second-degree students to run two years of monthly OMFS Teaching Webinars. I felt this helped us form a team and keep each other motivated and working towards our OMFS goals.



**Post-Dual Qualification Journey**

Upon graduating, I commenced Academic Foundation Training in the West of Scotland. I have worked in General Medicine and Surgery, Renal Medicine and Diabetes and Endocrinology. My experience of FY1 has been very similar to my non-academic FY1 colleagues. However, FY2 will provide more opportunities to develop academic interests. My current post in diabetes has been an excellent example as we have weekly research meetings as a department, which allows progression of the Team’s work in developing AI models to help predict and hopefully prevent inpatient hypoglycaemic events.



**What’s Next?**

I am looking forward to continuing my upcoming Academic FY2 posts in Oncology and Neonatology. Thereafter, I will be looking to achieve my core surgical competencies and MRCS exam to become eligible to apply for OMFS Surgical Training.



**Along the way; outside work**

Maintaining balance of work, friends, family, and hobbies is a challenge for all doctors and dentists in training. I have been fortunate to maintain many of these aspects in my life outside work. I have played Netball for Scotland, played violin, have sang in musicals and choirs and cared for my family through challenges. I’ve spent time with friends, met and married my husband! I am lucky to have a supportive network who I hope will continue to help me along my planned journey and any challenges to come.



**Dr Gillian White**Academic FY2

**12. Developing Excellence in Medical Education Conference (DEMEC) 2023**

**DEMEC is being held on Monday 4th December and Tuesday 5th December 2023**

A close-up of a poster

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Full details are here: [**DEMEC – Developing Excellence in Medical Education Conference**](https://www.demec.org.uk/)



**13. Valuing Diversity and Promoting Inclusivity**

**Promoting excellence in medical education & ensuring we all achieve our potential**

One of the real joys of working in the medical profession is working with and learning from our colleagues. We all work in multiple and changing teams, and this can be a very rewarding experience, although sometimes challenging. Teams work best when everyone feels valued, included, and able to contribute. This allows us all to perform and learn at our best.

More than ever, we are aware of the rich diversity of our team members and its great potential to enable our teams to be more creative, innovative and effective in delivering high quality care for our patients. For all  team members to feel valued, all of us need to recognise, understand and celebrate our differences. This requires us to be proactive and consider how each one of us can contribute to making all members feel part of our multi-professional teams.

Our Associate Dean who leads work on Equity, Diversity and Inclusivity, Dr Charu Chopra, has sought insights from trainers and trainees on promoting inclusivity. This has resulted in 5 key messages:

* Active allyship
* Promoting belonging cultures in the workplace
* Becoming sponsors and mentors for others
* Seeking to understand and value others
* Fostering compassionate cultures of practice

These are described in the attached poster. As educational leads, our aim is to promote these qualities with the Directors of Medical Education in the Health Boards and Undergraduate Leads. Cultures of organisations are  changed by the people within the organisation – that’s every one of  us. We hope this poster helps you to think about behaviours and cultures in your areas of work, and to consider how you can further support this.

A poster of a variety of people

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**[Inclusivity Poster](https://scottish.sharepoint.com/sites/4nes/SPDS/Communications/Forms/AllItems.aspx?id=%2Fsites%2F4nes%2FSPDS%2FCommunications%2FDeanery%20Newsletter%2F2023%2FJune%202023%2F814870%5FSCT0922830498%2D001%5FInclusivity%5FPoster%5FP2%20%2D%20PRINTED%20VERSION%20%28002%29%2Epdf&parent=%2Fsites%2F4nes%2FSPDS%2FCommunications%2FDeanery%20Newsletter%2F2023%2FJune%202023&p=true&ga=1" \t "_blank)**

**14. Please Contact Us**

**FAO all trainees**

Please [**contact us**](https://www.scotlanddeanery.nhs.scot/contact/) with information on any initiatives and projects you are involved in that you would like to share with your colleagues across Scotland, or if you have feedback on the Deanery Newsletter or Deanery Websites.

**15. NES Websites**

**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.

A screenshot of a medical website

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**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.

A screenshot of a medical training

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**Scottish Online Appraisal Resource (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.

A screenshot of a medical appraisal scotland

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